

4 Inclusive Education

UNESCO sees inclusive education as a process of addressing and responding to the diversity of needs of learners through increasing participation in learning, cultures and communities, and reducing exclusion within and from education. This involves changes in content, approaches, structures and strategies, with a common vision which covers all children within an appropriate age range. It embodies the conviction that it is the responsibility of the mainstream education system to educate all children.⁶¹

Inclusive education seeks to address the learning needs of all children, young people and adults, with a specific focus on those who are vulnerable to marginalisation and exclusion. Schools should accommodate all children, regardless of their physical, intellectual, social, emotional, linguistic or other impairments. They should provide for disabled and gifted children, street and working children, children from remote or nomadic populations, children from linguistic, ethnic or cultural minorities and children from other marginalised areas or groups.

In practice the UNESCO definition means that:

- One ministry is responsible for the education of all children;
- One school system is responsible for the education of all children in its region;
- There is a diverse mix of students in classes;
- Teachers use classroom strategies that respond to diversity, such as multi-level instruction, co-operative learning, individualised learning modules, activity-based learning and peer tutoring;
- There is collaboration between teachers, administrators and others in responding to the needs of individual students.⁶²

The Dutch Coalition on Disability and Development argues that:

Inclusion in education is a process of enabling all children to learn and participate effectively within mainstream school systems. It does not segregate children who have different abilities or needs. Inclusive education is a rights-based approach to educating children and includes those who are subject to exclusionary pressures. Inclusive education creates a learning environment that is child centred, flexible and which enables children to develop their unique capacities in a way which is conducive to their individual styles of learning. The process of inclusion contributes to the academic development and social and economic welfare of the child and its family, enabling them to reach their potential and to flourish. We distinguish between inclusive education on the one hand and educational integration via special education and special schools, on the other. Inclusive education is different from integration as the latter only denotes the placement of disabled pupils in the mainstream. Integration implies that the child has to change to be able to participate in the existing school system. In inclusive education a change is needed to address accessibility and challenge attitudes of managers, staff, pupils, parents and the local community.⁶³

The *Index for Inclusion* is a widely used tool and defines inclusive education as having the following components:

- Valuing all students and staff equally;

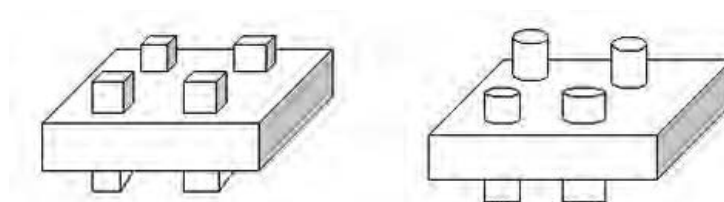
- Increasing the participation of students in, and reducing their exclusion from, the cultures, curricula and communities of local schools;
- Restructuring cultures, policies and practices in schools so that they respond to the diversity of students in the locality;
- Reducing barriers to learning and participation for all students, not only those with impairments or those who are categorised as having special educational needs;
- Learning from attempts to overcome barriers to the access and participation of particular students to make changes that benefit students more widely;
- Viewing differences among students as resources that support learning, rather than as a problem to be overcome;
- Acknowledging the right of students to receive an education in their locality;
- Improving schools for staff as well as for students;
- Emphasising the role of schools in building community and developing values, as well as in increasing achievement;
- Fostering mutually sustaining relationships between schools and communities;
- Recognising that inclusion in education is one aspect of inclusion in society.⁶⁴ (See Chapter 8 for more about the *Index*.)

However, as we have seen in Chapter 2, unless disability is specifically focused upon in the development of inclusive systems, the current high levels of exclusion of disabled children are likely to continue. UNESCO estimates that still only around 10 per cent of disabled children attend school in most developing countries and that 80 per cent of disabled children live in developing countries.⁶⁵

Segregation, integration and inclusion

It is necessary to be absolutely clear about the differences between exclusion, segregation, and integration and inclusion in education. The basis of the three approaches is clearly demonstrated in Figures 4.1, 4.2 and 4.3, which were developed in Afghanistan to demonstrate the key differences in the three approaches to the education of disabled children.⁶⁶

Figure 4.1. Segregated education



Special schools. An education system for normal children (round pegs): a different system for 'special needs' (square pegs)

Figure 4.2. Integrated education

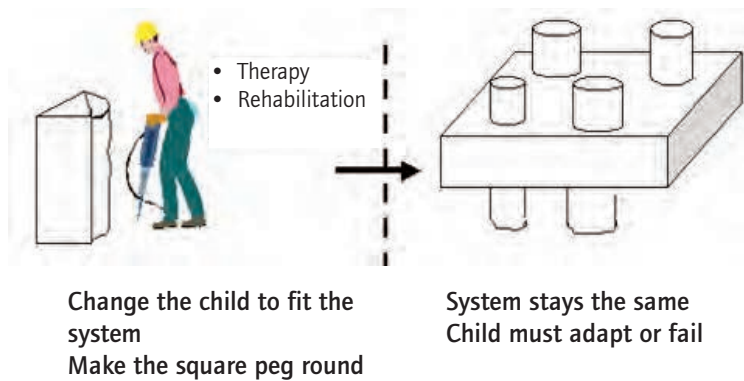
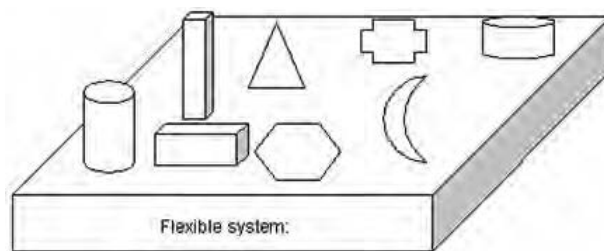


Figure 4.3. Inclusive education



Children are different
All children can learn
Different abilities, ethnic groups, size, age, background, gender
Change the system to fit the child

The geographic and pedagogic systems developed from the traditional, medical and social models of disability led to very different educational outcomes.

Box 4.1 outlines the four forms of educational response to disabled people, and how they link with three phases of thinking about disabled people in general that come from a social model analysis. Inclusive approaches to educating disabled children are the only ones which are rights based and based on social model thinking. In the countries of the North, we have gone from exclusion to segregated special schools, with the setting up of special education schools and units, and then on to integration and a few attempts at inclusive education. This has entailed the expenditure of substantial resources on running two separate education systems – mainstream and special education. Special education, both in special schools and in integrated mainstream education, is seen as the responsibility of special education teachers, but is not what all teachers do. Inclusive education requires all teachers to adjust their teaching methods so that they are accessible by all learners. Inevitably, the models of inclusive education that have developed in the North have been viewed through the special education lens. While there are useful techniques and approaches that can be taken from special education, much of it has not supported the full development or empowerment of disabled people. Many of its techniques, such as intelligence tests, have actually harmed disabled people. It is also expensive.

In the majority world of the South, it is not necessary or advisable to develop special and mainstream systems in parallel, nor can countries afford to go through the phases of development of special education that in some places in the North eventually led to inclusive education. Rather, there is a need to develop an inclusive



Orissa, India: An individualised programme with one-to-one support is sometimes necessary.

CREDIT: NCRI

education system from the beginning as part of developing Education for All. Where there are special schools, usually developed by NGOs in an attempt to copy the Northern model of a 'continuum of provision', these need to be turned into district resource or peripatetic team support bases. This is the approach taken in the Flagship on inclusive education led by UNESCO. However, much confusion remains on the difference between integration and inclusion.

Box 4.1 Types of thinking about disabled people and forms of education⁶⁷

| Thinking/ model | Characteristics | Form of education |
|-----------------|---|---|
| Traditional | Disabled person brings shame on family. There is guilt and ignorance. They are seen as of no value. | Excluded from education altogether. |
| Medical 1 | Focus is on what the disabled person cannot do. Attempt to normalise, or if they cannot fit in, to keep them separate. | Segregation Institutions/hospitals Special schools (with 'expert' special educators) |
| Medical 2 | Person can be supported by minor adjustment and support, to function normally and minimise their impairment. Continuum of provision based on severity and type of impairment. | Integration in mainstream: a) At same location – in separate class/ units. b) Socially in some activities, e.g. meals, assembly or art. c) In the class with support, but teaching and learning remain the same. What you cannot do determines which form of education you receive. |
| Social model | Barriers identified – solutions found to minimise them. Barriers of attitude, environment and organisation are seen as what disables and are removed to maximise potential of all. Disabled people welcomed. Relations are intentionally built. Disabled people achieve their potential. Person-centred approach. | Inclusive education – schools where all are welcomed and staff, parents and pupils value diversity and support is provided so all can be successful academically and socially. This requires reorganising teaching, learning and assessment. Peer support is encouraged. Focus on what you can do. |

Integration or inclusion?

UNESCO has identified four key elements that have featured strongly in inclusion practices across all disadvantaged groups (see page 27).⁶⁸

Such general thoughts can inform a narrower focus on the inclusion of disabled pupils. At the Conference of South Countries in the Asia/Pacific area, held in Agra in 1998, the participants came up with a very useful description of the differences between the integration and inclusive approaches in the context of the South.



Learning is fun.

CREDIT: ALEX, CBM
TANZANIA

Inclusive education

- Acknowledges that all children can learn;
- Acknowledges and respects differences in children – age, gender, ethnicity, language, disability, and HIV and TB status;
- Enables education structures, systems and methodologies to meet the needs of all;
- Is part of a wider strategy to promote an inclusive society;
- Is a dynamic process which is constantly evolving;
- Need not be restricted by large class sizes or a shortage of material resources.⁶⁹

Integrated education

Integrated solutions fix or fail the child.

They can only receive education if:

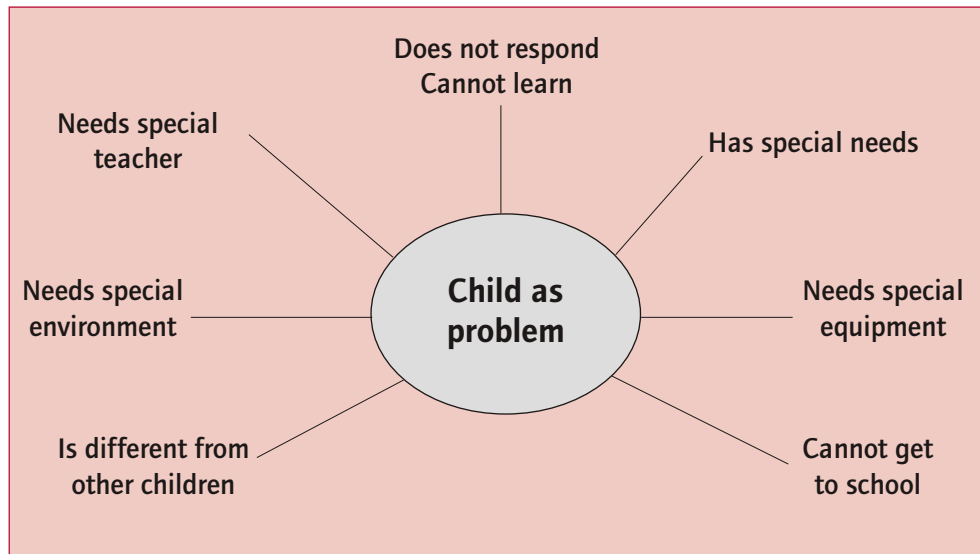
- They can cope with other children (and not be put off by teasing or bullying);
- They have special equipment;
- They have one-to-one support;
- They have a special teacher;
- They can follow the curriculum;
- They have a special environment;
- They are taught with special techniques to meet their special needs;
- Extra resources are provided for their 'special' needs;
- They can get to school and communicate properly.



