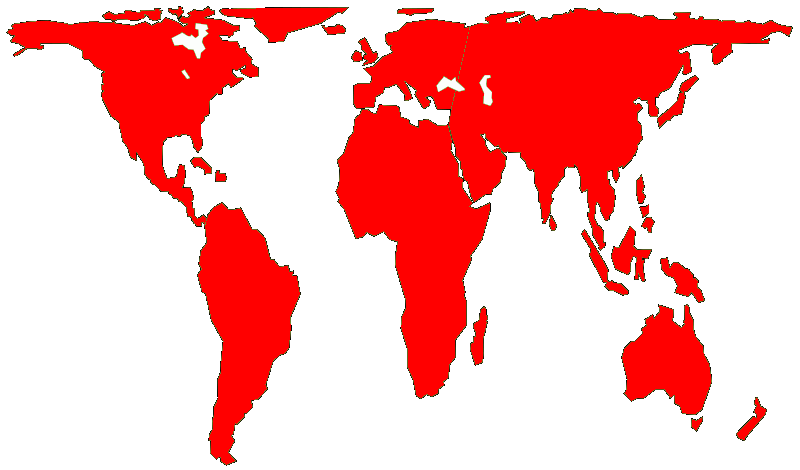
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[**www.worldofinclusion.com**](http://www.worldofinclusion.com)

**Programme**

**Disabled Children’s Parents Course Belgrade 13th to 15th May 2011**

**Three day interactive course to support parents to implement inclusive education in Serbia**

**Delivered by Richard Rieser of World of Inclusion assisted by Moeva Rinaldo**

**Participants will be:**

* **Informed about the role of parents and possible ways of achieving an inclusive education with reasonable accommodation;**
* **Empowered to monitor the implementation of inclusive education in schools / kindergartens where their children go to and to use the Internet to indicate a successful inclusive practice;**
* **Motivated to network and engage in lobbying for the rights of their children to have quality, inclusive education;**

**Friday 13th May 11.00 Session 1 Introductions, Aims Networking and access to Internet**

**12.30-2..00 Lunch Break**

**2.00-3.30 Session 2 What are Inclusive Values?**

**Ways of thinking about Disability**

**Traditional/ Historical Ways of Thinking**

**Medical and Defectology Views**

**Social or Human Rights Approach**

**Identification of Barriers to Disabled People in Serbian Society**

**Break 3.30-4.00**

**4.00-5.30 Session 3 Mapping Ways of thinking about Disability into School**

**Exclusion, Segregation, Integration, Inclusion**

**Activity with Scenarios**

**Barriers to Inclusion**

**Solutions to Barriers in School**

**Evaluation**

**Saturday 14th May 9am-10.30am Session 4**

**The International Human Rights Framework and Inclusive Education**

**What are Human Rights**

**The Long March to Human Rights for Disabled People**

**UN Convention on the Rights of People with Disabilities**

**Activity around Article 24**

**Break 10.30-11.00**

**11.00-12.30 Session 5 Examples of Inclusive Education from around the world**

**UK, India, South Africa, Zambia, Iceland, Russia**

**What have in common what is different**

**Lunch 12.30-2.00**

**2.00-3.30 Session 6 How to recognise the Inclusive Classroom**

**Child Centred Teaching and Learning**

**Reasonable Accommodations**

**Support from Teaching or Personal Assistants**

**Break 3.30-4.00**

**Session 7 4.00-5.30 The intentional Building of Relationships**

**Circles of Friends**

**Building Circles of Friends**

**Challenging Name Calling/Isolation from Peers**

**Person Centred Planning**

**Evaluation**

**Sunday 15th May Session 8 Building Alliances for Inclusive Education**

**Empowering Parents**

**Organising professionals**

**Empowering Young Disabled People**

**Working with Disabled People’s Organisations**

**Groups work on Scenarios**

**Break 10.30-11.00**

**11.00-12.30 Session 9 Building the Campaign for Inclusive Education and monitoring in your area.**

**Learning from others**

**What is to be done?**

**Sharing Scenarios**

**Lunch 12.30-2.00**

**2.00-3.30 Final Session Networking and Using Internet**

**Final Evaluation**

**Richard Rieser, World of Inclusion** [**richardrieser@worldofinclusion.com**](mailto:richardrieser@worldofinclusion.com)

[**rlrieser@gmail.com**](mailto:rlrieser@gmail.com)

**Ground Rules for Training**

* 1. **Keep to time/timetable**
  2. **If you do not understand something ask**
  3. **Respect each others access needs**
  4. **Support each other**
  5. **Only one person speaks at once in group sessions**
  6. **Allow others who have not participated in the session to do so**
  7. **Keep personal information confidential**
  8. **Undertake assignments given**
  9. **Challenge the content of what people say, not the person**
  10. **Any others that you wish to add**

**Session 2 What are Inclusive Values?**

**Working in Groups**

**From the list of statements below pick out values that support and enhance inclusion of disabled people. Add other important values that you think are missing.**

1. **Everyone is welcome**
2. **As long as you can pass our entry test you can join**
3. **If you can access the building you can join the course**
4. **Those of average intelligence are expected to take part**
5. **We think your daughter would stand out as different so she better not join the drama class**
6. **If you are breathing you have a right to belong**
7. **Everyone has a right to education**
8. **Everyone has a right to be educated alongside their peers**
9. **If you try really hard you could be normal**
10. **If we operate you will be able to walk again**
11. **You are ill and need a psychiatrist**
12. **You must go to a special school and have specialist therapy**
13. **You will never be able to have a sexual relationship**
14. **You will always have the mental age of a 5 year old.**
15. **If they are allowed to breed they will weaken the gene pool.**
16. **Equality is treating everyone the same**
17. **We see what you can do, not what you can’t**
18. **Work at a pace and in a way that suits you**
19. **This building needs to be made accessible**
20. **Equality is giving people what they need to thrive.**
21. **You have the right to be a wife and a mother**
22. **Your views are important**
23. **Inclusive education for all.**
24. **You should not be allowed to have children**
25. **You are like that because your parents did something wrong**
26. **I feel pity for you**
27. **We have the right to be different**
28. **You are like that because your parents did something wrong**
29. **It is too expensive to provide the books you need in Braille**
30. **If you cannot attend every lecture you will not qualify**

