INCLUSIVE EDUCATION: AN EFA STRATEGY FOR ALL CHILDREN

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Glossary of Terms

ADB	Asian Development Bank
AIR	American Institutes for Research
CAS	Country Assistance Strategy
CBR	Community Based Rehabilitation
CRC	Convention on the Rights of the Child
CERI	Centre for Educational Research and Innovation
CSIE	Centre for Studies on Inclusive Education
DESA	Department of Economic and Social Affaires (United Nations)
DPEP	District Primary Education Program
DPI	Disabled People's International
DPO	Disabled Peoples' Organization
EFA	Education for All
ESCAP	Economic and Social Commission for Asia and the Pacific
ICF	International Classification of Functioning and Disability
ICIDH-2	International Classification of Functioning and Disability
IDA	International Disability Alliance
IDEA	Individuals with Disabilities Education Act
IE	Inclusive Education
IEP	Individualized Education Program
ISCED	International Standard Classification of Education
MDG	Millennium Development Goals
NCERI	National Centre on Educational Restructuring and Inclusion
NCERT	National Council for Educational Research and Training
OECD	Organization of Economic Co-operation and Development
PER	Program Effectiveness Review
PIED	Project Integrated Education for the Disabled
PRSP	Poverty Reduction Strategy Paper
SEN	Special Education Needs
SIEDC	Scheme for Integrated Education of Disabled Children
SNE	Special Needs Education
UNICEF	United Nations Children's Fund
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNCRC	United Nations Convention on the Rights of the Child
UPE	Universal Primary Education
WHO	World Health Organization

I. Introduction

"A dominant problem in the disability field is the lack of access to education for both children and adults with disabilities. As education is a fundamental right for all, enshrined in the Universal Declaration of Human Rights, and protected through various international conventions, this is a very serious problem. In a majority of countries, there is a dramatic difference in the educational opportunities provided for disabled children and those provided for non-disabled children. It will simply not be possible to realize the goal of Education for All if we do not achieve a complete change in the situation."[1]–Bengt Lindqvist, the United Nations Special Rapporteur on Human Rights and Disability

The Dakar Framework for Action adopted a World Declaration on Education for All (EFA) in 2000, which established the goal to provide every girl and boy with primary school education by 2015. It also clearly identified Inclusive Education (IE) as a key strategy for the development of EFA. The Salamanca Statement and Framework for Action endorsed by 92 governments and 25 international organizations at the World Conference on Special Needs Education, June 1994 in Salamanca, Spain proclaims that every child has unique characteristics, interests, abilities, and learning needs and that "those with special education needs must have access to regular schools which should accommodate them with a child-centered pedagogy capable of meeting those needs." The Salamanca Statement also asserts that educational systems that take into account the wide diversity of children's characteristics and needs "are the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving education for all; moreover, they provide an effective education to the majority of children and improve the efficiency and ultimately the cost-effectiveness of the entire education system."[2]

The Inclusive School

The fundamental principle of the inclusive school is that all children should learn together, wherever possible, regardless of any difficulties or differences they may have. Inclusive schools must recognize and respond to the diverse needs of their students, accommodating both different styles and rates of learning and ensuring quality education to all through appropriate curricula, organizational arrangements, teaching strategies, resource use and partnerships with their communities. There should be a continuum of support and services to match the continuum of special needs encountered in every school.
Salamanca Framework for Action, 1994.

A growing body of research supports the Salamanca Statement and its principles.[3] Metts, (2000) for instance, cites a 1993 World Bank study of Special Education in Asia which concluded that 1) there are personal, social and economic dividends to educating primary school aged children

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[1] Lindqvist, B. (1999). Education as a fundamental right. *Education Update*, 2(4),7.
[2] *The Salamanca Statement on Principles, Policy and Practice in Special Needs Education*, paragraph 2. www.unesco.org/education/educprog/sne/salamanc/stateme.html
[3] Ferguson, D.,1992; Baker, Wang & Walberg, 1994; Lipsky & Gartner, 1997; J. Allan, 1999; Armstrong, Armstrong & Barton, 2000; Sailor, 2002; Thomas & Glenny, 2002, Vinneau, 2002.

with SEN in mainstream schools; 2) most SEN can be successfully and less expensively accommodated in integrated schools than in segregated institutional settings and; 3) the vast majority of children with special education needs can be cost-effectively accommodated in regular primary schools.[4]

Background

IE in the context of the goals of EFA is a complex issue unlike health and labor markets, disability includes an array of issues crossing health, education, social welfare, and employment sectors.[5] As a result, policy development faces challenges to avoid fragmented, uneven, and difficult to access services. IE may also be implemented at different levels, embrace different goals, be based on different motives, reflect different classifications of special education needs, and provide services in different contexts. For example, Kobi identified six levels of Inclusive Education: physical, terminological, administrative, social, curricular and psychological.[6] Goals may include integration of SEN students in classrooms or on changing societal attitudes to promote societal integration.[7] Specific goals may focus either on improved educational performance and quality of education, or on autonomy, self-determination, proportionality, consumer satisfaction or parental choice. Some of these goals may conflict and produce tensions. Similarly, motives for IE may derive from dissatisfaction with the system, from economic or resource allocation concerns, or from a vision of educational reform. Finally, SEN services may be viewed as a continuum of placement options (multi-track approach), as a distinct education system (two-track approach) or as a continuum of services within one placement—the general education school and classroom (one-track approach).[8]

A further layer of complexity involves the definition of special education need. Classification systems vary to a great extent from country to country, and even within countries. Some countries have adopted a definition based on need for special education services, and do not count or label students. The United Kingdom, for example, in its Warnock report of 1978 defined disability on this basis. Other countries apply a two-tier definition based on extent and type of disability. These countries base entitlement to Special Education on two conditions: under-educational performance (observed or predicted), and "objective cause". For those countries that use traditional "objective cause" labels to determine special education need, categories vary. For example, Denmark uses two categories, while Poland and the United States have more than 10 categories of disability. Most countries use the categorical approach with a range of 4-10 types of special needs. In 'traditional' societies, four categories/types of disability are usually recognized:

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[4] 1993 World Bank Development Report as reported in Robert Metts, *Disability, Issues, Trends and Recommendations for the World Bank*. Social Protection Discussion Paper No. 0007, Washington, D.C.: World Bank, 2000,p. xi. For a more details on cost differentials, see the Economic Issues section of this report.

[5] D. Cameron & F. Valentine (2001). *Disability and Federalism: Comparing different approaches to full participation*. McGill-Queens University Press: Montreal.

[6] In C. J. W. Meijer, Sip Jan Pijl & S. Hegarty (1994). *New Perspectives in Special Education: A six country study of integration*. Routledge: London & New York. Pp. 5-6.

[7] The terms 'special education need' (SEN) or 'special needs education' (SNE) are used quite frequently in the literature on Inclusive Education. Where the terms are used, they should be seen as referring to the broader context and definition of the term; i.e., all forms of support and teaching within separate and 'mainstream' education. Reported in EADSNE, 1999: p. 18.

[8] European Agency for Development in Special Needs Education (2003). *Special Needs Education in Europe*. A Thematic Publication by EADSNE. Brussels. www.european-agency.org

physical disability, blindness, deafness, and mental retardation. Further, countries may also include non-disabled individuals in special education needs categories; e.g., refugee children, gifted and talented children (who may also have impairments), and those with various learning difficulties and disadvantages that result in educational underperformance (e.g., street and working children, children from nomadic populations, children who have lost their parents through AIDS or civil strife, children from linguistic, and ethnic or cultural minorities) .[9]

The ISCED-97 (International Standard Classification of Education) definition has been adopted by OECD member countries: "those with SEN are defined by additional public and/or private resources provided to support their education."[10] This resource approach to defining SEN brings together students with a wide variety of learning difficulties. In addition, OECD, based on perceived causes of educational failure, devised a categorization system used in a growing number of countries in the North and South.

Category A: students whose disabilities have clear biological causes
Category B: students who are experiencing learning difficulties for no particular reason
Category C: students who have difficulties arising from disadvantages

There is a growing realization that, for the majority of students, the environment plays a significant role in disabling these students. The new International Classification of Functioning and Disability (ICF) developed by the World Health Organization (WHO) organizes disability along two dimensions: functioning and disability (including body functions/structures and activities/participation in society), and contextual factors (environmental and personal). This definition shifts the focus from disability as an innate deficit to disability as constructed through the interaction between the individual and the environment. This conceptual model of disability encourages focus on kinds and levels of interventions appropriate to the disablement needs of individuals within specific contexts, and is consistent with the social model of disability that is upheld by disability rights organizations and many disabled people.[11] Ingstad (2001) argues that the ICF distinctions are particularly important in many developing countries, where personhood depends more on social identity and the fulfillment of family obligations than on individual ability.[12]

It is important to recognize the distinction between impairment and disablement. Disabled Persons International (1981) promotes the following distinction: "Impairment is the loss or limitation of physical, mental or sensory function on a long term or permanent basis. Disablement is the loss or limitation of opportunities to take part in the normal life of the community on an equal

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[9] For a detailed list of terms used to describe children with special education needs in selected countries, see *Annex 1: Classifications of Disability and Notes on Definitions*.

[10] OECD (2000) Special Needs Education Statistics and Indicators, p. 8.

[10] President's Commission on Excellence in Special Education (2002). *A New Era: Revitalizing Special Education for Children and Their Families*. Washington, D.C.: U.S. Department of Education. Available at: www.ed.gov/inits/commissionsboards/whspecialeducation/

[11] Complete classification information may be found from WHO, ICF www.who.int/icf. See also P. Dudzik & D. McLeod (2000). Including the Most Vulnerable: Social Funds and People with Disabilities. Social Protection Discussion Paper No. 0023, The World Bank, p. 23.

[12] B. Ingstad (2001). Disability in the Developing World. In *Handbook of Disability Studies*. G. Albrecht, K. Seelman & M. Bury (Eds). London: Sage Publications. Pp. 772-792.

level with others due to physical and social barriers." [13] Specifically, the ***social model of disablement*** focuses on environment. The ***medical model of disability*** focuses on an individual who needs fixing—either by therapy, medicine, surgery or special treatment.

The wide variance in identification and classification of school-aged children and youth with disabilities and SEN makes it difficult to estimate potential demand (i.e., incidence and prevalence rates) for education to meet their needs.[14] However, a 1991 report prepared by the Special Rapporteur on Human Rights and Disability found that at least 1 out of 10 persons in the majority of countries has a physical, mental or sensory impairment. Because these persons reside within families, it is estimated that at least 25% of the entire population is affected by the presence of disability.[15] Of 500 million disabled people worldwide, 120-150 million are children. Eighty per-cent reside in developing countries. Further, there is every indication that this number is growing due to global conditions of increasing poverty, armed conflict, child labor practices, violence and abuse, and HIV/AIDS. For example, ILO reports that of the 250 million children working, more than two-thirds (69%) are affected by injury or illness. An estimated 15.6% (78 million) impairments were caused by accidents, trauma, and war.[16]

In developing countries, 50% of all disabilities are acquired before the age of 15, which means that the estimated prevalence of school-aged children and youth with disabilities may be higher than the incidence rate of 10%. When the number of children with "objective cause" disabilities is added to the total number of children identified with special education needs, OECD estimates that between 15-20% of all students will require special needs education during their primary and secondary school years.[17] Finally, estimates of the percent of disabled children and youth who attend school in developing countries range from less than 1% (Salamanca Framework for Action) to 5% (Habibi 1999).[18]

In short, significant numbers of disabled children and youth are largely excluded from educational opportunities for primary and secondary schooling. The usefulness of categorical classifications of disability is being questioned in terms of cost-effectiveness and the ability to identify needed services.

In order to understand exclusion and strategies for working toward inclusion, it is necessary to examine research on policy and practice at the micro-level (schools and communities), at the meso-level (educational systems and external agency support services), and at the macro-level (national/international policy and national legislation). Having presented a background in terms of the complexity of the issues involving inclusive education, the next section reviews practice at the micro-level, where IE initiatives and implementation originate.

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[13] As reported in R. Rieser. (2000). History of our oppression. Why the social model in education is inclusive education. Paper presented at the International Special Education Congress. Manchester, England. July 23, 2000.
[14] For an estimate of the total population of disabled people by countries, see Metts (2000), pp.62-67.
[15] Reported in *It Is Our World Too! A Report on the Lives of Disabled Children*. Published by Disability Awareness in Action, 2001. London. Prepared by Gerison Lansdown.
[16] Statistics derive from the World Summit on Social Development as reported in *It's Our World Too!* (2001).
[17] OECD 1999, p. 13 as reported in Dudzik, TOR 2003
[18] Habibi, 1999 as reported in Peters 2003, p. 12.

II. Inclusive Education Practice: Lessons from the North

> ### Inclusion: A Whole-School Approach
> Inclusion should not be viewed as an add-on to a conventional school. It must be viewed as intrinsic to the mission, philosophy, values, practices and activities of the school….Full inclusion must be embedded deeply in the very foundation of the school, in its missions, its belief system, and its daily activities, rather than an appendage that is added on to a conventional school.
> Henry M. Levin (1997)[19]

Background:

Provision of SEN services began with residential schools for blind and deaf students. First established in the eighteenth century in Europe, these schools grew rapidly during the 19th century. Special schools for those with mobility impairments came later around the turn of the 20th century. North America followed a similar route, although beginning later than in Europe. At the same time, those with intellectual impairments were largely institutionalized as uneducable in both Europe and North America. These beginnings of SEN provision in the North were driven by professionals who developed diagnoses, interventions and treatment focused on specific impairments. As a result, the medical model of disability became thoroughly accepted and entrenched. Charitable and religious organizations played a major role during these early years in the provision of services, leading to what became known as the 'charity' model of services; i.e., education of disabled children and youth was not viewed as a right, but as a charitable means of providing *for* them.

World War II and its aftermath witnessed the emergence of family, community and consumer models of service delivery for SEN students. The social model began to be developed and parents pressured for deinstitutionalization in both Europe (e.g., the concept of normalization promoted by Wolfensberger) and in North America (e.g. the landmark decision of PARC vs. the Board of Education in the US). A growing number of disabled people, parents and coalitions of advocates began to organize for political action to redress discrimination and inequities in society and in education. By the 1970s, the Independent Living Movement and principles of self-advocacy gathered strength. One result was the landmark US education act, PL-94-142. Passed in 1975, this act mandated access to education for students with all types and degrees of disability. PL94-142 underwent several amendments (every 5 years) and culminated in the 1997 amendments and a change of title: Individuals with Disabilities Education Act (IDEA). IDEA raised the level of expectations, requiring maximum access to the general education curriculum for students with disabilities and mandating new accountability measures to assure their progress and success. Other major disability rights laws in Canada, Britain, Italy and the US (Americans with Disabilities Act of 1990) mandated an end to discrimination required the elimination of all types of barriers to participation in society. As a result, the end of the 20th century saw the establishment of a new era based on civil rights, social participation, and an emerging cross-disability perspective.

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[19] H. Levin (1997). Doing What Comes Naturally: Full Inclusion in Accelerated Schools. In *Inclusion and School Reform: Transforming America's Classrooms*. D. K. Lipsky & A. Gartner (Eds). Baltimore: Paul H. Brookes Publishing Co. Pp. 389-400. Quote is from P. 390.

Best Practice in the United States and Canada

In Canada, more than two decades of Inclusive Education practice have significantly impacted countries of the North. At the center of this inclusive vision is a belief in children and their capacities. This belief is manifested in several widely adopted best practices that began in Ontario schools: Person Centered Planning, Making Action Plans (MAPS), Circles of Friends, and PATH (Planning Alternative Tomorrow's with Hope)[20]. These educational programs are powerful tools for building connections between schools, parents and communities, and for solving complex individual, family, and systems issues that may act as barriers to IE. The Centre for Integrated Education and Community in Toronto, Canada initiates and supports path-breaking activities to advance inclusion in education and communities.[21]

In addition to Ontario, a noteworthy system-wide approach to IE exists in the province of New Brunswick, Canada. IE became official policy in New Brunswick as early as 1968, and reinforced in 1985 by the Act to Amend the Schools Act. Known as Bill 85, every school in the province is required to provide IE. Italy is the only other OECD member that matches this level of official Inclusive Education law/policy. In New Brunswick, as in Italy, virtually all students are educated in ordinary classrooms, with specialized support as needed based on a student's Individualized Education Plan (IEP).

