Children with disabilities', their parents' and teachers' changing perceptions and experiences of disability inclusive ECDE in 2 sites in Kenya

Reporting the results of the second round of focus group discussions and interviews in Homa Bay and Kakuma

Disability Inclusive Development programme, Task Order 20: Promoting Inclusive Early Childhood Development Education (ECDE) in Kenya.

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1. Introduction

The Disability Inclusive Development (DID) programme is a large disability programme funded by the UK government (FCDO). DID is working in five countries to improve the lives of people with disabilities in different ways (2018-2026). Task Order 20 (TO20), as part of the DID programme, is a project in Kenya aiming to develop understanding and practice of disability inclusive early child development and education (IECDE) so that children with disabilities will be able to attend pre-schools alongside other children in their community.

The project is trialling this approach in nine schools, six in Homa Bay county and three in Kakuma refugee camp and host community in Turkhana county. A consortium of partners: Sightsavers, Humanity and Inclusion (HI), Sense International (and for the early years of the project also Leonard Cheshire International), local organisations of people with disabilities (OPDs) and Kenyan government agencies at local and national level, have worked together with the schools to consult, provide training (e.g. for teachers and parents) and awareness raising in the community and with educationalists in Kenya responsible for training and curriculum about inclusion and how it can be promoted and rolled out locally and then potentially nationally.

As part of the project the Institute of Development Studies UK (IDS) led a piece of research running a series of focus group discussions (FGDs) and individual interviews with different stakeholders in two phases. This report presents findings from phase two (July 2023). For more details about the process please see the report on phase one (Wickenden, Rohwerder and Njungi 2022) and a peer reviewed paper (Wickenden, Njungi and Rohwerder 2023).

The research was carried out with a small team of nine people with disabilities who were involved as ‘peer researchers’, working with the support of a Kenyan consultant (JN) to undertake the focus group discussions and interviews in the two districts which are very different from each other.

The overall research questions addressed by the qualitative research were:

What do key stakeholders understand about inclusion and perceive and experience to be the barriers to and facilitators of inclusive ECDE (IECDE) for children with disabilities in Kenya?

Did the inclusive ECDE interventions in TO20 bring about change in quality and access to education for young children with disabilities and do the stakeholders perceive that this has been achieved?

2. Methodology

The IDS led research comprised of running a series of focus group discussions with teachers, parents and children with disabilities in Kakuma and Homa Bay counties and also interviews with families receiving a home-based programme in Homa Bay, in July 2023. This was qualitative participatory research, meaning it actively involved the whole team (IDS researchers, local consultant, peer researchers) in the process including: training and preparation, data collection, data analysis, and dissemination.

Local staff from the INGOs partners provided logistical support with for example, recruiting participants, liaising with schools, arranging venues etc. Additionally, a month before the second phase fieldwork, during a quarterly steering group review meeting, project partners (including OPD reps, local government officers, education experts) were asked to suggest topics and questions that they thought would be important to include in the phase two research. The topic guides were adapted and refined to take into account these suggestions. Thus, a collaborative approach was maintained throughout.

Briefing of peer researchers for second phase of fieldwork

All nine of the peer researchers who worked on the first phase were re-engaged for the second phase. They had online preparation sessions to revise previous training content, including reminders about ethics and safeguarding, and reflections on what the purpose and methods of the research would be. Their briefing and preparation continued face-to-face with the consultant immediately before the data collection, including revised information and consent forms, practicing with the updated topic guides, clarifying translations to local languages and agreeing on team roles.

Recruitment of respondents for the different groups

In collaboration with the consortium partners (Sightsavers, HI and Sense International), children with disabilities, parents and ECDE teachers were selected in the intervention schools to be invited to participate in the focus groups. Guidelines about who should be invited were shared with consortium partners: as far as possible we wanted to talk to the same participants as during phase one: 4-5 children with disability who are part of the ECDE intervention schools, 8-10 parents with children with disability in the ECDE intervention schools; 8-10 ECDE Teachers from the intervention schools. Furthermore, there was guidance on gender balance in each of the groups – at least 50 per cent representation of women/girls where possible.

For Sense International, guidance was to suggest families with a child with severe/complex disability who are part of their home-based care/schooling intervention who we'd talked to last time. Recruitment of these families was in collaboration with the Education Assessment and Resource Centres (EARCs). This was specifically in Homa Bay Town and Mbita.

For the most part the same participants joined, although there were some changes where previous respondents were not available.

Data Collection

The following were the total number of groups/individuals facilitated in all the target areas.

Table 2.1: The number of parents, teachers and children's groups across the different location

	Parents	***Teachers***	***Children***	***Home based***
Mbita	2	1	1	2 families
Homa Bay Town	1	2	1	2 families
Kakuma	3	3	3	-

Table 2.2: The number of participants by gender

	Female	***Male***	***Total***
Total no. of individuals	42	30	72
Children	2	13	15
Parents	21	10	31
Teachers	19	7	26

In total there were five children's focus group discussions; six parents focus group discussions, four home visit interviews; and six teachers focus group discussions.

All logistics and support to run the groups was in collaboration with the intervention schools in Mbita, Homa Bay Town, Kakuma Host Community, Kalobeyei Settlement and Kakuma Camps; consortium partners (this included learning assistants in Kakuma and Mbita); and EARCs in Homa Bay Town and Mbita.