Early childhood education in Samoa.

CREDIT: NIUSILA FAAMANATU-
ETEUATI, NATIONAL UNIVERSITY
OF SAMOA

Figure 4.4. Integrated education: seeing the child as the problem

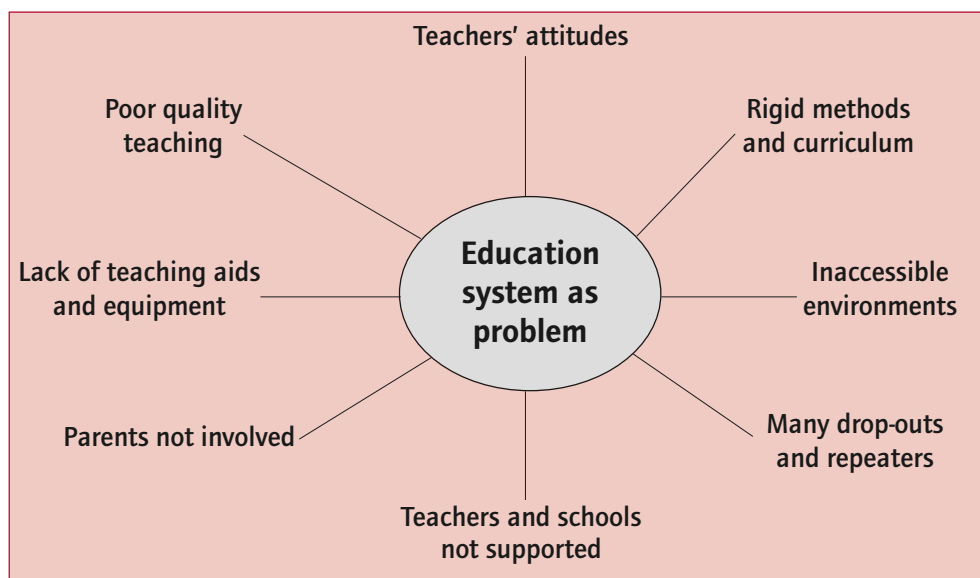


As can be seen, the integration approach relies heavily on special education thinking and techniques that have been developed in the North and have been shown to be largely inadequate, as they focus on a deficit within the disabled child (see Figure 4.4).

Inclusive education is about identifying barriers created by attitudes, organisation and environments, and developing solutions to the problems that go beyond the child. These solutions include:

- School improvement through carefully managed and participatory change;
- Developing a whole school approach – involving joint responsibility and problem solving;
- Identifying, unlocking and using resources in the community;

Figure 4.5. Inclusive education: seeing the education system as the problem



- Producing aids and equipment from local low-cost materials;
- Allocating resources to support the learning of all students;

- Listening to teachers, offering support, promoting team teaching and offering relevant practical training;
- Making environments accessible and welcoming;
- Developing and implementing policy to respond to diversity and reduce discrimination;
- Developing child-to-child and peer tutoring;
- Creating links with community organisations and programmes, disabled people's organisations and parents' associations;
- Community-based rehabilitation (CBR) programmes (see Figure 4.5).⁷⁰



US volunteers Nathan Kell and Becca Wingegar show off their talents in Samoa.
CREDIT: SENESE, SAMOA

Box 4.2 South Africa: Integration or mainstreaming versus inclusion

| Mainstreaming or integration | Inclusion |
|---|---|
| Mainstreaming is about getting learners to 'fit into' a particular kind of system or integrating them into the existing system. | Inclusion is about recognising and respecting the differences among all learners and building on the similarities. |
| Mainstreaming is about giving some learners extra support so that they can 'fit in' or be integrated into the 'normal' classroom routine. Learners are assessed by specialists who diagnose and prescribe technical interventions, such as the placement of learners in programmes. | Inclusion is about supporting all educators and the system as a whole, so that the full range of learning needs can be met. The focus is on teaching and learning actors, with the emphasis on the development of good teaching strategies that will be of benefit to all learners. |
| Mainstreaming and integration focus on changes that need to take place in learners so that they can 'fit in'. Here the focus is on the learner. | Inclusion focuses on overcoming on barriers in the system that prevent it from meeting the full range of learning needs. The focus is on adaptation and support systems available in the classroom. |

South African Government White Paper, No. 6, 2001

The South African Government has set out its strategy for developing an inclusive education system in a White Paper.⁷¹ It characterises the difference between integration or mainstreaming and inclusion in a useful and practical manner (Box 4.2). The theory and strategies developed are progressive, but lack of resources and resistance from some professionals and some parents, together with the inertia of the existing system, are proving to be substantial obstacles to their implementation. More than 280,000 disabled South Africans aged between 5 and 18 are still not in school or receiving training. This analysis and other similar literature reviews and policy papers highlight a range of key factors that governments need to address if they are to implement Article 24 and build inclusive education systems in their countries.

As part of the New Zealand Government Review of Special Educational Needs/ Disability, David Mitchell (2010) was commissioned to carry out an international literature review and clearly many of his conclusions have shaped the outcomes of Success for All. It is interesting that despite his having adopted a critical stance to the efficacy of inclusive education, Mitchell's findings are largely supportive and his recommendations are of general use. From the international literature surveyed, mainly drawn from Australia, Canada, New Zealand, UK and USA, the conclusions outlined in Box 4.3 emerged.

Box 4.3 Findings from international literature review of inclusive education, 2010

1. The education of disabled students is a complex process with many inter-related elements, most of which apply to education in general and some of which are specific to disabled students.
2. Educational provisions for disabled students should not be primarily designed to fit the student into existing systems, but rather they should also lead to the reform of systems so as to better accommodate diversity, i.e. education should fit the student.
3. Inclusive education goes far beyond the physical placement of disabled students in general classrooms; it requires nothing less than the transformation of regular education by promoting positive school/ classroom cultures and structures, together with evidence-based practices.
4. New roles for special schools, including converting them into resource centres with a range of functions replacing direct, full-time teaching of disabled students, should be explored
5. Educational policies and practices for disabled students (indeed all students) should be evidence driven and data based, and focused on learning outcomes.
6. International trends in the education of disabled students should be carefully studied and interpreted through the prism of local culture, values and politics to determine their relevance for New Zealand.
7. Issues in the education of disabled students should be comprehensively researched.
8. Determining valid and reliable ways for measuring learning outcomes for disabled students should be given high priority.
9. All decisions relating to the education of disabled students should lead to a high standard of education for such students, as reflected in improved educational outcomes and the best possible quality of life, for example as outlined in the UK's *Every Child Matters* outcomes for children and young people.
10. The rights of disabled students to a quality education and to be treated with respect and dignity should be honoured.
11. National curricula and assessment regimes should be accessible to disabled students, taking account of the principles of universal design for learning.

12. Educational provisions for disabled students should emphasise prevention and early intervention prior to referral for more costly special educational services, through such processes as a graduated response to intervention.
13. All educational policies should be examined to ensure that any unintended, undesirable consequences for disabled students are identified and ameliorated.
14. Any disproportionality in groups represented in special education, especially ethnic minorities and males, should be carefully monitored and ameliorated where appropriate.
15. Partnerships with parents of disabled students should be seen as an essential component of education for such students.
16. Collaborative approaches involving wrap-around service integration for disabled students should be planned for and the respective professionals trained for its implementation.
17. The roles of educational psychologists should go beyond the assessment and classification of disabled students to incorporate broader pedagogical and systems related activities, not only with such students, but also in education more generally and in community contexts.
18. Initial teacher education and ongoing professional development for teachers and other educational professionals should take account of the recent emphasis on inclusive education.
19. In order to improve the quality of education for disabled students, leadership must be exercised throughout the education system, from legislators to school principals.
20. Finally, in order to give expression to the above conclusions, it is vital that a comprehensive national policy document, along the lines of the UK's Code of Practice, be developed.

(Note: the writer has changed 'SWSEN' to 'disabled students'.)

Inclusion for all: Is it a tool for bringing about disability equality in education?

It has been argued by Booth (2009, citing Peters, 2003) that 'there is a belief among some disability advocates, that because of the widespread exclusion of disabled people in societies around the world, the reform of education and social institutions that inclusion requires, should be approached from a disability perspective'. Booth argues that such advocates take this 'narrow' view because they are accountable to disabled people and their organisations and that 'disabled' only describes one aspect of a person's identity. What he misses here is that disablism is an oppression that manifests itself worldwide, denying the humanity of disabled people, often in different cultural forms, but is nevertheless universal. Disabled advocates of inclusion recognise the necessity to challenge the effects of different oppressions, e.g. racism, sexism, homophobia or culture. Disablism is still largely unrecognised. If it is not addressed as a particular issue, then it is usually not addressed effectively in general exhortations to inclusion. Why else would we need a UN Convention based on a paradigm shift and

putting the views of the representative organisations of disabled people at the centre of the societal change process? Education for All, until the advent of the UNCRPD, largely ignored the inclusion of disabled children in schools.

Booth suggests:

Inclusion is about making sure that Education for All means all. To do that we have to recognise the multiplicity of excluding and discriminating pressures and that patterns of exclusion differ with different realities.

He goes on to argue that inclusion is fundamentally about values and the sort of world we want to live in. This is undoubtedly true, but by placing inclusion into such a world-changing canvas, without understanding or applying the paradigm shift that is needed, makes inclusion a blunt instrument for tackling the exclusion of disabled people. For example, in India, which has the largest child population in the world, disabled children are five times more likely not to be in education than Scheduled Tribes or Scheduled Castes (World Bank, 2007).

A further proposition made by Booth which fails to recognise the thinking of the disability movement is that:

Cambodia: Blind students are included in mainstream schooling in Phnom Penh.

CREDIT: KRAUSAR THMEY



... a failure of disability advocates to cross the boundary from a narrow to a broad view of inclusion may leave them in alliance with the special education system that serves to limit participation of disabled children in education and to segregate them within special settings ...