In the United States IE programs have grown exponentially since the passage of PL94-142 in 1975. Between 1994-1995 the number of school districts reporting IE programs in the US tripled.[22] A 1994 report of National Centre on Educational Restructuring and Inclusion (NCERI) documented inclusion programs in every state, at all grade levels, involving students across the entire range of disabilities. Also in 1994, a Working Forum on Inclusive Schools identified the following best practice characteristics for Inclusive Education:[23]

A Sense of Community: philosophy & vision that all children belong & can learn
Leadership: school administrators play a critical role in implementation
High Standards: high expectations for all children appropriate to their needs
Collaboration and Cooperation: support and co-operative learning
Changing Roles and Responsibilities: of all staff
Array of Services: e.g., health, mental health and social services
Partnership with Parents: equal partners in educating children
Flexible Learning Environments: pacing, timing, and location
Strategies Based on Research: best-practice strategies for teaching and learning
New Forms of Accountability: standardized tests & multiple sources
Access: physical environment and technology
Continuing Professional Development: on-going

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[20] An excellent source book explaining these programs and other best practices is *Inclusion: A Guide for Educators* (1996). S. Stainback & W. Stainback (Eds). Baltimore: Paul H. Brookes Publishing Co.
[21] The Centre has been renamed the Marsha Forest Centre in her memory after her death in 2000. The Centre maintains a website, Inclusion Press, and Inclusion Network at www.inclusion.com
[22] D. K. Lipsky & A. Gardner (1997). *Inclusion and School Reform: Transforming America's Classrooms*. Paul Brookes Publishing Co: Baltimore. P. 100.
[2] Lipsky & Gartner (1997). Pp. 102-103.

In the United States, two specific reforms have received widespread acclaim. Both reforms report low costs ($US30 per student in the second reform). The first, Robert Slavin's Success For All school reform, begins with two essential principles: prevention and immediate intensive intervention in 1st, 2nd, and 3rd grades of primary school. Critical components of the reform include: reading tutors (one-on-one instruction); heterogeneous age-grouped 90 minute daily reading group instruction; a family support team that provides parenting education to support children, and continuous/intensive teacher training. Every effort is made to address all students' learning problems within the context of the regular classroom. SEN students are fully integrated with tutoring support. Students with more serious disabilities receive in-class assistance from aides (trained para-professionals) and special education teachers. Research results report strongly positive effects in terms of grade-level growth in academic achievement.[24]

The second reform program, Accelerated Schools Project (ASP), has been adopted by over 1000 primary and "middle" schools in 41 states since its inception in 1986. Learning is accelerated and enriched, rather than remediated and watered-down. The hallmark of Accelerated Schools is high expectations, an enriched curriculum that accelerates learning, and high level of parental involvement. The ASP is a whole school reform model that builds on capacities of teachers and schools through generalized training in a research-based problem-solving process. Used extensively in schools with large numbers of SEN and "at-risk" students (many of whom come from families at poverty levels), evaluations of the program have shown substantial gains in student achievement, increased attendance, reductions in suspensions, and few grade repetitions.[25]

For most IE programs in the United States, research and evaluation on outcomes is largely based on case studies, and qualitative data. However, a few large-scale quantitative studies have been undertaken. An early meta-analysis of 50 studies (Weiner, 1985) compared the academic performance of mainstreamed and segregated students with mild handicapping conditions. The mean academic performance of the integrated groups was in the 80th percentile, while segregated students scored in the 50th percentile.[26] Baker, Wang and Walberg (1994) conducted meta-analysis of IE studies that generated a common measure of effect size. This measure demonstrated a small to moderate beneficial effect of IE on academic and social outcomes of SEN students. Koretz and Hamilton (2000), reported that students with learning disabilities, who received test accommodations scored well above the average for non-disabled students in every subject except math.[27] Another recent large-scale longitudinal study of Chicago schools measured the performance of students with disabilities on standardized achievement tests after being placed in special education classrooms. Students did not do better, and tended to grow further and further apart, in terms of achievement from comparable students not placed in special education.[28]

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[24] R.E. Slavin, in Lipsky & Gartner (1997), p. 382.

[25] Information on ASP schools and projects may be obtained at www.acceleratedschools.net.

[26] R. Weiner (1985). *Impact on the Schools*. Capitol Publications.

[27] D. Koretz & L. Hamilton (2000). Assessment of Students with Disabilities in Kentucky: Inclusion, Student Performance, and Validity. *Educational Evaluation and Policy Analysis*. Vol. 22, No. 3, pp. 255-272.

[28] A. J. Reynolds, B. Wolfe (1999) Special Education and School Achievement: An Exploratory Analysis with a Central-City Sample. *Educational Evaluation and Policy Analysis*. Vol. 21, No. 3., pp. 249-269.

Best Practice in Europe and other OECD Countries

The Integration of Disabled Children into Mainstream Education: Ambitions, Theories and Practices. OECD, Paris, 1994. This survey of twenty-three member countries was conducted to identify common areas of success and difficulty experienced in integrating disabled pupils into ordinary schools. Findings of the study focus on: (1) placement decisions, (2) parental choice issues, (3) equality of access and integration, (4) forms and models of integration, and (5) teacher training and staff support.

Inclusive Education at Work: Students with Disabilities in Mainstream Schools. OECD, Paris. 1999. OECD carried out this study between 1995 and 1998 in eight countries from three regions (North America, Europe, and the Pacific). A major finding of this study: "From organizational, curriculum and pedagogical perspectives, given certain safeguards, there is no reason to maintain generally segregated provision for disabled students in public education systems." In fact, changes in pedagogy and curriculum development were found to benefit all students. The extensive research analyses provided a "substantial if not overwhelming case to support the full integration of disabled children into mainstream schools" (page 22). Also, evidence suggests that IE improves performance of non-SEN students, in part because the increased attention to pedagogy and curriculum adaptation generalizes teaching skills to all students.[29]

Special Needs Education In Europe. European Agency for Development in Special Needs Education, and EURYDICE. Brussels, 2003. This 30-country study focused on five areas of IE: (i) IE policies and practice; (ii) funding of SNE; (iii) teachers and SNE; (iv) information and communication technology in SNE; and (v) early intervention. In terms of IE practices, the findings of this study reinforce findings of earlier OECD studies in some areas. Specifically, a policy towards IE is a general trend. However, special schools still enroll between 1-6% of all pupils in segregated schools and classes.

> *(i) transforming special schools into resource centers* is a common trend. These centers typically:
> –provide training and courses for teachers and other professionals
> –develop and disseminate materials and methods
> –support mainstream schools and parents
> –provide short-term or part-time help for individual students
> –support students in entering the labor market

> *(ii) Individualized Education Plans* play a major role in determining the degree and type of adaptations needed in evaluating students' progress.

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[29] This OECD report notes, that benefits to non-SEN students is an important indicator, but needs more investigation to link costs with outcomes (page 49).

III: Inclusive Education Practice: Lessons from the South

> **Inclusion is a dynamic process of participation of people within a net of relationships. This process legitimizes people's interactions within social groups. Inclusion implies reciprocity. Thus, the perspective regarding special needs education is changing into a more democratic one; one that implies that special needs education is to be particularly of regular and universal public education.**
> Secretary for Special Needs Education, Brazil Ministry of Education[30]

Inclusive Education Framework

The framework depicted in the figure below is proposed as a conceptual guide to thinking about the network of relationships and factors inherent to IE development. It may be used as a conceptual map for educational planning and evaluation in concert with instruments such as the *Index for Inclusion*. This framework builds on the framework for assessing quality in the EFA 2002 Monitoring Report (UNESCO), and was developed for all countries—North and South. The figure depicted here includes many of the same components in the EFA framework but contains value-added factors and insights from the literature on IE in the South.[31]

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[30] UNESCO (2001). *Inclusive Schools & Community Support Programs. Phase Two*. Paris: Author. P. 76. Specific literature used to develop this proposed framework included: Save The Children School for All Report 2002, p. 15; documents and articles from Enabling Education Network, Inclusion International, Report of the Expert Group on International Norms and Standards Relating to Disability (1998); the Disability Rights Charter of South Africa; and UNICEF's five pillars of quality education.

An Input-process-outcome-context framework for Inclusive Education

INPUTS	PROCESS	OUTCOMES
School • Curriculum content • Textbook & learning materials • Teacher qualifications, training • Morale & commitment • Accessible facilities • Parent/community support • Braille/Sign Language support • Action Plans & Needs Assessments • Evaluation Plan	**School Climate** • High expectations/respect • Guiding Philosophy/Mission • Participation/choice • Positive teacher attitude • Safe and supportive environment • Flexible curriculum • Incentives for participation • Integrated whole-school system • Collaborative support teams	**Achievement** • Literacy, Numeracy • Good citizenship • Personal development • Positive attitude towards learning • Self-determination/advocacy • Self-esteem • Social & Independent Living Skills
Student Characteristics • Diverse Characteristics valued and supported • Disability, gender, at-risk, refugee children, minorities, low-income		**Attainment** • Formal completion • Diplomas/qualification • Preparation for Adult Life
Family/Community Characteristics • Parental Attitudes/Training • Household Income • Economic conditions • Cultural/religious factors • Multi-sector coordination & collaboration	**Teaching/Learning** • Sufficient learning Time • Active teaching methods • Integrated systems for assessment & feedback • Appropriate class size • Adapted curriculum to meet individual needs • Active student participation • Appropriate supports • Clear roles & responsibilities	**Standards** • Official learning objectives [desired outcomes] • School-level objectives • Impact on family & Comm. • Supportive Govt. Policy
Contextual Factors		
• Macro-economic and fiscal policies • Political stability, decentralization, • International coordination • Data collection & analysis	• National goals & standards for inclusive ed, • Sources of funding & allocation • Systematic knowledge transfer	• Ed. System Management • Parental & Community Participation • Community sensitization & awareness

The proposed framework includes four domains of inputs, processes, outcomes, and contextual factors in an open-system. An open-system not only accounts for external factors influencing IE (e.g., policy, legislation, cultural and socio-economic conditions), but considers these 'external' factors as integral components of IE development as a whole. This open-system is a particular strength of IE in countries of the South. Specifically, in the IE literature for countries of the North, whole-school approaches to IE were typical, rather than whole-community approaches. External factors were also not taken into account in the North to the same extent that they are in the South. Although the framework is used here as an organizing construct to review the literature on IE in the South, countries of the North could also benefit from this four-component open system.

Inputs to Inclusive Education

Demand issues provide arguably the predominant challenges to IE. To meet the demand for SNE, ***access, retention, and drop-out rates*** have plagued efforts in this area. ***Access issues*** are affected by factors at all levels of inputs: student, school, family/community and national. Probably most influential are socio-economic and cultural factors within the family: family economic survival needs (e.g., mothers' choices between sending children to school or having children work to generate income needed for family survival), traditional societal attitudes towards disability that may involve shame, guilt, under-expectations, and sheltering/patronization. These factors often combine with distance to school, mobility, school-building accessibility, discrimination, shortage of trained teachers and resource supports to address teachers' working conditions, and shortage of school places. Typical responses to access issues have been modifying buildings, knowledge dissemination and awareness campaigns, teacher and parent training on SNE.

While these efforts have proven helpful, innovative responses go beyond mere information and training and physical access to ***outreach strategies targeted to specific groups***. In Columbia, for example, the "Colombia Previene en Familia" sponsored literary contests for short stories of testimonials from children with disabilities and art contests for children to express IE through drawings. Several other strategies were formulated as part of a national advocacy campaign targeted at parents, including media dialogues on the rights of the child.[32] Introduction of a Community-Based Program in Guyana involved personal outreach to churches, mosques, and Hindu temples within a 15-mile radius, and all schools and health clinics in the region were contacted. Parents developed puppet shows to present in schools, and a Sunday newspaper column ran for 16 weeks. As a result, 3 to 5 times more people than were needed applied for training as volunteers in the program, and one-quarter of these were family members of children with disabilities.[33]

Finding, identifying and encouraging children to go to school has been another critical challenge. Programs that combine parent education and community awareness with child-find

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[32] Melgarejo, H. Sembrando Cultura de Prevención (2001). *Disability World*. Issue #10. September-October 2001.
[33] O,Toole, B. (1994) Involvement of volunteer, parents and community members with children with special needs. In *Making It Happen: Examples of good practice in special needs education & community-based programmes*. Paris: UNESCO. Pp. 25-31.

strategies have been most successful. In Guyana, volunteers in a local CBR program formed a Village Health Committee and conducted a joint survey of 4500 people in the village. The survey identified children needing services, and parents conducting the survey helped to encourage parents to send their children for services.[34] At Kabale primary school in Mpika, Zambia, a Child-to-Child program conducted a community survey that identified 30 special education needs (SEN) children staying at home, and succeeded in gaining their access to Kabale.[35]

Ingstad (2001) argues that surveys are "highly cherished tools by planners and politicians who usually see this type of information as mandatory" before initiating projects. However, surveys tend to be costly. For this reason, voices have been raised, especially from Disabled People's Organizations (DPOs), to limit (or drip) the surveys and to "start to give help, on a small scale, to those in need and to expand help as needs arise."[36]

Student characteristics are another critical input consideration. Most countries of the South have concentrated their IE efforts on moderately and severely disabled children in four categories: physical/mobility impairments, blindness, deafness and cognitive impairments. This focus is understandable for several reasons: (a) these children have easily identifiable characteristics; (b) providing services is politically high-profile; (c) they are the most disadvantaged and marginalized. However, the vast majority of children with disabilities have mild impairments. These children most likely constitute a significant percentage of drop-outs and grade-level repeaters. The Mozambique Federation of Disabled Peoples Organization (FAMOD), for example, asserts that the majority of out-of-school students in Mozambique are either disabled or have learning difficulties that require special education.[37] Reports from Vietnam indicate that many students with mild disabilities tend to drop out due to "lack of attention." [38] These students are also more likely to engage in illegal activities and socially deviant behavior than their moderate/severely impaired peers. A number of countries in the South report growing numbers of these children; e.g., street children (many of whom have impairments), but also orphans of HIV/AIDS parents, or children who suffer from various forms of abuse and neglect. SEN needs to systematically attend to these groups of children. Several innovative programs are opening up to include a broad range of SEN students. For example, in India, Spastics Society Schools have redefined their mission and desegregated their schools—opening up admission to 'slum' children, and children most disadvantaged in terms of ethnic, linguistic, and gender barriers.[39]

Successful strategies for addressing student characteristics have considered economic needs of students as well, including government stipends for subsidized school fees and costs of school uniforms.   Flexible curriculum approaches are also being adopted that allow children to be at

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[34] O'Toole, B. (1994).

[35] Miles, S. (2000). Enabling Inclusive Education: Challenges and Dilemmas. Paper presented at A Symposium on Development Policy entitled, "Children with Disabilities and the Convention on the Rights of the Child". Gustav Stresemann Institute, Bonn, Germany. October 27-29. Source of document: www.eenet.org.uk/theory_practice/bonn_2.shtml

[36] B. Ingstad (2001). Disability in the Developing World. In *Handbook of Disability Studies*. P. 774.

[37] Lehtomaki, E. (2002). Inclusive Schools in Mozambique. *EENET*, Issue. 6, April 2002, p. 4.

[38] EENET, Focusing on Community Support for Inclusive Education. EENET, Issue 2, October 1998, p. 5.

[39] UNESCO (2001) *Developing Sustainable Inclusion Policies and Practices.* P. 85.

home at times they are needed for household chores (and/or to work in order to generate family income).[40]

Attitudes constitute a third critical challenge in terms of inputs to IE. Traditional approaches focus on teacher attitudes in classrooms. However, successful IE programs are finding that one of the "root problems" in terms of access is lack of political will based on attitudes of government officials. Training programs are beginning to target these groups prior to implementing programs. For example, a study funded by Economic and Social Commission of Asia and the Pacific (ESCAP) trained disabled people to organize national training workshops for government officials in Malaysia. The impetus for the training arose from the realization that even though legislation on accessibility and building codes/standards existed, they were not being implemented. These experiences in Malaysia led to a recommendation for specific disability training targeted at "people who make and implement decisions, people in local government, and particularly technical personnel with responsibility for designing the built environment [e.g., schools]."[41]

In terms of attitudes within local communities, Avoke suggests that "community elders and churches can play a vital role in drive towards radical change in attitudes" and that they must participate in policy development as well as practical implementation.[42]

The literature on IE often cites parental attitudes as significant barriers to disabled children's attendance and participation in school. The work of SAMADHAN (an NGO in India) focuses on parent-professional partnerships. The underlying principle of their work is that acceptance is a pre-requisite to involvement. Beginning at the pre-primary level, counselors reach out to families and provide emotional support. "In many societies the myths and superstitions which surround the birth of a child with disabilities still exist. It is essential to explode such myths, especially when the mother is cited as the cause for the child's disability." Many programs in the literature cite parent involvement as critical, but typically provide 'awareness' training in group workshops, and not the kind of individual emotional support provided by SAMADHAN (and/or at the critical infant stages of a child's disability).

Conditions of teachers' work is yet a fourth critical input in IE programs. Most implementation efforts focus on teaching teachers effective instructional strategies and ignore the conditions within which teachers must carry these out. Many projects reported in the literature also did not meet goals due to teacher/staff turnover and transfers. EFA Monitoring Report 2002 reports that donor agencies, which countries of the South rely on for teacher training, are reluctant to pay for the recurring costs of teacher salaries. However, teacher salaries account for the large majority of school budgets, and countries cannot afford to pay teachers a living wage. Other conditions of teachers' work reported to have a significant impact on their ability to deliver effective instruction: class ratios, classroom physical layout, administrative support and supervision, incentives

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[40] UNESCO (2001). Including the excluded: Meeting diversity in education. Example from Uganda. *Combating Exclusion in Education*. Paris: UNESCO.

