**Preparing teachers to include children with disabilities**

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**Summary:**

**In recent years the perspective on people with disabilities has shifted from focusing on the impairment and loss of function ( known as the ‘deficit’ or ‘medical’ model) to a new perspective drawing on a paradigm change brought about by the struggles disabled people’s organisations (hereafter DPOs) and parents of disabled people. This shift is based on recognising the fundamental humanity of every person. The United Nations Convention on the Rights of Disabled People (UNCRPD ) of 2006 reflects this shift. Article 24 in particular applies to education and the development of people with disabilities full potential both academically and socially. 138 countries have ratified this Convention so far. It requires all schools and colleges to change their practice and identify the barriers in their organisation, environment, attitudes and practices that prevent pupils and students with various impairments from being included. It stipulates all teaching staff to acquire new perspectives and skills.**

**An extensive literature review, survey and interviews with leading practitioners of the development of inclusive education carried out for UNICEF has confirmed that current approaches are largely failing to increase the proportion of children with disabilities succeeding in primary and secondary school. What is necessary is a new *twin-track* approach to the training and professional development of all educationists. The child friendly, collaborative and accepting approach of inclusive education in general needs to be augmented by a second track of developing particular knowledge skills and understanding of the necessary adjustments and support that are needed to successively include children with a wide variety of impairments such as the visually impaired or blind, deaf, physically impaired, cognitively impaired, those with language and communication impairments or those with emotional or mental health issues. This needs to be part of the training and development of all teachers and school leaders to begin to develop genuinely inclusive education for all children with disabilities. To do this effectively DPOs and Parents of disabled children need to be fully involved as advocates of inclusive education.**

My vision, as shown in the logo of my organisation World of Inclusion[[1]](#footnote-1), is an inclusive world. A world where having an impairment be it visual, hearing, physical or mental will make no difference to one’s ability to achieve, progress and lead a fulfilling life. As disabled people we have many barriers and hurdles to overcome. . There has been a shifting focus on disability as the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) demonstrates the world is moving from a charity/medical model to one focussed on the social model/human rights; a position that is still far from being accepted by the mainstream. ..

*“Recognizing that disability is an evolving concept and that* ***disability*** *results from the interaction of persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others.”* UNCRPD Article 1

Focussing on the barriers faced by disabled people rather than the impairments or deficit from ‘normality’ in the person is the fundamental shift taking place and is known as a paradigm shift under which the whole way disability is conceptualised, changes.

***“Paradigm Shift*** *-Persons with disabilities are not viewed as "objects" of charity, medical treatment and social protection; rather as "subjects" with rights, who are capable of claiming those rights and making decisions for their lives based on their free and informed consent as well as being active members of society”.* UN DESA<http://www.un.org/disabilities/>

The UNCRPD is now ratified, meaning it is legally enforceable in 138 countries. This moves us from aMedical Model of Disability where the problem is seen to be in the person (to bean object of charity, cured, fixed, separated or segregated from others) to a Social Model of Disability based on a Human Rights approach. In the Social Model, the problem lies with society and recognises that what need to be -transformed are attitudes, organisation and environments.. In education this means moving from an approach which is based on what children *cannot* do (and often separated from their non-disabled peers) to one based on what they *can* do if provided with individually tailored support and reasonable accommodations.

Central to this shift is the slogan of the World Disability Movement –‘Nothing About Us Without Us’.One cannot change the position of disabled people in society without having disabled people and their representative organizations at the centre of that change.

In this talk I will use the phrases ‘disabled people’ and ‘people with disabilities’ interchangeably. In the UK, Australia we have kept to the true meaning of the social model. If the disabling barriers are beyond you as a person with impairment then you cannot be the person with disabilities you are disabled by these barriers. Rather you are a disabled person identifying in solidarity with all those subjected to a common oppression by society. So I will use both terms in this talk. When I speak as myself, I will use ‘disabled people’ but when I am referring to official matters I will use ‘people with disabilities’.