This approach was characterised in Chapter 3 as the 'medical model', which cannot address the attitudes that need to change to address the development of the process of inclusion. Without specifically characterising the paradigm shift from medical model to social model that has emerged from disability self-advocates, the *Index for Inclusion* (Booth and Ainscow, 2002) and other such tools would never have been developed.⁷² Disabled self-advocates (Oliver, 1990; Barnes, 1991; Mason and Rieser, 1994) have been the strongest critics of the special education ideology of segregation.

However, some of the impairment-specific tools and techniques developed by special education can be adapted to mainstream settings and applied as useful accommodations that enable disabled learners to take part in meaningful inclusive education, e.g. Braille, sign language education, differentiation, multi-layered activities, and augmented and facilitated communication.

Miles and Singal (2010), grappling with the dilemma of inclusive education in countries of the South largely by-passing disabled children as the Education for All

initiative rolls on, argue for a twin-track approach: one focusing on the specifics of including disabled pupils, while the second focuses on the broader track. It will examine systemic and organisational change as a whole. They argue that only by using this method of recognising difference is there a likelihood of it being addressed. They cite some influential authors (e.g. Ainscow *et al.*, 2006), who have suggested that initiatives solely focused on disability tend to undermine and distract from broader efforts to develop inclusive education for all, as it was originally intended. The answer to this is that it was the thinking of disabled people that developed the paradigm shift that has led to the demand for and conception of inclusive education. A system that largely ignores disabled children and students cannot claim to be inclusive.

The disability rights education model

This dilemma between the general need for inclusion and Education for All and the specificity of the inclusion of disabled children and students as outlined in Article 24 of the UNCRPD is addressed by Peters *et al.* (2005), who developed a disability rights education model (DREM) for evaluating inclusive education. They state that inclusive education means different things to different planners, as was amply demonstrated in Chapter 2. The basic concepts and philosophy of inclusive education, as envisioned by disabled people and as documented in the *UN Standard Rules by Disabled Peoples' International and Inclusion International*, are often lost in these interpretations.

Recognising that the largest group of children and young people who do not obtain any education or an education that meets their potential are disabled children and young people, Peters *et al.* draw upon the experience and thinking of the disabled people's movement and other human rights advocates to construct a useful model for the assessment of inclusive education at local, national and international level. The model is equally useful in relation to both the North and South. The model, with its focus on the inclusion of disabled students, does not 'trump' other issues, but the disabled population is inclusive of those in poverty, girls and other marginalised groups. Specifically, disability cuts across race, gender, class, ethnicity and other characteristics, so a model focusing on the inclusion of disabled students may have relevance for other disenfranchised groups. DREM challenges the legacy of oppressive ideas that focus on the individual tragedy of impairment and replaces them with the social construction of disability. Several key groups of variables arise from an analysis from this point of view.

- Firstly, the need to address barriers of negative attitudes and build a positive commitment to towards disabled children.
- Secondly, teacher training with particular emphasis on what is known to be effective in the education of all children, e.g. student-centred pedagogy, a flexible curriculum, variety of teaching strategies and ongoing curriculum-based assessment.
- Thirdly, parent and community education and involvement.
- Fourthly, reorganising schools – elimination of separate facilities for the majority of disabled children, creating new roles for specialist teachers (such as the collaborative support teacher model), creative problem-solving and partnership between home, school and community.

Effective practice also means that disabled students need support services to varying degrees.



Pakistan: Including girls with disabilities.

CREDIT: WHO

In looking for principles on which to base the DREM, Peters *et al.* quote the Committee on the Rights of the Child, which identifies four general principles that are basic to all children:

1. Non-discrimination
2. The right to life, survival and development
3. The right to be listened to and be taken seriously
4. The best interests of the child

The DREM model supports the idea that for lasting change in educational systems there needs to be deep structural changes in theories, values, assumptions and beliefs, and surface structural changes in day-to-day practices in the organisation and operation of schools.⁷³ The model builds on the following notion of inclusive education put forward by the Secretary of Special Needs Education in Brazil's Ministry of Education.

*Inclusive Education is a dynamic process of participation of people within a net of relationships. This process legitimises people's interactions within social groups. Inclusion implies reciprocity. Thus the perspective regarding special needs education is changing into a more democratic one; one that implies that special needs education is to be particularly of regular and universal public education.*⁷⁴

DREM provides a multi-level framework for evaluating inclusive education at school/local, nation state and international level. It is conceived as a tool for use by education policy-makers, educators, community members and disabled people's organisations. Therefore, Peters *et al.* contribute three interacting levels for examining the structural development of the inclusion of disabled learners (Figures 4.6, 4.7 and 4.8).

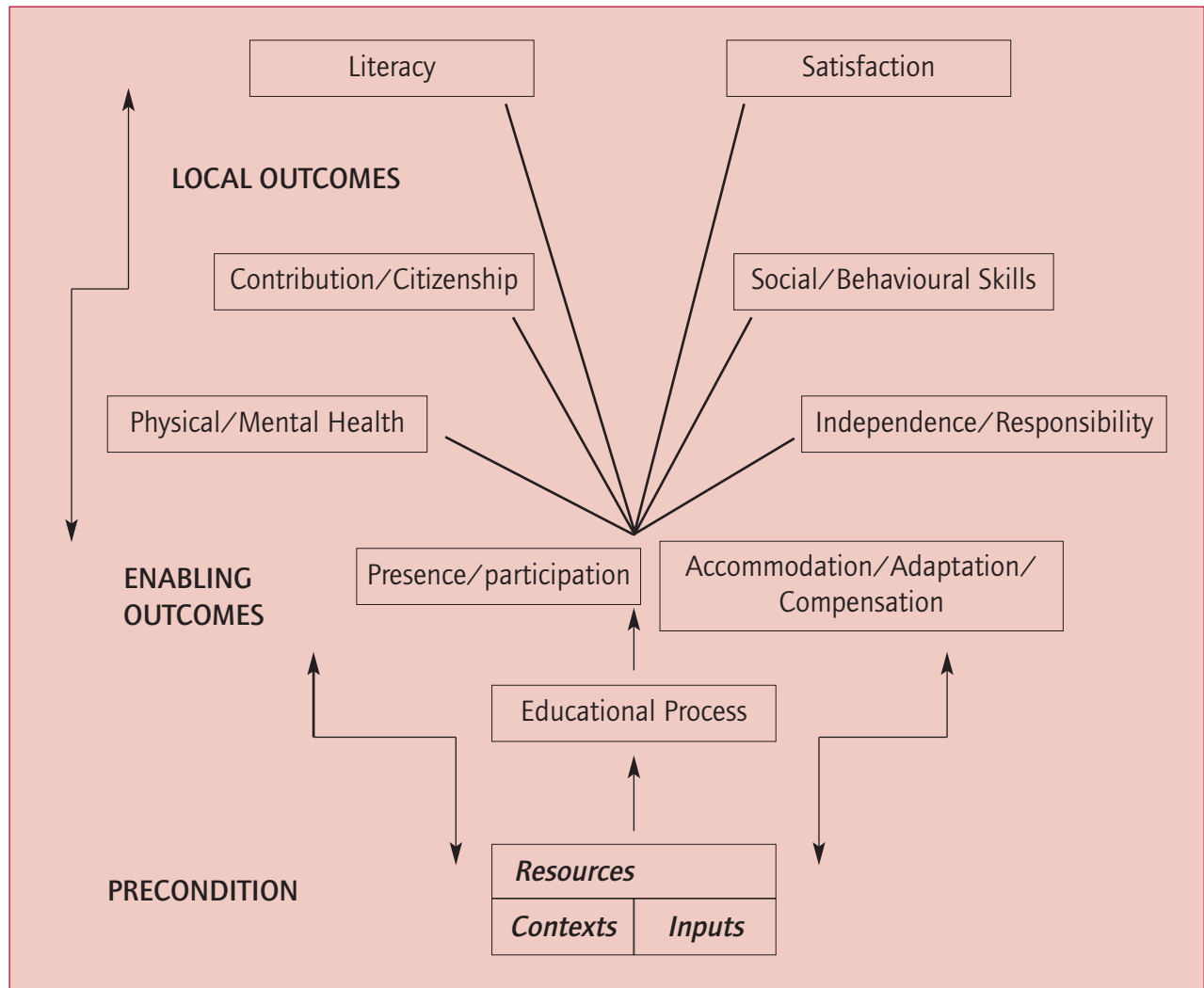
Local/community school level is depicted in Figure 4.6. The six outcomes at the top of the model envision broad aims of education for social justice in a democratic society. The model takes a holistic approach to educational outcomes to develop personhood, not just concentrating on literacy or competence in certain areas of an academic curriculum. These are important, but only when linked to satisfaction and motivation of the individual; otherwise there will always be a drop-out problem. Both students and their families must be included as active partners in decision-making. All six outcomes directly benefit the individual as well as the whole community.

For disabled pupils and students, enabling outcomes are needed as catalysts or preconditions to effective teaching and learning which lead to the six outcomes at the top of the model. Presence is a fundamental prerequisite, but if it does not involve full participation it is in danger of being tokenistic. Without accommodations and adaptations and compensatory measures, the education of disabled children and students is likely to fail. These adaptations include physical considerations (ramps, appropriately sized and positioned desks, and adaptive equipment such as letter boards, number lines, word and picture 'scaffolding', as well as language and print adaptations (sign language interpretation, Braille materials, easy read and pictograms), social considerations such as opportunities for interaction with peers and positive attitudes towards disability and, finally, instructional adaptations to accommodate diverse learning styles (Peters *et al.*, 2005: 146).

At the bottom of the model for the local level are resources and other inputs. These provide the material and social conditions for the enabling outcomes and local outcomes. Resources take the form of financial, as well as human (in-kind), support.

Contexts include formal and informal community organisations, self-help groups and families. Other inputs might include how much of an SEN infrastructure already exists.

Figure 4.6. DREM: Local outcomes



At the national level (Figure 4.7), the enabling outcomes of policies and legislation must be accompanied by mechanisms to enforce inclusive education. These are the essential links between the national outcomes, such as effective teacher training, child-centred pedagogy, encouraging community involvement, participation and self-representation, sensitisation or challenging traditional and negative views, and the preconditions, such as the resources, context and process. Clearly the enabling outcomes and preconditions interact with each other and both are affected by national outcomes. These can be related in a positive or negative manner. One of the key roles of national governments in planning and developing inclusive education is to ensure that these feedback loops are positive and do not go too fast or too slow.