The topic guides covered questions under the broad areas of: current experience of children with disabilities of pre-primary education (and in the community); others' attitudes and behaviours towards children with disabilities; creating an inclusive pre-primary school; home-based care; other services available for children with disabilities; parent/volunteer support groups; making the curriculum and learning materials inclusive, use of Individual Education Plans(IEPs) for each child recognised as needing special attention and support needed to provide inclusive ECDE. There was an additional focus this time on what had changed since last year. The topics differed slightly depending on the group and the topic guides were used flexibly, as appropriate. A very simplified format was used for the children's focus groups that involved child friendly activities.

Language: the groups were held in the local languages as appropriate (e.g. in English, Swahili and Luo in Homa Bay, and in Swahili, Arabic, Somali in Kakuma). Between them, the peer researchers could speak most of these languages as well as English. A local translator was brought on board to support with Somali translation in Kakuma. Notes were taken and written up by the consultant in English and the groups were audio recorded.

After each group event, a reflection meeting with peer researchers was held to brainstorm some key themes coming up, reflect on the team's experience in running the groups, and propose how things could be done differently in the subsequent groups.

Analysis process: A face-to-face team thematic analysis process facilitated by the IDS team and Kenyan consultant was used so that the peer researchers in the two sites identified key themes that they saw emerging across the different groups. Different ideas were clustered together. Mind maps were developed by the team, working together in order to see the connectivity across the different themes. Online meetings were held to organise, review and name the themes and discuss relationships between them, as part of a presentation to the IDS team still in the UK.

The peer researchers also reflected on and told their stories about their personal experiences of inclusion or exclusion and in facilitating the groups as well as about the peer research process. They were invited to make a short video or write their reflections on their experiences during a joint feedback activity.

The IDS team and consultant then reviewed the notes and grouped themes in the written notes combining these with the peer researchers' ideas, using NVivo software.

This report has been jointly written by the IDS team (MW BR) and consultant (JN) and also distributed to the nine peer researchers for their review and comments. An academic journal article is also planned which will focus on the peer researchers’ experience.

3. Results

Introduction to the results

The findings from all the focus group discussions (with parents, teachers and children) and individual interviews with the parents of the home-based children (21 events in total) have been analysed together as one dataset across the two settings, the different types of participants, and all the schools involved. Themes include material from both parents and teachers (and sometimes children), although some themes are particularly relevant to one group or another.

Normally in focus groups discussion is structured broadly around the different topics that are laid out in the topic guide. However the conversations can often cut across topics and so as the meeting progresses, key themes emerge. That means that the themes do not necessarily directly map onto the original topics listed in the topic guide.

Quotes from participants are reported anonymously, although the location and type of group is noted in brackets e.g. (Homa Bay parents) or (Kakuma teachers) etc.

There are eight broad themes, some having a number of subthemes:

I. Awareness of disability inclusive ECDE
II. Changing attitudes
III. Changing relationships
IV. Changing skills
V. School resources to enable inclusion
VI. School processes to enable inclusion
VII. External factors and support
VIII. Children in the home-based programme

There are also inevitably some overlaps between themes. Data from children and reflections from the peer researchers are mainly presented separately at the end of the results section. Names of individual children mentioned in quotes have been changed to preserve their anonymity.

I. Awareness of disability inclusive ECDE

Over the course of the programme, awareness of the concept of disability inclusive early childhood development and education (DIECDE) has increased amongst parents and teachers. Awareness was higher amongst teachers than parents but generally most were aware that DIECDE means that children with and without disabilities should be in the same classroom being taught together in a way that meet their different needs, rather than opportunities for children with disabilities being provided separately (i.e. in segregated classes or special schools).

There was recognition of the benefits of DIECDE by parents and teachers, both for children with disabilities and for their non-disabled peers.

> This idea is the best so that they can stay together and learn together. When they are by themselves, they will not know what the outside world is. They must interact and understand themselves as someone like the others.
> (Kakuma Tarach parents group)

> There are books that came here for assessment, and they did not limit these books. All the children benefitted. They brought for all learners. This is an advantage of inclusion. Children are children. It helps all the children.
> (Kakuma Mixed teachers)

In Homa Bay (group 2) teachers defined inclusion as:

> a good idea. It brings children together. It brings unity. Children are not being neglected. Before they were neglected. Nowadays they learn and do things together… Learners realise that disability is not inability.

II. Changes in perceptions and attitudes of parents, teachers and the community towards disability inclusion

Parents' attitudes

Parents' perceptions and attitudes towards DIECDE and their children with disabilities have improved over time as a result of the training and resources they have received and their children's and their own positive experiences of ECDE since the start of the programme.

> There is a change because as a parent it might reach a stage where you curse the child and sometimes you feel it is a burden. But since they started receiving the teaching, I have been taught how to nurture the child with

> disability and this has made life change. The teaching has made them change and (we are) accepting them as part of the family. (Parents group Homa Bay)

> Both the parents and learners have been helped through these sessions. Initially I was feeling like the child had no value. Right now, I have changed my thinking. Since that time I brought the child, parents and teacher has made a change. I feel like in future that my child will be a recognisable person in society. (Parents group Homa Bay)

They generally felt their children were happy and learning and therefore they were happy their children with disabilities were going to school.

> I am happy with all children being together. Those with disability can be part of the various activities like moulding together. It is good for them to be together. (Parents Host community)

> When loved in school, the learners will feel and become happy to go to school every day. (Parents Homa Bay)

> When the teacher is with them in school, he is with them. He is not put aside, they do it together. I am happy with that. (Parents Mbita)

Some parents mentioned having a change of attitude at home, within the family and community, and feeling more confident to advocate for their child:

> Before I feared, but now, I do not fear. Now I am good, and I am strong. We talk with other parents. We eat and talk together; we don’t put them in the kitchen. The child will see that they are loved in the family. (Parents Mbita)

Although differences of opinion between parents could also cause stress within families:

> There was a time the teacher called the father (her husband) and gave him a letter for some assessment for the child because he can be taken as a stupid boy being that he is mentally challenged. The father did not go. He fears going to the offices. I always ask him why not go and hear what the teacher is saying. Most of the times I am the one going to school, and we quarrel over that. (Parents Mbita)

However, in some cases parents’ concerns about DIEDCE remained and some still expressed a preference for special education for their children, if this was available. Some said that if they could afford it they would still chose a special school.