This is an historic shift that is taking place and has its roots in the history of the last 50 years when disabled people began to challenge the way in which they had been treated. This shift was global, taking place in the Western world (USA, Canada and Europe) but also in places such as Tanzania, Zimbabwe and Malaysia. So seismic was the change that in 1981 at the first meeting of Disabled People International it became clear that we could adopt the Social model with a clear distinction between ‘impairment’ and ‘disability’.

“*Impairment* is the functional limitation within the individual caused by physical, mental or sensory impairment.

*Disability* is the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical and social barriers” [[2]](#footnote-2)

Since this coming together of minds it only took 25 years to the moment when the United Nations agreed to this approach of viewing disability in its Convention (UNCRPD) passed in 2006. This has been much faster than the development and acceptance of human rights approaches for other oppressed groups such as women and girls or ethnic minorities. How long have we struggled for women’s equality ,or the abolition of slavery, and some would argue that we still do not have . Despite the success of the UN adopting the Social Model of disability, we still must contend with)disabling attitudes that are deeply embedded in all cultures across the world.

In many parts of the world traditional ideas about disability are still dominant and lead to inhumane and discriminatory responses to disabled people. These are often hidden beneath layers of the ’right’ words and thoughts. Here are just a few of the phrases designed to ‘explain’ disability that I have come across whilst working in the South Pacific, Southern Africa, Uganda and India: demon possessed, bewitched/cursed, tools for begging, contagious, shameful, a burden, asexual, cure for AIDS, cannot be educated, laughable, because your parents did something wrong, angry spirits, broke a taboo, a pregnant woman saw or ate something, it’s your own fault, the wrong marriage, worshipping animals or misused bride price. These are just a few of the myriad of wrong notions about disabled people that still pervade the world deep in our cultures. They are continually recycled in drama and news portrayals in the media through negative stereotypes of. These are the common perceptions of the vast majority of people in the world and if one scratches just beneath the surface you will find them. People may speak in the language of equality but they still think in disabilist terms. . If you doubt the credibility of the idea that people are still disabilist, think of the first question people ask when a child is born:-‘Is it alright?’ Meaning, presumably, that if a newly born child has three toes, Down’s syndrome or any other impairment, it is an inferior human being.

I have been a disabled person for more than 60 years and I want to be disabled. I am not arguing against the very valuable role of medical science in eradicating illness (particularly in low income countries) and the role of Community Based Rehabilitation in identifying and supporting disabled people and shifting attitudes towards their acceptance and inclusion. As in many parts of the poorer world there is just not the understanding and networks available for supporting disabled children. A shift is necessary from a focus defined by the medically identified characteristics of our impairments, to a perspective that challenges the largely negative societal views of us seen through this lens, where identifying the factors that disabled us, reinforcing our human rights as society transforms. According to the World Health Organisation disabled people are more than 1 billion people globally; that’s more than 15% of the world’s population.[[3]](#footnote-3)

Around the world disabled people have, nevertheless, protested against the reductionist views of the Medical model and have asserted that we know best what to do with our bodies and minds and that we have to be in the ’loop’ of decision making about us. It is very important to empower young disabled people to be the experts and to have a voice. If we do not do this how, they will they ever live independently. We need to start at the earliest age with disabled children, as soon as they become sensate, because if we are to develop inclusion, then underlying this is the idea that having the impairment is not the problem, whatever the impairment.

We may need to do things differently like use large print or learn Braille, but when these are mastered we can get on with learning. The students are not the problem here, but the teachers who don’t know how to do these things. An example of this is the situation of many Blind students; around the world there are millions of teachers who do not know how to educate and include Blind children in their classes. Is the inadequacy here the student’s or the teacher’s? The same is true for students who are Deaf or hearing impaired, physically impaired (who need to access to the building or sit in the classroom in a different way, to other children) or those who have some form of learning or communication impairment(such as ridged curriculum and assessment methods). It is the barriers of attitudes, organisation or environment that hold disabled students back and the responsibility lies with the disabling teachers of the world.