Figure 4.7. DREM: National outcomes

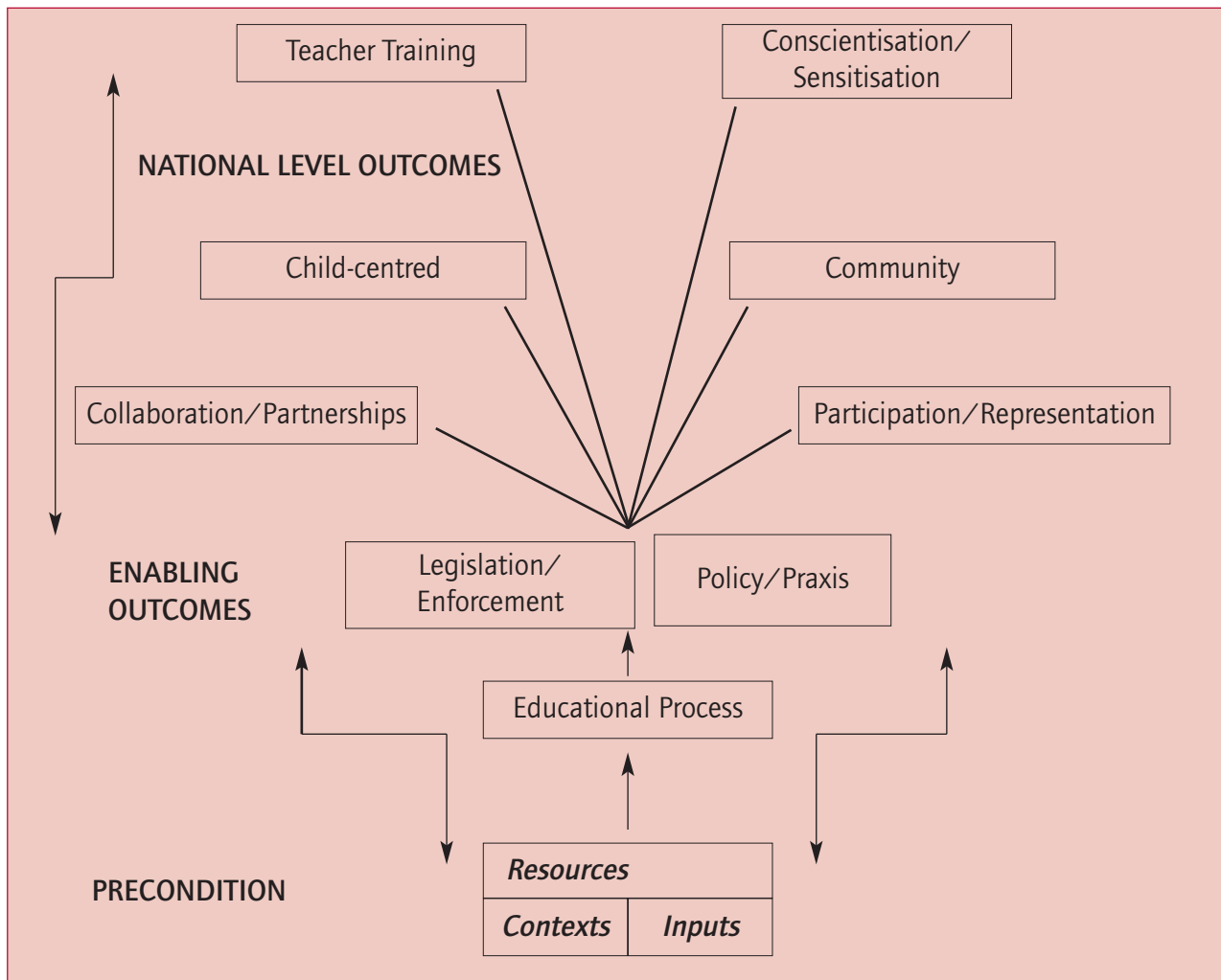
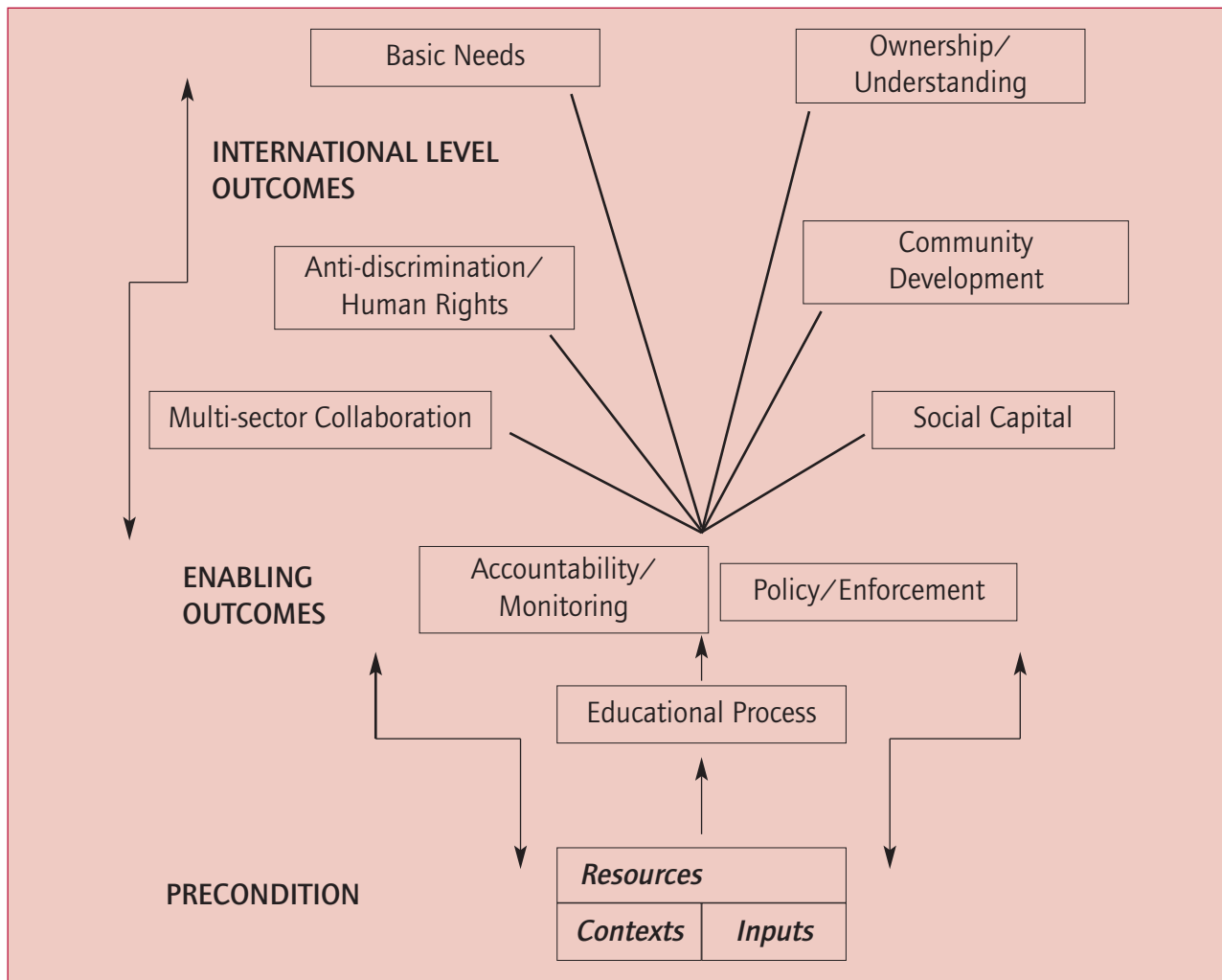


Figure 4.8 depicts the process of achieving inclusive education at an international level. Outcomes depicted at the top reflect disabled people’s documented concerns about the need to uphold the basic right to education.⁷⁵

Despite ratification of the UNCRPD, these rights cannot be realised without multi-sector collaboration and capacity building through community development led by empowered disabled people and empowered parents of disabled children – ‘Nothing about us without us’. Social capital is linked to basic needs and is about building a vibrant disabled people’s rights movement in the country, as well as finding ways to include disabled people in models of economic development. All the outcomes at the top of the model cannot be achieved without progressive realisation of the rights contained in the UNCRPD and the CRC. Without this, Education for All is likely to ignore the majority of out-of-school children in developing countries and continue to segregate and integrate disabled children across the world, thereby losing huge human and development potential. The donor inputs of financial and human resources need to be focused on providing support for educational change and innovation based on the paradigm shift contained in the UNCRPD. This means abandoning old approaches, such as the special educational needs model and medical model, and providing technical and financial support based on a social model/human rights approach. The great thing about this shift is that it can be delivered with low tech,

