# Inclusive Early Childhood Development and Education in Kenya: what do parents, teachers and children understand, perceive and experience?

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This paper describes qualitative research nested in a larger intervention programme developing and piloting a model of disability inclusive early childhood development and education (ECDE) in two districts in Kenya for future national rollout. Working with Kenyan in-country teams from international non-governmental organisations (INGOs), partners and international researchers, a Kenyan facilitator led nine peer researchers with disabilities to run focus groups with parents of children with disabilities, teachers in ECDE classes and some children with disabilities. The findings were analysed thematically using a collaborative online process with the team, generating eight key themes, the main five of which are presented here. Parents and teachers were generally positive about children with disabilities attending mainstream ECDE classes, as were children themselves. However, understandings about inclusion and what it implies were rather variable. Some adults were unsure whether all children with disabilities could be included in local pre-schools. There were major concerns about school resources, training, skills and numbers of teachers, accessibility, and safety. For many parents living in poverty, the cost of sending their child to school was a factor. Having peer researchers involved, had many benefits as they were perceived as empathic facilitators and inspirational for children with disabilities and their parents. The findings will inform the intervention which continues until 2024.

**Keywords**: Inclusive ECDE; peer researchers; qualitative; focus groups; exclusion; parents; teachers; children with disabilities, pre-primary.

# Introduction

The inclusion of disabled children in the global movement towards universal education has now risen up the policy agenda, as it is increasingly recognised that this large group of children are often excluded from education at all levels. The general principles of equal rights and inclusive, equitable education are enshrined in seminal treaties such as United Nations (UN) Convention on the Rights of the Child (1989), the Salamanca Statement and Framework for Action on Special Needs Education (1994), UN Convention on the Rights of Persons with Disabilities (2006) and in the Sustainable Development Goal 4.2 (by 2030 ensure that all girls

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and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education) (UN, 2015). However, a focus on pre-school children with disabilities and their need to be included is newer, despite many initiatives about under 5's care, stimulation and education more broadly (Grantham- MacGregor et al., 2007; Olusanya, 2018; WHO & UNICEF, 2012; UNICEF, 2019; WHO et al., 2018; UNESCO, 2021):

Despite being more vulnerable to developmental risks, young children with disabilities are often overlooked in programs and services designed to ensure child development. As a result, most children with disabilities do not receive the specific supports required to meet their rights and needs. Many children with disabilities are not provided the same quality education, nurturing care, health care, and social protection as their peers (ECDAN, n.d.).

Internationally there has been much more focus on promoting and investigating inclusive education for primary and secondary school children than about pre-school children and this is especially scarce in middle-and low-income countries including in Africa (Feldman et al., 2013; World Bank, 2019). Both disability and inclusion are concepts which have been promoted extensively and globally (WHO & World Bank, 2011; WHO & UNICEF, 2012), but there is some criticism that they are 'northern' ideals, projects with colonial origins, which do not necessarily transfer easily to 'southern' or resource poor settings (Meekosha, 2011; Kamenopoulou, 2020; Singal et al., 2018; Walton, 2018). If care is not taken to develop locally appropriate versions of these concepts which fit with local contexts and practices, implementation of seemingly universally beneficial, but arguably hegemonic approaches, can ultimately fail to be understood and accepted (Grech, 2015; Pather, 2019).

Disabled children's early years development and education has been recognised as a topic previously neglected, but is now seen as fundamental when anticipating their future health, educational and later wellbeing as they grow into adulthood, and yet progress is faltering (Okivo & Muema, 2021; Singh & Abu Alghaib, 2019; WHO & UNICEF, 2012). In the first couple of years of life, children's development has tended to be seen as mainly the concern of health services (see WHO et al., 2018) and focused on activities that parents do in the home, but usually from 3 years on becomes increasingly addressed by education services as children start to attend pre-schools. Entering education at the same time as their peers is crucial for children with disabilities both from the developmental/educational perspective and for social reasons (Howgego et al., 2014; Filmer, 2008). Children recognised as having impairments, whether the arguably more easily identified types, such as physical, hearing and vision difficulties, or with less obvious difficulties such as learning, psychosocial, behavioural or communication differences, will all benefit developmentally from early education. Irrespective of the severity of their impairment, learning and playing alongside their non-disabled peers, in a friendly and accepting environment that is adapted to their needs, will support their developmental and later academic progress, their wellbeing, their life skills and ultimately their

inclusion within their communities (Mizunoya et al., 2016; Majoko, 2018).

Globally, countries' policies vary in relation to the starting age of formal education, usually between 5 and 7 years (World Bank, 2022). However, it is increasingly recognised that 1 to 2 years of pre-school education, which is more informal and play-based, helps young children in making the transition from home to school and preparing for more formal education (UNESCO, 2021). Pre-school children consolidate and practice basic skills across the core domains of child development: physical, social, cognitive and communication, as prerequisites for more academic learning of literacy, numeracy and other subjects in primary school. The term 'school readiness' refers to this transitioning process from informal pre-school education to primary school, although the exact nature and key components of this are contested, and the importance of culture and context has been emphasised (Lynch and Soni, 2021). Arguably, for children with impairments which may be linked to developmental delay in some or all domains, this period of pre-school learning is even more important if they are to move smoothly to attending primary school with their peers. However, the decision to enrol young disabled children in ECDE provision is a complex one for parents who may be unsure if this is possible. These children often do not attend at all, or are late to join, and then may not progress to primary school with their age group.