> According to me it is according to income. I feel we should have special school. Because I am not stable it will force me to take him to normal school because I don’t have the money to take him to special school. (Parent Mbita)

Some were sceptical that mainstream education would be of any benefit to their child.

> He gets difficulty when coming to school. He can’t even write his name. I see that it would be good to take him to polytechnic to learn a skill. ...If you teach him without writing…some hand work, he can do other than the class work. But with the school I don’t see he can do well. …I am thinking of taking him somewhere, I am using money and other things and by taking him to technical school would help. They would get help with knowledge… The problem I have is I want a place where my child can do something with something that can help him in future. Class work cannot help. (Parent Mbita)

In Kakuma, safety concerns were prominent among parents and there was less worry about the quality of the education their children were receiving compared to the first round of focus group discussions. These safety concerns mean parents at different schools in Kakuma preferred for their children with disabilities to go to a special school rather than an inclusive one.

> I feel like those with disability should have their own school. This school is full and when they are running, they hit these children and they fall. And the others walk over them. The normal ones are stronger. (Parents Tarach)

Often this comes from an understandable position of protection – parents wanting to be sure that their child is safe and would not be injured, beaten or bullied at school or elsewhere.

On the other hand, some parents were now objecting to suggestions that they should send their child to a special school.

> Inclusive education is coming up. Some of the parents are happy. There is a child we were about to refer to JRS centre [special school] and the parent

> refused and asked why do you want to send my child to JRS? (Tarach teachers)

Teachers' attitudes

Teachers' attitudes and perceptions of DIECDE were more positive than during the first round of focus group discussions. They noted that the training they had received had helped them understand the thinking behind and importance of disability inclusion. They talked more confidently about their skills in dealing with the children with disabilities in their classes, even though they also acknowledged gaps in their skills. Even the teachers who were new this time in the focus groups had positive attitudes towards disability inclusive ECDE.

> First thing you come out with [after training] is a changed attitude. There are skills which can really help you to deal with such learners. (Kalobeyei teachers)

Parents in different groups had noticed a change of attitudes and behaviour in the teachers and that they were more supportive of children with disabilities.

> Since the project started all the children with disability have not been sent from school to home. When the teachers who are handling the children with disability, don't mock them and cane them, the learners will enjoy school. (Parents Homa Bay)

> The teachers' cane those who are mocking the children with disabilities. Teachers have stopped this. Out of the school the normal learners are afraid and don't beat them on the way to school. When the child loses a pen and comes home, you find the teachers will give them a pen or a book. (Parents Homa Bay)

> Before teachers got the training they could only teach and handle the regular learners but after their interactions with learners with disability has increased. Initially there were words thrown to these children… They were being mocked and called different names. They were demoralised but after training all these children are treated equally. They treat them equally. (Parents Homa Bay)

> He loves Madam B because she understands him. He was sitting next to Madam B and she would tell him everything. By bringing him together they would interact. (Parents Mbita)

> The teachers love our children. For a child to tell you to buy my teacher a present it means they love their teacher. (Parents Mbita)

Teachers also recognised the way that they had changed as a result of the training they had received.

> We have been trained on how to handle children with disability. Now have positive attitude towards children with disability. (Teachers Mbita)

> We have been taught on inclusion, we view them as normal children... We thought these children as burden. A parent brings the child and leaves. Now we know what we can do and there is inclusion. (Teachers Mbita)

However teachers talked about feeling they did not have the skills to teach children with complex impairments and that they were sometimes scared of them:

> We were brought Fred and he has multiple disability. The only things he would do would be making noise. I was afraid, and asked whether we would make it. With time I found myself managing the boy. (Teacher Mbita)

They mentioned that other teachers in the school (who had not received inclusion training) came to them for advice, which made them feel skilled and competent.

> Our colleagues are coming to us to ask for advice. They come and consult. Before they would say let that person go and do their work. Now they have changed. (Teachers Mbita).

However the ECDE teachers were worried that their colleagues in the primary classes would not accept the children with disabilities, and in some cases had sent these children back to the ECDE class. Despite these generally very positive changes, there were still some instances of teachers feeling negative about including all children in their classes, especially those with complete blindness, deafness or complex impairments.

> Complete deafness – this would be a challenge. So hearing aids and basic signing skill is needed… There are severe cases that we cannot handle.

> Total blindness – how will we help that child? We need to have specialised teachers and equipment. (Teachers Mbita)

They felt that they did not have the skills or resources (e.g. documents in braille, braille machine) to teach these children, and some would overtly reject them. A parent reported what her child had told her the teacher had said:

> I am too big and I cannot say ‘a’. this means that teachers can be a barrier. Attitude comes from inside…a teacher can be angry and say the child cannot speak and tells the child to go home. (Teachers Mbita)

Community attitudes

The community awareness raising activities had contributed to increased enrolment of children with disabilities in the local schools and a little improvement in community attitudes towards the attendance of children with disabilities in the local schools.

