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Education Think Piece Series

UNICEF has commissioned 10 Think Pieces by leading researchers and practitioners to stimulate debate around significant educational challenges facing the Eastern and Southern Africa region. While the pieces are rooted in evidence, they are not research papers or evidence briefs, nor do they represent UNICEF policy. Rather, they are engaging pieces that aim to inspire fresh thinking to improve learning for all.

The challenge of inclusion for children with disabilities – experiences of implementation in Eastern and Southern Africa

By Emma Sarton and Mark Smith

Despite the fact that the right to education for all is enshrined in myriad national and international treaties¹, there are still challenges for children with disabilities² with regard to accessing education, being socially included in education and experiencing quality education. UNESCO identifies the disability prevalence rate in populations to be between 10 and 16 per cent³, yet the reported number of children with disabilities in schools is much lower (e.g. 1.79 per cent of total school enrolment in Uganda, 1.1 per cent in Rwanda and 0.7 per cent in Ethiopia). This indicates that a large number of children with disabilities are not in school⁴, or if they are, they are unidentified within current school populations.

Moreover, this gap in enrolment widens as boys and girls with disabilities progress through educational phases, highlighting the fact that serious attention is needed to 'ensure learning opportunities for all' (Sustainable Development Goal 4 or SDG 4). In addition to these gaps, there is also a lack of research into what works in inclusive education in Eastern and Southern Africa (ESA).⁵

Given the deficiencies in education provision for children with disabilities, the financial and human resource constraints present in many countries, and the unclear discourse surrounding the definition and scope of inclusive education, this Think Piece will present a practical and pragmatic approach to increasing inclusion for both boys and girls with disabilities⁶.

¹ Universal Declaration on Human Rights (1948), UNESCO Convention against Discrimination in Education (1960), The International Covenant on Economic, Social and Cultural Rights (1966), Convention on the Rights of the Child (1989), The Standard Rules on the Equalization of Opportunities for Persons with Disabilities (1993), Salamanca Statement and Framework for Action (1994), The Jomtien Conference for Education for All (1990), Dakar Framework for Action on EFA (2000), Convention on the Rights of Persons with Disabilities (2006), Incheon Declaration at World Education Forum (2015) and General Comment #4 on the CRPD (2016).

² There is a debate around language that is ongoing. Many organizations use 'CwD' but 'disabled children' is preferred by others (see Khochen 2017, <http://discovery.ucl.ac.uk/1538596/>). For the purposes of this Think Piece, CwD will be used in line with the United Nations Convention on the Rights of Persons with Disabilities.

³ However, it is worth noting that there are four levels of disability commonly used according to difficulty and the top two categories (moderate and severe) comprise 5.1 per cent of children (WHO 2011) who in many cases are not in school.

⁴ UNESCO 2012 Position paper on education for children with disabilities - https://www.unicef.org/disabilities/files/UNICEF_Right_to_Education_Children_Disabilities_En_Web.pdf

⁵ For the purposes of this Think Piece inclusive education explicitly refers to disability-inclusive education.

⁶ This is based on the authors' extensive experience in conducting evaluations of education and in disability programming into inclusive education provision and best practice; as well as in developing and implementing education programmes in ESA, primarily in inclusive education and literacy.

What do we mean by *inclusive education* and *disability*?

It is worth defining what is meant by ‘inclusive education’ and ‘disability’ as there are many facets to discussions in this arena and language is often used interchangeably. The authors use ‘inclusive education’ to mean education that does not exclude anyone – be it on grounds of disability, language, gender, class, ethnicity or any other barrier that prevents a child from accessing, participating and engaging in education and the benefits thereof. The Wave Model detailed in figure 1 is used to promote inclusive education and can be used effectively to reduce any barriers that children may face; however, it has been tailored for this Think Piece to specifically address disability.

‘Disability’ refers to how children experience barriers to education through the environment disabling them. We do not define the various forms of disability but do recognise that there is a broad spectrum of disability from severe and profound difficulties to largely hidden, high-functioning difficulties. The Wave Model responds to this spectrum through generating graduated changes in how schools and classrooms are organised and function so as to address specific needs and have positive impacts for all children.

The impetus for this Think Piece has come from a growing despair of the rhetoric around disability at policy and national levels, where discussion is characterized by deadlock, misunderstanding and disagreement, and aspiration is set against reality; meanwhile the numbers of children with disabilities learning remain shockingly low and the prospect for increasing them can appear distant.