**Add 4 more important values for inclusion of disabled people**

**A**

**B**

**C**

**D**

**Session 2 Ways of thinking about disability.**

**Traditional Ideas about Disabled People** For thousands of years in every culture and society physical and mental differences have been ascribed special meaning. This was usually negative and often persists in stigma, negative attitudes and stereotypes today. People were thought to be disabled because they or their parents had done something wrong and all-powerful gods, deities or fate had made them disabled (karma or sin). Disabled people were often subjected to inhuman treatment. Being seen as bringing shame on their families, they were locked away.

Euthanasia was widely practised on babies born with significant impairments. Such children were often abandoned and had to rely on begging to survive.[[1]](#footnote-1)

It was believed that disabled people brought bad luck because they had been cursed or had had a spell placed upon them by witchcraft. They were often viewed as not fully human or possessed by evil spirits. This made it easy to make fun of or ridicule them. They became the butt of jokes and symbols for all the ills of the world. Clowns, court jesters and ‘freak shows’ are illustrations of this.

There are many cultural and literary manifestations of this thinking which are still being reinforced in myths, legend or literature. Even modern films, comics and television programmes draw upon and reinforce these negative stereotypes. Stereotypes are bundles of negative and untrue perceptions which often precondition how people treat and respond to disabled people.[[2]](#footnote-2)

The elements of traditional model thinking in Southern Africa[[3]](#footnote-3) listed in below are identified by 32 participants in a recent workshop attended by disabled people, parents of disabled children and government officials. They demonstrate clearly the power of the traditional model of disability in Africa as a barrier to inclusion.

**Commonly held views about disabled people in Southern Africa:**

Demon possessed Tools to scare children

Bewitched/a curse Tools for begging

A moron/idiot/stupid Expressing bad feelings

Non-achievers Sign of misfortune

Disability is contagious Rude people

Less of a human being Short tempered people

Disability is a result of incest Invalid Sick people Mad people

Government has other priorities than You have a child with a disability as

spending/wasting money on disability a punishment

Useless to society They are not worth it

Naughty They are a problem

Disgusting to family members They are a burden

Shameful They are argumentative

Punishment from God for evil deeds They cannot think on their own

Albinos do not die, but they disappear They are unproductive

Mother blamed for having a disabled child While pregnant the mother laughed

– has been unfaithful to husband at a traditional Gulewankulu dancer

People with disabilities are God’s people They remain children – they are not

– known as beggars expected to behave like adults

They believe that they are AIDS carriers They cannot be educated

An object of pity They cannot have children

Asexual – have no sexual feeling They will have disabled children

Mothers are always blamed for bearing They do not have sex – HIV carriers

disabled children and therefore abandoned believe that having sex with a disabled

person will cure them of the virus[[4]](#footnote-4)

**Traditional Ideas about people with disabilities and disability in Serbia**

**Medical & Social Models of Disability**

1. **Medical Model/Defectology.** The ‘medical model’ sees the disabled person as the problem. We are to be adapted to fit into the world as it is. If this is not possible, then we are shut away in some specialised institution or isolated at home, where only our most basic needs are met. The emphasis is on dependence, backed up by the stereotypes of disability that call forth pity, fear and patronising attitudes. Usually the impairment rather than the needs of the person are focused on. The power to change us seems to lie within the medical and associated professions, with their talk of cures, normalisation and science. Often our lives are handed over to them.
2. Other people’s assessments of us, usually non-disabled professionals, are used to determine where we go to school, what support we get and what type of education, where we live, whether or not we can work and what type of work we can do and indeed whether or not we are born at all or are even allowed to procreate. Similar control is exercised over us by the design of the built environment presenting us with many barriers, thereby making it difficult or impossible for our needs to be met and curtailing our life chances. Whether it is in work, school, leisure and entertainment facilities, transport, training and higher education, housing or in personal, family and social life, practices, and attitudes disable us. Powerful and pervasive views of us are reinforced in the media, books, films, comics, art and language. Many disabled people internalise negative views of themselves that create feelings of low self-esteem and achievement, further reinforcing non-disabled people's assessment of our worth. The ‘medical model’ view of us creates a cycle of dependency and exclusion, which is difficult to break.
3. ‘Medical model’ thinking about us predominates in the social care system and schools where special educational needs are thought of as resulting from the individual who is seen as different, faulty and needing to be assessed and made as normal as possible. If people were to start from the point of view of all children’s right to belong and be valued in their local school we would start by looking at ‘what is wrong’ with the school and looking at the strengths of the child.
4. This second approach is based on ‘social model’ of disability thinking which views the barriers that prevent disabled people from participating in any situation as what disables them. The social model arises from defining impairment and disability as very different things. This lies behind the ‘paradigm’ or thought framework shift in the UNCRPD.
5. **Social Model.** Impairment and chronic illness exist and they sometimes pose real difficulties for us. The Disability Movement comprises those disabled people and their supporters who understand that they are, regardless of their particular impairment, subjected to a common oppression by the non-disabled world. We are of the view that the position of disabled people and the discrimination against us are socially created. This has little to do with our impairments. As a disabled person you are often made to feel it's your own fault that you are different. The difference is that some part, or parts, of your body or mind are limited in their functioning. This is an impairment. THIS DOES NOT MAKE YOU ANY LESS OF A HUMAN BEING. But most people have not been brought up to accept us as we are. Through fear, ignorance and prejudice, barriers and discriminatory practices develop which disable us. The understanding of this process of disablement allows disabled people to feel good about themselves and empowers us to fight for our human rights.
6. The **Disabled People's Movement** believes the **'cure'** to the problem of disability lies in the **restructuring of society.** Unlike medically based 'cures', which focus on the individual and their impairment, this is an achievable goal and to the benefit of everyone. This approach referred to as the 'social model' suggests those disabled people’s individual and collective disadvantage is due to a complex form of institutional discrimination as fundamental to our society as sexism, racism or tribalism.
7. The **obsession with finding medically based cures, distracts us from looking at causes of either impairment or disablement.** In a worldwide sense, most impairments are created by oppressive systems - hunger, lack of clean water, exploitation of labour, lack of safety, child abuse and wars. Clearly, this thinking has important implications for our education system, particularly with reference to primary and secondary schools. Prejudicial attitudes toward disabled people and, indeed, against all minority groups, are not inherited. They are learned through contact with the prejudice and ignorance of others. Therefore, to challenge discrimination against disabled people we must begin in our schools.
8. Our fight for the inclusion, however 'severely' impaired one is ,in one, inclusive mainstream system, will not make sense unless the difference between the 'social' and the 'medical' or individual model of disability is understood.