[41] ESCAP (2001). *Pathfinders: Towards Full Participation and Equality of Persons with Disabilities in the ESCAP Region*. New York & Geneva: United Nations. P. 31.

[42] Avoke, M. (2002). Models of disability in the labeling and attitudinal discourse in Ghana. *Disability & Society*. 17(7). Pp. 769-777.

for participation, and release time for preparation and evaluation.[43] The Teacher Development Initiative in India noted that: "The most serious barrier to the project has been the attitude of administrators who have insufficient time and patience to learn about and understand its [the program's] objectives.[44] Further, positive attitudes toward IE have been directly linked to teacher supports.[45] Experience with teacher training in Uganda also pointed to the need to clearly define teachers' roles, not just provide specific skills. Finally, upgrading teachers' skills is a developmental process that goes beyond workshops and other in-service training activities. Teachers need time to develop confidence and coping strategies and to do this in the context of continuous support in the classroom.[46]

Retention and drop-out rates have been linked to *curriculum and instruction*. Typically the focus has been on adapted curriculum and upgrading teachers' skills by providing training in child-centered, active pedagogy/instruction. Less often, the curriculum content itself is challenged. Innovative approaches to making the curriculum relevant, tying it to functional life-skills, and matching it with cultural beliefs and priorities is directly related to improved retention rates.[47] Adapting a curriculum that is not relevant or is not teaching functional life skills does little to motivate students to stay in school. In India, for example, UNESCO reports that: Many parents cite the irrelevance of the curriculum as a reason for not sending their children to school. They feel the curriculum is not geared to real life, and fruitful years of income generation will be lost even if the child receives only a primary education."[48] Curriculum development is therefore seen as an important input to IE programs as well as process. UNESCO's 2001 in-depth case study of Uganda describes an alternative basic education program that focused on functional life skills, and built on the cultural values of the semi-nomadic Karaimojong families. While still in implementation phase, the project has already reached 8,000 children.[49]

A thematic study, *Education for All and Children who are Excluded* (2001), provides a comprehensive documentation of patterns of exclusion, causes, and conditions at school, administrative and national levels that affect exclusion and drop-out rates. The report identifies the excluded learners as those who: (i) are not considered to 'fit' into majority-based classrooms; (ii) contradict accepted norms of who can or should learn; (iii) cannot afford the cost of the time of schooling; (iv) are not free or available to participate (e.g., geographically isolated children, child soldiers or unregistered migrants); and (v) are living in the context of disaster.[50]

Schools contribute to excluding children when they: (i) apply narrow paradigms and are unable to cope with diversity; (ii) fail to concern themselves with children who do not turn up and do not track the non-attendee; and (iii) do not reach out proactively to the families of children who

[43] Jangira, N., Ahuja, A. (1994). Teacher development initiative (TDI) to meet special needs in the classroom. In *Making it Happen*. Paris: OECD

[44] Jangira & Ahuja (1994).

[45] Arbetter, S., & S. Hartley (2002). Teachers' and Pupils' Experiences of Integrated Education in Uganda. *International Journal of Disability, Development and Education*. 49(1). Pp. 61-78.

[46] Arbetter and Hartley, 2002.

[47] UNESCO (2001). Including the excluded: Meeting diversity in education. Example from Uganda. *Combating Exclusion in Education*. Paris: UNESCO.

[48] UNESCO (2001). *Developing Sustainable Inclusion Policies and Practices.* P. 84.

[49] UNESCO (2001) *Including the excluded*. P. 23.

[50] A. K. Bernard (2001). *Education for All and Children who are Excluded*. Paris: UNESCO. P. 11.

are the most vulnerable.[51] With regard to this last factor, the Convention on the Rights of the Child (CRC) stresses that families and parents should be the first line of intervention in and support for children. "Families are the key in keeping children out of exploitative working conditions and in school; the opposite is equally true."[52]

A program in Brazil that addresses exclusion and focuses on links between curriculum and retention rates provides an exemplary model of what can be done.

The Open School Methodology in Brazil

Students themselves shape their own pathway, in their own rhythm and not at a timing dictated by the system. The student's progress to the next level as soon as they accomplish a particular task and their performance and behavior are assessed daily. If the students find that they need to interrupt their schooling, they can pick up again from the point at which they stopped. There is no repetition and promotion takes place as and when it fits in with the student's learning. There are no formal tests. With a 'pass card', the students shape their own school day and agenda, plan their own activities and set out their own learning. The curriculum with which the teachers work is found in the daily lives of the students. Besides learning basic skills, the students also learn about basic health and nutrition. The school is open all day long and the students receive their meals there. The school has a basic rule never to give up on a student.

Source Extract from a case study of inclusive education in Brazil, commissioned by UNESCO 1998, as reported in Lynch, 2001, p. 36.

A report published by UNESCO (2001) suggests some key elements for inclusive curriculum that derive from the work of several countries.[53] These elements may also be linked to retention:

   √   Broad common goals defined for all, including the knowledge, skills and values to be acquired;

   √   A flexible structure to facilitate responding to the diversity and providing diverse opportunities for practice and performance in terms of content, methods and level of participation;

   √   Assessment based on individual progress;

   √   Cultural, religious and linguistic diversity of learners acknowledged; and

   √   Content, knowledge and skills relevant to learners' context (UNESCO, 1999b).

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[51] A. K. Bernard (2001). Pp. 5-6.

[52] A. K. Bernard (2001). P.

[53] UNESCO (2001) *Overcoming Exclusion through Inclusive Approaches in Education: A Challenge and a Vision*. Paris: UNESCO

A national example of parental involvement to address retention and drop-out rates is the South African Schools Act of 1996. This Act supports the optimal involvement of parents in the education of their children and also requires majority representation by parents on school governance boards. To build parental capacity for involvement and to reduce drop-out rates, parent-run organizations in South Africa provide various supports: conducting self-empowerment programs for parents of children with disabilities in rural and disadvantaged areas, lobbying for parents' and children's rights, disseminating information to parents through workshops and newsletters, and offering parent counseling.[54]

Processes of Inclusive Education

The input-process-outcome-context model for IE indicates School Climate and Teaching/Learning as two broad domains concerned with process. Within these process domains, a whole-school approach to IE is emerging as critical to effective implementation, as it is in the North. Basic principles of whole-school approaches include participation and collaboration. Participation has come to mean more than just professionals and communities. In Nicaragua, for example, a rural primary school was one of the first schools to establish a student council under which students took an active part in school-decision making.[55] A basic principle of Child-to-child programs also emphasizes student responsibility for learning and participation in whole-school initiatives. A personal change process appears to be important for changing attitudes as part of the process of teaching and learning. In Uganda, teachers reported that ignorance, fear, and a lack of confidence were root causes of their attitudes towards children with disabilities before these children entered their classrooms. As they "got used to" these children, they reported increased confidence, coping strategies, and positive attitude change.[56] Disabled adults as role models in schools also have proven successful as innovative alternative approaches to the traditional school aides. In Deaf Education, students are often pulled out of the classroom to learn sign language. Okwaput (2001) recommends that **all** children receive training in sign language to promote social inclusion and positive school climate.[57]

Beyond a 'whole-school' approach to implementing IE, the proposed framework indicates an open-system. Promising and sustainable practice in IE goes beyond in-school and whole-school collaboration efforts to link with other sectors and the community. Collaborative Support Teams are an innovative approach adopted in Vietnam. A comprehensive CBR program in Vietnam encompasses several of the major provinces across the country. The program links education and health sectors to provide joint training of services, and is fully integrated into the Primary Health Care Network of hospitals, clinics, and rehabilitation centers. Local Community Support Teams consist of community leaders, education and health workers, social workers, representatives from women's and youth unions, and parents of disabled children. The goal is to enhance the conditions needed for school-readiness and school attendance through support to families and

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P. Engelbrecht, L. Green, S. Naicker & L. Engelbrecht (1999). *Inclusive education in action in South Africa*. Pretoria: J. L. van Schaik Publishers. P. 177.

UNESCO (2001). *Inclusive Schools and Community Support Programmes. Phase Two*. Paris: UNESCO

[56] Arbetter, S., & S. Hartley (2002).

[57] Okwaput, S. (2001). A conducive environment for inclusive education: Some experiences from north-eastern Uganda. *African Journal of Special Needs Education*. 6(2). Pp. 95-98.

to reach a large number of children. The program is run at a cost-level that can be maintained by local communities.[58]

Outcomes of Inclusive Education

This domain is perhaps one of the most underdeveloped of all domains in IE programs in the South as well as in the North. IE programs are beginning to place more emphasis on continuous evaluations as inputs (e.g., assessments of needs and feasibility studies), process (both formative and summative evaluations of the implementation activities) and outcomes/impacts of IE programs. As an example of input assessment, prior to implementing an IE project in Nicaragua, four data instruments were used to carry out a situation analysis in each school.[59] These input assessments are often successful in promoting sustainability. Another example of successful sustainability in the literature comes from Guyana. Their CBR project actively involved parents, who established a Village Health Committee and conducted a needs assessment. As a result of the needs assessment, they set up a Resource Centre in the village near the elder leaders' compound. From this, they converted the Centre into a Regional School, and now conduct a regional CBR program.[60]

Process assessments are emerging in the form of action research projects conducted by teachers, with technical support and training. The UNESCO supported Inclusive Schools project in Nicaragua used this model with teachers who were involved in action research projects.   Regular meetings were scheduled for them to share experiences and deepen the action research process.[61] The project experienced several barriers to effective implementation of the model: a lack of a co-coordinating plan to guide implementation was cited as a key weakness.

Undertaking assessments requires skill and training. More programs are reporting specific focus on assessment in their training activities. UNESCO developed a manual for administrators and educational leaders. This *Open File on Inclusive Education* contains a comprehensive section on education assessment to inform planning and provision of services as part of quality IE. Assessment issues covered include school-level, classroom-level, and community-level strategies.[62] The *Index for Inclusion* has been piloted in several countries of the South (India, South Africa, and Brazil) and is another assessment tool for assessing quality IE through studying development activities.[63]

An interesting process approach that combines aspects of teacher action research and knowledge transfer was reported by Lehtomäki (2002). The province of Maputo in Mozambique organized an inclusive education competition. Teachers were invited to submit case reports of strategies

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Hai, T. T., Thu Nhan, N. (1995). Linkiung with Primary Health Care Services: Experiences from Vietnam. In *Innovations in Developing Countries for People with Disabilities*. O'Toole, B. and R. McConkey (Eds). Lancashire: Lisieux Hall Publications. Pp. 199-210.

[59] UNESCO (2001) *Inclusive Schools & Community Support Programmes: Phase II*

[60] O'Toole, B. (1994). In *Making it Happen*. Pp. 25-31.
UNESCO (2001). *Inclusive Schools and Community Support Programmes. Phase Two*. Paris: UNESCO

[62] UNESCO (2001) *Open File on Inclusive Education: Support Materials for Managers and Administrators*. Paris: UNESCO.

[63] Booth, T., K. Black-Hawkins (2001) *Developing Learning and Participation in Countries of the South: The Role of an Index for Inclusion*. Paris: UNESCO.

they used to identify and instruct SEN students in their classrooms. A panel of education officers and teachers juried the reports. Jurists read the reports, listen to teachers' presentations, discuss the inclusive school practice, and evaluate training needs. Awards for best case reports included bicycles, radios, and books on IE. The second stage of the competition involved knowledge transfer to schools in Maputo and public education activities.[64]

Outcomes of IE are often illusive and difficult to measure. Student achievement tests of content knowledge provide only one indicator of impact, and are not strongly linked to success in adult life, nor do they provide a measure of creative and analytical problem-solving skills needed for survival. The challenge is to measure success in terms of broad indicators of outcomes and impact. Stubbs (1993) suggests that IE programs look for improvements at all levels: individual, family, community, organization, and government. Specific indicators include: presence, participation, choice, respect, knowledge and skills.[65] Lynch (2001) advocates for evaluation of IE programs at all levels (institutional and teacher performance as well as student performance) and against the goals of inclusion within a democratic, human-rights-based environment.[66]

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[64] Lehtomäki, E. (2002). Inclusive Schools in Mozambique. *EENET*. Issue 6. April, 2002. Pp. 4-5.
[65] Stubbs, S. (1993*). Integrating Disability into Development Programmes*. EENET. Source: www.eenet.org.uk/theory_practice/integrat.shtml.
[66] J. Lynch (2001). P. 22.

IV. Economic Issues: Financing and Mobilizing
Cost-Effective Resources For Inclusive Education Programs

> **"We are not the sources of problems. We are the resources that are needed to solve them. We are not expenses, we are investments."**
>
> Opening address at the UN Special Session on Children, May 2002. Ms. Gabriela Arrieta (Bolivia) and Ms. Audrey Cheynut (Monaco).

Background

Financing and support of educational services for students with special needs is a primary concern for all countries, regardless of available resources. Yet, a growing body of research assert that IE is not only cost-efficient, but also cost-effective, and that "equity is the way to excellence" (Skrtic, 1991, OECD, 1999).[67] This research seems to promise increased achievement and performance for all learners (Dyson & Forlin, 1999).[68] Within education, countries are increasingly realizing the inefficiency of multiple systems of administration, organizational structures and services, and the financially unrealistic options of special schools.[69] For example, an OECD report (1994) estimated average costs of SNE segregated placements as 7 to 9 times higher than SEN student placement in general education classrooms.[70]

Despite the common experience of economic pressures and constraints among countries of the North and South, the literature related to economic issues in IE takes strongly divergent paths. The plethora of large-scale cross-country studies undertaken by countries of the North typically focus on national and municipal government funding formulae for allocation of public monies. In countries of the South, the literature on resource support for IE services focuses instead on building the capacity of communities and parents as significant human resource inputs, and on non-governmental sources of funding. This literature also tends to be case-based on particular countries, regions or programs, rather than large-scale multi-national studies as in the North. Strategies for resourcing IE in countries of the South are much more varied and broader in scope—characterized by a focus on linking and coordinating services with health sectors, universities, CBR programs and vocational training programs, etc.

Governmental Funding Formulas

Across countries, the issue of resources appears not so much as an issue of levels of funding, as it is an issue of distribution and allocation of funds. Specifically, fiscal policies and their built-in incentives (or disincentives) for IE "may be as important in affecting program provision as the

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[67] Skrtic, T.M. (1991). The special education paradox: equity as the way to excellence. *Harvard Educational Review*, 61(2), Pp. 148-206.

[68] Dyson, A. & C. Forlin (1999). An international perspective on inclusion. In Inclusive Education in action in South Africa. P. Wengelbrecht et al. (Eds). Pretoria: van Schaik Publishers. Pp. 24-42.

[69] This realization is a common thread in the studies reviewed. Primary sources include OECD, 1994; OECD, 1995; OECD 1999; OECD 2000; O'Toole & McConkey (1995) *Innovations in Developing Countries for People with Disabilities*; EURYDICE, 2003.

[70] This report (page 40) provides a detailed breakdown of average costs across 3 types of placements for 8 countries.

amounts allocated" (Parrish, 2002).[71] Fiscal policies at the government level center around formulaic models that may be categorized in three basic types. Almost all countries in the studies reviewed reported using one or more of these basic types in combination.

(a) Child-based models

Child-based funding formulas count the number of children identified as having special education needs. These are input models based on demand for services. Countries with high proportions of students in special schools most often use input models, where services are financed by central government on the basis of child counts (EADSNE, 1999). These funds may go to regions or municipalities (1) as a flat grant; (2) as a pupil-weighted scheme; or (3) as a census based count whereby all students are counted and an equal percentage of special needs students is assumed across municipalities.

A child based funding model has the advantage of tying funds to individual students. However, costs are high due to the need to diagnose and identify individual students. Some studies report that child-based formulae increase parental power (Pijl & Dyson, 1998; EADSNE, 2003; OECD, 1994). A weakness of the model is the focus on the disability label and not the educational needs, so that the child-count is not a true indicator of actual costs. For example, wide variations and intensity of services may be required by individual students within categories of disability as well as cross categories of disability.

The child-based model of funding is the most frequently used, but less integration, more labeling, and a rise in costs are frequently cited problems (EADSNE, 1999).

(b) Resource-based models

Resource-based models are also known as "through-put" models because funding is based on services provided rather than on child counts. Multi-national studies report an increasing trend away from child-based models toward resource-based models of funding. Resource-based models are usually accompanied by fiscal policies that mandate qualified units of instruction or programs. For example, Pijl and Dyson (1998)[72] describe a formula in Germany whereby teachers in "integrated" classes are allocated extra time depending on the severity of a students' disability. Integrated classes must be comprised of 18 'regular' pupils and 2-3 with special needs. In Austria, three types of integration classes are defined and funded: (1) IE classes comprised of 20 students (4 of whom have disabilities); (2) small classes; and (3) cooperative classes. In this way, a continuum of services is defined and funded. Several researchers assert that this model contains a built-in incentive to fit students to existing programs, rather than to adapt programs to meet student needs and that schools may be penalized for success when students no longer need services, and funding is lost.