This Think Piece starts by identifying three tensions within the inclusion debate that inhibit and constrain the journey towards more inclusive schools and better educational experiences for disabled children. It then moves on to provide a practical model that aims to reduce these tensions and that teachers, schools and ministries of education can use to create more inclusive education opportunities. The Think Piece will conclude with a summary of the implications for the model at different levels within the education system.

Tensions within the inclusion debate

Three forms of tension exist that prevent coherent inclusion policies from being created and implemented on a school level in many countries in ESA:

1. **Aspiration rather than action:**

Most countries around the world are legally obliged to provide inclusive education as a result of the Salamanca Statement (UNESCO 1994), and 162 countries have signed the Convention on the Rights of Persons with Disabilities (2006), effectively tying inclusive education to the Education for All agenda. These commitments not only include the right of all children to attend a regular or mainstream school but also to access a ‘child-centred pedagogy capable of meeting [their] needs’.⁷ Nevertheless, despite the clear legal imperative, more than 20 years after the Salamanca Statement, in most parts of ESA inclusive education is legislated rather than planned for.

2. **Theoretical versus practical**

Another element that prevents inclusive education policies from being designed and implemented is the theoretical discourse that frames inclusion and people’s attitudes toward disability. While the authors are not suggesting that discussion on theoretical models (i.e. medical model versus social models of disability) is not important, the discussion itself prevents a move towards implementing practical applications which result in educational change today. The medical model sees disability as an issue relating to the child and not the environment in which they are in, which results in a deficit approach towards disability and inclusion. The persuasion and re-education of those who see disability in medical terms takes time at the expense of the education of children with disabilities. The question that needs to be addressed is not whether to include children, but how to do it effectively and in a timely fashion.

3. **Lack of cohesion**

The term disability covers a multitude of different needs which can vary enormously from a child with a mild hearing impairment to a child with cerebral palsy and complex needs. This gives rise to many groups who lobby for specific and unique interests, the unintended consequences of which can be that the design of inclusive education policy becomes a lengthy process and that policy implementation is delayed. There is a real need to find a mechanism where various groups can come together effectively, without the need to compete, in order to collectively create and influence policy.

⁷ UNESCO (1994) Salamanca Statement and Framework for Action on Special Needs Education viii.

Reducing tensions and improving good practice in inclusive education

The tensions outlined above often mean that debates around how to improve inclusive education provision are characterized by deadlock and do not progress beyond trying to resolve said tensions. This can make the prospect of improving inclusive education provision daunting and can make it hard to even identify where to begin. The authors have used a 'Wave Model' in inclusive education programming and research as a response to these tensions and the barriers which are created. The Wave Model was developed in the UK⁸ and reflected the challenge schools were facing in meeting the different needs of children with disabilities. The Wave Model proposed a **graduated response** in which the child was at the centre. The response started with the **universal** (i.e. what was available for all), to then move to the **targetted** (the additional support that children needed to access the universal) and on to the **specialist** (highly tailored intervention to support children reach their potential).

When the authors observed practice in ESA, they saw little evidence of this graduated response.⁹ Instead, most commonly, an ad hoc approach was observed, usually categorized by a 'universal offer' with children with disabilities expected to fit into what was available for all, and then by a specialist approach for a select number of children with disabilities, when often a more targetted approach would have better met their need in a more cost-effective manner. This led the authors to develop a pragmatic approach to inclusive education using the Wave Model to provide an accessible framework for ministries of education and practitioners to use in order to plan practical steps for inclusive education implementation.

It starts with a first wave of strategies which focus on mainstream classrooms and are predicated on the understanding that educating children with disabilities can first be done by improving teaching and learning for all children. Generally speaking, there is agreement that effective teaching for children with disabilities is the same as effective teaching for all.¹⁰ Thus, this first wave focuses on the majority of mainstream teachers and aims to dispel the common assumption that teaching boys and girls with disabilities requires extra disability training and skills. To support inclusive education, the role of the classroom teacher is to deliver high quality teaching: doing this will benefit all learners including children with disabilities and children with special needs.