Looking internationally, there is widespread recognition that the benefits of early child development and education programmes are multiple and huge investment is being prioritised towards this globally, including through the Nurturing Care Framework (WHO et al., 2018; UN, 2015; Global Partnership for Education, 2018; OECD, 2017; Education Cannot Wait, n.d.; ECDAN, n.d.; Karisa et al., 2022). However, specific investment in helping parents to understand, and teachers to practice, inclusive education at pre-school level has been slower to follow, despite the need to empower them to address early childhood development needs of children, especially those with disabilities (Karisa et al., 2022).

# Early years education in Kenya

In Kenya, the official school starting age is 6 years, with enrolment in pre-primary 1 at age 4 (Kabita & Ji, 2017). The Government of Kenya recognises the importance of pre-primary education as fundamental for school readiness and has developed Pre-primary Education Policy Standard Guidelines (Republic of Kenya, 2017). Pre-school classes are becoming more popular and many government primary schools have an early childhood development and education (ECDE) class attached (Piper et al., 2018). In 2019 there were 2.7 million children enrolled in pre-primary classes in Kenya. Of the Kenyan children born in 2004, 83% attended pre-primary education (KNBS, 2020). However, the proportion of young children with disabilities attending pre-school is still unclear as this data is not recorded, but the perceptions of headteachers in a review of six counties suggests that many disabled children do not attend pre-school (NGEC, 2016). This ties in with the lack of participation of children with disabilities in education, with

the Ministry of Education in 2015 reporting that the proportion of learners with disabilities is 2% and 0.4% at the primary and secondary levels respectively (Ohba & Malenya, 2020). A 2017 survey estimated that there are 1,901,943 children with disabilities in the school system and 587,289 out of school and needing to be in school (KISE, 2018).

The Kenyan government, through its various education focussed agencies and training institutes, has made great strides in recent years to revise its curriculum (moving to a competency-based approach) and to consider children with disabilities in its policies (KICD, 2017; Mugambi, 2017). A 'competency-based curriculum is a curriculum that emphasizes what learners are expected to *do* rather than mainly focusing on what they are expected to *know*' (Kabita & Ji, 2017: 10 (original emphasis). However, implementation has lagged behind these initiatives and many children with disabilities do not manage to gain school enrolment or more importantly continue in school (KISE, 2018).

There is little research on what works for children with disabilities in ECDE, especially in relation to attendance, participation and learning (Okiyo & Muema, 2021, de Souza, 2021; Ackah-Jnr & Udah, 2021). Furthermore, with a few exceptions (Odongo, 2018; Oyugi, 2011; Brydges & Mkandawire, 2020), studies rarely focus on the understandings, experiences and expectations of the people most involved in inclusive ECDE, namely the children with disabilities themselves, their parents and the ECDE teachers.

Our study sets out to explore these aspects by carrying out research directly with these stakeholders (see also the project report: Wickenden et al., 2022). We also chose to work with people with disabilities as peer researchers as we felt that their own experiences and insights would provide additional value to the study (Wickenden & Lopez-Franco, 2021). We felt that this group would gain the confidence of the participants and reduce the potential steep power gradient between researcher and participants. The perspectives of both peer researchers and participant groups would inform the ongoing project, providing the implementing partners with opportunities to understand a range of views and perspectives on the topic. In addition, using participatory approaches responds to the 'nothing about us, is without us' motto of the global disability movement.

# The 'Promoting Inclusive ECDE in Kenya' project

This qualitative study is nested within a larger project which is currently (2018-2023) piloting a model of disability inclusive ECDE in two districts in Kenya. The project aims to develop the idea of disability inclusive early child development and education, so that children with disabilities will be able to attend pre-schools alongside other children in their communities. It is a collaboration between 4 international non-governmental organisations (INGO) partners and a research partner, as part of the Foreign, Commonwealth, and Development Office (UK Aid) funded Disability Inclusive Development (DID) programme.

The Inclusive ECDE project in Kenya is coordinated by the INGO Sightsavers, working in collaboration with Leonard Cheshire International (LCI) (no longer part of the project as of November 2022), and Sense International (SI) (all in Homa Bay), alongside Humanity and Inclusion (HI) (in Kakuma – refugee camp setting), and with the research partner, the Institute of Development Studies (IDS) UK, as well as government and local Organisations of People with Disabilities (OPD) partners. Each INGO is contributing to the development and trialling of the model of inclusive ECDE and the different components of the project in diverse ways. The National and County Ministries of Education, National Council for Persons with Disability, Kenya Institute of Special Education (KISE) and Kenya Institute of Curriculum Development (KICD) are part of the steering committee and are involved in decision-making about the intervention project and how it complements work ongoing within government to promote inclusion and ECDE. Government officials such as Quality Assurance and Standards Officers (QASOs), Education Assessment and Resource Center (EARC) officers, Curriculum support officers (CSOs), and teacher training institutions are also heavily involved, as are headteachers, school staff, school management committees and community members.