> The community has come to understand that some children have disability. They are used to it. (Parents Tarach)

> From the community we don’t have discrimination on children with disability. For instance children with mental impairment, when a child goes (runs) away you find the community member will bring the child back. (Parents Homa Bay)

> Some discriminate them and some love them at community level. You will find that some will send this child with disability away from their homestead and others love and welcome them. (Parents group Homa Bay)

And the community are also promoting the idea of disabled children going to school:

> At one point you will find a community member asking you why aren’t you taking your child to school and this shows the community is concerned about the education of the child. (Parents Homa Bay)

However, change is hard and slow and disability stigma remains an issue, with not everyone happy that children with disabilities were attending the local schools.

> There are people who are not happy with my child being in school. They feel my child should be home and maybe be in town inhaling gum. They are not happy. (Parents Kakuma host community)

Some parents said they had to advocate actively for their child’s inclusion in the community, so parents have to do extra work to make sure their children are accepted.

> You have to welcome your child, you can’t go and fight the neighbour, you encourage him and playing with those next door instead of the places where he is being abused. (Parents Mbita)

Gender differences

Interestingly in Mbita there was an extended conversation about gender differences. Both parents and teachers had specific ideas about the differences between boys and girls with disabilities. It was generally perceived that girls were usually passive, need extra love and encouragement and that they also need special attention as they reach adolescence, because of the risks related to starting their periods, heightened needs for protection against rape or other abuse. The parents of ECDE age girls are already anticipating this as an extra worry as their girls grow up. Boys were therefore perceived as easier to parent and to teach.

They felt that other children were more supportive and kinder to girls (although this could be perceived as pitying and patronising). Girls were seen to be quiet and lacking confidence whereas boys were seen as more sociable, but also loud, unruly and liable to fight.

> It is easier to care for boys. His needs are not too much. When with him at home, after given him food he will play, in school he will walk into every class then people will come to one class and walk into all the classes and all the children/teachers know him and he greets them all. (Teachers Mbita)

> When I arrive at the gate, he is ready to help even though he cannot. Even if you refuse he will insist. This is how he is. Girls are just there. They respond if you tell them to do something… Most of girls with disability fear and don’t associate with others. It is difficult for them. Even when you advise them they will not. Boys associate easily... Boys in school when he is abused he will find a way to fight. With a girl she will go to the teacher. A boy can even take a stone to beat. (Teachers Mbita)

There were some examples of gendered expectations about children’s activities which were sometimes disrupted or different if the child had a disability, so teachers’ and parents’ ideas about what boys and girls can do or how they might behave intersect with their ideas about impairment.

> When he comes from where he is playing he will come with firewood [traditionally a girl’s task]. Even if he was playing with others they say that they would not understand what they are talking about. They abuse him. (Parents Mbita)

> For the girls: it takes time for them to start reading. Take time and (we) do it privately and (I) can speak to her and develop her self-esteem. ‘Read for me… we are now two’ and by taking private time they develop their esteem. If you force, she will cry and not come back to school... Girls: the girls are shy and don’t lift their hands. The boys are always active. Even if they don’t know they will lift their hands to respond. (Teachers Mbita)

III. Changing relationships

Increased awareness and greater confidence in skills as a result of the programmes activities has improved teachers’ relationships with both parents and the children with disabilities in their class. Teachers and parents have more respect and cooperation with each other.

> The teacher, the head teacher loves him. Puts him closer and the other day came with new uniform and when I asked, he said I have to put him close. I am in good communication with the teacher and he advices me not to take him from school. God knows why he is like that, God will give him another way. I see the teacher is doing well. (Parents Mbita)

> What we are doing here is inclusive education. It has brought parents from home to work together with teachers and community and before there was separation and now we are included and are the same. (Tarach teachers)

There was recognition that teachers and parents need to communicate often and work together to help the child.

> The local school makes parents frequently visit school and know how they are progressing. It helps us learn the child. (Parents Homa Bay)

In Kakuma Mixed teachers group, one teacher highlighted the importance of relationships and teamwork with parents and the community:

> Leaving the teacher alone is bad. There are parents, teachers, well-wishers and organisations. There is support that is being given. There is follow up.

> We should do things as a team. By doing this we will succeed. Making both ends meet is important. Collaboration is needed with partners, county, stakeholders.

The improved relationship between teachers and children with disabilities has also helped improve the relationships between children with and without disabilities in the classroom as teachers have stopped some cases of bullying and modelled acceptance of children with disabilities. Thus arguably modelling of a positive attitude by teachers has impacted on the behaviour of the children in the class.

> The first thing I do is I take the child to class, and I stand with the child. I introduce them to the other learners so that they know. I also say this is one of our colleagues and they will be with us. When they see a new face they may say the child is not meant to be in our class. With introduction they know this is our member and they start interacting. They call each other and tell each other. They take the cue for the teacher. (Tarach teachers)

However, there are still some concerns about fighting and bullying between children mainly from parents but also some teachers.

> In the school because of the population, not all are good. Some play with the children and some harass them. (Parents host community)

The teachers observed that relationships between children with and without disabilities are now mostly more positive, although there are some examples of bullying reported by the children. Children with disabilities mentioned friendships with other children in the class that are important to them.

> Before … learners with disability were isolating themselves. They were not freely interacting. This is different. Right now, they play together and when they come from school and back home they have some experience that they are warmly welcomed in the school. The project has helped. (Parents Homa Bay)

> IE is important. I have a learner with disability. When they are with other learners and all love one another, they will support each other, and it will make them feel they are loved. (Parents Homa Bay)

IV. Changing skills

There has been change in the skills of the children themselves, the parents and the teachers.