Wave 2 of the model recognizes that children with disabilities have the potential to work at and above their peers, but to do so they will need direct intervention which is time-specific. Wave 2 strategies are not to be seen as sequential to Wave 1; rather they run in parallel and are primarily in place to support children in accessing the mainstream quality teaching implemented in Wave 1.

Finally, Wave 3 interventions recognize that some specific complex impairments make it impossible for learners to achieve at the same rate as their non-disabled peers and that, as a result, different provision is needed. This is where more specialist strategies come into play, albeit for a smaller number of children who have severe disabilities.

Figure 1 outlines the Wave Model and also offers inclusive education strategies that can work in parallel. The strategies are not necessarily new, however, they are re-framed in a way that allows ministries to identify what they have already achieved, and what pragmatic steps need to be taken to support all forms of disability. Most education ministries have, in some way, shape or form, implemented strategies found in all three of these waves. However, many inclusive education interventions only focus on highly specialized Wave 3 strategies or attempt to implement targetted Wave 2 strategies without first achieving some of the quick-win actions that make mainstream teaching more inclusive.



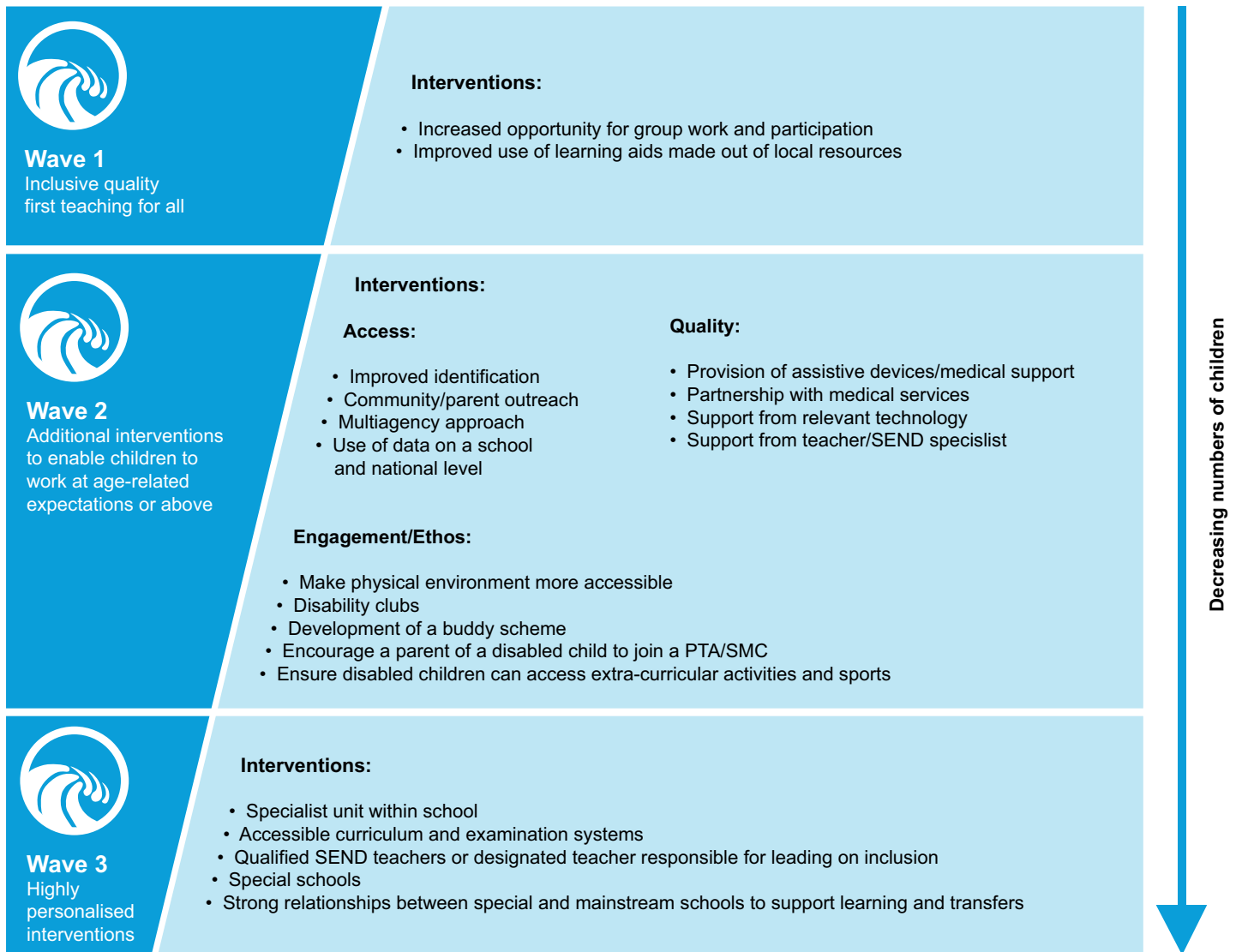
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⁸ The Wave Model was taken from the UK National Strategies: 'Leading on Intervention' (2006) accessed: <http://www.complexneeds.org.uk/modules/Module-1.2-The-legislative-context-edition-2/All/downloads/m02p062b/leading-on-intervention-dfe.pdf>