Figure 4.8. DREM: International outcomes

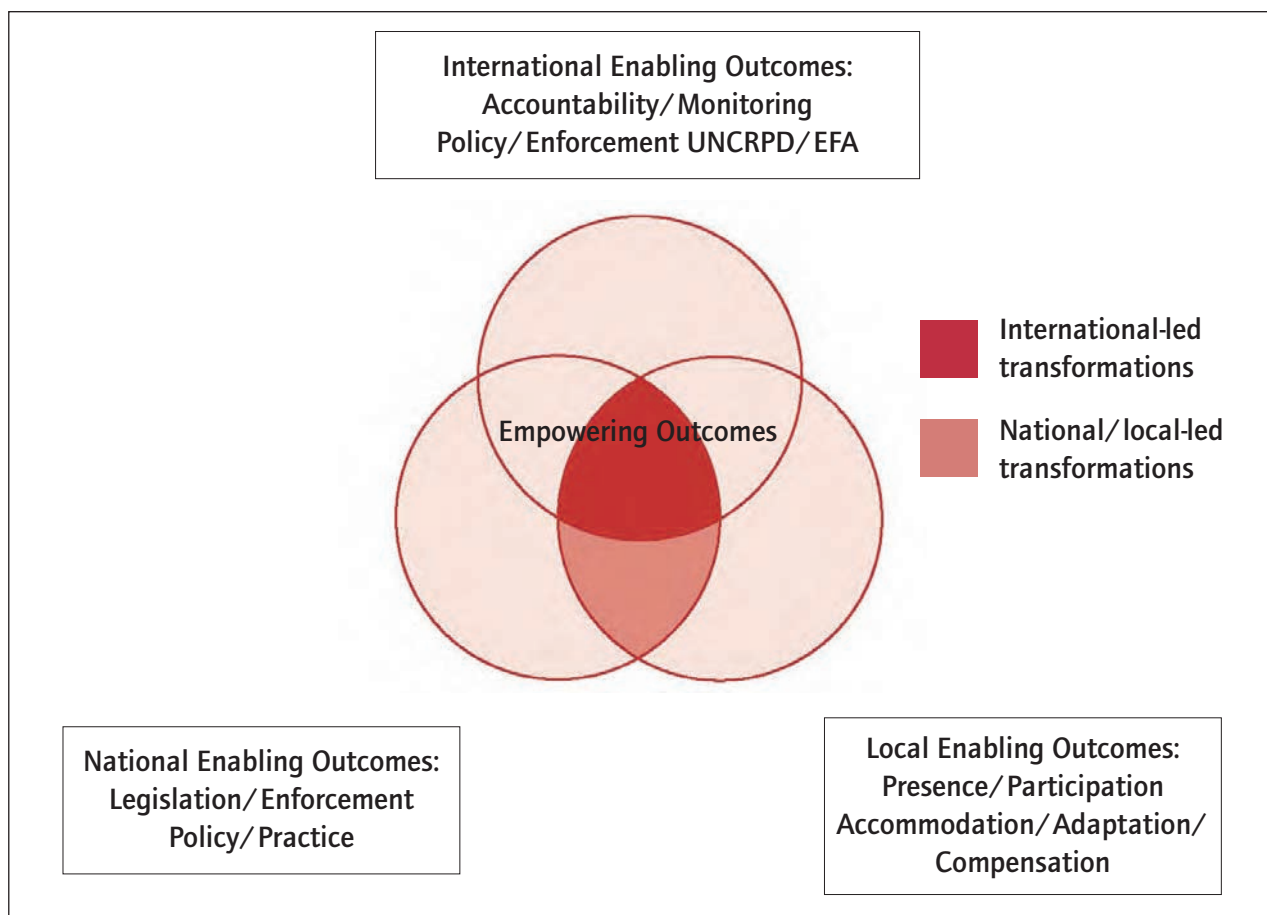


low-cost solutions, as it requires a change of pedagogy and community attitudes. The work of the Disability Rights Fund is a good example of how this can be brought about.

The local, national and international levels of the DREM are interdependent. This is demonstrated by the impetus created by the adoption of the UNCRPD, and Article 24 in particular, and the belated understanding that EFA will never be achieved without the inclusion of disabled children. Getting the right policy and implementation structure at national level draws on international experience and provides the essential prerequisites for presence, participation, accommodation and adaptation at the local level (Figure 4.9).

Susan Peters, a disabled academic who led in formulating the DREM, argues that 'research on inclusive education makes clear that change is needed at all these levels to address the systemic barriers that continue to hold back progress' (Peters, 2004). In her extensive review of the international research, she concludes that achieving inclusive education is a 'struggle' that takes place in 'power relations' because of all the interests involved'. Where there is political leadership, systems for inclusion have been created. This view is backed up by a groundbreaking comprehensive global survey of inclusive education led by Connie Laurin-Bowie (Inclusion International, 2009). Yet in far too few places have the political forces of parents of disabled people and supportive

Figure 4.9. Multiple levels of DREM



Source: Adapted from Peters *et al.* (2005)

allies – professionals and politicians – been marshalled to bring about the systematic structural change which will lead to the establishment of inclusive education systems.

In the remaining chapters we will examine and evaluate examples from around the world, and mainly from the Commonwealth, to investigate the facilitating and blocking factors in the inclusion of disabled children and students in mainstream educational provision at international, national, regional and local level.

Community-based rehabilitation

The World Health Organization (2010) has recently published new guidelines on community-based rehabilitation, following widespread international consultation with organisations and individuals. This defines the role of CBR as:

... to work with the education sector to help make education inclusive at all levels, and to facilitate access to education and lifelong learning for people with disabilities.

Desirable outcomes

- All persons with disabilities have access to learning and resources that meet their needs and respect their rights.
- Local schools take in all children, including disabled children, so that they can learn and play alongside their peers.

- Local schools are accessible and welcoming; they have a flexible curriculum, teachers who are trained and supported, good links with families and the community, and adequate water and sanitation facilities.
- People with disabilities are involved in education as role models, decision-makers and contributors.
- Home environments encourage and support learning.
- Communities are aware that people with disabilities can learn, and provide support and encouragement.
- There is good collaboration between the health, education, social and other sectors.
- There is systematic advocacy at all levels for comprehensive national policies that facilitate inclusive education.

The definition of inclusive education in the context of CBR has recently changed:

The social model of disability moves away from an individual impairment-based view of disability and focuses on removing barriers in society to ensure people with disabilities are given the same opportunity to exercise their rights on an equal basis with all others. Similarly, inclusive education focuses on changing the system to fit the student rather than changing the student to fit the system. This shift in understanding towards inclusive education is required of CBR programmes, which in the past have tended to work at a more individual level.

Identifying early childhood needs

A twin-track approach is generally the best way to promote inclusion and this can be applied to early childhood care and education. The 'two tracks' are as follows.

1. **Focus on the system:** determine the existing situation regarding early childhood care and education in the community, and find out who is included or excluded, and what the strengths and weaknesses are. This needs to be done in collaboration with families, community leaders, health workers and teachers, plus anyone else who is involved.
2. **Focus on the child:** develop a system to identify and support children who are at risk of being marginalised or excluded, or who might need additional support. This is usually referred to as early identification. Too often, the focus has been 'single track', whereby only individuals are targeted. This results in only a few children getting the benefit, and the system remaining exclusive. CBR programmes can focus on both the system and the child by:
 - Liaising and working with health workers to ensure that disabled children receive proper health care (see Health component);
 - Ensuring that early identification programmes support disabled children and their families;
 - Working closely with families to ensure that children who are born with impairments, or who develop them in early childhood, are identified as early as possible;
 - Supporting parents to respond quickly when impairments have been identified, referring children to healthcare facilities and accompanying the parents to appointments;

- Helping to create a positive approach towards disabled children, focusing on their abilities and capacity to learn – in this approach, early intervention consists of identifying barriers to children's learning and development, and working with families, different sectors and the community to overcome them;
- Influencing local government policies to make existing educational facilities accessible and inclusive for disabled children.⁷⁶

In the countries of the South there have been many initiatives that have mobilised local communities, and especially parents, to change their perceptions of disabled people, particularly children, and the way in which they treat them. These have generally been driven by medically trained professionals such as doctors, physiotherapists, health and social workers, or experts in special educational needs. They have engaged with local communities and brought about substantial improvements, especially for children. The goal of CBR is to demystify the rehabilitation process and give responsibility back to the individual, family and community. As can be seen from the above guidance, CBR has taken on the 'social model' and moved away from concepts such as normality and developmental benchmarks when dealing with disabled children. It is probably most useful in identifying disabled children aged 0–8 years and getting support for them. **However, without disability equality training, this change of attitude is likely only to be a veneer applied to a medical model approach.** CBR takes a broad view of education, working with the family on changing traditional negative views and providing support so that family members learn useful techniques such as sign language.

Box 4.4 Community-based rehabilitation in Guyana

In the 1980s, five pilot schemes were set up which identified 65 disabled children. Funding came from the Guyanan Government and the Canadian International Development Association (CIDA). The University of Guyana was extensively involved in the programme. Door to door visits established that around 1.5 per cent of children were significantly impaired. Professionals and parents were trained, and ten programmes were produced and shown on national television, accompanied by posters and press coverage. Local village health committees were set up, led by parents and specialist teachers, and campaigned for a regional centre. The isolation felt by parents of disabled children was broken down and there was strong take-up by parents of training in therapeutic approaches. Overall, more than 300 families of disabled children were involved in the project.

Box 4.5 Community-based rehabilitation in Jamaica

Another example of CBR is the 1980s 3D project, 'Dedicated to the Development of the Disabled', in St Catherine's parish, Jamaica (one of 14 parishes, with a population of around 350,000). Here the CBR model of home-based early intervention and rehabilitation included the following steps: (i) identification of disability; (ii) assessment of disability; (iii) assessment of 'handicap' (special needs or problems); (iv) diagnosis of the cause of disability and any medical treatment needed; (v) prescription of an intervention or rehabilitation plan;

(vi) implementation of the plan in the community; and (vii) evaluation of progress. Funded by the Jamaican Government, church missions and Norwegian aid, the project provided training and help in getting jobs for school leavers and adults. It had only limited success in relation to disabled children. It focused much more on the recruitment and training of CBO workers, carrying out the functions listed above at four levels. It is more likely that projects will meet the real needs of their clients if parents are actively involved in setting priorities and in running and monitoring the project. In the case of the Jamaican project they were not centrally involved.⁷⁷

Dealing mainly with the impact of the traditional views of disabled people and their de facto exclusion from ordinary services, CBR programmes have been effective in identifying disabled children in the community, providing advice and therapy training for parents, publicising the shameful position of disabled people and changing attitudes.

However, until recently, CBR programmes have drawn on medical model approaches to disability and have found it difficult to go beyond the responses identified above, e.g. segregation or integration. The new guidance demonstrates that this transition is now being made. In India, CBR approaches were utilised to develop Project Integrated Education for the Disabled (PIED), in which teacher training was the key component. In the mid-1980s this project was initiated by the National Council of Educational Research and Training (NCERT) and received financial support from the Ministry of Human Resource Development (MHRD) and UNICEF. The project aimed to develop models for educating children with special educational needs in mainstream schools. These models focused particularly on teaching methods appropriate to classes of children with a wide range of abilities. Despite the focus on integration, the categorisation and labelling of children continued. The withdrawal of children for some activities was common and resource teachers and withdrawal groups were the common focus. This was not helped by the emphasis most teachers placed upon the curriculum, grades and testing. Again, medical model thinking, this time under the guise of special educational needs, prevented achievement of the stated objectives (Jangira, 1994).

Faced with this dilemma – and a situation where only 1 per cent of disabled children benefited from integrated education and 1 per cent attended special schools – the CBR network led by NGOs in the state of Karnataka, India, began to develop an alternative approach, 'Joyful Inclusion' (Rao, 2003). This approach aims to get all teachers to be teachers of disabled children by piloting new child-centred methods and resources linked to an initial five-day training programme, followed five months later by seven more training days. Essential to this approach was persuading the local community and parents to take ownership of the village 'government school'. Parent groups and NGOs make door to door visits and encourage parents to send all their children to the school and local low-cost materials are used to make learning resources.

Montessori and Portage techniques are used to develop an accurate pre-school assessment of children's needs and *anganwadi* workers and teachers are encouraged to plan differentiated activities for the different learning needs of each child. The village is encouraged to develop a resource centre recording the history and skills of the village that can be used to educate village children. Initially it was hoped that this approach would be sufficient to meet the needs of all children. However, an additional curriculum plus a pack that includes criterion-based schedules for Braille,

orientation, mobility, sign language, lip reading and behaviour modification skills, with 45 curriculum areas and 250 cards, has been successfully tested in Manavi, Raichur District, Karnataka. Work is now under way on scaling up this approach across India. Such programmes need to start with clear human rights principles and involve local disabled people's organisations. Play-based and child-centred approaches in early years have proved successful.