Parents felt that their children with disabilities' skills had improved over time, while there were far fewer concerns from them about the teachers' skills and ability to teach and take care of their child. Some parents noted that their children could now read, count, do aspects of self-care. It seemed that this developmental progress over a year had convinced some parents about the value of inclusive education. In Kakuma host community a parent reflected:

> For my son, I see he has changed. He knows the number 1-5 and identification of alphabets.

A parent in Mbita also noted the change for their child:

> When I was talking to my child there was a difference. He was a stammering and children were laughing at him and he would cry. He would say children are abusing him. Nowadays he laughs at the children, and he jokes with other children. Before he could not talk and now, he is doing better.

Teachers in Kalobeyei also observed this improvement in children with disabilities:

> They can now write. They could only read but now they can write. They write what the teacher is writing, alphabets, numbers and can print well.

The parents in Kakuma host community also noted how they had been helped in their skills with their children:

> As parents we have been helped. There was a manual – post parental (positive parenting) manual that is helping them know how to help their children – home to school transition. This really helped.

In Homa Bay, parents also talked about the benefits of the training, and of parents' groups which were set up:

> In this programme, since it started, we have been having the training of parents with learners with disability and other parents. We have been brought together and when we were being trained and all the parents share their ideas and this has made out experiences to grow ... we have formed a

> group of parents of learners with disability and you find that these parents have different experiences and ideas. Some can make locally available materials for the learners. When we get the raw materials locally we can make them.

One parent in the same group however made a request:

> to reach those parents who have not been reached.

The teachers also recognised the value of parents receiving training and how this knowledge is transferred further:

> Parents were trained … on inclusive education monthly and this is supported by teachers who are also trained. These parents share it back at home.

Teachers also felt that the trainings had improved their skills in helping children with disabilities. They had learnt new things like learning through play and how to mix different groups of children, what accessibility measures might suit children with different impairments, and were very happy with what they'd learnt. The experiences of the last year and a half or so had also helped increase teacher's confidence and how to handle different situations sensitively.

> At first, parents didn't have the knowledge. Once teachers had the training, teachers go out to get the learners even those who are hidden. Now even when we are at the market, we are approached to give help/support and we advise them to bring them to school. Before we did not know what to tell them or forwarded them to special schools. (Teachers Homa Bay)

> We got knowledge on how to handle children and now can handle children with disability in schools. (Kalobeyei teachers)

> We have been taken under training on how to handle children with disability especially in inclusive education and all teachers are aware on how to handle the children. The training imparts us with knowledge. For example, if child has low vision, we give them extra time to allow them to finish his/her work. We have skills on how to handle them. (Tarach teachers).

However, there is still progress to be made, especially in relation to correction or punishment. While teachers didn’t mention it themselves in Kakuma, children there noted that some teachers were still resorting to beating them if they got things wrong, for example.

V. School resources to enable inclusion

The programme was able to provide some support to improving the accessibility of some project schools for which the teachers were very appreciative, however the conditions of many remained problematic even though some children with disabilities were attending. In Kakuma, the roof of the ECDE classroom had collapsed due to strong wind and all the children were now in the primary school rather than separated in their own class, which increased safety concerns for the children with disabilities. The inaccessibility of the physical environment of the compounds (e.g. steep and uneven ground, steps) and poor WASH facilities (e.g. lack of water and no adaptation to make them inclusive) were still common.

In Mbita, one of the schools is on a very hilly and rocky site which makes physical access very difficult. It would be almost impossible to enrol a child with severe physical impairments in this school without very extensive modifications to the compound and the classrooms.

While there was some improvement in the availability of teaching and play materials, there was still a concern than there was not enough that was accessible to children with disabilities, especially those with visual impairments. Some teachers are making their own materials (sometimes parents are also involved in this as this was promoted during their workshops). However, the cost of materials is an issue, some teachers paid for these themselves as well as being very inventive in using recycled, repurposed objects (e.g. to make a mobile). Project schools in Kakuma also benefit from having classroom assistants to help.

The school feeding programmes were mentioned as a factor attracting children to schools, although some schools struggled with having enough cooks or food.

> Most learners come to school because of food. Even those with disability come with others. So having food here helps. (Teachers Kakuma Mixed)

VI. School processes to enable inclusion

There are many processes and procedures in schools that need to be adapted to be more inclusive. There was plenty of evidence of this having happened, but also some more improvements still to be made.

The awareness raising and community outreach work has resulted in increased enrolment of children with disabilities in both Kakuma and in Homa Bay schools. One change in enrolment since last time in both counties was that parents were now involved in the enrolment process (bringing their child into schools and telling the teachers that they had some difficulties), as opposed to last time when it was mainly siblings who enrolled their sibling with a disability:

> Before the children were registered by their siblings but now the parents are more enlightened. (Teachers Kakuma mixed)

> It is the parents who comes and tells the teacher what the issues are. I take the information and it is necessary for the parent to share the information so that I know how to handle the child. It takes time for a teacher to realise for themselves that something is wrong. (Teachers Mbita)

A challenge in Kakuma is sometimes a lack of birth certificates for children which makes it harder for them to be enrolled (as this is a requirement). It is not clear whether this is specific to children with disabilities or more general. A further challenge for parents is poverty which means they continue to struggle to afford uniforms and other school expenses. Significantly, the latter issue was also much more in evidence in Homa Bay than previously, with many parents mentioning the costs of schooling and the need for food being difficult for them to afford.