###### Medical /Social Model thinking[[5]](#footnote-5)

|  |  |
| --- | --- |
| **MEDICAL MODEL THINKING** | **SOCIAL MODEL THINKING** |
| **Person is faulty** | **Person is valued** |
| **Diagnosis** | **Strengths and needs defined by self and others** |
| **Labelling/Deficit** | **Identify barriers and develop solutions** |
| **Impairment becomes focus of attention** | **Outcome based programme designed** |
| **Assessment, monitoring, programmes of therapy imposed** | **Resources are made available to ordinary services** |
| **Segregation and alternative services** | **Training for disabled people, parents and professionals** |
| **Ordinary needs put on hold** | **Relationships nurtured** |
| **Re-entry if normal enough OR permanent exclusion** | **Diversity welcomed and person is included** |
| **Society remains unchanged** | **Society evolves** |

###### 

###### Medical Model Social Model

**Identify Barriers In Your Country Which Lead to People With Disabilities Being Treated Unequally or Discriminated Against. Remember to think of the full range of persons with disabilities.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Environment** | **Attitudes** | **Organisation** |
| **Family life-getting married and having children** |  |  |  |
| **Getting an education** |  |  |  |
| **Getting a job** |  |  |  |
| **Getting the information you need** |  |  |  |
| **Making decision for yourself** |  |  |  |
| **Getting good health care** |  |  |  |
| **Rehabilitation** |  |  |  |
| **Leisure, culture & sport** |  |  |  |
| **Travelling about** |  |  |  |
| **Being involved in politics** |  |  |  |
| **Being treated with respect** |  |  |  |
| **Shopping and**  **using services** |  |  |  |
| **Human Rights** |  |  |  |
|  |  |  |  |

**Session 3 Segregation, Integration and Inclusion**

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. It 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.[[6]](#footnote-6)

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 their 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.[[7]](#footnote-7)

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 the 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;

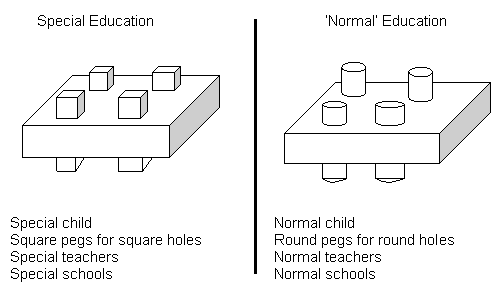
• Emphasising the role of schools in building community and developing values, as well as in increasing achievement;

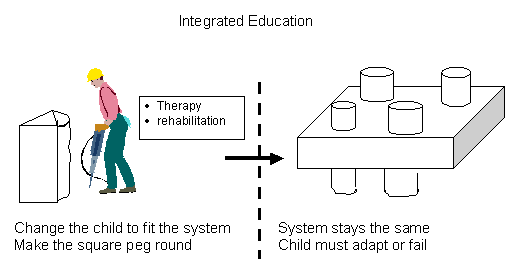
• Fostering mutually sustaining relationships between schools and communities;

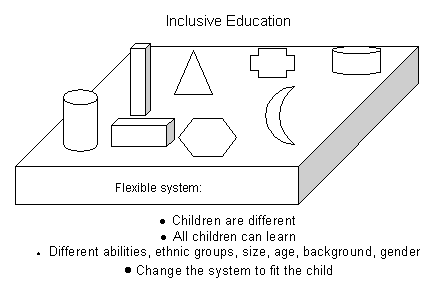
• Recognising that inclusion in education is one aspect of inclusion in society.[[8]](#footnote-8)

It is necessary to be absolutely clear about the differences between exclusion, segregation, integration and inclusion in education. The basis of the three approaches is clearly demonstrated in Figures 1, 2 and 3, which were developed in Afghanistan to demonstrate the key differences in the three approaches to the education of disabled children.