If we map types of education provided into the traditional, medical and social models of disability, we get the following. In the traditional way of thinking the disabled person is viewed as a shame on the family, a source of guilt or the result of ignorance. The disabled person is general viewed as of no value. The impact on education is that they are **excluded from the education system**.

The Medical model focuses on what the disabled person cannot do. It attempts to ‘normalize’ us by forcing us to do certain activities that our bodies or minds cannot do. If it cannot make us ‘fit’ into things as they are, then this model seeks to keep us separate from our non-disabled peers. In the education system this leads to **separation and segregation in special schools.** This was developed largely from a philanthropic and charitable response to disability. However, research has shown that there is no separate special education pedagogy[[4]](#footnote-4) Being separated meant, if you were the minority lucky enough to go to school in low income countries, one went to these largely northern funded special schools, then you grew up separated and isolated from your peers. Because this type of provision is expensive then it can only ever provide for a small minority of disabled children.

A second variant of the Medical model has been to develop **integration**. Here the disabled person is encouraged to be supported by minor adjustments and support so that they can function ‘normally’ and minimize their impairment in an non-bodied environment. This also tends to produce a continuum of provision based on severity and type of impairment. Here the emphasis is on changing the disabled child to fit into a school that has not challenged the barriers it contains for disabled learners. The needs of the disabled student are not rarely met as they are forced to fit in with the rest of their non-disabled peers. Yet, these are the very schools in which most educated disabled people were educated and succeeded in, despite the barriers. How many more would succeed if the barriers that forced many of them to drop out or not complete the course were removed? The children who were different were forced to fit into the single mould of an unchanged mainstream educational world which often resulted in subsequent traumatic psychological damage in their later life.

What can be done? The answer is an educational system based on the Social model of disability and the human rights approach embedded in the UNCRPD. This does not mean teaching everyone in the same way. It means teaching them so that they can thrive despite their particular impairments. In the Social model, barriers are identified and solutions are found to minimize them. Barriers of attitude, environment and organization are seen as what disables us and are removed to maximize the potential of all, disabled people are actively welcomed. Disabled people achieve their potential and a person centred approach is developed. Mapped into schools **inclusive education,** 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 reorganizing teaching, learning and assessment. Peer support is encouraged and the focus is on what you can do, not what you can’t.

The message to the leaders of the 138 countries that have signed up to the UNCRPD is that they have to transform their school systems to accommodate disabled learners, rather than expecting disabled learners to fit into their school systems as they are. We already know enough from around the world that where than transformation has been made everybody benefits.[[5]](#footnote-5) Disabled and non-disabled learners as the pedagogy improves and a more child centred approach is developed.

MacArthur’s (2009) meta study examined outcomes for pupils with disabilities in mainstream and special schools and found children with disabilities, including those with learning difficulties, do better in terms of academic outcomes and behaviours in mainstream schools.

There is also no evidence of pupils with disabilities holding back non-disabled pupils. Katz and Mirenda (2002) conclude from their meta review that there is little doubt that research over the past 20 years has identified many social and academic *advantages* of inclusion for students both with and without disabilities. Jordan et al (2009, p.535) note the performance of students without special education needs may even be slightly enhanced in classes where students with special education needs are included.[[6]](#footnote-6)

So why are we not moving forward? There is resistance. Countries are still hooked into the medical model saying we must build special schools for special children e.g Lao or Uganda where this is happening. This does not develop human rights for disabled children. Some would say including myself that this type of approach is a human rights abuse. So what do we have to do? We have to dismantle these schools and redistribute the resources to support inclusion in the local village and urban schools. For example if we take the deaf school we must train all teachers in the local schools in deaf awareness and rudimentary communication and take the teachers from the special school and train them to be itinerant teachers of deaf children. We can enhance their range by providing them with a motorbike so they can visit far more schools on a regular basis to advise and support classroom teachers.

The International Disability Alliance (IDA) which represents disabled people, organisations controlled by disabled people worldwide at the United Nations [[7]](#footnote-7).