⁹ This is documented in 'Inclusive Education in Uganda: Examples of Best Practice' accessed: <http://afri-can.org/wp-content/uploads/2017/11/Inclusive-Education-in-Uganda-examples-of-best-practice-March-2017..pdf>

¹⁰ Norwich, B. and Lewis, A., Mapping a Pedagogy for Special Educational Needs, British Educational Research Journal, 27, 2001, pp. 313-329.

Figure 1: The Wave Model of intervention



The Wave Model in practice

Wave 1



Wave 1 is about what should be on offer for all children: the effective inclusion of all pupils in high-quality everyday teaching in mainstream classrooms. Wave 1 seeks to capitalize on relatively simple 'wins' which would significantly improve the teaching and learning process.



Key change makers: These are the classroom teachers who become the focus of any programming/intervention – often in the form of training.

Without doubt, two significant challenges in an ESA context are the large class sizes (in some cases of 100 plus) and limited resources (often just a blackboard). However, the key issue is not the quality of teaching of children with disabilities but the quality of teaching of all children.

The authors' work in Uganda¹¹ found that:

- The vast majority of lessons observed are teacher-led lessons where the teacher either lectured or asked questions which children would answer through raising their hand (meaning only one child at a time participated).
- In only some lessons do teachers use learning aids (a pre-prepared resource) other than the blackboard and in far fewer lessons are learners using learning aids.
- Generally, very few classrooms have displays on the walls and when displays were present, they were not related to the curriculum or lessons.



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1. Increased group work/child to child work:

This is when the teacher gives the learner the opportunity to work in groups or pairs in the lesson. The teacher asks a question and, before collecting responses, asks the students to turn to the person sitting next to them and share their answer. This is vital: it allows all children to answer the question instead of just one, less able children have learnt from more able and less confident children have had the opportunity to orally rehearse their answer. Once this is done, the pupils can raise their hands and share their answer with the rest of the class.

Similarly, an effective teaching process most often observed was when the teacher modelled how to answer questions and then encouraged the students to do the same independently. A collaborative element can be introduced between these stages in which the students start by answering the questions together (in pairs or in small groups) before they go on to work independently. Many pupils will still not fully understand and when they do follow up exercises independently, they make mistakes. By asking children to do things together orally, the stronger pupils will support the weaker pupils. This is vital in particular for children with special needs.

In addition, group work fosters social inclusion and builds a welcoming ethos. For example, in a rural school in Uganda where a significant amount of group work was observed, children with disabilities were integrated in friendship groups and playing together with their non-disabled peers during break and lunch times.

¹¹ This is documented in 'Inclusive Education in Uganda: Examples of Best Practice', accessed: <http://afri-can.org/wp-content/uploads/2017/11/Inclusive-Education-in-Uganda-examples-of-best-practice-March-2017..pdf>

2. Improved use of learning aids made out of locally available resources:

In the vast majority of lessons, the absence of learning aids results in learning being abstract. Where learning aids are used, they support learners in gaining a more concrete understanding of the concepts and enable the vast majority of children (including those with special needs) to access the learning objectives. Examples observed include the use of counting sticks in mathematics to support an understanding of basic operations, and the use of bottle lines (see photos below) to model the blending together of sounds to support reading.

Non-specialized materials can further support children with disabilities. For example, mini-blackboards allowed a teacher to give a spelling test to all the children in their class. The visually impaired children orally spelt their answer to a supportive buddy who then wrote their answer for them on a mini-blackboard, allowing the teacher to assess if the visually impaired children knew the answers.