Diagrams Segregation, Integration, Inclusion







**D7. Types of thinking about disabled people and forms of education.[[9]](#footnote-9)**

|  |  |  |
| --- | --- | --- |
| **Thinking/Model** | **Characteristics** | **Form of Education** |
| **1 Traditional** | DP a shame on family, guilt, ignorance. DP seen as of no value. | **Excluded** from education altogether. |
| **2 Medical 1** | Focus on what DP cannot do. Attempt to normalize or if cannot make to fit into things as they are keep them separate. | **Segregation**  Institutions/ hospitals  Special schools (with ‘expert’ special educators) |
| **3 Medical 2** | Person can be supported by minor adjustment and support, to function normally and minimize 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 & learning remain the same.  **What you cannot do determines which form of education you receive.** |
| **Social Model** | Barriers Identified-solutions found to minimize them. Barriers of attitude, environment and organization are seen as what disables and are removed to maximize potential of all. DP welcomed . Relations are intentionally built. DP 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 reorganizing teaching, learning and assessment. Peer support is encouraged.  **Focus on what you can do.** |

**Think about education in your country. Which of the four above applies to children with disabilities and in what rough proportions?**

Excluded % Segregated % Integrated % Included %

**D8. Exclusion, Segregation, Integration or Inclusion in Education: Activity**

Are these people being excluded, segregated, integrated or included in education?

**Read through as a group and decide for each example.**

**1. Louisa** uses a wheelchair. She wants to attend her local school in with friends from home. The school has no wheelchair access and so far she has not been able to get through the door. Is this exclusion, segregation, integration or inclusion?

**2. Kass,** in Grade 6, has a hearing impairment. The students in his class all sit in alphabetical order. This means he has to sit at the back and therefore struggles to hear the teacher and keep up with the rest of the class. His teacher refuses to make an exception for him as she says she must treat all students equally. Is this exclusion, segregation, integration or inclusion?

**3. Blessed** is in Grade 11. She has a visual impairment. Blessed accesses lessons, with the help of a reader. This person has been with Blessed for a long time and understands her well. Unfortunately, her permanent Reader has had to take extended leave and there is no-one available to read to her. Her teacher says that this is not really a problem as Blessed is bright and is very advanced compared to the rest of the class. Blessed is beginning to get bored and is talking of giving up her studies. Is this exclusion, segregation, integration or inclusion?

**4. Anita** uses a communication board to talk. She has an assistant, Annie, who helps with this but she would like to be left alone with her peers. The school won’t allow her to be on her own and none of the other children understand her communication system. Is this exclusion, segregation, integration or inclusion?

**5. Solomon** has a learning difficulty. Solomon needs to have someone explain clearly what is going on in class. He has a classroom assistant assigned to him and she and his teacher work out together how he can be helped to access the learning that other children are being offered. The teacher takes care that the classroom assistant works with other children and they are encouraged and supported to work with Solomon. Is this exclusion, segregation, integration or inclusion?

**6. Carol** is hearing impaired. She goes to school with her friends and sisters. Her teacher does not acknowledge it her hearing impairment and this is very hard for Carol as she cannot understand what going on in class. Is this exclusion, segregation, integration or inclusion?

**7. Jamu** has epilepsy. He is just learning to monitor his impairment for himself. He needs to take his medicines every lunch time. His class teacher has a note on her register to make sure that he is reminded to does so. So far, there have been no problems with this arrangement. Is this exclusion, segregation, integration or inclusion?

**8.** The school has many hearing impaired pupils and the headteacher has decided to offer staff the chance to learn Sign Language as an extra-curricular activity. However, not all teachers are willing to take part. Is this exclusion, segregation, integration or inclusion?

**9**. The school is going on an overnight trip.  **Virginia** uses a wheelchair and needs assistance. The teacher in charge of the trip forgot to check whether or not there is wheelchair access at the hotel and it is now too late to change the booking. She suggests that Virginia comes along anyway and that they work it out when they get there. Is this exclusion, segregation, integration or inclusion?

**10. Ravi** has severe behaviour and emotional problems. He can only sit still in class for half an hour. Each session is forty-five minutes long and Ravi is almost always in trouble by the end of the session. This causes him to throw major tantrums which get him into even more trouble. His mother is frequently called into school to calm him down. Is this exclusion, segregation, integration or inclusion?

**11. Joan** uses a wheelchair is in Grade 8. She is not able to get into the science lab to do her science practical as the lab has stairs but she is fully included in all other subjects. Is this exclusion, segregation, integration or inclusion?

**12. Office** has got a visual impairment and some learning difficulty, his parent are ashamed of him and living a long way from the school he helps with the family business of basket making and has never been to school. Is this exclusion, segregation, integration or inclusion?

**13. Mohu** is blind and his local teacher did not want him in school. When he was 8 he was sent away to a Blind Special school where he has learned Braille and is now making progress. When he comes home in the holidays none of the other children play with him as he has had to move to live with his granny as both his parents are dead from HIV.Is this exclusion, segregation, integration or inclusion?

**14. Seta** lives in a rural village he is deaf and does no speak. He works on the land rather than go to school. When challenged his parents say he is too stupid to benefit from schooling.

Is this exclusion, segregation, integration or inclusion?

**Session 3 Make a list of the barriers to the inclusion of disabled children in the schools in your country on the chart.**

**Summary sheet of Barriers**

**Environment**

**Organisation,**

**Teaching &Curriculum**

MCj03194840000[1]

**School**

**Attitudes & Culture**

**Medical, Personal & Equipment Needs**

**Summary sheet of solutions for schools in Serbia**

**Organisation,**

**Teaching &Curriculum**

**Environment**

MCj03194840000[1]

**School**

**Medical, Personal & Equipment Needs**

**Attitudes & Culture**

**Session 4 What are Human Rights?[[10]](#footnote-10)**

**Human rights** - these are the rights that everyone has just by being human.  You don't have to be a member of a particular group, and nobody needs to give you your rights.  Everyone is automatically entitled to enjoy the full range of human rights just because they are human.

Human rights have essential qualities that make them different from other ideas or principles. Human Rights are:

1. **Universal**: human rights apply to every person in the world, regardless of their race, colour, sex, ethnic or social origin, religion, language, nationality, age, sexual orientation, disability, or other status. They apply equally and without discrimination to each and every person. The only requirement for having human rights is to be human.
2. **Inherent**: human rights are a natural part of who you are. The text of Article 1 of the Universal Declaration of Human Rights (UDHR) begins "All human beings are born free and equal in dignity and rights."
3. **Inalienable:** human rights automatically belong to each human being. They do not need to be given to people by their government or any other authority, nor can they be taken away. Nobody can tell you that you do not have these rights. Even if your rights are violated or you are prevented from claiming your human rights, you are still entitled to these rights.