Transition up to primary classes is still a complex issue because previously children had to achieve certain skills in order to progress to the next class up. Thus a child who is learning very slowly could stay in the ECDE class for many years and would not stay with his/her age peers. While it sounded as if progression to primary school for children with disabilities was occurring, there were some concerns from teachers that parents were reluctant to let their children move up. In Kakuma for example:

> Bob is 15 and he has been here for more than 10 years. When we are ready to say let him transit the parents say no and let him report. We are still holding him. We must let him go so that he sees a different environment so that he can learn. (Tarach teachers)

In Homa Bay similarly there were concerns about how transition to the next class would happen if accessibility had not been addressed in these classrooms and teachers in the primary classes had not had inclusion training.

> There is an issue with transition as well because how will they access the classrooms as they transition. This will demoralise the children from transitioning. (Teachers Homa Bay)

The consistent use of structured paperwork to assess and plan for the needs of children with disabilities (IEPs) was also mixed and contentious. Teachers in Kakuma have been trained in the use of IEPs, but there is little use of them, and teachers feel they need more assistance. In contrast, their counterparts in Homa Bay now have some confidence about using IEPs compared with previously. Now they could see the benefit of the IEP process, having had more training about it and some practice with the forms. They felt it helped them to understand the child better, although they did say it was a big job to use the form and added to their workload. If they had more children with disabilities in their classes, this might be unfeasible.

> At first, it was not easy. After several trainings, we know how to develop them. It has helped. For this girl - I could follow the progress. Now I can do the follow up. I can see what I can do…what I am planning to do to achieve my goals. ...Helped us know the strength and weaknesses of the learners. Where they are strong, I put more effort, where the weaknesses are we pull up. (Homa Bay teachers)

> IEP is important but it is important we have knowledge. We have to establish the knowledge and then find the strength and weaknesses of the child and then set the objectives. The process is tiresome. (Teachers Mbita)

VII. External factors and support

Parents and teachers appreciated the help provided by the DID partners (Sightsavers, HI, Sense International and Leonard Cheshire) and other resources in the area. Increased referral for assessment at EARCs, and to hospitals for therapies and knowing how to access provision of assistive devices was very important in enabling some children with disabilities to attend school. However not all were able to access them and the need for more accessible and inclusive healthcare was an issue.

Although the DID project TO20 had provided many types of inputs and is showing impacts, there was concern that when the project finishes (in December 2023) this progress will be difficult to sustain by local providers. It was felt that the externally run project pushed things along and was a catapult for change. There was little awareness with the participants in these groups of the actions being taken at the national level in relation to inclusive education policy, and curriculum changes for trainee teachers.

VIII. Children in the home-based programme

Four families who were receiving the home-based care programme from Sense International were visited and the parents interviewed in order to hear their perspectives on the support and education their children were receiving at home. Three families reported positive experiences and felt that their child had progressed in terms of their skills and development in the last year or so. They felt optimistic that their child is more accepted and would eventually be able to go to school, although in some cases there were accessibility or travel challenges that would need addressing before this could happen:

> I am optimistic that my son can be in an inclusive school as long as the required materials are available. And when the wheelchair is available those who can take him to school are also available to take him…. He is able to sing, he goes to church and he loves singing. And he can hum the drumbeats.

They felt positive about the home-based support they receive.

> When G (Learning Support Assistant, LSA) is around, my son is free. He is very free. Whatever he is told he tries to do. G’s assistance is preparing my son in learning. He has been taking him through some education. (Homa Bay)

> With his condition, I have been taking care of him just like any normal child. I am trying to give him a good life just like other children. When he has a problem, if he is not in a position, I call the LSA to help. I have been with him. I have no problem with him. (Mbita)

> The teaching is good. When D the LSA comes and Steve knows him, D will help him stand and to walk, he brings him balls but these were taken by other children. (Mbita)

Some parents had not really embraced the idea of inclusive education for their child with severe difficulties, perhaps believing that this was not possible for them. They felt that they needed a specialist/segregated provision, but at the same time were clear that they would like the child to be attending somewhere outside the home. This then is progress as many parents with severe disabled children have previously felt unable to take them out, because of stigma.

> I would wish that SI to advocate for learning centres for children like mine. The reason for this is that when I is at home with my son, I am not able to do other activities but if he is in school I will be able to do other activities. (Homa Bay)

Here then the burden of care, the difficulties of going anywhere with the child and financial impact on families with a child who is not at school is clear.

> If you can find a doctor who can do the home visit. It is expensive taking him to town. You might go there and he is disruptive. It would be good to have home care therapy. A wheelchair that can assist. …They have done the measurement and they are to give feedback… He is now being carried when we do. ...If I leave, I go with him. If I have to buy my supplies I leave him with someone. (Homa Bay)

One of the four families had a less positive outlook, with a child whose health has apparently deteriorated and whose development had seemingly not progressed. The mother felt that they had not had sufficient support from the home-based programme. She seemed to have very little support from family or the community and was affected by stigma in relation to the child. This illustrates how complex looking after a child with severe and complex needs is, and how it affects family dynamic and relationships. She was not optimistic or positive about her son attending mainstream school in the foreseeable future.

Clearly the model of providing home-based care is a good one but is a limited resource and some children with complex difficulties are seen as hard to support and in need of more services. Teachers in one discussion groups, expressed some concern about how well this can work.