From the authors' observations, much work on disability both at a national and non-governmental organization (NGO) programme level focuses on enabling children to access school and not on the quality of the learning. Teachers often express reservations around inclusive education primarily because they believe they do not have the necessary skills to teach children with disabilities. Underlying this is the assumption that boys and girls with disabilities need 'something different' in the classroom. Sometimes disability programmes actually exaggerate and exacerbate this assumption further by training classroom teachers in Wave 2 interventions, such as the use of sign language or braille. This is, in the authors' opinion, not the role of the mainstream classroom teacher. To support inclusive education, the role of the classroom teacher is to deliver high quality teaching: doing this will benefit all learners, including children with disabilities and children with special needs.



Wave 2



Wave 2 recognizes that disabled children have the potential to work at and above the age-related expectations of their peers, but to do so they will need a direct intervention which is time-specific. It also runs alongside Wave 1.



Key change makers: These are individual schools (primarily the headteacher and if available SEND teacher), sometimes working in partnership with NGOs or district level education offices

It is possible in an ESA context to subdivide these further into interventions that support **access** (getting children with disabilities into school), **engagement** (keeping children with disabilities in school rather than letting them drop out) and **quality** (enabling children with disabilities to learn at or above the age-related expectations of their peers).

Improving access

1. Use of data in schools and nationally:

At school level, use of data allows headteachers to effectively target groups of children and track progress. At national level, an exploration of data allows investigation into issues around disability both scale and geography and subsequently target gaps. Key points learnt through the examination of national data were:¹²

- i. 'Missing children': In Uganda (2015 data), children with disabilities enrolled into school made up 1.79 per cent of total enrolment in primary school with a prevalence rate of 13 per cent.¹³ This would imply that there are approximately 925,000 children with disabilities 'missing', either because the children are not accessing school or because they are accessing school but are not identified as disabled. The reality would be a mixture of both.
- ii. Variation with disability groups: National data would indicate that certain groups find it harder to access school, e.g. children with multiple impairments, or females with physical/multiple impairments or learning difficulties. Geographical differences also exist: poorer, more marginalized areas have a lower rate of access to school than other areas. Programming and interventions should at least be aware of this for monitoring purposes and should target specific vulnerable groups. National data in many contexts has also shown a gap between primary and secondary education and that transition is not occurring for children with disabilities.¹⁴

At a national level, understanding the gaps in data can improve access, as identifying those children that cannot even access education can lead to targeted interventions which get them into school, in addition to identifying children with disabilities already in school. There are clear limitations to these data sets and

exploring where children with disabilities are located has largely been restricted to identifying obvious disability. However, the process of identification has received an increased focus through the use of tools such as the Child Functioning Module¹⁵ not only capturing a wider range of disability/functioning but also variation in severity allowing much 'hidden' disability to be identified.

2. Working with parents:

A common perception is that parents' and communities' negative attitudes inhibit children with disabilities from attending school. However, during the course of the authors' work, an alternative view of parents emerged: parents of boys and girls with disabilities want their children to attend school but feel that they will suffer from bullying by other students and staff and, in addition, that the school will not be able to provide the level of care/education that their child needs. This feeling by the parents of the child being better off/safer at home is not reflected in much of the literature, and programming will often have many sensitization elements aimed at persuading parents to change their attitudes rather than listening to their concerns.

In many contexts, the authors found a link between the presence of an active Parent Support Group (PSG)¹⁶ and increasing numbers of children with disabilities in school. Examples of best practice included PSGs that conducted community visits in order to encourage other parents to enrol their children into school or follow up on drop out. Particularly successful examples also included income generation activities which were often done through the setting up of a Voluntary Savings and Loan Association (VSLA) to support parents. Through this, parents save on a monthly basis and can subsequently borrow money from the savings pot. Parents highlighted how the VSLA enabled them to cover certain pinch points in their economic situation, which otherwise might have necessitated the removal of their child from school.¹⁷

¹² Ugandan data have been used here but the authors have also investigated national data from Ethiopia and Rwanda with similar results.