Box 4.6 Community-based rehabilitation in Anhui, China

Anhui is a poor province in China with a population of 56 million people. Not long ago, learning at pre-school involved children sitting in rows, with teachers directing lengthy lessons that required children to sit still. Success or failure was perceived as the child's responsibility. The system was impressive in that it enabled large numbers of young children to access education – many kindergartens had over 1000 children and teachers were extremely committed and hard-working.

A pilot programme encouraged the following changes to ensure that children were able to learn actively: regular small-group work; learning through play activities; the use of teaching aids made from local materials; regular teacher training; a whole school approach that required closer co-operation between families, teachers, administrators and the community through the establishment of local committees; and the inclusion of two children with learning disabilities in each class.

The results were impressive: the education authority acknowledged that this improved education for all children; there was a change of attitude by the educational authorities – seeing it not as a 'cheap option' but as a 'better option' than segregation; the children with disabilities moved to primary schools and continued to succeed.⁷⁸

Effective inclusive education

Effective inclusive education needs to be based on the human rights and social model approaches outlined above. It must also identify barriers and come up with solutions. These solutions should be attitudinal and cultural, environmental and organisational, and operate at national, regional/district and school/classroom level. Box 4.6 identifies a range of changes that are required to develop an inclusive education system and fit into the DREM model as outlined above. All these changes have already been put in place in different places in the world, but the issue is to generalise them and ensure they have sufficient specificity to be effective in their geographic context. Remember, inclusive education is an ongoing process and way of thinking.

Box 4.7 Characteristics of an inclusive education system at international, national, regional and school level

International policy

1. UN Convention on the Rights of Persons with Disabilities ratified and implemented with buy-in from world leaders.
2. All governments and UN departments of UN prioritise implementation of the UNCRPD.
3. Strong international monitoring – UNCRPD committee.
4. Education for All/World Bank prioritises disabled children.
5. Single and multi-aid donors prioritise support for the inclusion of disabled learners, e.g. through the Disability Rights Fund.
6. Promising practice is widely shared and analysed in policy documents.
7. International commitment to accessibility throughout education.
8. Barriers to copywriting alternative format materials are removed.

International activity

1. Continuing international practice sharing and discussion in UNESCO and UNICEF.
2. Universities collaborate across globe on ensuring all teachers trained for inclusive classroom.
3. Examples of good practice shared on Global Website-UNESCO/EASEN.
4. Disabled Movement leaders organised to campaign for IE-DPI, IDA.
5. Disability Equality and Inclusion Training run by disabled trainers.
6. Support for building accessible schools and curriculum.
7. Share ways of bringing disability equality into school curriculum for all.
8. Teacher unions and the Global Campaign for Education prioritise development of inclusive education for disabled learners.

National policy

1. Anti-disability discrimination law covers education.
2. A flexible national curriculum is developed.
3. Primary education is free to all, and early childhood and secondary education is made inclusive.
4. Sufficient school places and teachers are available.
5. Pupil-centred pedagogy where all can progress at their optimum pace is encouraged.
6. Assessment systems are made flexible to include all learners.
7. Specialist teachers are made available to support mainstream support teams.
8. Sufficient capital is made available for modification of school buildings.
9. A media and public awareness campaign is launched to establish a rights-based approach to disability and inclusive education (Article 8).

National activity

1. Develop means of making the curriculum accessible to all.
2. Parents and their disabled children are actively encouraged to enrol.
3. All teachers are trained in inclusive teaching and learning.
4. Curriculum materials are made accessible.
5. Children learn and are assessed in ways that suit them best.
6. Innovative ways are found to expand support for learning.
7. Programmes are developed to mobilise communities to build new schools or adapt existing ones.
8. Schools are resourced and become hubs of learning for all in their community.

Regional/ district policy

1. Education administrators link with health and CBR workers with a joint inclusion strategy.
2. Education administrators link with disabled advisers/local disability movement.
3. Recruit enough teachers and support staff, and reduce class sizes.
4. Support ongoing inclusion training for teachers, parents and community leaders.
5. Develop centres with equipment and expertise on techniques, e.g. signing, Braille, and augmented and alternative communication.
6. Ensure that there are enough schools and that they are accessible.
7. Ensure sufficient specialist teachers for those with visual, hearing, physical, communication, learning or behavioural impairments to work with a range of schools.

Regional/ district activity

1. Ensure that all disabled children identified are enrolled in their local schools and complete the course.
2. Run regular training for and with disabled advocates and activists.
3. Utilise those within the community who have completed their elementary education to support learning.
4. Run regular and ongoing training on inclusive learning for teachers.
5. Run regular training courses for parents and community leaders on inclusive education.
6. Train and use local unemployed people to build and adapt accessible school environments.
7. Support parents of disabled children to empower their children.
8. Share best practice in the region by exchanges and film.

School/ class policy

1. Ensure sufficient staff and volunteers are in place to provide support for disabled children.

2. Ensure all staff understand and know what is required of them to include disabled children.
3. Support and share an innovative curriculum.
4. Create a school/classes that welcomes difference and in which pupils support each other-peer support and collaborative learning.
5. Assessment is continuous and flexible.
6. Make the school the hub of the community, encourage involvement of hard to reach families.

School/class activity

1. Inclusion audit regularly and ensure barriers identified are tackled.
 2. Ensure school environment and activities accessible and information available in alternative forms as required, e.g. Braille, audio, pictures, signing, objects, movement.
 3. Make sure the curriculum and how it is taught is accessible to all with a range of learning situations, styles and paces, e.g. mixed ability.
 4. Teachers trained and support each other in planning and developing inclusive practice.
 5. Assessment is formatively used to assess what children have learned.
 6. All children have awareness about disability as a social oppression raised and have negative attitudes and behaviour to disabled people challenged.
 7. Person-centred planning approaches developed to ensure intentional building of relationships and positive transitions to adult life, learning and work.⁷⁹
-

The costs of inclusion

One of the biggest perceived barriers to the introduction of inclusive education is its cost. States in particular need to be clear about the benefits to disabled people, non-disabled people and the economy as a whole.

The financing and support of educational services for students with special needs is a primary concern for all countries, regardless of available resources. Yet a growing body of research asserts that inclusive education is not only cost-efficient, but also cost-effective, and that equity is the way to excellence. The research promises increased achievement and performance for all learners. Countries are increasingly realising the inefficiency of multiple systems of education administration, organisational structures and services, and that special schools are a financially unrealistic option.⁸⁰ For example, an Organisation of Economic Co-operation and Development (OECD) report estimates that the average cost of putting students with special educational needs in segregated placements is seven to nine times higher than educating them in general classrooms (OECD, 1994).

Despite the common experience of economic pressures and constraints among countries of the North and South, the literature related to economic issues in inclusive education takes strongly divergent paths. Most large-scale, cross-country studies undertaken by countries of the North typically focus on national and municipal government funding formulae for allocation of public monies. In countries of the South, the literature on resource support for inclusive education services focuses

instead on building the capacity of communities and parents as significant human resource inputs and on non-governmental sources of funding. This literature also tends to be case based on particular countries, regions or programmes, rather than large-scale multinational studies. Strategies for resourcing inclusive education in countries of the South are much more varied and broader in scope, and are characterised by a focus on linking and co-ordinating services.

Peters (2003) identifies three main financial education models, which have different impacts on inclusive education of disabled children:

1. **Child-based funding** – based on headcounts of disabled children, as outright grants to regions, pupil-weighted schemes or census funding, based on the total number of students and assumed proportion of disabled children. Internationally, this is the most frequently used model, as for example in the Sarva Shiksha Abhiyan (SSA) system in India. However, there are problems with this model, including: (i) concerns about the focus on the impairment category of the child as against their actual learning needs and costs; (ii) the model can be costly where individual diagnosis is required; and (iii) evidence from the EU suggests that inclusive outcomes for disabled children are worse than those from other approaches.⁸¹
2. **Resource-based (through-put) models** – where funding is based on the services provided rather than the number of disabled pupils. Typically, this model also mandates units of instruction. Overall, there is evidence of an OECD trend towards these models, which are found to encourage local initiatives in developing programmes for disabled children. There are, however, concerns on disincentives for schools when disabled children's progress and funding are reduced. To work well, this approach should be linked to outcomes.
3. **Output-based models** – these are based on student learning outcomes or some other output. While desirable in principle, there has to date been very limited experience with this approach (for example, the US 'No Child Left Behind' Act, which involves financial and accreditation sanctions for failure to meet student achievement standards and UK 'league tables'). There are concerns that this approach has a natural bias against inclusive education, because disabled children will be thought to drag down average school scores. Equally, the reasons for 'failure' are often beyond the school's control (for example, student absenteeism or an unadapted curriculum) (Peters, 2003).

A human rights perspective may be persuasive at the level of principle, but clearly something more is needed. The world at large is not persuaded by the human rights argument. Indeed, many in education are not convinced that the place for disabled children is with their peers, even if they accept that they should be educated. A different perspective comes from examining the role of education in development. This is argued most powerfully by Sen (1999). A Nobel laureate in economics, Sen turns conventional economics on its head. He marshals data and argument on a very broad canvas to demonstrate the central role of education in economic and social development, thereby providing an empirical underpinning for investment in education for all (Hegarty, 2003).

Sen's starting point is the centrality of freedom and his core argument is that development and freedom are intimately and inescapably linked at two levels: constitutive and developmental. First, freedom is an essential part of what we mean by development: in other words it constitutes development, and the expansion of freedom is the primary purpose of development. Indeed, he describes his book as

'mainly an attempt to seek development as a process of expanding the real freedoms that people enjoy' (Sen, 1999: 36). These freedoms can be couched in both negative and positive terms: freedom from poverty and hunger; freedom from ignorance; freedom from oppression; and also the freedoms associated with being literate and numerate and having access to cultural resources, being able to make choices in significant areas of life and enjoying political participation and uncensored expression. Without these freedoms a society and the individuals within it cannot be said to be developed. It is worth emphasising that this perspective rejects the narrow view of development that equates it with economic or industrial progress. A rich country which lacks due political process or a well-educated citizenry is not, in this view, a developed one.

There are many calls on public expenditure and if basic education is to secure an adequate share of finite resources, it is necessary to appeal to rational self-interest. This is precisely the thrust of Sen's position: countries will only achieve economic and other development if they secure certain freedoms for their people, especially the freedoms and human development that follow from mass basic education.

Most countries in the South cannot afford to have a dual education system of mainstream schools and separate special schools for disabled children. They have no choice if they are to meet the goal of Education for All and implement Article 24 of the UN Convention. The special school model was developed in the countries of the North, based on applying medical model thinking and has been shown to be educationally and socially ineffective. However, educating teachers, parents and the community about inclusive education, and mobilising their resources, has been shown to include disabled children effectively and improve the quality of education for all.