These reported weaknesses aside, a seventeen-country study (EADSNE, 1999) recommended through-put resource-based funding as the best option, with the caveat that it should be accom-

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[71] Parrish, T. (2002). Fiscal Policies in Support of Inclusive Education. In Whole-School Success and Inclusive Education: Building Partnerships for Learning, Achievement and Accountability. W. Sailor (Ed). New York: Teachers College Press. Pp. 213-227.

[72] Pjil, S. & A. Dyson (1998) Funding Special Education: a three-country study of demand-oriented models. Comparative Education, 34(2). Pp. 261-279.

panied by some form of output funding (i.e., funds tied to student outcomes). In general, re-source-based models encourage local initiatives to develop programs and services, but without some evaluation or monitoring mechanism, there is no incentive to produce quality programs or to seek improvements. Overall, resource-based models are seen as having great potential because funding focuses on teacher resources and support to provide quality education for special needs students.

(c) Output-based models
Although all countries in the international studies reviewed recognized the need for accountability and evaluation of programs for cost-effectiveness, almost no country used an output-based model to any great extent. A notable exception is the recent US legislation, No Child Left Behind. This legislation ties funding and school accreditation directly to student achievement scores, with severe economic sanctions for "failure." In the UK, publication of "league tables" that are essentially report cards of student test scores in individual schools has been tied to increasing numbers of special needs students in segregated settings (Sebba, Thurlow & Goertz, 2000).[73] Researchers point to the built-in incentive for schools to refer students to special education programs in order to avoid achievement score reporting of students who are behind grade level. Peters (2002) and others (Slee & Weiner, 1998) have also noted that in many instances, output-based models of funding penalize schools for circumstances beyond their control; e.g., high mobility and absentee rates of students, inadequate funding for current textbooks and adapted curriculum materials.[74]

Cross-Cutting Characteristics of Funding Models

Several characteristics of funding models are inherent across types. These are described briefly below:

(a) Decentralization
A widespread trend reported in studies of funding formulae is towards decentralization, where governments grant monies through block funding to local level authorities who then allocate the money determined by local need. Decentralization results in local flexibility and initiatives from the bottom. However, one result is wide variation in services, linked to loss of central control over allocations (Gross, 1996)[75]. Evans and Gerber (2000) argue that "merely moving allocation decision-making authority closer to the classroom does not appear to be sufficient for securing effective, quality, or even appropriate special education in autonomous or even semi-autonomous

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[73] Sebba, J., Thurlow, M. & M. Goertz (2000). Educational accountability and students with disabilities in the United States and in England and Wales. In *Special Education and School Reform in the United States and Britain*. M. McLaughlin & M. Rouse (Eds). London: Routledge.

[74] Peters, S. (2002) Inclusive education in accelerated and professional development schools: a case-based study of two school reform efforts in the USA. *International Journal of Inclusive Education*. 6(4), Pp. 287-308.
Slee, R. and G. Weiner (1998) *School Effectiveness for Whom? Challenges to the School Effectiveness and School Improvement Movements*. UK: Falmer Press.

[75] Gross, J. (1996) The weight of parental evidence: Parental advocacy and resource allocation to children with statements of special education needs. *Support for Learning*, 11(1), pp. 3-8.

schools."[76] Thomas, Walker and Webb (1998) argue that a top-down, bottom-up approach is needed. Specifically, initiatives from the bottom (schools) should be accompanied by legal and financial structures from the top that encourage and support IE initiatives.[77]

Uganda has developed a model that incorporates these recommended approaches and controls. Primary schools in Uganda receive nine monthly payments in fees and capitation grants, and information regarding disbursement must be displayed on all primary school notice boards. In addition, each school's financing is monitored by a School Finance Committee, which must allocate capitation grants according to a mandated formula: 50% instructional materials, 30% extra-curricular activities, 15% school management (maintenance, water and electricity), and 5% on administration.[78]

(b) Strategic Behavior

Meijer, Pijl and Waslander (1999) recommend an "actor approach" as a powerful sociological tool to predict influences of acting entities and their policy contexts.[79] They apply this approach to explain the consequences of particular funding formulas in four European countries. Actors may be individuals, groups or organizations whose behavior is affected by incentives and disincentives. Actors act to maximize their interests (e.g., job security), and minimize effort expended (e.g., avoid bureaucratic paper work). These authors argue that "the link between funding and integration can thus be seen as financial incentives and disincentives that have an impact on a chain of actors, who make their own decisions and act on their own behalf, which results in more or less integration of children with special needs.

(c)Evaluation, monitoring and accountability measures

A majority of countries in Europe, and states in the United States are currently involved in changing their funding formulas. While pressures for accountability related to special needs/IE and education in general have increased, few cost-effectiveness studies and/or models for evaluation exist. Four models that do focus on economic efficiency are worth mentioning. Each one focuses on a specific aspect of economic concerns: in-put concerns, throughput concerns, output concerns, and feasibility studies to determine demand.

An exemplary *cost-effectiveness study of outcomes* related to IE was conducted by the Centre for Educational Research and Innovation. This study of 8 OECD countries found costs of Inclusive Education and Special Schools comparable (with Inclusive Education costs slightly higher), but pupil academic gains as measured by standardized reading test scores were significantly higher than gains in Special Schools.[80]

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[76] Evans, J. & M. Gerber (2000). The changing governance of education and its comparative impact on special education in the United Kingdom and the United States. In *Special Education and School Reform in the United States and Britain*. M. McLaughlin & M. Rouse (Eds). London: Routledge.
[77] Thomas, G., Walker, D. & J. Webb (1998). *The Making of the Inclusive School*. London: Routledge.
[78] UNESCO (2001) Including the excluded: Meeting diversity in education. Example from Uganda. *In Combating Exclusion in Education*. Paris: Author. P. 15.
[79] Meijer, C., Pijl, S. J. & S. Waslander (1999) Special Education Funding and Integration: Cases from Europe. In Funding Special Education. T. Parrish, J. Chambers & M. Guarino (Eds). Pp. 63-85.
[80] Beecham, J. & M. Knapp (1999). Inclusive and Special Education: Issues of Cost-Effectiveness. In *Inclusive Education at Work: Students with Disabilities in Mainstream Schools*. Paris: OECD.

A promising evaluation model of ***throughput indicators*** in IE is the UK *Index for Inclusion* developed by Booth and Ainscow. This *Index* was piloted in India (Mumbai and Chennai provinces), South Africa and Brazil. The purpose of the Index is to aid schools and communities in developing quality programs (intermediate outcomes), and does not directly address final outcome indicators.

Evaluations of funding formulas constitute ***input assessments***. While there is no agreement regarding the efficacy and efficiency of any one funding formula, studies suggest general parameters: (1) formulas should avoid restrictiveness in student placement, and (2) funding should provide 'seamless' services toward EFA (i.e., use a whole-school approach and blend funding support between special education and general education programs).

A fourth category of evaluation is ***feasibility studies***. An exemplary study conducted by Save The Children (co-sponsored with several donor agencies) selected 10 pilot schools in Lesotho to determine the feasibility of introducing IE. Baseline data was collected over six months on: (1) numbers and types of students with disabilities, (2) level of teacher skills, (3) dispositions of parents, students, and teachers towards IE; and (4) physical conditions of schools. Results of the study indicated feasibility but also highlighted several barriers: lack of resources, no books or equipment, contradictory policies, and no guidelines on implementation. This information was utilized to focus implementation efforts on (1) developing curriculum materials and training in their use, (2) piloting the material and integrating children in the 10 pilot schools, (3) development of a parent-training manual, (4) on-going awareness-raising at all levels, and (5) integration of the curriculum into the National Teacher Training curricula.[81]

Cost-Saving Measures to Resource Inclusive Education

While school-as-a-whole strategies dominate economic reform efforts in countries of the North, community-as-a-whole efforts characterize economizing initiatives in the South. The goal is that education should prepare individuals with disabilities to live and to work in their communities.[82] From this perspective, education involves more than schooling and scores on achievement tests. Education is seen as a development opportunity with emphasis on outcomes across the life-span; i.e., based on concepts of human dignity, productivity, and quality of life. Development as a core principle and goal of education necessarily "begins at the level where people and communities already are and seeks to utilize existing skills and capacities" (C. McIvor,The work of Save the Children in Morocco). This broad view of education demands and depends on an inclusive society as well as an IE system. Consequently, strategies for developing and supporting inclusive education draw from a broad range of resources—both internal and external to schools. The following strategies and examples highlight some of these cost-saving measures.

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[81] Pholoho, K., Mariga, L., Phachaka, L. & S,. Stubbs (1995). Schools for All: National Planning in Lesotho. In *Innovations in Developing Countries for People with Disabilities*. Pp. 135-160 England: Lisieux Hall.

[82] Engelbrecht, P., Howell, C. & D. Bassett. (2002) Educational Reform and the Delivery of Transition Services in South Africa: Vision, Reform, and Change. *Career Development for Exceptional Individuals*, 25(1), Pp. 59-72

(a)*Teacher training and professional development strategies*
Personnel costs constitute the bulk of funding needs in education. Teachers and their skills in pedagogy and curriculum development are also key indicators for successful pupil outcomes and quality programs. Several strategies related to teacher training provide exemplars in this area. First, countries **utilize the expertise of people with disabilities** to train teachers. Mozambique taps deaf adults as teachers of the Deaf. These adults teach small classes of deaf children in Maputo, where severe teacher shortages exist. Papua New Guinea involved deaf adults in provision of services and to garner support for IE at the community level. Second, a **trainer of trainers model** provides cost-savings and is used in many countries of the North and South. In Latin America, a regional training strategy called a "cascade model" involved 28 countries. First, 2 specialists per country were trained in special education need. These specialists trained an additional 30 in each country, until 3000 were ultimately trained.[83] In Honduras, the Partner of America Program employed a similar strategy with significant cost-savings.[84] Another strategy Costa Rica found cost effective and responsive to their severe teacher shortage was to provide in-service training to general education teachers and pay them extra hours for teaching additional classes for special education needs students. These classes were offered after school as a supplemental support to the children's participation in regular morning classes.[85] Papua New Guinea also focused efforts on general education teacher training, with support from adults with disabilities as role models in classrooms.

(b) **Pre-service training strategies** also produce cost-savings. Botswana localized training by including special education needs curricula in teachers colleges throughout the country, producing cadres of skilled teachers.[86] In Malta, support for training originated with NGOs. The Eden Foundation linked its services to the University of Malta to develop a program for IE with the Department of Psychology, Faculty of Education. In Guatemala, university professors supervise their students in clinical experiences that provide outreach psychological services to students with disabilities. Parents benefit from the free cost of treatment, the child benefits from acceleration of treatment, and the pre-service psychologists benefit from direct clinical experience.

(c) Another cost-saving strategy involves **centralized resource centers, outreach programs and cooperatives**. Special schools are converted to resource centers and the staff in these schools provide support to general education teachers in cluster schools. Several countries in Europe as well as the United States and Canada have adopted this model. In Bangladesh, the cluster approach is used to provide in-service education of teachers through *upazila* resource centers.[87] South Africa uses the model to reach out to rural areas. In India, the Divine Light Trust converted its special school for blind individuals into an outreach and resource centre. The Centre trains teachers in mainstream schools to integrate blind children. In this way, networks have

[83] UNESCO (1995c). Las necesidades educativas especiales. Conjunto de materiales para la formación de profesores. París, UNESCO

[84] McNeil, M., Villa, R. & J. Thousand (1995). Enhancing Special Education Teacher Education in Honduras: An International Cooperation Model. In *Special Education in Latin America: Experiences and Issues*. A. Artiles & D. Hallahan (Eds). London: Praeger. Pp. 209-230.

[85] Stough, L. (2002) Teaching Special Education in Costa Rica. *Teaching Exceptional Children*, 34(5), pp. 34-39.

[86] Abosi, O. (2000). Trends and Issues in Special Education in Botswana. *Journal of Special Education,* 34(1). Pp. 48-53

[87] J. Lynch (2001) *Inclusion in Education: The Participation of Disabled Learners*. Paris: UNESCO

been established throughout India.[88] In Guatemala, clinical staff take to the streets, parks, shopping centers, and special events in a modular resource program serving street children with behavioral disorders.[89] In 1988, ADD India began providing disability training to the organization's cadres to develop sanghams. Sanghams "mobilize disabled people to take action on their own behalf, and to use existing structures to secure services and benefits" (Coleridge, 1996: 164).[90] Through sanghams, disabled people apply for loans, reduced-cost bus passes, and scholarships for school children. The costs of training are extremely low, amounting to salaries and travel expenses for three field staff.

(d) Building on the strengths and motivations of *parents* to mobilize resources for IE is another key cost-saving strategy. Jamaica developed an Early Intervention Project for children with disabilities that is home-based, relies on parents to provide services to the children after initial training. Follow-up visits to parents provide on-going support. The cost is US$300 per year per child per year, which is considerably less than the cost of special education in Jamaica. The program caters to very low-income groups in poor and overcrowded homes, who have only female adults in the household. Mothers are provided with toys and educational materials and taught motor development and stimulation techniques for their disabled children.[91]

(e) ***Children*** constitute an underutilized resource in schools. Peer tutoring programs have emerged in the US and elsewhere and have shown great promise for providing cost-savings as well as being effective in accelerating the academic progress of both those being tutored and the tutors themselves. The basic principle of child-to-child support is "faith in the power of children to communicate health messages and practices to younger children, peers, families and communities."[92] In 1999, Child-to-Child Trust developed a 3-week course on *Child-to-Child Inclusive Education*. The course was first offered to 21 participants from 12 countries including Ethiopia, Bangladesh, Laos and Nicaragua. A Child-to-Child project in Zambia called *Twinning for Inclusion* involved 16 primary schools. Non-disabled students were peered with disabled students to support each other within their schools and communities. Learning through experience, 'twins' in these schools "conduct their own surveys and experiments to discover answers for themselves. The aim was to encourage independence by creating an environment in which children learn to work together and help each other." (EENET, 1999).

(f) ***Community-based Rehabilitation Programs***
Many Community-Based Rehabilitation Programs (CBRs) provide an array of services aimed at creating inclusive communities. The concept of Inclusive Communities puts the focus on the

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[88] For details of this project in India, refer to Lansdown, *It's Our World Too!* (2001).

[89] Aguilar, G. (1995). The Modular Resource Model: An Integrated Consultation System for the Treatment of Children with Behavioral Disorders in Guatemala. In *Special Education in Latin America.* A. Artiles & D. Hallahan (Eds). London: Praeger. Pp. 191-208.

[90] Coleridge, P. (1996) India: social action in a highly complex society. *Disability, Liberation and Development.* UK: OXFAM.

[91] Thorborn, M. (1995). Community-Based Early Intervention in Jamaica: A Home-Based Model Incorporating Parents of Children with Disabilities. In *Special Education in Latin America.* A. Artiles & D. Hallahan (Eds). London: Praeger. Pp. 61-72.

[92] EENET-Enabling Education (1999). P. 8, Issue 3, May 1999. For more details of this project and other cost-saving initiatives, Save The Children, *Guidelines for Inclusive Education* (2001) has one of the most comprehensive reviews.

community. "The community looks at itself and considers how policies, laws, and common practices affect all citizens. The community takes responsibility for tackling existing barriers to participation of disabled children, men and women."[93] The new concept of CBR now includes as one of its central principles, participation of disabled people and DPOs. Participation must take place at all stages of planning, development, implementation, evaluation and decision-making.

Kisanji (1999)[94] discusses the links between CBR and IE in schools and provides examples of some initiatives in this area. In Kenya, for example, itinerant CBR workers conduct an "open education" program in rural areas. These workers visit blind children in their homes and work with the parents to provide early stimulation activities that will assist them in entering school. The workers also provide Braille lessons in schools, and attend teacher staff meetings to assist in planning and curriculum adaptation. Tanzania uses a similar model of itinerant CBR workers in schools, funded by the Tanzanian Society for the Blind. An itinerant program in Vietnam provides another example of linking CBR and IE: a program co-sponsored by Health and Education services sectors provides CBR workers who work with teachers to make low cost rehabilitation aids for disabled pupils in classrooms, and to conduct joint surveys to identify SEN student needs. The CBR workers also provide home-learning for those children who are not able to attend school.[95] Coordination between CBR and IE has several cost-saving advantages: it alleviates the severe teacher shortages, gives confidence to regular classroom teachers to devise ways of meeting children's learning needs.

On a larger scale, in 1997, UNESCO launched its Inclusive Schools and Community Support Programmes through a Global Project to maximize human and material resources in support of IE. The Global Project has just completed Phase II. So far, a worldwide cross-section of 30 countries have been involved. Based on applications submitted from countries that were committed to developing sustainable IE programs, UNESCO selected 4 countries for this focus. As one of the countries, India began a pilot project in primary and secondary schools Mumbai and Chennai. It is too soon to evaluate its effectiveness, as it is in its early stages. However, some cost-saving measures included training of CBR workers in support of the project. From UNESCO's experiences in Phase I and Phase II, general lessons learned were that introducing IE as an innovation is a process and not an event. The report recommends 1-2 years for development of an initiative, and to expect delayed impact.