¹³ Uganda Bureau of Statistics (UBOS), Ugandan Population and Housing Census, Fountain Publishers, Uganda, 2005, quoted in United Nations Children's Fund, Uganda Study on CwD Living in Uganda: Situational Analysis of the Rights of CwD in Uganda, UNICEF, 2014

¹⁴ Ugandan data from 2015 showed that, at primary level, enrolment of disabled children was 1.79 per cent of total enrolment, whereas at secondary level, it was 0.6 per cent. UNICEF has developed the Child Functioning Module (CFM) to support governments to identify children with disabilities through household surveys. Any national statistics office is welcome to adopt the CFM to collect data on children with disabilities

¹⁵ School management committees (SMCs) can also take the same role as PSGs and be equally successful. However, key to the PSG is the fact that in some countries they are seen as more autonomous than SMCs, and that the monies raised and decisions made are not influenced by school management. This can be crucial for trust and transparency between school and community.

¹⁷ E.g., to cover the hidden costs of schools such as uniform and stationary at the start of the academic year, medical or transport costs to support their child to access school or simply seasonal factors such as buying seeds for planting.

3. Improved identification of disabled children in school:

When schools are trained and resourced to begin the process of carrying out screening of their students in order to identify children with disabilities (for example, basic hearing and eye screening and those traditionally labelled as slow learners who may have a cognitive disability or development delay), there is the potential to significantly increase the amount of identified disability in schools.

An example from a project in Ethiopia: Trained a lead teacher and headteacher in each of 123 schools in carrying out screening and improved identification. On average, an additional 18 children were identified per school, and across the project the proportion of children with disabilities rose from 0.7 per cent to 3.5 per cent which exceeded the government target of 2.7 per cent.

In some areas, there is partnership between education and health services which enables children who are identified as disabled in hospitals to be referred by the hospital to a school, if currently out of education. Where this happens schools report much higher percentages of children with disabilities accessing and attending school. Going beyond a simple yes/no classification by using a functional difficulties model will further enhance school data sets and also enable teachers to make a more detailed choice of Wave 2 and 3 interventions.



Improving Engagement/Ethos

A visibly welcoming, inclusive ethos has traditionally been facilitated through sensitization and awareness training that NGOs build into programming. While important in some cases, the authors do not believe that it drives changes in attitudes towards disability. One of the most striking pieces of learning is that the strongest advocate for inclusion comes from the physical presence of children with disabilities in educational settings. Both teachers and children without disabilities report that their notions of what people can and cannot do were challenged. Many teachers that the authors have interviewed felt that before they had taught a child with disabilities in their classroom, it was somehow impossible to do so, and that they lacked training, skills and confidence. In many instances, they also believed that the presence of boys and girls with disabilities would lower the standards of achievement in their classrooms. Additionally, the vast majority of teachers teaching in an inclusive setting felt that inclusive schools were the best option for children with disabilities. This was further strengthened when clear and strong leadership driving an inclusive ethos was present.

1. Signage and making the physical environment more accessible for disabled children:

Despite finance being a barrier, there are easy-to-implement and cost-effective adaptations that can be made.¹⁸ Many Disability Persons Organizations (DPOs) when consulted on how to make more schools accessible reported that it should be law to only build accessible classrooms, e.g. when a classroom is built on a slightly raised level, a ramp needs to be constructed rather than stairs. This has no cost implications; it just needs to become usual practice. Signage can have a huge impact on the environment and on raising awareness. Schools which are successful in engaging students will encourage staff and students to design these, making the conversation around the signage the learning.

- 2. Setting up of disability clubs:** Disability clubs have proved very successful at strengthening the role of both girls and boys with disabilities and young people in school, to improve their social interaction and facilitate their integration into school. Clubs also carry out disability awareness and prevention activities within the school and community. The most successful ones also carry out income generation activities, with the income being used to support children with disabilities in the school (e.g. to buy pens or textbooks). Examples include the development of a school garden to grow vegetables, the production of fuel-efficient stoves and the provision of animals to fatten and sell.

¹⁸ For example, the construction of a hand rail to offer support by a pit latrine - see <http://unapd.org/wp-content/uploads/2016/04/chapter8.pdf> for example designs and pictures

Improving Quality

Wave 2 interventions around the quality of education directly support the learner to access Wave 1 quality-first teaching. At a basic level, this could be through the provision of an assistive device such as a pair of glasses or a hearing aid to enable a child with a partial impairment to access learning. Partnership with medical services or NGOs is essential for this. For a child who is completely blind, it might be through a braille machine or other ICT support.