> In the community, you find a child is having a disability but you find that the parent comes to training, but they don’t bring the child to school. This child at home isn’t receiving any training on learning. These children can receive homebased care. There are children at home who need home based care, but the service is not there for them. (Teachers Mbita)

IX. Children with disabilities' perspectives

As might be predicted because of their ages and stages of cognitive development, the views expressed by the children with disabilities in the five children's groups were quite concrete and concerned with immediate aspects of their school experience. It may also be that some children were unable to express their ideas because of lack of enough adaptation to their impairment (e.g. children with deafness, cognitive or severe physical impairment). Being asked to express their views was also probably not a common experience for them and they may not be used to working together in a group or being asked questions of this sort. Nevertheless it was good to give them an opportunity to contribute. Of course they did not have any other school experience to compare with, so would not know what 'inclusion' could or should look like. Additionally, some of their experiences may be common to all children, rather than specifically linked to their disabled status. Children at this age are typically unaware that they are labelled as different. Nevertheless, the children were able to express their likes and dislikes about school. Likes were often focused on learning and friendships, while dislikes were often about the state of the classroom and playground, as well as beatings by the teacher.

> Likes the classroom. I like to sit in the class and I write. I like to read in class. Doesn't like the thorns because they will hurt him. (Kakuma children)

> Unhappy about the teacher. Because she beats me when I make a mistake. (Kakuma children)

Children in Homa Bay enjoyed coming to the focus group sessions and particularly liked: their teachers (who love them); playing with their friends and having porridge at school. Things they didn't like were dirty classrooms, difficult inaccessible terrain, poor security in the compound (wanting a guard and a good fence and gate) and being scolded, beaten or bullied.

X. Reflections of the peer researchers

The peer researchers had a range of impairments (physical, visual, some had acquired and some congenital difficulties), were four women and five men, and had a mix of educational and work backgrounds. They spoke various languages as appropriate to the two settings, so that the discussions could be held in the right language for each group. Some had been involved in community-based research before, others not at all, but all had been involved in the first round of focus groups.

Below are the key aspects they noted in feedback sessions at the end of the process. This was a written exercise, where they added individual ideas to four joint flipcharts circulated around with different questions. They each also had an opportunity to make a short video about their own personal experiences and perspectives and the ideas below are a combination of these. The videos are available on request.

- Doing research was more enjoyable and easier than they expected, although also sometimes hard work and tricky!
- They felt that they had learnt new skills which would be useful to them in the future and had gained confidence in their own abilities and how to cope with new situations. They felt much more confident and comfortable during the second round of fieldwork.
- They had learnt some communication and organisational skills, as well as about how to run groups, work as a team and how to analyse the data together. They had also learnt about good preparation and the importance of thinking about how to translate questions from English to local languages in advance, so that the discussion flowed well. They also learnt that the conversation can be flexible, so that new ideas arising in the discussion could be followed up on.
- They learnt that everyone’s opinion counts, and that qualitative research can ‘dig deeper’ and find out a lot about what people think.
- They appreciated the opportunity to meet and interact with different people, the focus group participants, school staff, IDS researchers and INGO staff. They also appreciated the opportunity to be paid for this work, to enjoy transport and food during the research days.
- They heard from some of the participants in the focus groups (e.g. parents and children) that seeing them, people with disabilities in the role of researchers, was impressive and encouraging, as it showed that this was possible. This gave others hope for the future of children with disabilities and the value in them going to school. The peer researchers were therefore role models for others, demonstrating a positive contribution that people with disabilities can make.
- They had gained deeper understandings about disability and inclusion themselves from meeting each other and seeing how inclusion worked in schools and hearing the stories from the participants. This had changed their minds in some cases (especially

as many of them had either had negative experiences at school and or had attended special schools). They were very clear that all children with disabilities should go to school. This is a right. Also, they emphasised that everyone should be accepted and its okay to be different. People should not be discriminated against. Every human being has value and everything is possible given time.

- They had increased or renewed motivation to be involved in disability awareness raising and advocacy themselves in their communities and had a stronger sense of being in leadership positions to do this. They had therefore learnt some important things about themselves and had had experienced raised consciousness about their own position and their own identities.

4. Discussion

Overall, the findings are that people's understandings, awareness and commitment to the concept of disability inclusive ECDE has increased in the period between our first and second data collection phases.

Parents and teachers in both Homa Bay and Kakuma had a clearer idea of what inclusion means, what the benefits might be and how it can be achieved. They generally reported positive experiences of it. Some admitted to having been sceptical about it earlier and that their minds have been changed and they now support the approach. Many mentioned the positive aspects of DIECDE being that children with disabilities will be seen as similar to other non-disabled children and that they can benefit from learning and playing alongside others. Before they had not been optimistic about children with disabilities benefiting from school. However, now that the children have been in the pre-school for a year or more, there were many examples of them having made good developmental progress, having gained early academic skills, and becoming accustomed to attending school with their siblings and peers and enjoying learning together. The teachers talked positively about what they had learnt during trainings about inclusion, most had embraced the concept and spoke positively about accepting all children in school and their right to be there.

However teachers mentioned that they are still very short of resources at school (although this was also true generally and impacts all children, not just a lack of materials aimed at inclusion of children with disabilities) and indeed we noted that the schools were generally poorly equipped, with very few teaching materials apart from exercise books to be seen. Impressively, the teachers in Mbita demonstrated that they make their own toys and materials, but that they have to fund this out of their own pocket. Given that pre-school education is supposed to be play based, this was not very much in evidence (except in the playground) and both the parents and the teachers seemed to emphasise academic skills such as reading and writing heavily. For some children with disabilities this expectation is unrealistic and more adaptation of the curriculum and activities for these children will be needed, if children with a broader range of impairments are to be successfully accepted and included in mainstream classes.

Some teachers also expressed concern about including children with more severe or complex impairments (particularly mentioned were blind and deaf children and those with behavioural difficulties). They did not feel that they had the skills, time and resources to welcome these children into their classes.