In examining putting the paradigm shift into practice in implementing Article 24 of the UNCRPD say:-

“Special education in developed countries, but also in developing countries, can help create and reiterate negative stereotypes towards students and persons with disabilities. The removal of children with disabilities from the mainstream education denies students without disabilities access to the experience of disability, which in turn perpetuates ignorance and stigma.

The social model of disability reflected in the CRPD, recognizing the combination of a person’s impairment situated in a discriminating society, requires changing the social system, which includes the education system.

Special education today reproduces the discriminatory social system by reinforcing the assumption that individuals with specific characteristics do not fit in society and thus places them in separate situations.” IDA 2011[[8]](#footnote-8)

The voice of disabled people around the world should be ignored.You need to include and help build local organisations of disabled people who may need empowering to bring them into the process of transformation. All teachers need Disability Equality Training delivered by trainers with disabilities to challenge negative attitudes and promote social model thinking and change their mindset to disabled people.

So what does Article 24 require State parties to do ? It requires:-

* That all signatories to ensure all disabled children and young people can fully participate in the state education system and that this should be an **‘inclusive education system at all levels’**
* The development by persons with disabilities of their personality, talents and creativity, as well as their mental and physical abilities, **to their fullest potential**.
* That this right is to be delivered within **an inclusive primary and secondary education system,** from which disabled people should not be excluded.
* **Reasonable accommodations** should be provided for individual requirements with **support provided in individualised programmes** to facilitate their effective social and academic education.
* Instruction in **Braille , Sign language, Alternative and Augmented Communication**
* **The employment of disabled** teachers (to provide positive adult role models and in the REAP project we suggest these should be at least 5%).
* The **Training of professionals and staff who work at all levels of education.** Such training shall incorporate disability awareness and the use of appropriate augmentative and alternative modes, means and formats of communication, educational techniques and materials to support persons with disabilities

**In addition Article 8 b-**Awareness Raising ‘Fostering at all levels of the education system, including in all children from an early age, **an attitude of respect for the rights of persons with disabilities.** ( Challenging name calling and bullying, when a child says ‘I don’t want to sit with them’, then educators have to challenge this effectively and this means training all teachers to have an approach that works).

When we look at the concept of inclusion, globally, we have got into a bit of a mess. In the 1990’s in the Salamanca statement and other UNESCO documents the primary focus was on children with special needs i.e. disabled children[[9]](#footnote-9). With the increased emphasis on Education For All after the DAKAR Conference the focus has shifted to a more general approach to all excluded groups from education. This has provided an important stimulus to increase primary enrolment, especially amongst girls.

This definition from UNESCO contains the type of change I am talking about.

Inclusive Education -UNESCO sees “inclusive education as a process of addressing and responding to diversity of needs of all learners through increasing participation in learning, cultures and communities, and reducing exclusion within and from education. It involves changes and modifications in content, approaches, structures and strategies, with a common vision which covers all children of appropriate age range and a conviction that it is the responsibility of the regular system to educate all children”. UNESCO 2005[[10]](#footnote-10)

But as the more general view of inclusion has come to dominate, the proportion of those still out of school or not completing primary education who are disabled has been rising. Even in India a World Bank Study shows disabled children are 5 x more likely to be out of school than scheduled tribes[[11]](#footnote-11)

* If 1 Billion disabled people in the world, children with disabilities in the majority world will be 250-300 million. Twice current estimates.
* Despite success of Education for All, with 95% enrolled in primary, a larger proportion of those not in school are children with disabilities-40% +[[12]](#footnote-12)
* Drop out and failure to complete primary is higher.[[13]](#footnote-13)
* Lack of Transition to secondary and higher education - much higher.
* Many states only record 2-3% of children as disabled. Recent work through UN Statistics in selected countries puts it at 14%-20%. [[14]](#footnote-14)

Some recent effort is now, after 20 years going into the Global Partnership for Education, to ensure there must be indicators on what is being achieved for children with disabilities in monitoring funded plans, but this is very recent and too soon to have any tangible results.