Other Wave 2 interventions can involve additional support, for example, the provision of a sign language interpreter in lessons or the organization of additional tutorials either outside of classroom hours or by withdrawal from some lessons for a specified week.

Wave 3



Wave 3 interventions recognize that some specific complex impairments make it impossible for learners to achieve at the same rate as their non-disabled peers and that as a result a different provision needs to be set up.



Key change makers: These are the government, DEOs and NGOs working in partnership with schools and those responsible for inclusion/special educational needs and disability (SEND) teachers.

There is little doubt that Wave 3 interventions (often in the form of a unit within school to support children with complex learning disabilities) have a vital place in inclusive education. However, there are some pre-requisites for units to work effectively:

- Children accessing them have a cognitive disability, which prevents them accessing mainstream learning. In some cases, children with other disabilities are placed in these units, although these do not support them in reaching their potential.
- Teachers provide a varied curriculum, which is monitored by the headteacher to ensure it is being accessed by children.
- Opportunities are still provided for the children in the unit to integrate with other children, for example through gardening projects, drama or in PE lessons.
- Teachers have an understanding of the next steps in learning for each child. An example where this is happening is a Sense International project in Uganda, which has set up a unit for students who are both deaf and blind in a mainstream school. The Sense International project has developed a curriculum for the deaf/blind, which supports the teacher in identifying next steps for each learner.

Key to the success of Wave 3 inclusion is someone who is responsible for leading on inclusion. However, this is not always a realistic expectation as there is usually a very limited group of teachers qualified in SEND¹⁹, and if schools do have a SEND teacher, they can only carry out a limited number of activities and prefer to support children in their unit. This can mean that the SEND teacher could be seen as a potential barrier to inclusion rather than as a facilitator of inclusion. Research into the role of the SEND teacher by the authors has identified the following as barriers to effective SEND teacher provision:

1. The perception amongst SEND teachers can be that their training focused on running a unit rather than being a facilitator of inclusion and that they need to develop this role.
2. SEND teachers can be overwhelmed with the huge challenge of supporting a large number of children with disabilities in different year groups. This is particularly the case where there was no targeted planning, no mapping of time and no provision map.²⁰

In order to develop inclusive schools, the SEND teacher needs to be continually assessing the needs of the children with SEND and to manage their timetable to deliver interventions that support them. To equip SEND teachers with the skills to do this may require additional training and support from the headteacher.

Working with local/district level government can help to support the process of developing more inclusive schools and is a good example of effective Wave 3 interventions. For example, in Ethiopia, one project worked with the education office to ensure SEND teachers were released from teaching commitments for three days in a week so that they could support other teachers and schools.

The authors also argue that there is a place in Wave 3 interventions for special schools. The special school sector has been marginalized in the debate around inclusive education as it is seen as redundant in a fully inclusive education system. However, for inclusion to work, the special school sector needs to be engaged and working with mainstream schools for the benefit of children with disabilities, especially in the arena of providing suitable education that is not just vocational but also supports particular kinds of disability. Special schools have a wealth of knowledge and experience that could be shared to make inclusion work better and provide quality education for all and indeed ensure that children are learning in the most suitable setting. Examples of best practice include heads of special schools working with mainstream schools in the same catchment to ensure children can move between them when necessary. The authors have consistently found, when interviewing children with disabilities, that the children themselves were huge advocates of inclusion and much preferred being in the mainstream school. They also highlighted the low academic expectations often found in special schools.²¹

¹⁹ A note on terminology, SEND and SEN are often used interchangeably, the former though makes explicit the inclusion of children with disabilities with educational needs.

²⁰ A provision map is a way to show provision which is additional to and different from that which is offered through the school's curriculum. It provides: an overview of the programmes and interventions used with different groups of pupils and a basis for monitoring the levels of intervention, and their impact on pupil progress.

²¹ A video made by Enable-Ed collating the views of children can be found here https://youtu.be/ckG_K6sQhEM

Conclusion

Inclusion is not a simple one-size-fits-all intervention that can be implemented in schools, rather it is a response to the population that the school serves and interventions are along a continuum. Concepts surrounding progressive universalism are very much present in the Wave Model as schools become progressively more inclusive, enabling all of their school population to achieve. It is clear that schools are working hard to provide inclusive education and there are many examples of this in this Think Piece. However, this model demonstrates that they are largely ad hoc and in isolation from each other. When effective, they are also supported by (or have been initiated by) an NGO working with the school. However, not one example of a school that effectively carried out all three waves of intervention was found.