Linking community-based-resources, government entities, and schools involves enormous challenges. The India project discovered that a major task must be to advocate and disseminate information to government ministries and agencies. The Joint Position Paper from ILO, UNICEF, UNESCO and WHO makes these further specific recommendations for sustainable CBR Programs:

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[93] ILO, UNESCO, UNICEF, WHO (2002). A joint position paper entitled "Community-Based Rehabilitation CBR for and with People with Disabilities." Found at www.disability.dk
[94] Kisanji, J. (1999). Models of Inclusive Education: Where do community based support programmes fit in? Paper presented at the Workshop on "Inclusive Education in Namibia: The Challenge for Teacher Education," 24-25 March 1999. Rossing Foundation, Khomasdal, Windhoek, Namibia.
[95] EENET-Enabling Network. P. 5, October 1998.

•CBR programs must be based on a human rights approach;
•The community must be mobilized to respond to the needs of the target population
•Resources and support must be provided;
•Multi-sectoral collaboration must take place, including collaboration with DPOs and NGOs;
•Community Workers play a key role in implementation; and
•CBRs should be integrated with government Ministries, with allocation of adequate resources.

V. Legal Issues: Progress Towards the Right to Inclusive Education

<u>**"Nothing about us without us"**</u>
(Disability policy of DPOs, South Africa)

"States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardians' race, color, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status."

Convention on the Rights of the Child, 1990, Article 2

Background

Since 1999 momentum for disability rights has grown exponentially. In 2001, the UN Commission on Human Rights (UNCHR) passed resolution 2000/51 on Human Rights of People with Disabilities. The UNCHR sets out a number of specific procedures whereby states must improve rights of disabled people, including those regarding IE[96]. Subsequent to resolution 2000/51, the UNCHR published a comprehensive review of the current use and future potential of six international human rights instruments in the context of disability.[97] These instruments are:
- International Covenant on Civil and Political Rights (1966)
- International Convention on the Elimination of All Forms of Racial Discrimination (1969)
- International Covenant on Economic, Social and Cultural Rights (1976)
- Convention on the Elimination of all Forms of Discrimination against Women (1981)
- Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984)
- Convention on the Rights of the Child (1990)

Within the past decade, several World Congresses have passed resolutions and declarations with relevance to IE. Among them:

- The Declaration of Managua (1993)
- The Inter-American Convention to Eliminate All Forms of Discrimination Against Persons with Disabilities (1999)
- The 1999 Declaration of the African Seminar on Development, Cooperation, Disability and Human Rights (established the Pan-African Decade of Disabled People 2000-2009)
- The Beijing Declaration on Rights of People with Disabilities in the New Century 2000 The Declaration of Quebec (2001)
- The 2001 African, Caribbean and Pacific-European Union resolution on Rights of Disabled People and Older People in ACP Countries.
- Disability Rights-A Global Concern Conference. London, 2001

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[96] Specifics of the resolution are available at www.unhchr.ch
[97] Quinn, G., Degener, T. (2002) *Human Rights and Disability*. New York & Geneva: OHCHR

•The Declaration of the 2002 World Assembly in Sapporo
•The Declaration of Biwako (2002)
•The G-8 Commitment to Inclusion (2002)
•The European Year of Disabled Persons (2003)
•The Cochin Declaration (2003)

Several of these Declarations call for the United Nations to constitute a special convention on the Rights of Disabled People. Concerted global efforts led by international DPOs are currently underway to make this convention a reality. The International Disability Alliance (IDA), a consortium of international DPOs, has passed a resolution outlining critical points pertaining to this proposed convention.[98]

Despite these successes, gaps remain. The EFA Global Monitoring report just released (2002) is silent on disability issues and makes no mention of progress toward IE for children and youth with disabilities and special education needs. Perhaps this is why the Flagship on EFA and Rights of Persons with Disabilities established as one of its strategic objectives: "Seek to ensure that the EFA monitoring process includes specific quantitative and qualitative statistics and indicators related to persons with disabilities and documentation of resources allocated to the implementation of EFA for these individuals."[99] The following section seeks to fill in some of these gaps.

Legislative and Policy Progress Toward Inclusive Education

UNESCO conducted a study of UN member states with regard to SEN legislation (1996). This study is one of two comprehensive reports of its kind. In this study, 52 UN member states responded to a questionnaire survey. Data from the study are summarized below[100]:

1. SNE is an explicit constitutional right in 15% (8) countries.
2. 92% (47) countries report legislation pertaining to SNE.
3. In terms of identification and assessment, 46% involve parents and 42% use an inter-disciplinary approach.
4. SNE is available at the pre-primary level in 42% of the countries reporting; 85% at the primary level; 80% at the secondary level, and 17% at the university level.
5. 44% reported mandatory "pedagogic integration" (inclusive education)
6. Regular curriculum adapted for SEN is available in 42% (27) countries; 23% provide special education curriculum.
7. Only 11% of countries reporting have provisions for monitoring students' progress.
8. Vocational education for SEN students is offered in 24 countries reporting (63%).

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[98] IDA is a consortium of international DPOs: Disabled Peoples' International, Inclusion International, Rehabilitation International, World Blind Union, World Federation of the Deaf, World Federation of the Deaf-Blind, World Network of Users and Survivors of Psychiatry. For a full text of the IDA resolution, see www.dpi.org/IDA/pdf
[99] (UNESCO) 2003. *The Flagship on Education for All and the Rights of Persons with Disabilities: Towards Inclusion*. EFA web-site: www.unesco.org/education/efa. Several Flagships on special issues were recently formed as a result of recommendations from an EFA Task Force. Details are in "EFA: An international strategy to put the Dakar Framework for Action on EFA into operation" (2002).
[100] UNESCO (1996). *Legislation Pertaining to Special Needs Education*.

The second comprehensive report, *Review of the Present Situation in Special Needs Education* (1995)[101] provides more detail regarding policy statements. Information from 63 countries was obtained, with great variations in detail provided. Several trends were reported. The most common policy strand specified developing individual's optimum potential, with a presumption in favor of integration. Policies on integration were almost universal—up from 75% in 1986. The second strand within policy statements addressed underlying principles; e.g., normalization (Scandinavian countries), democratization (Bahrain). The third strand identified aspects of an appropriate education. Zimbabwe's policy was the most comprehensive, and included: early detection and intervention, integration, development of local training facilities, procurement of equipment, development of resource centers, provision of support and monitoring services, and assistance for non-governmental organizations. Finally, most countries' policies acknowledged the importance of including parents in decision-making, but did not give parents the absolute right to choose services.

UNESCO's 1995 report provides additional information regarding administrative and organizational structures that monitor legislation and policy documents. Ninety-six per cent of countries reported responsibility resided with the national Ministry of Education, either sole responsibility (38%) or shared responsibility (58%). When responsibility for special education provision was shared, the most common were the Ministries of Health, Social Welfare and Human Development. These ministries often assumed responsibility for particular aspects of special education provision. For example, Ministries of Health often assumed responsibility for assessment and referral activities. Analysis revealed a trend toward administrative integration of general education and special education under the same regulatory framework. A trend toward decentralization was also evident, particularly in larger countries, where administration devolved to regional levels, with national oversight. In about 25% of countries reporting, the voluntary sector provided special education services subject to ministerial supervision and monitoring.

Overall, these data should be interpreted with extreme caution. First, current data is not available, and most countries have proposed legislative reforms, particularly in the area of SNE in regular schools. Second, legislation and policy concerning IE must be evaluated in the context of progress toward implementation as well as the effectiveness of monitoring and evaluation. For example, commenting on the situation in Ghana, Avoke (2002)[102] states: "The impression created from official government circles is that there is a tendency towards inclusive educational policies, but the irony (from a practical viewpoint) is an apparent increase in residential schools and the continuing placement of children with learning difficulties in segregated settings: a situation indicating that medical influences remain pervasive."

Promoting Rights to Inclusive Education

From the literature, recommendations proposed by three groups have been selected as representative of proposals to address the rights of children and youth with disabilities and those with special education needs. The groups represent a range of voices of, by, and for disabled people and marginalized groups in society.

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[101] UNESCO (1995). *Review of the Present Situation in Special Needs Education*. Paris: Author.

[102] Avoke, Mawutor (2002). Models of Disability in the Labeling and Attitudinal Discourse in Ghana. *Disability & Society*. 17(7). Pp. 769-777. (Quote, p. 775).

The *Expert Group meeting on International Norms and Standards Relating to Disability (1998)* promulgated detailed specific strategies for implementation at national and international levels. At the national level, several of these could have a significant impact on IE. One specific strategy, 'inclusion, representation and participation' states: "Fundamental to the achievement of the goal of an inclusive society and the development of strategies that reflect the rights and needs of persons with disabilities is the question of process. Persons with disabilities must be full participants in the bodies and procedures by which both general laws and policies, as well as disability-specific ones, are formulated. This is essential for ensuring the responsiveness, legitimacy and effectiveness of such laws and policies, as well as reflecting the rights of persons with disabilities to full participation in the life of the community, including all forms of public decision-making."[103]   With respect to projects funded by multilateral assistance and by international funding institutions such as the World Bank, the Expert Group recommends the following[104]:

(a) Encourage states to adopt special policies and legislation that promote the full inclusion of persons with disabilities in all aspects of social, cultural and economic life.
(b) Develop and promote minimum standards relating to accessibility and related disability rights issues in connection with the projects they sponsor and fund.
(c) Encourage and help facilitate the development of working relationships between disability community advocate groups in different countries, utilizing the networks and partnerships they have worldwide, thereby encouraging the development of trans-national strategies to respond to the problems identified.
(d) Disability advocacy groups in countries/regions affected by the operation of transnational groups should explore such strategies as the filing of litigation against transnational corporations operating in their countries to enforce the extraterritoriality provisions of disability law in those corporations' home countries.

Recommendations published by Disability Awareness in Action :[105]
1. Listen to children and empower them.
2. Support parents to promote disabled children's rights.
3. Promote IE and social inclusion.
4. Challenge prejudice and promote positive attitudes toward disability.
5. Respect cultural rights.
6. Implement structures and policies to respect the rights of disabled children.

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[103] UN:DESA (1998). *Strategies for Implementation at the National Level.* Page 9.
www.un.org/esa/socdev/enable/disberk4
[104] UN-DESA (1998). Page 12.
[105] Source: Lansdown, G. It Is Our World Too! London: Disability Awareness in Action.

Recommendations of the UN Committee on Rights of the Child (1997[106]):

(a) Adequate monitoring and data collection of empirical evidence to challenge the argument of cost-effectiveness used to marginalize disabled children (including cost evaluations of exclusion and lost opportunities).
(b) Promote the UN Standard Rules as relevant to implementing UNCRC.
(c) Ensure IE is included on the agendas of UNESCO, UNICEF and other relevant agencies meetings, conferences, etc., as an integral part education debates.
(d) Produce training materials to promote Inclusive Education (particularly UNICEF).[107]

One significant policy that many proposals have in common is the need to include persons with disabilities and SEN as full participants in the bodies and procedures by which both laws and policies, and provision of services are formulated, implemented and evaluated. This policy is seen not only as a political and moral imperative, but a cost-effective one as well. Eleweke (2001)[108] researched the roles of DPOs in countries of the North and South regarding their impact on promoting SEN services. His comprehensive review cites evidence from countries such as Malaysia and New Zealand, that activities of strong and active pressure groups or associations of Persons with Disabilities have led to improvements in SEN provisions. These activities show promise for persuading governments to "recognize the needs of persons with disabilities and to take positive steps toward meeting these by improving [SEN] services". However, according to Eleweke, many DPOs of the South still remain marginalized from government decision-making and are largely nominal in effect. For example, Nwazuoke (1995)[109] observes that 'virtually all the patient and professional associations in the field of special needs in Nigeria are bereft of strong advocacy activities".

Clearly, much progress has been made, yet much is still left to be accomplished to achieve an inclusive society and universal rights to IE within society.

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[106] As reported in Lansdown, G. It Is Our World Too! London: Disability Awareness in Action. Appendix 1, pp. 65-66. This list is summarized and excerpted and is not complete.

[107] As part of this review, the author examined UNICEF's recently published "*Priorities for Children 2002-2005*." Disability and special education needs are cited only twice: p. 21 states that efforts should be taken to prevent disability as part of early childhood education initiatives, and p. 11 where disability is cited in a list of those who should be protected from discrimination.

[108] Eleweke, J. (2001). Physician Heal Thyself: The role of Disability Organizations in countries of the south towards improvements in Special Needs Provision. *African Journal of Special Needs Education*. 6(2), September 2001. Pp. 107-113.

[109] Nwazuoke, I. A. (1995). Professionalising special education in Nigeria: a review of legal issues' in E.D. Ozoji and I. A. Nwazuoke (Eds)., *Professionalism in Special Education in Nigeria*. Pp. 147-151. Jos, Nigeria: National Council for Exceptional Children.

VI: Policy/Practice Implications: Critical Issues In Inclusive Education

Typically, policy relevant to IE begins with a declaration (e.g., the Salamanca Statement) or convention (e.g., Convention on the Rights of the Child) and follows with a Framework for Action or Implementation Handbook (CRC). In between declarations and frameworks lies a broad terrain of policy/practice critical to implementing IE. In *Disabling Policies? A Comparative Approach to Education Policy and Disability*, Gillian Fulcher (1989) provides a framework for policy analysis that is adopted in this chapter in order to identify this terrain and to relate it to policy implications for IE.[110] This framework characterizes policy as follows:

1.   **Policy may be written, stated, or enacted.** From this perspective, just because more than 80% of countries in the North and 50% in the South (Asia and Pacific region) have *written* policies on IE, it does not automatically follow that these policies will be enacted in a particular form or guidelines, *talked about*, *believed in*, or even *enacted* at all. National policy does not *a priori* determine what education officials and teachers produce as policy.

2.   **Policy involves a struggle among stakeholders with competing objectives.** In IE, different democratic, economic, technical, social, or cultural objectives may dominate or be pursued simultaneously. For example, teaching and learning in classrooms are never merely technical acts but are morally and politically informed (such as decisions about placement, a learner's functioning, and perceptions of their capabilities). Each objective also deploys a particular discourse as both tactic and theory in a web of power relations. For example, those with economic objectives use the language of cost-effectiveness, and accountability and apply this language as both tactic (assessments) and theory (school improvement).

3.   **Policy does not exist without practice**. IE is simultaneously a philosophy and a practice based on particular theories of teaching and learning.

4.   **Social actors (individuals and groups) make policy a social practice.** Policy is the exercise of power at different levels (macro, meso, micro). All policies and practices are shaped by people (actors) in the context of society (local, national, and global).

This conception of policy—as a struggle that takes different forms and is exercised at different levels by social actors with different objectives and under different conditions and power relations—provides a useful lens for analyzing Inclusive Education policy implications. As an example, this literature review identified identification and placement as critical issues involving policy decisions. Donor agencies often insist on child-find surveys to determine demand. Children identified in these surveys are often labeled as disabled or SEN learners. These labels represent a language and theory of education as compartmentalized—special and regular—which results in practices that operate to segregate and categorize learners based on individual characteristics. Further, decisions to include learners (i.e., placement decisions) clearly involve policy struggles at all levels—classroom, educational bureaucracy, and government—and among several stakeholders—teachers, parents, and education officials. Further, decisions that some learn-

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[110] G. Fulcher (1989). *Disabling Policies? A comparative approach to education policy and disability.* East Sussex: Falmer Press.

ers have special education needs lead to a solution focused on extra resources, whereas IE suggests a solution focused on school restructuring and pedagogy. These theoretical and policy-based dimensions of child-find surveys also involve practical economic consequences. In a world of constrained resources, investment in identification often means less investment in and reduced resources for direct educational services.

This example of identification and placement illustrates the need to examine policy implications from multiple perspectives. Nine critical issues have been identified, which carries significant weight and is interdependent with the others. Specific policy implications for each issue, do however rest on the premise that IE, as defined in the *Salamanca Statement and Framework for Action* (See Chapter I*),* should be the guiding principle for the development of *EFA* and for implementation of the *MDGs*.

Nine Critical Issues

1. Decentralization

The literature describes a definite global trend toward devolvement of IE policy/practice decisions to local and community levels.

+ responsive and sensitive to local contexts and conditions such as population density (urban/rural)

+ has been proven to support and encourage innovative practices to meet the specific needs of communities, schools, and learners

- several countries report an unintended consequence of wider variations in quality and type of services resulting in inequalities

- local levels may establish priorities and make decisions that act to exclude rather than include SEN learners

Policy Implication:
Decentralization that supports IE must be accompanied by central government policies that provide incentives for innovative and promising practice and build on local strengths, while at the same time safeguard and ensure that *universal* rights of access and participation in IE are applied equally to SEN learners.