Human rights relate to one another in important ways. They are:

**Indivisible**: human rights cannot be separated from each other;

**Interdependent:** human rights cannot be fully realized without each other;

**Interrelated:** human rights affect each other.

In simple terms, human rights all work together and we need them all. For example, a person's ability to exercise the right to vote can be affected by the rights to education, freedom of opinion and information, or even an adequate standard of living. A government cannot pick and choose which rights it will uphold for the people who live in that country. Each right is necessary and affects the others.

**Human Rights Instruments** Human rights are outlined in a variety of international human rights documents, (sometimes called "instruments") some of which are legally binding and others that provide important guidelines but are not considered international law. This section looks at the overall human rights framework.

**The Universal Declaration of Human Rights (UDHR)** The Universal Declaration of Human Rights (UDHR) was adopted by the United Nations in 1948. Many other documents have since been developed to provide more specific details about human rights; however, they are all based on the fundamental human rights principles laid out in the UDHR. Below is the official abbreviated version of the UDHR, which lists the key concept of each article in the Declaration. It is not a legally binding document, but a statement of intentions. [[11]](#footnote-11)

|  |  |
| --- | --- |
| **The Universal Declaration of Human Rights (UDHR) (Official Abbreviated Version)** | |
| Article 1 | Right to Equality |
| Article 2 | Freedom from Discrimination |
| Article 3 | Right to Life, Liberty, and Personal Security |
| Article 4 | Freedom from Slavery |
| Article 5 | Freedom from Torture and Degrading Treatment |
| Article 6 | Right to Recognition as a Person before the Law |
| Article 7 | Right to Equality before the Law |
| Article 8 | Right to Remedy by Competent Tribunal |
| Article 9 | Freedom from Arbitrary Arrest and Exile |
| Article 10 | Right to Fair Public Hearing |
| Article 11 | Right to be Considered Innocent until Proven Guilty |
| Article 12 | Freedom from Interference with Privacy, Family, Home, and       Correspondence |
| Article 13 | Right to Free Movement in and out of the Country |
| Article 14 | Right to Asylum in other Countries from Persecution |
| Article 15 | Right to a Nationality and the Freedom to Change It |
| Article 16 | Right to Marriage and Family |
| Article 17 | Right to Own Property |
| Article 18 | Freedom of Belief and Religion |
| Article 19 | Freedom of Opinion and Information |
| Article 20 | Right of Peaceful Assembly and Association |
| Article 21 | Right to Participate in Government and in Free Elections |
| Article 22 | Right to Social Security |
| Article 23 | Right to Desirable Work and to Join Trade Unions |
| Article 24 | Right to Rest and Leisure |
| Article 25 | Right to Adequate Living Standard |
| Article 26 | Right to Education |
| Article 27 | Right to Participate in the Cultural Life of Community |
| Article 28 | Right to a Social Order that Articulates this Document |
| Article 29 | Community Duties Essential to Free and Full Development |
| Article 30 | Freedom from State or Personal Interference in the above Rights |