It is estimated by the World Bank that it costs between two and four times as much to educate a disabled child in an inclusive setting as a non-disabled child. This expenditure is still well worth it in any cost-benefit study if the lifetime contribution and benefits are taken into account for the disabled person. A study by Lynch (1994) on special educational needs in Asia enumerates the following economic benefits of inclusive primary education:

- Reduction of social welfare costs and future dependence;
- Increased potential productivity and wealth creation resulting from the education of children with impairments and disadvantages;
- Concomitant overall improvement of the quality of primary education, resulting in a reduction in school repetition and drop-out rates;
- Increased government revenue from taxation, which can be used to recoup some of the costs;
- Reduction of administrative and other recurrent overheads associated with special and regular education;
- Reduced costs for transportation and institutional provision typically associated with segregated services.

In addition, according to the OECD, the achievement of children with special educational needs in integrated settings is far superior to that of those in segregated settings.⁸²

Gender and inclusion

Between 1999 and 2008, the number of children not in school worldwide fell rapidly from about 100 million to 69 million. Gender differential access to school is usually



Girl included at school in Kenya.

CREDIT: LCD

caused by poverty, adverse cultural practices, schooling quality and distance from school. However, there are some emerging challenges that reduce girls' enrolment in primary, secondary and tertiary education. These are HIV/AIDS, orphanhood, conflict, emergencies and other fragile situations, gender-based violence and the information technology gender gap.

Gender disparities still remain in both primary enrolment and school completion rates. However, many low-income countries have registered improvements in primary school completion rates, with an average increase of 6 per cent (from 63% in 1999 to 74% in 2006) (World Bank, 2008a). The completion rate for girls rose by 13 percentage points, from 57 per cent in 1999 to 70 per cent in 2006, whereas the primary school completion rates for boys increased only from 63 percent to 70 percent during the same period in low-income countries (World Bank, 2008a).

The MDG goal of gender parity in primary and secondary education by 2005 was not met in most regions; however, there is substantial cause for optimism. Most developing countries are on course to close the gender gap in primary enrolment by 2015 if they continue at their present rates of progress. In order to achieve gender equality by 2015, more attention should be paid to access to secondary and tertiary education, retention, quality, learning outcomes and the relevance of education at all levels. Strategic directions for accelerating gender equality also include emphasis on monitoring and evaluation of the effectiveness of interventions as well as their impact.⁸³

Box 4.8 Pakistan: Empowering girls through the school system

Pakistan has some of the world's largest gender disparities in education. Young girls are less likely to enter the school system and are likely to drop out of primary school, and few make it through to secondary school. Interlocking gender inequalities associated with poverty, labour demand, cultural practices and attitudes to girls' education create barriers to entry and progression through school, and reduce expectation and ambition among many girls.

Developments in Literacy (DIL), an NGO formed 13 years ago and supported by the Pakistani diaspora in Canada, the UK and the USA, runs 147 schools in nine districts across all four provinces of Pakistan. Its goal is 'to provide quality education to disadvantaged children, especially girls, by establishing and operating schools in the underdeveloped regions of Pakistan, with a strong focus on gender equality and community participation'. Working through local groups, it delivers education to more than 16,000 students, 60 to 70 per cent of them girls.

Recognising the poor quality of teaching in most public schools, DIL has developed its own teacher education centre. Training in student-centred methods is mandatory for all DIL teachers, 96 per cent of whom are female. DIL has also developed its own reading materials in English and Urdu, designed to challenge stereotypes by showing girls exercising leadership and pursuing non-traditional roles and occupations. Innovative teaching methods have been developed to encourage critical thinking and to discourage passive learning.

As the programme has evolved, DIL has recognised the importance of helping girls make the transition to secondary school or work. Financial support is provided to girls graduating from DIL, enabling them to continue to government secondary schools. Transition rates from primary to secondary



Empowering girls in Pakistan.

CREDIT: EENET ASIA, PAVEZ PIRZADO

school have been impressive. In most schools over 80 per cent of students' progress to Grade 9. Many girls have gone on to university, with some entering teaching and healthcare, showing how education can create a virtuous circle of rising skills and expanding opportunity.⁸⁴

The above approach also benefits disabled girls and demonstrates some of the adjustments necessary to improve disabled girls' literacy and school achievement.

Despite the overall increase in girls' enrolment and completion, as a growing number of those not in school are disabled, disabled girls are still the most disadvantaged group. According to Miles (2002), disabled girls face particular problems:

- **Security and safety issues:** Disabled girls are more vulnerable to physical and sexual abuse. In addition to abuse at home, this can happen in school or on the way to school.
- **Lack of privacy:** This can be a problem if the girls need help with using the toilet or changing clothes.
- **Domestic work:** Anecdotal evidence suggests that disabled girls may be more exploited in the home than non-disabled girls. The 'pointlessness of education' argument further reinforces this.

A great deal has been written about the 'double discrimination' or 'multiple discrimination' faced by disabled girls and those who care for disabled family members. Girls are discriminated against from birth, have lower life expectancy and receive less care, especially if they are disabled. They may be considered an extra burden and their rights are less likely to be upheld. These problems are compounded for refugees, street or working girls, and girls from minority ethnic groups. For example, there is a higher rate of blindness among women in India than among men: 54 per cent of blind people are women. Yet there are fewer schools for blind and visually-impaired girls. In New Delhi, of the ten schools for blind children, only one is for girls and a second is for girls and boys, while eight out of ten special schools cater specifically for blind boys (Jones, 2001).

Cultural bias against women and rigid gender roles lead to preferential treatment and allocation of resources and opportunities to male children at the expense of their sisters. For example, in Kenya: *'African society places more value on boys than girls. So when resources are scarce, boys are given a priority. A disabled boy will be sent to school at the disadvantage of the girl.'* There are similar examples from Ghana and Tanzania (Rousso, 2005).

Middle and upper class girls may have an advantage. Girls with disabilities from middle and upper class families are much more likely to attend school than those from poor families, and may also have greater access to educational and vocational opportunities than their non-disabled counterparts. They are assumed to be unfit to fulfil the traditional female roles of wife and mother. A report on disabled women in the Raichur district of Karnataka, India, shows that their literacy rate was 7 per cent, compared to a general literacy rate of 46 per cent. Another study of disabled girls, in both special (usually residential) schools and regular schools, found that those in special schools were less proficient in basic literacy and numeracy skills, had lower expectations about their own capabilities and lacked confidence in social settings (Rao, 2004). Thus, it is obvious that mainstreaming girls with disabilities into society must begin at school.

Rousso (2005) identifies a range of barriers to disabled girls' participation in school. These include parental gender bias, lack of toilets, transport and supportive environments, and the threat of sexual violence and abuse, all of which discourage parents from ensuring that their daughters are educated.

In the North, an OECD report reveals a consistent gender effect in provision for special educational needs. An approximate 60:40 ratio of males to females appeared across all cross-national categories in special education systems. The report concludes: *'This robust finding is not easy to interpret, but its ubiquity makes it tempting to suggest that it reflects a systematic difference in the extent to which males and females are perceived to have special education needs'* (OECD, 2000: 102).

This consistent gender difference raises important policy issues related to the identification and treatment of girls and boys (Peters, 2003).

Proposed solutions to this gender imbalance include:

- More research on enrolment, outcomes and barriers to education for disabled girls;
- Explicit inclusion of disabled girls in all policies and programmes for girls and for all disabled children;
- A comprehensive approach to the prevention of violence against disabled girls, including widespread sex education;
- Targeted outreach to parents to ensure that disabled girls have access to education;
- Targeted scholarships for disabled girls;
- Teacher education that includes training on gender and disability;
- Recruitment of disabled women educators;
- More programmes specifically designed for disabled girls that include access to role models and self-advocacy skills, a focus on assets and parent involvement.

Even where financial incentives mean that more girls are entering and staying in schools than boys, as in Bangladesh, there remain problems of self-confidence and translating education gains into employment.

Box 4.9 BRAC's employment and livelihood for adolescents centres

More girls than boys now enter secondary school in Bangladesh, but adolescent girls and young women continue to face restricted employment opportunities. The Bangladesh Rural Advancement Committee (BRAC), well known for its microfinance expertise, includes disabled young people in its projects and has addressed this problem through an innovative programme (see Box 6.8).

BRAC's employment and livelihood for adolescents (ELA) centres aim to develop skills and self-confidence among young women, in and out of school. In 2009, there were over 21,000 centres where about 430,000 members can socialise, maintain their literacy skills and discuss health, child marriage and girls' role within the family. They offer training in income-generating skills, and a savings and small loans programme for women seeking to establish small businesses.

Non-formal programmes are seldom effectively evaluated, which limits the scope not just for identifying weaknesses, but also for drawing valuable lessons. An advantage of the BRAC programme is that it has been evaluated. The results show it has raised social mobility and income-generating activities. Participants reported that the programme had helped boost their self-confidence.

Adolescent girls in the programme were more likely to be involved in income-generating activities and to earn more than non-participants. In turn, increased earnings were a source of greater autonomy. Participants reported an enhanced role in family and community decision-making, with higher income enabling them to plan for the future and in some cases pursue further studies.

The ELA model is being adapted for other countries, with pilots in Afghanistan, Sudan, Uganda and the United Republic of Tanzania. Monitoring will be needed to ensure that the adaptation process is appropriate for local conditions, but BRAC's experience shows the potential for non-formal programmes.⁸⁵

The *2011 Global Monitoring Report* shows there has been considerable progress on reaching gender parity, but more needs to be done, especially in secondary education. It quotes a survey in India showing that for every extra year of secondary education a girl can earn 7 per cent more compared to a boy (4%). Gender parity has been achieved in primary enrolment in 113 out of 185 countries. The report states:

Viewed from a global perspective, the world is edging slowly towards gender parity in school enrolment. Convergence towards parity at the primary school level has been particularly marked in the Arab States, South and West Asia and sub-Saharan Africa – the regions that started the decade with the largest gender gaps. To put this progress in context, if these regions still had the gender parity levels of 1999, 18.4 million fewer girls would be in primary school.⁸⁶

How are Commonwealth countries doing?⁸⁷ Bangladesh, The Gambia and Rwanda achieved 51 per cent female enrolment in 2008; Kiribati, Malawi, Nauru, Nevis and St Kitts, and Uganda achieved 50 per cent. Most of the rest are at 49 or 48 per cent, which counts as gender equity. However the following states still have wider disparities: Pakistan (44%), Cameroon and Nigeria (46%), India, Mozambique, Solomon Islands, Tonga and Vanuatu (47%). The disparity for disabled girls is likely to be much higher, but the figures do not exist.

Indigenous peoples have suffered from historic injustices as a result of, inter alia, their colonisation and dispossession of their lands, territories and resources, thus preventing them from exercising, in particular, their right to development in accordance with their own needs and interests ...