They also expressed various quite dichotomised ideas and expectations about boys and girls with disabilities' behaviour and learning styles. However these may be influenced by more generic cultural ideas about gendered activities and behaviour that are expected.

The physical environment at the schools is mixed in terms of its accessibility and some schools have made efforts to improve the school environment both in the classrooms and in the compound outside. However physical access is still generally poor and classes very crowded with poor quality furniture. Additionally the accessibility of the toilets was a problem, as was availability of water in many schools.

Parents were generally happy and relieved to have their children in pre-school and appreciative of the progress they had made in settling, being accepted and learning new skills. Some parents had found the trainings and resources that they had received useful and this had given then confidence in parenting and advocating for their child. Some parents liked attending regular parent groups where they could share experiences and advice with each other. Some were confident about and looking forward to their child progressing to Grade 1, others were unsure how this transition would work for their individual son or daughter.

They were appreciative of the teachers commitment and 'love' for their children and that they were being looked after and given special attention to make sure they coped with the school day. As would be expected they have a strong protective instinct about their children and need reassurance that they will be safe and positively welcomed in school. They were more positive about the teachers' skills in relation to their children with disabilities than they had been before. They reported that community attitudes were changing and that most people were now supportive of them sending their child to the local school, although some reports of stigma, discrimination and bullying still remained.

There was noticeably more mention and apparent impact of poverty and cost of living pressures on families during this second round of discussion groups. Costs (e.g. of food and fuel) have increased dramatically in the last year and struggles with household budgets and meeting expenses such as school equipment and uniform, travel etc were more marked this time. Noticeably these arose in Homa Bay as well as Kakuma, whereas in the first phase this issue was much more prominent in the latter. Teachers, parents and children mentioned the provision of lunchtime food as a major motivation for attending school.

The data from the families receiving the home-based programme from Sense International in Homa Bay was mixed. Some were very appreciative of the home visits and advice given and felt their child was progressing, and possibly on a trajectory towards school. A small number did not feel this and reported feelings of hopelessness and lack of support. Low expectations and stigma in relation to severe disability are still very much present for these families.

Many of the participants were very positive about the progress towards disability inclusive ECDE and primary education so far but were also concerned that the project would be finishing soon and so were wondering how the changes that have been made could be sustained and built on without external assistance and resources. However the increasing establishment of new teaching practices (e.g. child focussed teaching, play based methods, use of IEPs), and changes in the national teacher training curriculum were felt by some to provide evidence of change becoming embedded. Attention will now be needed on rolling out awareness-raising and training for teachers in the subsequent classes in primary school and also at secondary level. Children with disabilities who have had a good experience in ECDE and their parents will be expecting a similarly positive experience once they move to Grade 1 and upwards through the school.

Of course, if children, parents or indeed teachers have not seen good models of fully inclusive education, they may find it hard to be critical of what they are experiencing and thus may not ask for some provisions which should in theory be available to achieve real inclusion and good quality education for all. Thus they may be satisfied to be moving from no education to newly developing inclusion, but with little awareness of the further adaptations and provisions that would ideally be provided (e.g. making the physical spaces in the classroom and outside truly accessible to all, provision of tactile, visual and play based materials to suit all, teachers having time and skills to adapt their style and pace of teaching for children who are slow learners etc).

In relation to the way that this research was carried out, repeating the focus groups and interviews after a year or so was illuminating as we could see evidence of change which is clearly linked to the programme. Participants were happy to take part again and happy to share their views and experiences. Working with people with disabilities as peer researchers and therefore them being in the forefront of collecting the data from the children, parents and teachers worked well. They gained skills in being researchers and could see many benefits both for their communities and themselves in taking on this role. They were more confident and had increased research and communication skills the second time around. Importantly for children and parents the peer researchers provided a role model of what someone with a disability could do later in life.

5. Conclusions

Many of the findings are positive and paint a more optimistic picture than in phase one of raised awareness and expectation of disability inclusive education from parents and teachers. The children themselves were also positive about going to school, liking their teachers and friends. This confirms that a multi-pronged approach to rolling out IE works well as it tackles the different areas of need and potential barriers simultaneously to build up a ‘head of steam’ for the new idea. It suggests that promoting inclusive education is best started with very young children. Working at the ECDE level makes sense as it avoids the common problem of children missing the first few years of school and then having difficulty catching up (or never joining) and missing out on making friendships with their same-age peers as they progress through school grades. If all children have started at pre-school together then there is a better chance of acceptance of those with disabilities and potentially reduced stigma and bulling as they go through education together.

Training and support for both teachers and parents is an essential part of the package as it gives both groups the confidence to try inclusion in practice, in their classes or with their own child at home/in the community respectively. It also confirms that providing awareness raising with a variety of different stakeholders in the community as well as discussing this with government educationalists and policy makers at different levels, and other service providers such as health workers, assessment centres and advisors, Quality assurance and Standards Officers (QUASO) and staff at Education Assessment Resource Centres (EARCs) is essential. These people’s positive attitude and appropriate knowledge and skills will be important to promote and support an inclusive approach at the family, school and education policy levels. Thus change is needed both at the individual level for each child needing specific help (e.g. assessment for devices, therapy etc) and at the level of the system where rolling out inclusion more broadly will be needed in order to give all children with disabilities in Kenya an equal chance of an inclusive education from early years onwards. Thus, the journey towards awareness of and demand for inclusive education is a long and slow one, and perhaps with these DIECDE classes in Kenya, first steps have been made but there is still much more to be done.

6. Acknowledgements

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7. References and resources

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