[In](http://whqlibdoc.who.int/publications/2011/9789240685215_eng.pdf) the recent study conducted for UNICEF funded by AusAID on ‘Educating Teachers for Children with Disabilities’[[15]](#footnote-15) this shift to a more generalised inclusion framework became very apparent. The generalised approach to Inclusive education does not contain the specifics of the training and accommodation of meeting different impairment needs. It has partly arisen as a reactions to categorical medical model/deficit SEN approaches and has led to its replacement with generalised inclusion principles.This leaves most teachers believing that the expertise for, and the inclusion of, children with disabilities, is someone else’s expertise and responsibility.What is needed is *twin track approach,* withmandatory training, for all teachers on how to meet impairment specific needs, as well as, more general training on developing child friendly classrooms for all. Backed up by disability specialist local resource centres and teachers.

Track One *Education* based on Principles of Equality and Child Empowerment involves

* Foundations
* Equality and Valuing Difference
* Identifying Barriers-Finding Solutions
* Collaborative Learning -Peer Support
* Differentiation & Flexible Curriculum and Assessment
* Stimulating and Interesting Multi-Sensory Learning Environment
* An Anti Bias Curriculum
* Child Centred Pedagogy, Creative with Reflective Teachers
* Quality education requiring rigour and effort for each child to achieve their potential UNESCO [[16]](#footnote-16)

Track two education accommodating the different impairment specific needs of children with disabilities. This will require teachers to be familiar with and able to use

**a)Blind and Visually Impaired pupils /students**  Braille, tactile maps and plans, tapes and text to talk, mobility training, large print, magnification, orientation, auditory environment & talking instruments

b) **Deaf & Hearing Impaired pupils/students** Sign Language taught & use of interpretation, oral/finger spelling, hearing aid support, visual and acoustic environments

c) **DeafBlind**  Language, use of interpreters, tactile environment, aids and appliances, orientation

d) **Physical Impairment** Accessible Infra-structure, toilets and washrooms, furniture adjustments, equipment, prosthesis, use of personal assistance, diet, transport, medication.

e) **Speech & Communication impairment** Facilitated communication, augmented communication (high and low tech.), social use of language switching, talkers, information grids.

f) **Specific Learning Difficulty** Colour overlays & background , easy read, tapes and text to talk ,spell- checker, concrete objects

g) **General Cognitive Impairment** pictograms, small steps curriculum, easy read, scaffolding, Makaton, use of symbols & info. grids, using concrete objects

h) **Mental Health and Behaviour** -counselling and personal support,

differentiated behaviour policy, empathy, quiet /chill out space,

circle of friends, collaborative learning, structured day.

**i)Introduction to screening, identification and key adjustments for main impairments**

**How will these changes to teachers capacity be brought about?**

There are different training routes and options for teachers’ professional development for inclusion of children with disabilities.

1. **Initial or Pre-Service-twin track-**
2. **College based-2 or 3 years.**

* Lecturers need knowledge, skills and understanding including children with disabilities and need training
* Students need practicum in schools with good practice in inclusion of children with disabilities
* **Or b) School based approaches where vast majority of teachers are**
* Whole school staff training all teaching staff which works best
* Need school based mentors to support development of all staff
* Distance learning using ICT,TV,DVD,-Need a hub in every country

Study leave and taught courses

**ii. In-service /Continuing Professional Development- twin**

* Whole school staff training for all teaching staff
* Withdrawal for selected teachers to cascade to colleagues
* Individual teachers undertake further award bearing study leading to Diploma, B.Ed or Masters in Inclusive Education
* School based/district training with external tutor leading to additional qualification.
* All need monitoring and follow up on implementation.

**iii. Leadership Training for Inclusion**

Principals/headteachers and local administrators need to have training on both tracks. School leaders need to take ownership of developing their schools as inclusive schools and be given the space by Governments to develop this approach without excessive demands to perform on nationally fixed normative league tables or national curricula.

Training on best ways of managing and delivering training of colleagues.

Resource teachers trained in both tracks with specialism in one or more impairment specific area.