Preamble to the UN Declaration on the Rights of Indigenous Peoples

Inclusive education for disabled indigenous peoples

There is considerable evidence that indigenous peoples, who are often in a minority or disadvantaged, do not have equal access to measures put in place by governments to enhance the position of disabled people. The world's 370 million indigenous people received a big boost in September 2007 when the UN General Assembly adopted the Declaration on the Rights of Indigenous Peoples. The Declaration was adopted by a vote of 143 in favour and four against (Australia, New Zealand, Canada and the USA), with 11 abstentions, among them Kenya, Nigeria, Bangladesh and Russia. The UN Secretary-General called on governments and civil society to urgently advance the work of integrating the rights of indigenous peoples into international human rights and development agendas, and policies and programmes at all levels, so as to ensure that the vision behind the Declaration becomes a reality.⁸⁸

In education, attempts to forcibly 'integrate' indigenous peoples and assimilate them into the dominant culture, as happened to aborigine children in Australia⁸⁹ or native Americans in Canada, must be guarded against, while inclusive approaches are developed which value indigenous traditions and culture, and support disabled indigenous children in developing their full potential. Indigenous cultures may also have traditional views on disability which discriminate against disabled members of the community. These need to be addressed sensitively, but from a human rights perspective.⁹⁰

Box 4.10 The UN Declaration on the Rights of Indigenous Peoples

Article 14 states:

1. Indigenous peoples have the right to establish and control their educational systems and institutions, providing education in their own languages in a manner appropriate to their cultural methods of teaching and learning.
2. Indigenous individuals, particularly children, have the right to all levels and forms of education of the State without discrimination.
3. States shall, in conjunction with indigenous peoples, take effective measures, in order for indigenous individuals, particularly children, including those living outside their communities, to have access, when possible, to an education in their own culture and provided in their own language.

Article 22 states:

Particular attention shall be paid to the rights and special needs of indigenous elders, women, youth, children and persons with disabilities in the implementation of this Declaration.

Box 4.11. New Zealand: A case study

Inclusion means that all people, regardless of their gender, socio-economic status, religion, capability, sexual orientation, ethnicity, culture or looks, have the right to be treated as equally valued members of society. An inclusive school is a place where every person supports and is supported by their peers, teachers and community members (Pearpoint *et al.*, 1992; Stainback and Stainback, 1990; 1996). Inclusive education is a process that concentrates on



Maori children.

removing barriers to learning for all children (Ainscow, 1999). Based on these definitions, the focus here is on the intersection of two aspects of inclusion in Aotearoa/New Zealand: the inclusion of Maori children with special needs.

Maori are the indigenous people of Aotearoa/New Zealand. They are of Polynesian extraction, forming around 15 per cent of the population – the largest 'minority' group. Much legislation, official documentation and guidelines testifies to the right of Maori learners with special needs to be included and receive a culturally appropriate, effective education (Bevan-Brown, 2006). Despite this, and the good intentions of many policy-makers and service providers, they are often overlooked, inadequately provided for and even excluded.

Research reveals a range of reasons why provision for Maori learners with special needs is inadequate. Sixty different barriers to providing and receiving culturally appropriate, effective services were identified in a three-year longitudinal evaluation of the country's special education policy (Bourke *et al.*, 2002).

In particular, the shortage of special education professionals with cultural and Maori language expertise disadvantages children who receive their education in *kohanga reo* and *kura kaupapa Maori*. These are Maori-medium early childhood centres and primary schools. The first *kohanga reo* was established in 1981 and the first *kura kaupapa Maori* in 1985. They were principally established to halt the decline and predicted demise of the Maori language. Approximately 10 per cent of Maori children are educated in *kura kaupapa Maori* and 33 per cent of those who attend an early childhood centre go to a *kohanga reo*. Only a very small number of educational psychologists, speech therapists and other special education professionals speak the Maori language. Principals report not bothering to apply for special education funding and services because they cannot access professionals who can deliver services in Maori. There is also a paucity of special education resources in the Maori language and a reported shortage of special education expertise among Maori-medium teachers. Parents of Maori children with special needs who want their children to learn the Maori language and traditions are being put in the intolerable position of having to choose between providing for their child's cultural or special needs (Bevan-Brown, 2006). At the individual level, the view that a child's culture is not relevant to their special education results in many

teachers making little attempt to incorporate cultural content in Maori children's individual education plans. Barriers arise from:

- Denial of cultural difference, resulting in the use of the same identification and assessment procedures for all children, regardless of their culture and language;
- Low teacher expectation, leading to self-fulfilling prophecies and the over-representation of Maori among children with behavioural difficulties;
- Negative and stereotypical attitudes toward Maori children and their parents;
- Abdication of responsibility for cultural input into education, e.g. Pakeha (white) teachers not addressing cultural issues in the belief that this is the sole responsibility of *kura kaupapa Maori* or Maori teachers in English-medium schools;
- Commercially driven values which result in a lack of services for Maori because they are not economically viable and because the relatively small number of Maori children with special needs is judged as not warranting the expense involved;
- Meritocratic and competitive ideologies that lead to practices that conflict with holistic, co-operative Maori values and with the establishment of a pluralistic society;
- Majority culture ethnocentrism, resulting in differences being perceived as deficits;
- Education and medical services and procedures being firmly based on Pakeha values and expectations, and Maori culture and ways of working being undervalued.

The reasons for these beliefs and attitudes are open to speculation. No doubt they include racial prejudice, economically driven decision-making and ethnocentric convictions about the superiority of majority values. Most Pakeha consider their culture to be the norm. Many are unaware of the influence it has on them and the education system. This 'cultural ignorance' means that for many Pakeha, the beliefs and attitudes identified by research may not be intentionally detrimental. Nevertheless, they still disadvantage Maori learners with special needs and lead to inadequate provision and exclusion.

How can these barriers be overcome?

A good first step would be the introduction of a range of initiatives to increase the number of people with cultural expertise available to work with Maori learners with special needs. These initiatives could include:

1. Recruitment measures and financial incentives to attract Maori to teaching and other relevant professions;
2. Cultural support and mentoring for people who work with Maori children with special needs;
3. Greater inclusion of Maori parents and whānau members in their children's special education;

4. Compulsory, bicultural in-service education for all special education personnel;
5. A teacher training curriculum that includes an examination of the way in which the dominant political ideology has increased material differences between ethnic and cultural groups through the deliberate creation of poverty;
6. The use of carefully selected non-fiction and fictional stories in teacher training that communicate complex issues, link thought and feeling, and stir people to confront detrimental policies and practices (Ballard, 2003; Bevan-Brown, 2006).

Stage 1. Bevan-Brown researched what Maori believed was a culturally appropriate and effective education. This turned out to be schooling that was based on eight important principles: partnership, participation, cultural development, empowerment, tribal authority, equality, accessibility and integration. Next, schooling was divided into eight areas and these, together with the eight guiding principles, became the framework of the cultural self-review with seven programme areas: personal, policy, process, content, resources, assessment and administration.

Bevan-Brown developed and applied a questionnaire and a 'filled in' framework with examples of good practice. For instance, in the 'content' area, a question under the principles of empowerment and tribal authority is: What involvement do Maori have in deciding curriculum content? The real life example for this question is: Tribal elders advise teachers about local versions of Maori stories and historical events, the use of tribal dialect and songs to be avoided because they are 'tribally offensive'. In the 'administration area', a question under the principle of cultural development asks: What administrative procedures support and promote Maori culture, language and values? The example provided is: The school's special needs register records children's tribal affiliations and their parents' wishes on cultural input into their children's special education programme.

Stage 2. A cultural self-review process was developed and trialed in 11 schools and early childhood centres. Over a two-week period teachers collected answers relating to themselves and their school. The answers were shared in a staff meeting, recorded on a large cultural self-review framework and analysed. The analysis might show that there were only a small number of entries in some grid areas, and that other areas had lots of answers, but they only came from the junior school, or perhaps there were no examples of policies being put into practice. Having analysed the information and identified areas of weakness, teachers then brainstormed and decided on improvement strategies. They developed an action plan in the format used for a special education individual education plan. Once the action plan was finalised it was put into practice and reviewed every six months. Then the whole cycle started again.

Does this cultural self-review actually work? Bevan-Brown had many reports from people who have conducted a review in their schools, and these were very positive. Unsurprisingly, they showed that the more time and effort teachers put into a review, the greater the benefits both for the school and for students. For example, one school with many failing Maori students and poor home-school relationships reported conducting a cultural self-review to improve this situation. As a result of the review, teachers and students increased their Maori cultural knowledge; parents become more involved in their children's education;

It is not the case that some countries have discovered the secret of inclusion and should be held up as shining examples for the rest of us to follow. Instead, we each have to maintain a constant vigilance in our own situations learning what we can from each other, offering help and guidance, but not imposing solutions that may have worked in different contexts.

Alan Dyson, 2004

family members and the community became more supportive of the school; relationships between staff and students improved; students' school work improved; and absenteeism dropped considerably.⁹¹

Key factors in the development of inclusive education

In a recent article assessing progress towards inclusive education around the world, Miles (2007) identifies ten key issues to be addressed in making progress in developing inclusive education in the South.

1. Conducting a situational analysis – identifying existing resources and initiatives and highlighting the way forward.
2. Creating an inclusive learning environment – learning environments are often not conducive to the inclusion of disabled children. The community and resources need to be mobilised to transform the situation.
3. Teacher education and ongoing development – teachers are the most valuable resource in the promotion of inclusive practice, but if they do not believe in inclusion they can be a major barrier. They often lack confidence and the basic knowledge to welcome disabled children. They need adequate training to change attitudes and develop good practice.
4. Child-to-child principles hold that children can play a vital role in their own education and the education of their peers.
5. Parents and the community are a valuable human resource and need to be mobilised and encouraged to lead change. This is particularly the case in relation to the disabled people's movement.
6. Inclusion through school improvement – there is a need to improve education for all; changes in practice and thinking that accommodate disabled children will lead to benefits for all.
7. Inclusive policy development is not often seen as a mainstream issue but a variant of special educational needs policy. It is important to make sure that disabled children's needs are part of general policy.
8. Early childhood development and education for disabled children can reduce the disabling impacts of impairment.
9. Economic empowerment and poverty reduction are directly linked to the progress of inclusive education. There are strong cost-effectiveness and economic arguments for education for all in inclusive settings.
10. The role of special schools is a historical reality, but ways need to be found to unleash their resources and the expertise of their staff for the benefit of the majority of disabled children who are not in school.

These and other factors impact in varying degrees at the three levels identified above. The following chapters will examine the situation at international, national, regional/district and school/classroom level and describe tools and examples from around the Commonwealth and elsewhere to develop a greater understanding of what is required. The examples should not be seen as blueprints, but rather as a source of inspiration and opportunity for reflection.