The implications of the Wave Model vary according to level, and an examination of what can be done at each level is needed to ensure education is inclusive.

1. **At a central level:** The Wave Model allows central governments to link inclusive education with quality of teaching for all (Wave 1) and free up the SEND experts to focus on the Wave 2 and 3 interventions. If Wave 1 quality-first teaching for all was the emphasis, many more children would experience a positive change in the quality of their education. This represents value for money in that it tackles the greatest number of children, there is no specialist pedagogy or equipment to embed in schools and it builds on the capacity of one of the most important elements of the teaching and learning process – the teacher. Moreover, it can be built into existing teacher training provision.
2. **At a district level:** For the Wave Model to work, teachers with responsibility for inclusion and a new way of working in an inclusive setting are needed. District leaders need to ensure that SEND teachers are allocated strategically (ideally one per school or given an itinerant role to support more than one school) and given non-class teaching time to timetable the interventions. The headteacher needs to monitor and support this to ensure that it is happening effectively. Additional training may be needed for SEND teachers in this new way of working and school inspectors will need to monitor this. Also, at this level, the accessibility of schools and infrastructure needs to be monitored and it needs to be ensured that children with disabilities are considered, e.g. by building a rail in any new toilet, or, if a classroom is on a higher ground, by building a slope rather than step.
3. **At a school level:** Much of the above discussion is at a school level. What the Wave Model can do for schools is to provide a roadmap for future interventions. It can show how inclusion is possible and how it can be done. It can also help a school in prioritizing and supporting decisions in relation to spending their SEND budget (where available) or eliciting support from parents/ community and identifying next steps. Furthermore, international partners and NGOs play a critical role in reinforcing, supporting and supplementing central, district and school-level services.
4. **Implications for NGOs:** Alignment between NGO programming is largely missing, and NGOs tend to work on only one of the waves. There is a need for partnership to maximize impact, for example NGOs who are working on Wave 1 quality-first interventions could work in partnership with NGOs with Wave 2 interventions, which would generate a greater holistic change. It would also generate greater efficiencies as it would allow programming to capitalize on the skills, knowledge and presence of others. Value for money is an area that NGOs can potentially work on as disability programming often has high costs per school/individual, which results in a relatively small number of schools being supported. This has significant impact on their potential to scale up across whole districts and across countries. Considering the high numbers of schools, it could be argued that a more cost-efficient model of practice needs to be used, focussing on interventions that have low unit costs.²²
5. **Implications for international partners, especially UNICEF:** There is a clear need for higher level collaboration to support the coordination of efforts to realize the potential of the Wave Model, in particular, for supporting and bringing together partners who specialize in different wave interventions to create a more cohesive model (e.g. those working in access, engagement and quality). In addition, overview and insight at the level of international partners can collate evidence and address some of the tensions outlined at the start of this Think Piece. Generating an evidence base that is accessible and shared among actors from schools to governments can also reveal cost effective interventions that can be scaled up. Lastly, international partners can also champion the learner and keep them at the centre of interventions, resulting in inclusive education for all.

It is clear that, when children with disabilities access educational provision and are engaged meaningfully in this process with quality teaching and learning, their outcomes are enhanced. These are not only academic outcomes but also those relating to socialization, health, future economic potential and cohesive societies. When policy-makers, planners, schools and communities understand differences within the student population, this helps to promote social equity and leads to more inclusive societies.

²² This is not to suggest that all interventions can be low-cost, some require large resource inputs on an individual level.



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Further reading

1. McConkey, R. and Bradley, A., '[Promoting Inclusive Education in Low Income Countries](#)', in Timmons, V. and Walsh, P. N., A Long Walk to School: International Research on Inclusive Education across the Life-Span. Amsterdam: Sense Publishers, 2010
2. Norwich, B., [Addressing tensions and dilemmas in inclusive education: Living with uncertainty](#), Routledge, 2013

List of Acronyms

CFM	Child Functioning Model
DEO	District Education Office
DPO	Disability persons organization
ESA	Eastern and Southern Africa
PSG	Parent support group
PTA	Parent Teacher Association
SEND	Special educational needs and disability
SMC	School management committee
VSLA	Village savings and loan association



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