2. Finance/Resource Allocation

The literature review makes clear that critical levels of investment are needed, but that the ways in which monies are allocated produce powerful influences on IE implementation.

+ when focused on social benefits as well as economic benefits

+ when allocations encourage a unified system of education service delivery

+ when the discourse encompasses universal right to education versus needs that are subject to cost availability

+ when allocations guarantee a minimum level of support (flat grants) but provide adjustments (weighted formulas) for poverty/wealth indices at the national/state level and resource-based formulas allocate funding for needed services at the local level to meet the needs of individual classrooms and learners

- when allocations to schools are tied to performance standards that are affected by factors over which schools have little or no control such as societal conditions of poverty, and transience of learners (e.g., nomadic populations).

- when allocations encourage a dual system of education and segregation of SEN learners

- when economic benefits rest on narrow conceptions of productivity (employment) and do not consider improved health, well-being, and social benefits of education.

- when learners must be labeled and categorized in order to receive appropriate services

Policy Implications:
Policies that do not require labeling of students in order to identify need for services should be considered preferable. The UK, for example, does not label students per se, but provides Needs Statements that identify the need for services and appropriate educational supports for students. Resource-based formulas that allocate funding based on established program needs do not require these traditional labels, and are beginning to be adapted more widely and should be considered. To be effective, resource-based formulas should be tied to specific policies at local levels–such as funding only qualified units of instruction that specify levels of support (e.g., class size, support teachers) and other parameters linked to quality IE education. Countries with developing economies and low primary enrolment rates, may conduct low-cost child-find surveys to identify those out of school, the reasons why (e.g., disability *and/or* impairment)–and then construct policies based on these findings without using traditional labels.

3. Access and Participation

Access refers to physical access (buildings), academic/program access (to curriculum and instruction through adaptations and supports), social access (to peers), economic access (to affordable schooling). Physical integration in schools does not equal nor ensure participation. For participation to be meaningful (lead to positive learning outcomes), factors such as a school climate that values diversity, a safe and supportive environment, and positive attitudes, are essential components of participation that have been identified in the literature.

+ when universal design promotes physical, social, academic (program), technological (communications and information technology), and economic access as a comprehensive total package for all learners

+   when conditions internal to schools as well as external conditions affecting access and participation are addressed together

+   when access and participation considerations are integral to program development, planning, implementation, and evaluation

-   when negative attitudes create barriers to access and participation

-   when different standards of participation and access are applied to different learners and/or when standards relating to accessibility to do not exist

-   when access and participation are not considered until after programs have been designed and buildings have been constructed

Policy Implications:
Physical access to school buildings is an essential pre-requisite. Costs are minimal compared to retrofitting, when universal design is incorporated in new building plans. Further, promoting physical access to buildings without addressing the various barriers that make school *practically* inaccessible will not be effective. For example, the language and format of instruction are part and parcel of access. Sign language for the Deaf, Braille reading or large print texts for blind students, alternative formats of assessment (e.g., oral examinations) for non-readers, and technology supports/virtual environment (e.g. computers and educational software) are all examples of integral components of curriculum and instruction, not add-ons subject to availability.

4. Pre-service Teacher Training and In-service Professional Development

Training and professional development are central to IE practice in countries of the North and South. The review has highlighted exemplary training programs and provided detailed descriptions of factors that promote effective training, as well as challenges and barriers.

+   when special and general education teacher training are integrated and/or complementary

+   when teachers learn innovative child-centered strategies to teach a diverse range of abilities, as well as strategies that promote active student learning and adaptations to meet individual student needs

+   when teachers learn curriculum development strategies that encompass broad common goals; facilitate flexible structure; provide alternative/multiple assessments based on individual progress; address cultural/religious/linguistic diversity of learners; and content, knowledge and skills are relevant to learners' lived experiences

+   when teacher training provides hands-on experiences and opportunities for critical reflection as well as continuous/on-going feedback and support in classrooms

-   training that focuses on individual "generic" deficits and categories of dis-ability

- training that expects teachers to change their ways of teaching without addressing changes needed in conditions of their work that may act as barriers to these changes (e.g., class size, lack of classroom materials and supports).

- training that promotes alternative assessments while schools require performance on standardized tests as the primary indicator of success

- teacher training that does not also include training school administrators, who without this training, may impede teacher reform rather than facilitate or support it.

Policy Implications:

Most programs focus on in-service professional development and utilize outside experts to conduct this training (many from donor agencies). In-country tertiary institutions that provide pre-service education appear to constitute a largely untapped resource. Policies that would encourage building bridges between pre-service and in-service training through school-university collaboratives, hold the possibility of contributing effective short and long-term solutions to enskilling teachers. Also, departments of special and general education at university levels that do not provide integrated training no longer make sense—while specialists will always be needed to teach specific skills to the small minority of SEN students with severe multiple impairments. Training programs should bridge school-university special and general education programs. Current lack of data and assessments, also point to a critical need to support research on IE (both tertiary and school levels) to ensure consistent and effective outcomes.

5. IE Policy/Legislation

A policy framework and legislative support at the national level must be in place as a necessary prerequisite to access and equal participation in IE programs. IE policies and legislation have provided parents, disabled people, and schools committed to IE, with the necessary conditions to challenge exclusion. However, individual country experiences demonstrate that policy and adopted legislation do not ensure enactment.

+ national level policy frameworks and legislation support IE and inclusion of persons with disabilities in all aspects of social, cultural and economic life

+ key governmental and education leadership decision-makers at all levels support policy and legislation

+ policy and legislation is accompanied by effective and specific mechanisms for monitoring and evaluating compliance

- infrastructure lacks resources and/or commitment to enforce compliance

- little or no critical awareness of why these policies and legislation are needed

- lack of support and conscientiousness–particularly at the grass-roots levels where policy is enacted

Policy Implications:
Countries that have passed legislation and adopted IE policies, with systematic monitoring, backed-up by enforcement are most positively positioned to enact IE policy. Successful countries have coupled these strategies with comprehensive education (knowledge dissemination) and awareness training directed at all levels of the system, recognizing that national policy is of little value if it isn't enacted in schools and in the classrooms.

6. School Restructuring and Whole-School Reform

The literature stresses that IE is a guiding philosophy enacted through inclusive policy/practice that requires comprehensive school restructuring. This restructuring should be supported by changes in beliefs, methods and resource allocations at all levels of educational systems and governance.

+ when IE principles and practices are considered as driving reform as well as integral to reform, and not an add-on program

+ when diversity and individual differences as well as similarities are recognized and valued, not 'tolerated' or 'accepted'. Diversity becomes a common denominator, not an individual numerator.

+ when new roles and responsibilities are clearly identified, and all staff systematically prepared for these new roles and provided with adequate supports

+ when individualized education is considered a universal right and not a special education need

+ when school reform includes active involvement and participation of community members, parents, and students

- when the philosophy of one-size-fits-all is mistaken for IE

- when IE is conceptualized as a place, not a service. Most countries of the North and the South still adhere to a 'continuum of placements' paradigm. IE considers delivery of services within the general education classroom as the continuum. This distinction is a critical one.

- when school reform is dictated from the top down, rather than developed through participatory decision-making

Policy Implications:
School Effectiveness Reform and IE are not synonymous. Some aspects of school effectiveness reform act as barriers to IE; e.g., evidence suggests that schools may reject students who do not measure up on standardized test scores, or who are 'difficult' to teach. The narrow emphasis on standardized test scores often disadvantages students. Many SEN students perform as well as

their peers, when given appropriate accommodations. As a result, policy implications point to school restructuring and reform that considers broader policy/practice—especially in terms of outcomes. Standards need not be lowered for SEN students. IDEA 1997 in the United States mandates high expectations through requiring documented progress of SEN students in the general education curriculum. This requirement, however, emphasizes individual progress towards broad goals, and not comparative measures. The literature provides evidence that IE benefits all students, not just SEN students. School reform policy should therefore focus on a unified system that provides an environment in which all students have an equal opportunity to reach their maximum potential. The distinction between equal opportunity and equal treatment is central to IE policy. IE does not mean that everyone should be treated equally (one-size-fits-all), but that individualized supports (treatment according to need) aim toward equal success that is measured broadly.

7. Identification and Placement

For countries of the South, low enrolment of SEN students and lack of access to schools for these students (particularly in rural areas) make identification and placement issues critical. In addition, efforts in the South tend to focus on Category A students (ISCED-97 definition) whose disabilities have clear biological causes. Gender differences (bias toward boys) are also critical to identification in both the North and South. Regular curriculum adaptation for SEN students is still the exception and not the rule in the South, and in the North, significant numbers of SEN students still remain in segregated settings.

+   low-cost child-find surveys with outreach/education components to encourage participation

+   identification and placement efforts based on need for services, not category of SEN

+   identification and placement decisions involve parents as partners and are based on individualized education plans

+   placement decisions consider IE as a continuum of services in the general education classroom

+   networks of support (cluster schools, resource centers) and teacher training reduce the need for identification and referral

-   deficit-based categorical identification, and/or subjective/arbitrary labeling

-   placement decisions based on available service versus the needs of the learner

-   education officials and teachers make arbitrary decisions to deny services and exclude learners based on individual preferences or costs/availability of services

Policy Implications:
Policies must balance the need to identify students for services with the realization that labels carry stigma and place the focus on the child's perceived deficit, rather than on the schools' responsibility for providing an appropriate education in an inclusive environment. Most SEN students experience learning difficulties that are related to the environment, rather than an innate characteristic. Schools that focus efforts on enskilling teachers to instruct diverse SEN learners with different abilities reduce referral rates and the need for extensive and costly diagnoses. Whole-school IE programs, cluster schools, and resource centers also reduce the need to label students by providing supports to the general education classroom. Identification can also be costly, diverting resources from essential direct services. Community-based/parental approaches to surveys can lower costs significantly. Policies that encourage parental involvement and that provide guarantees for their rights in decision-making processes are essential parts of policy frameworks and legislation.

8. Assessment, Accountability, Efficiency and Effectiveness

Assessment issues constitute one of the most significant challenges for IE/EFA. Although many researchers argue that equity and excellence are compatible goals, different proposals to achieve these goals have created tensions. at all levels. A growing body of research (especially in the North) does indicate that IE benefits both SEN students and their peers, and that given the appropriate supports and adapted curriculum, SEN students can do as well or even better than their peers.

+   when student assessments measure individual progress in the general education curriculum, with clear standards and benchmarks

+   when multiple forms of student assessments (formative and summative) are used to inform and facilitate teaching and learning

+   when school-level evaluation is built-in to program planning

+   when broad conceptions of student outcomes include mastery of academic skills as well as self-esteem and independent living skills needed for active participation in society as adults

-   when standardized achievement test scores are used as the sole indicator of success for both students and schools

-   when schools have no systematic plan for evaluation, including development, implementation, and follow-up

-   when equity is valued over excellence, or excellence valued over equity

Policy Implications:
Several projects discussed in this review cited the lack of expertise in conducting assessments as a significant reason why data has not been collected. IE programs have begun to include training components for teachers and education officials to learn to conduct school evaluations and student assessments. Despite recognition that curriculum-based assessments provide the best teaching and learning tools, heavy reliance on standardized test scores as outcome measures of success at the school level has discouraged teachers from using these assessments. There is a need to develop policies that (1) allocate resources (economic and technical) to schools for training in evaluation and assessment procedures that measure academic as well as social outcomes and community benefits attributed to IE; (2) require systematic assessments at school-level and allocate resources for implementing these assessments. Assessments should be used as tools for improvement. The nearly universal lack of data points to a critical need to support systems for collecting and analyzing data at all system levels.

9. Building Capacity and Sustainability through NGO, Community, and Multi-Sector Participation

IE projects can enhance the capacity of schools and communities to provide SEN services through multi-sector collaboration. Driven by severe resource constraints, countries of the South have been especially successful in using this strategy to reduce costs, increase benefits, and reach greater numbers of SEN children and youth. Multi-sector participation is especially critical in relation to disability: access to quality health care, social services, early childhood intervention programs provide essential supports for IE in schools. Whole-community approaches recognize children's holistic needs, especially the fact that the child is an integral family member. Supports for and involvement of family members substantially increase opportunities for children to attend school. Community involvement increases the likelihood of sustainability. Specifically, the research provides clear evidence that commitment to IE is an essential pre-requisite to success and sustainability. NGOs and INGO donors play important roles in building capacity and sustainability. There is increasing evidence of a paradigm shift on the part of donor agencies with regard to IE projects. Instead of the traditional top-down-expert-trainer model, several INGO funders of projects in this literature review were making a noticeable shift to a trainer-of-trainers approach, adapting training materials to local conditions, and beginning to include disabled people in workshops. Country experiences indicated several critical conditions, both facilitators and barriers to building capacity and sustainability through multi-sector participation.

+ when based on a holistic and rights-based conception of children, beginning with early identification, treatment and child development as important influences on health and well-being, school-readiness

+ when specific coordination plans, including time-lines, designated lead agencies, clear roles and responsibilities

+ when active and targeted outreach activities and IE awareness education reach a broad audience in the community, particularly parents

+   when DPOs and Parent Groups are included as decision-makers and resources at all stages of development

+   when formal parent-training is provided and encompasses families of children with disabilities, and those at-risk

-   loose or unorganized links between government entities, community-based resources and schools (leads to competition for scarce resources, reducing access to services)

-   knowledge dissemination/awareness training is weak, poorly planned, and delayed until after the start of the IE project

-   donor agencies provide outside expertise to head programs rather than facilitate, build capacity of local expertise

-   when Parent Groups and DPOs are marginalized

Policy Implications:
Policies should include strategies for coordination and that these should be developed before initiating IE projects. Government, NGO and international agency policies should formally require DPO/parent involvement and training in IE projects—not just marginally as 'resources', but integrally as decision-makers and active participants. In countries and regions where DPOs are weak, a UN committee on disability recommends making investments in these DPOs to increase capacity. DPOs and Parent Groups can play a major role in advocating for Inclusive Education, and in encouraging parents to send their children to school and to get involved. Finally, some countries still locate responsibility for services to disabled people in ministries of social welfare. Every effort should be made to rectify this arrangement. EFA, CRC, and several Frameworks for Action assert education as a right, and not a charity-model welfare need. Ministries of Social Welfare may contribute to coordinating services, but they are not well-prepared or even appropriate for administering educational programs in schools.

Conclusion: Education for All—Together

The fundamental principle of EFA is that all children should have the opportunity to learn. The fundamental principle of IE is that all children should have the opportunity to learn—together. Diversity is a characteristic that all children and youth have in common—both within each individual child and across individual children. There is strength in diversity, and all children have strengths. It is the fundamental responsibility of all those who teach and of all those who support teachers to build on children's strength, to believe in all children's capacity to learn, and to uphold their right to learn. Children are our future. As Ms. Gabriela Arrieta and Ms. Audrey Cheynut put it in their opening address at the UN Special Session on Children (May 2002): "We are not the sources of problems. We are the resources that are needed to solve them. We are not expenses, we are investments."

We must invest our beliefs, our resources, and our intellectual problem-solving abilities in IE. We know what works. Every country in the world today has at least one teacher, one school, one

inclusive education program committed to IE. Some countries have many successful programs. These 'islands of excellence' must help the rest of us cross the artificial continental divide between 'special' and 'regular' education. Arguments of excess costs no longer justify exclusion. Compared to segregated programs, IE is cost-effective. Moreover, the costs of exclusion are high in terms of lost productivity, lost human potential, lost health and well-being.

Some children start school with more advantages than others—advantages of wealth and health among the most influential. Children in poverty and children with impairments, and all marginalized children (whether due to language, religion, race, ethnicity, or gender) do not have to be disadvantaged by their treatment in schools or by exclusion from schools. "If you deny disabled people educational opportunities, then it is the lack of education and not their disabilities that limit their opportunities."[111] Inequalities of opportunity exist, even in the wealthiest countries. Jonathan Kozol's book, *Savage Inequalities* (1991)[112], provides stark pictures of these inequalities in US schools. These inequalities are a reflection of our beliefs. That is, the ways in which we allocate resources reflect our beliefs about the value of education for all children, and for particular children. Our priorities say more about our values and our philosophical commitment to education than they do about our capacities to provide education. Conditions of marginalized children at the edge of a society reveal more about the state and progress of a society than conditions at the middle.

If we are to meet our collective Millennium Development Goals—ratified by 152 countries worldwide—we are challenged to commit ourselves to providing support to IE. Our opportunities will manifest themselves in the day-to-day tasks that we undertake with individual children, in classrooms, in schools and in society. Universal primary education is a worthy goal but it can only be achieved if we make a conscious effort to move in our thinking and planning from Education for All to Inclusive Education—*Education for All—Together*.

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[111] Quote is taken from a 2003 press release of the World Bank and is attributed to Judy Heumann, the Senior Advisor to the Disability Group, The World Bank.

[112] J. Kozol (1991). *Savage Inequalities: Children in America's Schools*. New York: Crown Publishers, Inc.