To work across a district from a local resource centre providing on-going mentoring, support and monitoring

Throughout the development of these different training routes it is necessary for teachers to have decent salaries and conditions, incentives to complete additional training for inclusion and for incentives for deployment to hard to reach areas. Quality needs monitoring at every level. Teacher peer review has proved a non-threatening and professionally enhancing approach to develop high quality inclusive teaching. Such child centred development of inclusive pedagogy taking account of a twin track approach will lead to improvements in learning for all and thereby enhance teaching and learning around the world.

**Levers for change to develop inclusive systems.**

1. **Parents & DPOs**

Everywhere around the world where children with disabilities have been included successfully in local mainstream schools there have been parents, and mainly mothers who have championed and fought for their disabled children to be included. They believe in the rights of their children and convince teachers and community based medical professionals in the justice of carrying out inclusion of their children. Disabled People’s Organisations coming from a human rights and social model perspective often generalise these isolated struggles by parents into transformative legislative change. Examples would include work in Zanzibar and Tanzania led by the organisations of parents of children with intellectual impairments[[17]](#footnote-17) or work initiated by HaNDICAP International in Mali with local DPOs[[18]](#footnote-18)

1. **Capacity Building of parents, DPOs Teachers and local community leaders**

Disability equality training delivered by DPOs and inclusion training delivered by teams of educationalists and disabled people. Community Based Rehabilitation workers have developed a highly effective model that trains community based health workers who then work with lopcal parents and local leaders to understand how disabled children should be identified, be valued, have their needs met and be included in local schools.[[19]](#footnote-19)Developing training and support for teachers to identify and meet the needs of different impairment groups.[[20]](#footnote-20)

1. **Mobilising Local Community**

Mobilising the local Community to support the inclusion of children with disabilities. Bringing resources and energy to support campaigning and making buildings accessible e.g. in South Africa, Tanzania. Often schools can be made accessible by community efforts e.g. converting toilets and washrooms, making ramps and adjusting furniture and light levels by painting walls white.[[21]](#footnote-21)

1. **Influencing Government**

Ensuring Government policy facilitates the development of inclusion through some of the following:-

One Ministry for all children’s education.

Flexible grade system and child centred curriculum.

Incentives for families to enrol disabled children.

Recruit and train disabled teachers at least 5%.

Promoting Inclusive Education in local community

Community Based Rehabilitation [[22]](#footnote-22)

1. **Peer Support**

The biggest and most effective resource for inclusion is mobilising peers through buddying, peer support groups such as Circles of friends. Child to Child[[23]](#footnote-23) methods and Child Friendly Schools methods provide many exemplars[[24]](#footnote-24).

**f) Targeting Funding**

* Mobilising International Community to increase aid and donations to specific projects around increasing the numbers of children with disabilities included
* Ensuring local control of funding by DPOs and Parents to avoid money ‘getting lost’ as it is passed down from central government to the region and district..
* Challenging corruption.
* Developing Low Technology solutions for support of the learning of children with disabilities.[[25]](#footnote-25)

**So what has to be done to achieve education for all children with disabilities?**

* Teachers and teacher trainers need to embrace paradigm shift to the social model of disability and the twin track approach within an inclusive education system
* A shift in community attitudes to disability and impairment to become allies
* Moves from normative testing to formative testing to move away from results led top down testing to use of tests to find out what children know and how to personalise what they need to learn.
* Curriculum that reflect diversity and accommodate diversity
* Build and empower capacity of Parents Organisations and Disabled Peoples Organisations to be partners in develop a culture of acceptance of difference at the grass roots level.
* Adopt a twin track approach to including children with disability –general inclusion and understanding of the range an variety of impairments and how to accommodate them
* Recognise peer support as the most powerful support method and change the pedagogy used to allow this to occur. All need to develop a child friendly pedagogy
* Government generalise what we know works and develop scaled up programmes they take responsibility for.

1. A Peters Projection Equal Area map which shows countries in their true size in relation to each other and is shown in red to denote uniformity [↑](#footnote-ref-1)
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3. World Health Organisation 2012 ‘World Report on Disability’ New York [↑](#footnote-ref-3)
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