|  |  |
| --- | --- |
| **The United Nations Convention on the Rights of People with Disabilities**  The Convention was adopted by the UN General Assembly on 13 December 2006, and became open for signature by UN ­member states on 30 March 2007. It has now been adopted by 130 countries, including 31 Commonwealth members (as of January 2008), and ratified by 29 (including India, Jamaica, Kenya, Namibia and South Africa in the Commonwealth). States are currently examining their laws and practices to ensure that they can ratify the Conven­tion. Education, which is one of the social, economic and cultural rights covered by the Convention, is subject to the ‘progressive realisation’ clause (4.2), which states that a country will adopt these rights  to the maximum of its available resources and where needed, within the framework of international cooperation, with a view to achieving progressively the full realization of these rights …  However, states must plan and develop their capacity in line with the Convention from the moment of adoption. In education this will mean examining current legislation, practices and procedures to ensure the continuing development of their ­education systems so that all disabled children have access to education within an inclusive education system.  **Adoption of the Convention**  During the 1990s, disability was introduced and analysed as a human rights issue by the UN Committee on Economic, Social and Cultural Rights. The result was published in 1994, in the Committee’s General Comment No. 5. The final breakthrough came when the UN Commission on Human Rights, actively supported by the then UN High Commissioner for Human Rights, Mary Robinson, identified and recognised disability as a human rights concern in a series of resolutions adopted in 1998, 2000 and 2002. As a logical consequence of this development, in 2001 the UN General Assembly accepted a proposal by the Government of Mexico for the elaboration of a UN Convention on the Rights of People with Disabilities.2  The adoption of the Convention followed a unique and rapid process through the meetings of an ad hoc committee charged with developing it. The committee held eight meetings over a five-year period. This was faster than any previous convention.  ‘Nothing about us without us’ became the watchword of the convention-making process. Many disabled people were involved in the deliberations, both as delegates from their state governments, and from disabled people’s organisations (DPOs). They were involved in the making of the Convention in a number of ways:  • State delegations were encouraged to include disabled people in their national delegations – this led to roughly one quarter of state delegates being disabled people by the last ad hoc committee;  • DPOs and non-governmental organisations (NGOs) were able to register their delegates to the ad hoc committee and they could observe informal sessions and speak in formal sessions;  • The UN made available 25 bursaries for disabled people from countries of the South to take part in the convention-making process;  • The eight international disabled people’s organisations which have permanent consultative status and form the International Disability Alliance were expanded to form the Inter­national Disability Caucus (IDC). The IDC comprised nearly 100 disability organisations and had a significant impact on the shape and wording of the Convention. The Chair, Don Mackay, took comments from the IDC first whenever the floor was opened to civil society organisations. The IDC’s daily bulletins imparted disabled people’s views and a substantial portion of the Convention reflected this thinking.  Between meetings of the ad hoc committee many DPOs carried out consultations with disabled people in their countries to ensure that their views were incorporated into the Convention.  Overall, 116 countries had delegations to the ad hoc committee and more than 800 NGOs and DPOs were registered. All state parties have a duty under the Convention to continue involving disabled people and their representative organisations in how they will implement and monitor the Conven­tion (article 33).  The long road to inclusive education  Getting to a position where disabled children are seen as included in human rights to education and other general rights has taken a long time  **The long road to inclusive education for disabled children**  1966 Universal Declaration of Human Rights  Ensures the right to free and compulsory education for all children  1966 UN International Covenant on Economic, Social and Cultural Rights  Article 13: ‘Primary education shall be compulsory and free to all’  1989 UN Convention on the Rights of the Child  Ensures the right of all children to receive education without discrimination on any grounds. Adopted by 189 countries  1990 World Declaration on Education for All (the Jomtien Declaration)  First agreement on target of ‘Education for All’  1993 UN Standard Rules on the Equalisation of Opportunities for Persons with Disabilities  Rule 6 affirms the equal rights to education of all children, youth and adults with disabilities and also states that education should be provided in ‘an integrated school setting’ and in the ‘general school setting’.  1994 Salamanca Declaration and Framework for Action on Special Needs Education  ‘ … schools should accommodate all children regardless of their physical, intellectual, social, emotional, linguistic or other conditions’. This should include 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 disadvantaged or marginalised areas or groups.’ (para. 3)  2000 World Education Forum  Framework for Action, Dakar (EFA goals and Millennium Development Goals)  Ensuring that all children have access to and complete free primary education by 2015. Focus on marginalised communities and girls. Reaffirms the Salamanca Framework  2000 E9 Declaration  The Declaration on Education for All was agreed at the fourth summit of the nine high population countries  2001 EFA Flagship on the Right to Education for Persons with Disabilities Links Education for All with the Salamanca Framework for Action and the need to include disabled and other marginalised children. Working in six regions.  2006 UN Convention on the Rights of People with Disabilities  Promotes the right of persons with disabilities to inclusive education (Article 24)  Adopted by 147 countries Ratified by 99 ( April 2011 ) including Serbia. Article 1 - Purpose The purpose of the present Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.  Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.  **Principles of UNCRPD Article 3 - General principles**  The principles of the present Convention shall be:   1. Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons; 2. Non-discrimination; 3. Full and effective participation and inclusion in society; 4. Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity; 5. Equality of opportunity; 6. Accessibility; 7. Equality between men and women; 8. Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.   **United Nations Convention on the Rights of People with Disabilities, Article 24**  1. States Parties recognize the right of persons with disabilities to education. With a view to realizing this right without discrimination and on the basis of equal opportunity, States Parties shall ensure an inclusive education system at all levels and life long learning directed to:  (a) The full development of human potential and sense of dignity and self-worth, and the strengthening of respect for human rights, fundamental freedoms and human diversity;  (b) The development by persons with disabilities of their personality, talents and creativity, as well as their mental and physical abilities, to their fullest potential;  (c) Enabling persons with disabilities to participate effectively in a free society.  2. In realizing this right, States Parties shall ensure that:  (a) Persons with disabilities are not excluded from the general education system on the basis of disability, and that children with disabilities are not excluded from free and compulsory primary education, or from secondary education, on the basis of disability;  (b) Persons with disabilities can access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live;  (c) Reasonable accommodation of the individual’s requirements is provided;  (d) Persons with disabilities receive the support required, within the general education system, to facilitate their effective education;  (e) Effective individualized support measures are provided in environments that maximize academic and social development, consistent with the goal of full inclusion.  3. States Parties shall enable persons with disabilities to learn life and social development skills to facilitate their full and equal participation in education and as members of the community. To this end, States Parties shall take appropriate measures, including:  (a) Facilitating the learning of Braille, alternative script, augmentative and alternative modes, means and formats of communication and orientation and mobility skills, and facilitating peer support and mentoring;  (b) Facilitating the learning of sign language and the promotion of the linguistic identity of the deaf community;  (c) Ensuring that the education of persons, and in particular children, who are blind, deaf or deafblind, is delivered in the most appropriate languages and modes and means of communication for the individual, and in environments which maximize academic and social development.  4. In order to help ensure the realization of this right, States Parties shall take appropriate measures to employ teachers, including teachers with disabilities, who are qualified in sign language and/or Braille, and to train 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.  5. States Parties shall ensure that persons with disabilities are able to access general tertiary education, vocational training, adult education and lifelong learning without discrimination and on an equal basis with others. To this end, States Parties shall ensure that reasonable accommodation is provided to persons with disabilities.  **Session 5 Examples of Inclusive Education**  **UK Making reasonable adjustments to include disabled pupils**  In England, all teachers are expected to teach all children in their classes. Since September 2002 they have had a duty to make reasonable adjust­ments to enable all children to access learning and the social life of the school, and not be placed at a substantial disadvantage.74 The National Curriculum75 requires all teachers to teach all children in their class by:  • Providing a suitable learning challenge for all  • Developing equality of opportunity for all learners  • ‑Providing adjustments for disabled individual pupils or groups.  **1 Louise: The challenge of PE**  Louise is in reception class at her local primary school.  