Annex 1: Sources for Information on Disability, Inclusive Education and Human Rights

A.   Organizations working for the Rights of Disabled Children and Youth

Disability Awareness in Action www.daa.org
Inclusion International www.inclusion-international.org
Disabled Peoples' International www.dpi.org
International Disability and Development Consortium www.iddc.org.uk
Child Rights Information Network
Save the Children Alliance Task Group on Disability & Discrimination
UN High Commissioner for Human Rights www.unhchr.ch
European Disability Forum www.edf-feph.org

B.   Sources for International Documents

Centre for Studies on Inclusive Education www.inclusion.uwe.ac.uk/csie
United Nations: DESA www.un.org/esa/socdev
Save The Children www.savethechildren.org.uk
The Danish Council of organizations of Disabled People www.disability.dk
Swedish DPI Association www.shia.se
UNESCO
www.unesco.org/education/efa/know_sharing/flagship_initiatives/disability.shtml

C.   Sources for Training Materials related to Rights and Inclusive Education

EENET—Enabling Education Network www.eenet.org.uk
Disability Awareness in Action www.daa.org
Inclusion Press International www.inclusion.com
Training Resource Network Disability Update www.trninc.com
Save The Children www.savethechildren.org.uk
Institute on Independent Living www.independentliving.org
UNESCO Teacher Education Resource Pack: Special Needs in the Classroom
        www.unesco.org/education/educprog/sne

D.   Sources for News and Updates related to Inclusive Education

UNICEF, Education Update
EENET-Enabling Education Network
Inclusion Press International www.inclusion.com
Disability World (bi-monthly web-zine) www.disabilityworld.org
World Institute on Disability www.wid.org
Centre for Studies on Inclusive Education www.inclusion.uwe.ac.uk/csie
DISABILITY.DK

Annex 2: Declarations

**BIWAKO MILLENNIUM FRAMEWORK FOR ACTION TOWARDS AN INCLUSIVE,
BARRIER-FREE AND RIGHTS-BASED SOCIETY FOR
PERSONS WITH DISABILITIES IN ASIA AND THE PACIFIC**

C.   Early detection, early intervention and education

1. Critical issues

Available evidence suggests that less than 10 per cent of children and youth with disabilities have access to any form of education. This compares with an enrolment rate of over 70 per cent for non-disabled children and youth in primary education in the Asian and Pacific region. This situation exists despite international mandates declaring that education is a basic right for all children and calling for the inclusion of all children in primary education by 2015. Governments should ensure the provision of appropriate education which responds to the needs of children with all types of disabilities in the next decade. It is recognized that there is wide variation in the response which Governments in the Asian and Pacific region have made in providing education for children with disabilities, and that children are currently educated in a variety of formal and informal educational settings, and in separate and inclusive schools.

The exclusion of children and youth with disabilities from education results in their exclusion from opportunities for further development, particularly diminishing their access to vocational training, employment, income generation and business development. Failure to access education and training prevents the achievement of economic and social independence and increases vulnerability to poverty in what can become a self-perpetuating, inter-generational cycle.

Infants and young children with disabilities require access to early intervention services, including early detection and identification (birth to four years old), with support and training to parents and families to facilitate the maximum development of the full potential of their disabled children. Failure to provide early detection, identification and intervention to infants and young children with disabilities and support to their parents and caretakers results in secondary disabling conditions which further limit their capacity to benefit from educational opportunities. Provision of early intervention should be a combined effort of Education, Health and/or Social Services.

Currently education for children and youth with disabilities is predominantly provided in special schools in urban centres and is available to limited numbers of children in many countries of the Asian and Pacific region. The Salamanca Statement and Framework for Action on Special Needs Education recommended that inclusive education, with access to education in the regular local neighborhood or community school, provides the best opportunity for the majority of children and youth with disabilities to receive an education, including those in rural areas. Exceptions to this rule should be considered on a case-by-case basis where only education in a special school or establishment can be shown to meet the needs of the individual child. It is acknowledged that in some instances special education may be considered to be the most appropriate form of education for some children with disabilities.[113] The education of all children, including children with disabilities, in local or community schools assists in breaking down barriers and negative attitudes and facilitates social integration and cohesion within communities. The involvement of parents and the local community in community schools further strengthens this process.

Major barriers to the provision of quality education for children with disabilities in all educational contexts include the lack of early identification and intervention services, negative attitudes, exclusionary policies and practices, inadequate teacher training, particularly training of all regular teachers to teach children with diverse abilities, inflexible curriculum and assessment procedures, inadequate specialist support staff to assist teachers of special and regular classes, lack of appropriate teaching equipment and devices, and failure to make modifications to the school environment to make it fully accessible. These barriers can be overcome through policy, planning, implementation of strategies and allocation of resources to include children and youth with disabilities in all national health and education development initiatives available to non-disabled children and youth.

Governments, in collaboration with other stakeholders, need to provide sport, leisure and recreational activities and facilities for persons with disabilities, as the fulfillment of their basic rights to the improvement of life.

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[113] See General Assembly resolution 48/96 of 20 December 1993 on Standard Rules on the Equalization of Opportunities for Persons with Disabilities, annex, rule 6. Education, para. 8.

Millennium Development Goal

In this priority area the millennium development goal is to ensure that by the year 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling and that girls and boys will have equal access to all levels of education.

Targets

Target 6.   Children and youth with disabilities will be an integral part of the population targeted by the millennium development goal of ensuring that by 2015 all boys and girls will complete a full course of primary schooling.

Target 7.   At least 75 per cent of children and youth with disabilities of school age will, by 2010, be able to complete a full course of primary schooling.

Target 8.   By 2012, all infants and young children (birth to four years old) will have access to and receive community-based early intervention services, which ensure survival, with support and training for their families.

Target 9.   Governments should ensure detection of disabilities at as early an age as possible.

Action Required to Achieve Targets

1. Governments should enact legislation, with enforcement mechanisms, to mandate education for all children, including children with disabilities, to meet the goals of the Dakar Framework for Action and the millennium development goal of primary education for all children by 2015. Children with disabilities need to be explicitly included in all national plans for education, including national plans on education for all of the Dakar Framework for Action.

2. Ministries of Education should formulate educational policy and planning in consultation with

3. Families and organizations of persons with disabilities and develop programmes of education which enable children with disabilities to attend their local primary schools. Policy implementation needs to prepare the school system for inclusive education, where appropriate, with the clear understanding that all children have the right to attend school and that it is the responsibility of the school to accommodate differences in learners.

4. A range of educational options should be available to allow the selection of a school that will best cater for individual learning needs.

5. Adequate public budgetary allocation specifically for the education of children with disabilities should be provided within the education budget.

6. Governments, in collaboration with others, should collect comprehensive data on children with disabilities, from birth to 16 years old, which should be used for planning appropriate early intervention and educational provision, resources and support services, from birth through school age.

7. Five year targets should be set for the enrolment of children with disabilities in early intervention, pre-school, primary, secondary and tertiary (post-school) education. Progress towards meeting these targets should be closely monitored with a view to achieving the goal of 75 per cent of children with disabilities in school by 2012.

8. Ministries of Health and other concerned ministries should establish adequate early detection and identification services in hospitals, primary health care, centre and community-based health care services, with referral systems to early intervention services for all disabled infants and children (birth to four years old). Governments should routinely screen high-risk pregnancies and high-risk newborn babies for early detection of disabilities at birth or soon thereafter.

9. Ministries of Health and Education should establish early intervention services, in collaboration with other concerned ministries, self-help organizations, NGO and community-based agencies, to provide early intervention, support and training to all disabled infants and children with disabilities (birth to four years old) and their families.

10. Governments, including Ministries of Education, should work in partnership with NGOs at the national and local level to conduct public awareness campaigns to inform families of children with disabilities, schools and local communities, of the right of children and youth with disabilities to participate in education at all levels, in urban and rural areas, and with particular emphasis on the inclusion of girls with disabilities where there is a gender imbalance in school attendance.

11. The following measures should be taken, where appropriate, by Governments in the region to improve the quality of education in all schools, for all children, including children with disabilities, in special and inclusive educational contexts: (a) conduct education and training for raising the awareness of public officials, including educational and school administrators and teachers, to promote positive attitudes to the education of children with disabilities, increase sensitivity to the rights of children with disabilities to be educated in local schools and on practical strategies for including children and youth with disabilities in regular schools; (b) provide comprehensive

pre- and in-service teacher training for all teachers, with methodology and techniques for teaching children with diverse abilities, the development of flexible curriculum, teaching and assessment strategies; (c) encourage suitable candidates with disabilities to enter the teaching profession; (d) establish procedures for child screening, identification and placement, child-centred and individualized teaching strategies and full systems of learning and teaching support, including resource centres and specialist teachers, in rural and urban areas; (e) ensure the availability of appropriate and accessible teaching materials, equipment and devices, unencumbered by copyright restriction; (f) ensure flexible and adaptable curriculum, appropriate to the abilities of individual children and relevant in the local context; (g) ensure assessment and monitoring procedures are appropriate for the diverse needs of learners.

12. Governments should implement a progressive programme towards achieving barrier-free and accessible schools and accessible school transport by 2012.

13. Governments should encourage programmes of research at tertiary institutions to develop further effective methodologies for teaching children and youth with diverse abilities.

14. Organizations of and for disabled persons should place advocacy for the education of children with disabilities as a high priority item on their agenda.

15. Regional cooperation needs to be strengthened to facilitate the sharing of experiences and good practices and to support the development of inclusive education initiatives.

Chapter I: Introduction References

Allan, J. 1999. *Actively Seeking Inclusion: Pupils with Special Needs in Mainstream Schools*. London: Falmer Press.

Armstrong, F., Armstrong, D., Barton, L., ed. 2000. *Inclusive Education: Policy, Contexts and Comparative Perspectives*. London: David Fulton Publishers.

Baker, E. T., Wang, M.C., Walberg, H. J. 1994. The effects of inclusion on learning. *Educational Leadership* 52 (4):33-35.

Ballard, K., ed. 1999. *Inclusive Education: International Voices on Disability and Justice*: London: Falmer Press.

Cameron, D., Valentine, F. 2001. *Disability and Federalism: Comparing different approaches to full participation*: London: McGill-Queens University Press.

Coleridge, P. 1996. *Disability, Liberation and Development*. London: OXFAM.

Dudzik, P., McLeod, D. 2000. Including the Most Vulnerable: Social Funds and People with Disabilities: The World Bank.

EADSNE. 2003. Special Needs Education in Europe. Brussels: European Agency for Development in Special Needs Education.

Ferguson, D. 1992. Regular Class Participation System (RCPS): A Final Report. Eugene, Oregon: University of Oregon.

Habibi, G. 1999. UNICEF and Children with Disabilities. *Education Update* 2 (4).

Ingstad, B. 2001. Disability in the Developing World. In *Handbook of Disability Studies*, edited by G. Albrecht, Seelman, K., Bury, M. London: Sage Publications.

Lansdown, G. 2001. *It's Our World Too! A Report on the Lives of Disabled Children*. London: Disability Awareness in Action.

Lindqvist, B. 1999. Education as a Fundamental Right. *Education Update* 2 (4):7.

Lipsky, D. K., Gartner, A. 1997. *Inclusion and School Reform: Transforming America's Classrooms*. Baltimore: Paul H. Brookes Publishing Co.

Lynch, J. 2001. *Inclusion in Education: The Participation of Disabled Learners*. France: UNESCO.

Meijer, C. J. W., Sig Jan Pijl, S. Hegarty. 1994. *New Perspectives in Special education: A six country study of integration*: London: Routledge.

Metts, R. 2000. Disability, Issues, Trends, and Recommendations for the World Bank. In *Social Protection Discussion Paper*. Washington, D.C.: World Bank.

National-Research-Council. 2002. Minority Students in Special and Gifted Education. Washington, D.C.: National Academy Press.

OECD. 2000. *Special Needs Education Statistics and Indicators*. Paris: OECD.

Peters, S. 2003. Addressing the Rights of Individuals with Disabilities in Relation to 'Education for All': Where do we stand? What do we know? What can we do?

President's-Commission-on-Excellence-in-Special-Ed. 2002. A New Era: Revitalizing Special Education for Children and their Families. Washington, D.C.: U.S. Department of Education.

Rieser, R. 2000. History of our oppression. Why the social model in education is inclusive education. Paper read at International Special Education Congress, July 23, 2000, at Manchester, England.

Sailor, W., ed. 2002. *Whole-School Success and Inclusive Education: Building Partnerships for Learning, Achievement, and Accountability*. New York: Teachers College Press.

Stubbs, S. 2003. *Poverty and Membership in the Mainstream: Lessons learned from the South*. EENET 1996 [cited 2003]. Available from www.eenet.org.uk/theory_practice/poverty.shtml.

Thomas, G., Glenny, G. 2002. Thinking about Inclusion: Whose reason? What evidence? *International Journal of Inclusive Education* 6 (4):345-370.

UNESCO. 1994. The Salamanca Statement on Principles, Policy and Practice in Special Needs Education.

Vinneau, R. 2002. Pedagogie de l'inclusion: fondements, definition, defis, et perspectives. *education et francophonie* 30 (2).

World-Bank. 1993. *World Bank Development Report*. Washington, D.C.: World Bank.

World-Health-Organization. *ICF* [cited. Available from www.who.int/icf.

Chapter II: Lessons from the North References

CSIE. 2003. *Index for Inclusion: developing learning and participation in schools*. Centre for Studies on Inclusive Education 2003 [cited 2003]. Available from http://inclusion.uwe.ac.uk.csie/indexlaunch.htm.

EADSNE. 2003. *Special Needs Education in Europe*. Brussels: European Agency for Development in Special Needs Education.

Evans, P. 2000. *Developing Equity Indicators based on Additional Resources supplied for disabled and disadvantaged students*. Paris: OECD.

Ferguson, D. L. 1998. Changing Tactics: Embedding Inclusion Reforms within General Education Restructuring Efforts. In *Inclusive Schooling: National and International Perspectives*, edited by S. J. Vitello, Mithaug, D. E. New Jersey: Lawrence Erlbaum Associates, Publishers.

Fullan, M. G. 1991. *The New Meaning of Educational Change*. New York: Teachers College Press.

Koretz, D., Hamilton, L. 2000. Assessment of Students with Disabilities in Kentucky: Inclusion, Student Performance, and Validity. *Educational Evaluation and Policy Analysis* 22 (3):255-272.

Levin, H. M. 1997. Doing What Comes Naturally: Full Inclusion in Accelerated Schools. In *Inclusion and School Reform: Transforming America's Schools*, edited by D. K. Lipsky, Gartner, A. Baltimore: Paul H. Brookes Publishing Company.

Lipsky, D. K., Gartner, A. 1997. *Inclusion and School Reform: Transforming America's Classrooms*. Baltimore: Paul Brookes Publishing Co.

Lynch, J. 2001. *Inclusion in Education: The Participation of Disabled Learners*. France: UNESCO.

McLaughlin, M., Rouse, M., ed. 2000. *Special Education and School Reform in the United States and Britain*. London & New York: Routledge.

OECD. 1994. *The Integration of Disabled Children into Mainstream Education: Ambitions, Theories and Practices*. Paris: OECD.

———. 1995. *Integrating Students with Special Needs Into Mainstream Schools*. Paris: OECD.

———. 1999. *Inclusive Education at Work: Students with Disabilities in Mainstream Schools*.

Paris: OECD.

———. 2000. *Special Needs Education Statistics and Indicators*. Paris: OECD.

Reynolds, A. J., Wolfe, B. 1999. Special Education and School Achievement: An Exploratory Analysis With a Central-City Sample. *Educational Evaluation and Policy Analysis* 21 (3):249-269.

Sebba, J., Ainscow, M. 1996. International Developments in Inclusive schooling: mapping the issues. *Cambridge Journal of Education* 26:5-18.

Sebba, J., Thurlow, M., Goertz, M. 2000. Educational accountability and students with disabilities in the United States and in England and Wales. In *Special Education and School Reform in the United States and Britain*, edited by M. McLaughlin, Rouse, M. London & New York: Routledge.

Slavin, R. 1997. Including Inclusion in School Reform: Success for All and Roots and Wings. In *Inclusion and School Reform: Transforming America's Schools*, edited by D. K. Lipsky, Gartner, A. Baltimore: Paul Brookes Publishing Company.

Slee, R., Weiner, G. 1998. *School Effectiveness for Whom? Challenges to the School Effectiveness and School Improvement Movements*. London: Falmer Press.

Soodak, L. C. 1998. Parents and Inclusive Schooling: Advocating for and Participating in the Reform of Special Education. In *Inclusive Schools: National and International Perspectives*, edited by S. J. Vitello, Mithaug, D. E. New Jersey: Lawrence Erlbaum Associates, Inc.

Stainback, S., Stainback, W., ed. 1996. *Inclusion: A Guide for Educators*. Baltimore: Paul H. Brookes Publishing Co.

Thomas, G., Walker, D., Webb, J. 1998. *The Making of the Inclusive School*. London: Routledge.