Issue: She has cerebral palsy and cannot move herself independently in her wheelchair or bear any weight.  Reasonable adjustments: The class has two physical education lessons a week. The class teacher decides that in one lesson the whole class will do floor work. Louise takes part with a peer and is supported by a teaching assistant. In the other lesson she has physiotherapy, while the rest of the class does PE that involves running.  Outcome: Louise takes part in PE with her peers.  Bowness Primary School, Bolton  DfES, ‘Implementing the Disability Discrimination Act in Schools and Early Years’, A Pack for Schools, TSO, London, 2006  **2. Cherry: Learning about symmetry**  Cherry is in Year 5 at her local resourced primary school.  Issue: Cherry has significant learning difficulties  and physical impairments. The class is studying symmetry in mathematics.  Reasonable adjustments: The class teacher has planned a parallel activity. A teaching assistant and a buddy from the class (they rotate daily) are helping Cherry make paint blots on paper and then fold the paper so the wet paint makes a mirror image, so Cherry is learning about symmetry.  Outcome: Cherry is making progress at her level of maths and is developing relationships with her peers.  North Beckton Primary School, Newham  **3. Jake: Taking part in sports day**  Jake is in Year 1 at his local infants school.  Issue: Jake is an independent electric wheelchair user. The annual sports day is approaching, which will be a circuit of different physical activities on the school field.  Reasonable adjustments: The physical education co-ordinator visits Jake and discusses sports day. Once Jake knows he will be able to take part, he and his parents suggest a number of parallel activities for him to do alongside his non-disabled peers. The local education authority advisory teacher and a physiotherapist from the local health trust suggest other activities and lend equipment, including a skittle run. Jake joins in fully and enjoys himself, as do his classmates. It is a great success.  Outcome: Jake has taken part and enjoyed himself, and the other children have learned about making adjustments..  Shelton Infants School, City of Derby  **4 Katie: Learning to talk**  Katie attends her local primary school.  Issue: Katie has speech and language difficulties. When she first came to school she did not speak. Katie has a target of 50 separate verbal interactions a day.  Reasonable adjustments: To develop Katie’s language and social skills, Katie and a small group of her peers regularly visit the local antique shop accompanied by a teaching assistant. The stimulating environment encourages Katie and her friends to ask the proprietor, John, lots of questions.  Outcome: Katie has made great progress with her spoken language.  Batheaston Primary, Bath and North East Somerset  **5 Terri: facial disfigurement**  Terri is in Year 3 of her local junior school.  Issue: Terri was badly burned in a house fire when she was a baby. She has facial disfigurement, no hands and only one foot, as well as other significant scarring. Terri attended her local infant school, but on transfer to juniors her teacher expressed fears that she would not be able to meet her needs.  Reasonable adjustments: The class teacher visited Terri in her infants class, and had meetings with the SENCO and head teacher to discuss strategies. Changing Faces (a voluntary organisation for disfigurement) came to talk to staff and pupils, and suggested Terri should be treated like all the other pupils. Terri has a teaching assistant for her physical impairments. The class teacher has encouraged Terri to work more independently and this has led to Terri becoming engaged and more enthusiastic about her work.  Outcome: The class teacher is confident in teaching Terri. Terri is popular with her peers and is making rapid progress.  Whitehouse Junior School, Suffolk  **6. Chavine and Aziz: School outings**  Chavine and Aziz attend their local resourced primary school.  Issue: Both have cerebral palsy and other medical needs and are non-independent wheelchair users. The school wants them to be able to attend the two-night residential outdoor pursuits trip at the LEA Field Centre, where pupils stay on a two-storey barge.  Reasonable adjustments: The school has an outings policy that says all pupils go on outings. Forward planning involved meeting with Chavine and Aziz’s parents to convince them staff can handle the children’s needs; hiring a minibus with a tail lift; planning activities in advance with Field Centre staff; and arranging for Chavine and Aziz to sleep with two teaching assistants on the accessible upper floor of the barge. Activities were adapted, for example archery with easy pull string, so they could take part.  Outcome: Both pupils went on the trip and enjoyed it; the other pupils established good relationships with them.  Cleves Primary School, Newham  **7 Making progress in mathematics**  Secondary School Maths Department  Issue: The teacher has noticed that in the streamed sets in Year 10 many of the pupils with moderate learning difficulties are and are not making enough progress, despite a large amount of teacher time spent planning.  Reasonable adjustments: The Department decides to teach intermediate and foundation groups together. The Head of Department runs demonstration lessons for less experienced staff. The seating is rearranged so that all pupils face the front for whole class teaching. Peer tutoring is used with seating plans drawn up in such a way that less able pupils sit next to more able pupils. Extension activities are made available for the more able. Teaching assistants are recruited and attached to the Mathematics Department. When ‘shape’ is taught, concrete three-dimensional models are handed out.  Outcome: The attainment of the pupils with moderate learning difficulties in mathematics has increased significantly.  George Green’s School, Tower Hamlets  **8 Holly: Let‘s dance!**  Holly is in Year 8 and attends the local comprehensive secondary school.  Issue: Holly is a wheelchair user who cannot weight-bear. The school has performing arts status and all the pupils in Year 8 learn dance. This class is developing a gum boot dance.  Reasonable adjustments: The class teacher plans the activity so the class works in pairs and Holly is encouraged to choose a partner. They are told to use their imagination to develop a dance routine which uses their different abilities. The two pupils decide that Holly will do the hand and upper body movements and her dancing partner will do the foot and leg movements.  The school has ensured that the rest of the class has developed an ethos of appreciating difference with inputs from a local Disabled People’s Organisation in Year 7. The class were accepting and appreciative of the two girls’ dance piece.  Outcome: Holly takes part in dance and her peers respect her achievements.  North Leamington Arts College, Warwickshire  **9 Signing for maths**  Profoundly deaf pupils attend a resourced comprehensive school in their area.  Issues: Sign language is their preferred means of communication. The school accommodates them in one or two tutor groups in each year with British Sign Language communicators in every lesson who plan with each subject teacher. However, in mathematics, some deaf pupils in Year 10 are finding the abstract nature of algebra difficult to comprehend.  Reasonable adjustments: The school also has two deaf instructors to develop the pupils’ sign language skills. They run a weekly withdrawal group from one maths lesson, where they explain the concepts of algebra in a way that deaf pupils can understand.  Outcome: This has led to increased engagement and achievement in mathematics for deaf Year 10 pupils.  Lister Secondary School, Newham  **10 Shane: Learning self-control**  Shane is in Year 8 at his local Community School.  Issues: Shane is on the autistic spectrum and sometimes cannot cope with the social interactions in his mainstream class. He gets over-excited and needs to cool down.  Shane is easily distracted when he is doing written work.  Reasonable adjustments: Shane has teaching assistant hours allocated to him under the Special Educational Needs Framework. The school has introduced a two card system for pupils who need time out, which all teachers know about – orange for five minutes time out and red to withdraw for longer to the Learning Support Department. The Department is cramped and often crowded. When Shane needs longer time out or to complete his written work, he withdraws with his teaching assistant to a cleaners’ cupboard which has been converted for Shane. There are no windows, a desk and two chairs.  Outcome: Shane is making good progress in his attainment. He is managing his own behaviour. Non-disabled pupils know about the card and time-out system and support disabled pupils with behavioural difficulties in keeping on task.  William de Ferris Secondary School, Essex  11**Responding to hyperactivity**  Issues: A number of pupils find mathematics very difficult. Some are disabled with a variety of impairments, including attention deficit hyperactivity disorder (ADHD), autism, moderate learning difficulties and cerebral palsy. Mathematics is taught in sets.  Reasonable adjustments: The special educational needs co-ordinator, who is a mathematician, teaches the bottom set with a teaching assistant. The numbers in the set are limited to 14, far fewer than in the other mathematics classes. The pupils are spaced out and those with a low attention span sit in front. Concepts are taught with concrete examples and pupils have number squares to help them. For pupils who get fatigued quickly, the questions from the textbook are photocopied, so they do not have to write the problems in their exercise book. The teacher and teaching assistant give feedback as the lesson proceeds by going round, and marking and explaining.  Outcome: All the pupils made significant progress in their Year 9 national mathematics test scores.  Mathematics Department, a Catholic High School, Redditch, Worcestershire  **12 Boonma: Accessing practical work in secondary science**  Boonma is in Year 11 of his local comprehensive school.  Issue: Boonma is in the top set for science. He is blind. How can he access practical work?  Reasonable adjustments: Suliman, Boonma’s science teacher, makes sure he has planned all activities, hand-outs and materials a week in advance so that the Visually Impaired Support Service can produce them in Braille and heat-raised diagrams. He ensures that wherever possible, for example when the class is learning about electro-magnetism, Boonma describes what he feels in the experiment to the other pupils. The school encourages peer support and this particularly helps Boonma. Peer support is part of the ethos of the school.  Outcome: Boonma achieved a D grade in science and 5 GCSEs, and is now attending college.  Langdon Secondary School, Newham  India |  |

1. Examples include the association of impairment and witchcraft. Being disabled was often taken as proof of association with Satan during the European Witch hunts of 1480–1680. The last paying ’freak show’ closed in Coney Island New York in 2001. The Bible contains more than 40 negative references to disabled people. In ancient Greek society Aristotle and Plato argued for the ‘exposure’ of disabled babies. Richard III was given his impairments by Tudor historians seeking favour with their rulers who had usurped Richard as King. His impairments were part of Tudor propaganda. These examples are cited in Richard Rieser, ‘Disability

   Equality: Confronting the Oppression of the Past’, in Mike Cole (ed.), Education Equality and Human Rights: Issues in Gender, Race, Sexuality, Disability and Social Class, 2nd edn, Routledge, London, 2006. [↑](#footnote-ref-1)
2. Richard Rieser, Disabling Imagery, DEE/BFI, London, 2004, [www.bfi.org.uk/disablingimagery](http://www.bfi.org.uk/disablingimagery) [↑](#footnote-ref-2)
3. Participants at the DEE/SAFOD conference on ‘Training for Inclusive Education’, 29 October–2 November 2007 identified thinking that was common in the following countries – Botswana, Lesotho, Malawi Mozambique, Namibia, Swaziland, Zambia and Zimbabwe,

   , [↑](#footnote-ref-3)
4. Taken from *Implementing Inclusive Education*. R.Rieser Ch.3 Commonwealth Secretariat, London 2008 [↑](#footnote-ref-4)
5. #### Adapted from M. Mason 1994, R. Rieser 2000 <http://www.worldofinclusion.com/res/altogether/AltogetherBetter.pdf>

   [↑](#footnote-ref-5)
6. *UNESCO Guidelines for Inclusion: Ensuring Access to Education for All*, 2005, UNESCO, Paris, p. 13. [↑](#footnote-ref-6)
7. Diane Richler, *Inclusion International*, 2005. [↑](#footnote-ref-7)
8. Centre for Studies on Inclusive Education, *Index for Inclusion: Developing Learning and Participation in Schools*, CSIE, Bristol, 2002

   , http://inclusion.uwe.ac.uk/csie/indexlaunch.htm [↑](#footnote-ref-8)
9. Source R. Rieser **Implementing Article 24-Inclusive Education: A challenge for the Disabled People’s Movement**

   Paper to the 7th DPI World Summit Seoul September 2007. [↑](#footnote-ref-9)
10. This section draws heavily on Human Rights Yes : Action and Advocacy on the Rights of Persons with Disabilities

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11. Full text available at <http://www1.umn.edu/humanrts/edumat/hreduseries/TB6/html/Annexes.html#declaration1> [↑](#footnote-ref-11)