UNESCO. 1994. *Salamanca Framework for Action*. Salamanca: UNESCO.

Ware, L. 1999. My Kids and Kids Kinda Like Him. In *Inclusive Education: International Voices on Disability and Justice*, edited by K. Ballard. London: Falmer Press.

Weiner, R. 1985. *Impact on the Schools*: Capitol Publications.

Chapter III: Countries of the South References

Arbetter, S., Hartley, S. 2002. Teachers' and Pupils' Experiences of Integrated education in Uganda. *International Journal of Disability, Development, and Education* 49 (1):61-78.

Artiles, A., Hallahan, D., ed. 1995. *Special Education in Latin America: Experiences and issues*. London: Praeger.

Avoke, M. 2002. Models of disability in the labelling and attitudinal discourse in Ghana. *Disability & Society* 17 (7):769-777.

Barton, L., Armstrong, F. 2001. Disability, Education, and Inclusion: Cross-Cultural Issues and Dilemmas. In *Handbook of Disability Studies*, edited by G. Albrecht, Seelman, K., Bury, M. London: Sage Publications.

Bernard, A. K. 2001. *Education for All and Children who are Excluded*. Paris: UNESCO.

Booth, T., Black-Hawkins, K. 2001. *Developing Learning and Participation in Countries of the South: The Role of an Index for Inclusion*. Paris: UNESCO.

Chapman, D., Adams, D. 2002. *The Quality of Education: Dimensions and Strategies*. Manila: Asian Development Bank.

Children, Save the. 2002. *Schools for All: Including disabled children in education*. London: Save the Children.

EENET. 1998. Focusing on Community Support for Inclusive Education. *EENET* (2):5.

Eleweke, J. 2001. Physician Heal Thyself: The role of Disability Organisations in countries of the south towards improvements in Special Needs Provision. *African Journal of Special Needs Education* 6 (2):107-113.

Engelbrecht, P., Green, L., Naicker, S., Engelgrecht, L. 1999. *Inclusive education in action in South Africa*. Pretoria: J. L. van Schaik Publishers.

ESCAP. 1999. *Asian and Pacific Decade of Disabled Persons: mid-point~country perspectives*. New York: United Nations.

———. 2001. *Pathfinders: Towards Full Participation and Equality of Persons with Disabilities in the ESCAP Region*. New York & Geneva: United Nations.

Hai, T.T., ThuNhan, N. 1995. Linking with Primary Health Care Services: Experiences from Vietnam. In *Innovations in Developing Countries for People with Disabilities*, edited by B. O'Toole, McConkey, R. Lancashire: Lisieux Hall Publications.

Hegarty, S. 1998. Challenges to Inclusive Education: A European Perspective. In *Inclusive Schooling: National and International Perspectives*, edited by S. Vitello, Mithaug, D. London: Lawrence Erlbaum Associates.

Ingstad, B. 2001. Disability in the Developing World. In *Handbook of Disability Studies*, edited by G. Albrecht, Seelman, K., Bury, M. London: Sage Publications.

Jangira, N., Ahuja, A. 1994. Teacher development initiative (TDI) to meet special needs in the classroom. In *Making it Happen: Examples of good practice in special needs education & community-based programmes*, edited by UNESCO. Paris: UNESCO.

Lehtomaki, E. 2002. Inclusive Schools in Mozambique. *EENET* (6):4.

Levin, H. M. 1998. Educational Performance Standards and the Economy. *Educational Researcher* 27 (4):4-10.

Lynch, J. 2001. *Inclusion in Education: The Participation of Disabled Learners*. Paris: UNESCO.

McNeil, M., Villa, R., Thousand, J. 1995. Enhancing Special Education Teacher Education in Honduras: An International Cooperation Model. In *Special Education in Latin America: Experiences and issues*, edited by A. Artiles, Hallahan, D. London: Praeger.

Melgarejo, H. 2001. Sembrando Cultura de Prevencion. *Disability World* 10 (September-October).

Metts, R. 2000. Disability, Issues, Trends, and Recommendations for the World Bank. In *Social Protection Discussion Paper*. Washington, D.C.: World Bank.

Miles, S. 2000. Enabling Inclusive Education: Challenges and Dilemmas. Paper read at Children with Disabilities and the Convention on the Rights of the Child, October 27-29, 2000, at Bonn, Germany.

O'Toole, B. 1994. Involvement of volunteers, parents and community members with children with special needs. In *Making it Happen: Examples of Good Practice in Special Needs Education & Community-Based Programmes*. Paris: UNESCO.

Okwaput, S. 2001. A conducive environment for inclusive education: Some experiences from north-eastern Uganda. *African Journal of Special Needs Education* 6 (2):95-98.

Porter, G. 2001. *Disability and Education: Toward an Inclusive Approach*: Inter-American Development Bank.

Roehler, G. 1999. *Agreement for Partnership and Cooperation with Pedagogical University of*

Honduras. Toronto: The G. Allan Roehler Institute.

Save-The-Children. 2000. *Country Report: India 2000*.

Secretaria-de-Educacion-Publica. 2002. *Programa Nacional de fortalecimiento de la educacion especial y de la integracion educativa*. Mexico City: Secretaria de Educacion Publica.

Stubbs, S. 2003. *Integrating Disability into Development Programmes*. EENET 1993 [cited 2003].

Supvitz, J., Brennan, R. 1997. Mirror, Mirror on the Wall, Which is the Fairest Test of All? An examination of the equitability of portfolio assessment relative to standardised tests. *Harvard Educational Review* 67 (3).

UNESCO. 2001. *Combatting Exclusion in Education*. Paris: UNESCO.

———. 2001. Developing Sustainable Inclusion Policies and Practices. In *Inclusive Schools & Community Support Programmes: Phase II*. Paris: UNESCO.

———. 2001. *Developing Sustainable Inclusion Policies and Practices*. Paris: UNESCO.

———. 2001. Including the excluded: Meeting diversity in education. Example from Uganda. In *Combating Exclusion in Education*. Paris: UNESCO.

———. 2001. Including the excluded: Meeting diversity in education. Example from Uganda. In *Combating Exclusion in Education*. Paris: UNESCO.

———. 2001. *Inclusive Schools & Community Support Programmes: Phase II*. Paris: UNESCO.

———. 2001. *Open File on inclusive Education: Support Materials for Managers and Administrators*. Paris: UNESCO.

———. 2001. *Overcoming Exclusion through Inclusive Approaches in Education: A Challenge and a Vision*. Paris: UNESCO.

———. 2002. *Education for All: Is the World on Track?* Paris: UNESCO.

UNICEF. 2002. *Implementation Handbook for the Convention on the Rights of the Child*. Fully Revised Edition ed. New York: UNICEF.

Valente, J. 1995. The Use of Computers with Disadvantaged Children in Brazil. In *Special Educaiton in Latin America: Experiences and issues*, edited by A. Artiles, Hallahan, D. London: Praeger.

Werner, D. 1988. *Disabled Village Children*. Palo Alto: Hespirian Foundation.

Willms, J. D. 2000. Standards of Care: Investments to Improve Children's Educational Outcomes in Latin America. Paper read at Year 2000 Conference on Early Childhood Development, April 8, 2000, at Washington, D.C.

Chapter IV: Economic Issues References

Abosi, O. 2000. Trends and Issues in Special Education in Botswana. *Journal of Special Education* 34 (1):48-53.

Aguilar, G. 1995. The Modular Resource Model: An Integrated Consultation System for the Treatment of Children with Behavioral Disorders in Guatemala. In *Special Education in Latin America: Experiences and Issues*, edited by A. Artiles, Hallahan, D. London: Praeger.

Bartolo, P. 2001. Recent developments in Inclusive Education in Malta. *Mediterranean Journal of Educational Studies* 6 (2):65-91.

Beecham, J., Knapp, M. 1999. Inclusive and Special Education: Issues of Cost-Effectiveness. In *Inclusive Education at Work: Students with Disabilities in Mainstream Schools*, edited by OECD. Paris: OECD.

Booth, T., Black-Hawkins, K. 2001. *Developing Learning and Participation in Countries of the South: The role of an Index for Inclusion*. Paris: UNESCO.

Bowers, T., Parrish, T. 2000. Funding of special education in the United States and England and Wales. In *Special Education and School Reform in the United States and Britain*, edited by M. McLaughlin, Rouse, M. London & New York: Routledge.

Children, Save the. 2001. *Guidelines for Inclusive Education*. London: Save the Children.

Coleridge, P. 1996. India: Social action in a highly complex society. In *Disability, Development, Liberation and Development*. London: OXFAM.

Dyson, A., Forlin, C. 1999. An international perspective on inclusion. In *Inclusive Education in action in South Africa*, edited by P. e. a. Wengelbrecht. Pretoria: van Schaik Publishers.

EADSNE. 2003. Special Needs Education in Europe. Brussels: European Agency for Development in Special Needs Education.

———. 2003. Special Needs Education in Europe. Brussels: European Agency for Development in Special Needs Education.

EENET. 1999. Untitled. *EENET* (3):8.

Engelbrecht, P., Howell, C., Bassett, D. 2002. Educational Reform and the Delivery of Transition Services in South Africa: Vision, Reform, and Change. *Career Development for Exceptional Individuals* 25 (1):59-72.

Evans, P. 2000. *Developing Equity Indicators based on Additional Resources supplied for dis-abled and disadvantaged students*. Paris: OECD.

Gross, J. 1996. the weight of parental evidence: Parental advocacy and resource allocation to children with statements of special education needs. *Support for Learning* 11 (1):3-8.

ILO, UNESCO, UNICEF, WHO. 2003. *Community-Based Rehabilitation CBE for and with People with Disabilities* 2002 [cited 2003]. Available from www.disability.dk.

Kisanji, J. 1999. Models of Inclusive Education: Where do community based support pro-grammes fit in? Paper read at Inclusive Education in Namibia: The challenge for teacher education, March 23-25, 1999, at Windhoek, Namibia.

Lansdown, G. 2001. *It's Our World Too! A Report on the Lives of Disabled Children*. London: Disability Awareness in Action.

Lynch, J. 2001. *Inclusion in Education: The Participation of Disabled Learners*. Paris: UNESCO.

McNeil, M., Villa, R., Thousand, J. 1995. Enhancing Special Education Teacher Education in Honduras: An International Cooperation Model. In *Special Education in Latin America: Experiences and Issues*, edited by A. Artiles, Hallahan, D. London: Praeger.

Meijer, D., Pijl, S., Waslander, S. 1999. Special Education Funding and Integration: Cases from Europe. In *Funding Special Education*, edited by T. Parrish, Chambers, J., Guarino, M. Thousand Oaks, California: Corwin Press.

O'Toole, B., McConkey, R., ed. 1995. *Innovations in Developing Countries for People with Dis-abilities*. Lancashire: Paul H. Brookes Publishing Company.

OECD. 1994. *The Integration of Disabled Children into Mainstream Education: Ambitions, Theories and Practices*. Paris: OECD.

———. 1999. *Inclusive Education at Work: Students with Disabilities in Mainstream Schools*. Paris: OECD.

———. 2000. *Special Needs Education Statistics and Indicators*. Paris: OECD.

Parrish, T. 2002. Fiscal Policies in Support of Inclusive Education. In *Whole-School Success and Inclusive Education: Building Partnerships for Learning, Achievement and Accountabil-ity*, edited by W. Sailor. New York: Teachers College Press.

———. 2002. Fiscal Policies in Support of Inclusive Education. In *Whole-School Success and Inclusive Education*, edited by W. Sailor. New York: Teachers College Press.

Peters, S. 2002. Inclusive education in accelerated and professional development schools: a case-based study of two school reform efforts in the USA. *International Journal of Inclusive Education* 6 (4):287-308.

Pholoho, K., Mariga, L., Phachaka, L., Stubbs, S. 1995. Schools for All: National Planning in Lesotho. In *Innovations in Developing Countries for People with Disabilities*, edited by B. O'Toole, McConkey, R. Lancashire: Paul H. Brookes Publishing Company.

Pjil, S., Dyson, A. 1998. Funding Special Education: a three-country study of demand-oriented models. *Comparative Education* 34 (2):261-279.

Rao, I. 2003. *A new approach to scale up education of disadvantaged children in South Asia*. EENET 2002 [cited 2003].

Sebba, J., Thurlow, M., Goertz, M. 2000. Educational accountability and students with disabilities in ther United States and in England and Wales. In *Special Education and School Reform in the United States and Britain*, edited by M. McLaughlin, Rouse, M. London & New York: Routledge.

Skrtic, T. 1991. The special education paradox: equity as the way to excellence. *Harvard Educational Review* 61 (2):148-206.

Slee, R., Weiner, G., ed. 1998. *School Effectiveness for Whom? Challenges to the School Effectiveness and School Improvement Movements*. London: Falmer Press.

Stough, L. 2002. Teaching Special Education in Costa Rica. *Teaching Exceptional Children* 34 (5):34-39.

Thomas, G., Walker, D., J. Webb. 1998. *The Making of the Inclusive School*. London: Routledge.

Thorborn, M. 1995. Community-based early intervention in Jamaica: A Home-based model Incorporating Parents of Children and Disabilities. In *Special Education in Latin America: Experiences and Issues*, edited by A. Artiles, Hallahan, D. London: Praeger.

Torres, R. M. 2000. What Happened at the World Education Forum (Dakar): Instituto Fronesis.

UNESCO. 1995. *Las necesidades educativas especiales: conjunto de materiales para la formacion de profesores*. Paris: UNESCO.

———. 1995. *Review of the Present Situation in Special Needs Education*. Paris: UNESCO.

———. 2001. Including the excluded: Meeting diversity in education. Example from Uganda. In *Combating Exlusion in Education*. Paris: UNESCO.

———. 2002. *EFA 2002 Monitoring Report*. Paris: UNESCO.

Chapter V: Legal Issues References

Akerberg, A. 2003. *Human Rights and persons with disabilities*. SHIA Human Rights and Disability Network 2001 [cited 2003]. Available from www.shia.se.

Avoke, M. 2002. Models of Disability in the Labelling and Attitudinal Discourse in Ghana. *Disability and Society* 17 (7):769-777.

Charlton, J. I. 1998. *Nothing About Us Without Us: Disability Oppression and Empowerment*. Berkeley, California: University of California Press.

Dreidger, D. 1989. *The Last Civil Rights Movement: Disabled Peoples' International*. New York: St. Martin's Press.

Eleweke, J. 2001. Physician Heal Thyself: The role of Disability Organizations in countries of the south towards improvements in Special Needs Provision. *African Journal of Special Needs Education* 6 (2):107-113.

International, Inclusion. 2003. *Government Implementation of the Standard Rules as seen by members Organizations of Disabled Peoples' International-SPI*. Inclusion International 2002 [cited 2003]. Available from www.independentliving.org/standardrules.

Lansdown, G. 2001. *It's Our World Too! A Report on the Lives of Disabled Children*. London: Disability Awareness in Action.

Light, R. 2002. *A Real Horror Story: The Abuse of Disabled People's Human Rights*. England: Disability Awareness in Action.

Michailakis, D. 1997. *Government Action on Disability Policy: A Global Survey*. Sweden: GOTAB.

Nwazuoke, I. 1995. Professionalising special education need in Nigeria: a review of legal issues. In *Professionalism in Special Education in Nigeria*, edited by E. Ozoji, Nwazuoke, I. Jos, Nigeria: National Council for Exceptional Children.

Peters, S. 2003. Addressing the Rights of Individuals with Disabilities in Relation to 'Education for All': Where do we stand? What do we know? What can we do?

Quinn, G, Degener, T. 2002. *Human Rights and Disability*. New York and Geneva: United Nations OHCHR.

Torres, R. M. 2003. *What Happened at the World Education Forum?* 2000 [cited 2003]. Available from www.campaignforeducation.org.

UN-DESA. 2003. *Strategies for Implementation at the National Level* 1998 [cited 2003]. Available from www.un.org/eda/socdev/enable/disberk4.

UNESCO. 1995. *Review of the Present Situation in Special Needs Education*. Paris: UNESCO.

———. 1996. *Legislation Pertaining to Special Needs Education*. Paris: UNESCO.

———. 2000. *EFA FORUM Statistical Document, World Education Forum Dakar*. Paris: UNESCO.

———. 2000. *World Education Forum Final Report, Part II: Improving the quality and equity of education for all*. Paris: UNESCO.

———. 2002. *EFA: An intrnational strategy to put the Dakar Framework for Action on EFA into operation*. Paris: UNESCO.

———. 2002. *A World Fit for Children*. Paris: UNESCO.

———. 2003. *The Flagship on Education for All and the Rights of Persons with Disabilities: Towards Inclusion*. Paris: UNESCO.

UNICEF. 1990. *Final Report, World Conference on EFA*. New York: UNICEF.

———. 2002. *Implementation Handbook for the Convention on the Rights of the Child: Fully Revised Edition*. New York: UNICEF.

———. 2002. *Priorities for Children 2002-2005*. New York: UNICEF.