The authors (MW, JN, BR) are involved in the programme as part of the disability research team at the Institute of Development Studies. Our role is to contribute to the conceptual and theoretical design of the intervention and to carry out qualitative research in relation to the intervention activities being undertaken by the INGO partners.

Our team's methodological expertise and preferences are for qualitative, participatory and inclusive research (Wickenden & Lopez Franco, 2021), often working with people with disabilities as peer researchers, on topics of which they have life experience. We have a special interest in hearing the perspectives of groups who are usually not included in research, such as more marginalised impairment groups, women with disabilities, family members and children with disabilities, and in making data gathering events truly accessible to all.

Our research was carried out near the beginning of the intervention to promote inclusive ECDE in nine schools in Homa Bay and Kakuma. The intention was that as well as exploring concepts of disability and inclusion quite broadly, our findings would act as a 'qualitative baseline'. This would provide understandings of the parents', teachers' and children's experiences and views of disability and inclusive ECDE before or just as various different intervention activities had begun. Such intervention activities would include training for parents on 'positive parenting', teachers' training on disability inclusion and use of specific tools such as locally designed Individual Education Plans (IEPs), accessibility audits of ECDE centres, community advocacy work and other initiatives. Our analysis would thus inform the subsequent intervention activities and would be one of the ways of measuring change across the project.

In parallel, other researchers are carrying out a quantitative randomised control trial, measuring the children with disabilities' progress in their ECDE classes over 2 years, looking at their

levels of skills and difficulties using various tools, including the UNICEF Washington group child functioning module (Washington Group/UNICEF, n.d.) and the International Development and Early Learning Assessment (IDELA) (Save the Children, n.d.). The Washington Group Questions' focus is on functioning in basic, universal activities, that means people are at risk of social exclusion if their environment is not accommodating, in contrast to approaches that are based on a medical model of disability, which focuses on individuals and their impairments to bodily functions or structures (Washington Group/UNICEF, no date).

We plan to repeat our qualitative process near the end of the intervention phase in about one year's time. Thus, the qualitative and quantitative findings should complement and enlighten each other, to produce a rounded and in-depth picture of how a multifaceted project promoting inclusive ECDE can work in two Kenyan settings. The intention is that this will then be rolled out more widely in the country in collaboration with the Kenyan Ministry of Education and related agencies.

The research question that was addressed by this specific qualitative research was: what do key stakeholders understand about disability inclusion, and perceive and experience to be the barriers to and facilitators of disability inclusive ECDE (IECDE) for children with disabilities in Kenya?

#### Methodology

The study was a discrete piece of qualitative work, exploring the perspectives of groups of teachers, parents of children with disabilities, and children with disabilities attending a total of 9 inclusive ECDEs in 3 settings, two sub-counties in Homa Bay county (Homa Bay TownTownTown – an urban/peri urban location, and Mbita – a rural location) in Western Kenya and Kakuma, a county in northern Kenya. There is a large population of refugees in Kakuma from neighbouring states, including South Sudan, Ethiopia, Burundi, and Somalia (there are three distinct areas: Kalobeyei Settlement, Kakuma Camp and Kakuma Host community - each with different ethnic and language identities). These two counties are the host project areas for the larger Inclusive ECDE intervention.

We undertook semi-structured focus group discussions with three types of participants (parents, teachers, children with disabilities), with between two and nine people in each group (See Table 1). Specific topic guides were developed for each group (available on request). The broad topics were agreed with the project partners, and there was deliberately a flexible approach which would allow for wider conversations to develop if they arose. The parents' and teachers' topic guides focused on their knowledge and experience of inclusion, how they had experienced it working or how it could work, what the facilitators or barriers of increased inclusion might be, whether children with particular types of impairments were easier or harder to include, gender

aspects, identification and assessment of children's difficulties, provision of resources/advice/expertise, training needs and so on. The children's groups were designed as a series of flexible play-based visually focused activities, which encouraged them to talk about what they like or didn't like at school, and what would make school even better. The focus groups with adults were held in community venues, the children's groups were held in school premises.

Additionally, the intervention project has a specific programme of home-based support for children with severe and complex impairments who are not yet attending school, delivered by Sense International. Therefore, the researchers carried out four home visits to interview parents whose children were on this programme in Homa Bay. It was important to gather the perspectives of the parents of these non-school going children.

Some incidental conversations with government officials involved in services for children with disabilities, such as QASOs, EARC officers, CSO, headteachers, and teaching assistants, also occurred during the course of the fieldwork as they happened to be present or were present to help organise the groups. Their comments were marked in a different colour and clearly indicated as being from them in the transcripts from the focus groups. Data from these participants are not included in this paper.

Nine local people with disabilities, with little or no experience as researchers and education levels ranging from secondary certificate to degree level, were recruited (with the support of INGO and local OPD partners) to work as peer researchers. The INGO and OPD partners reviewed the terms of reference and circulated these in their relevant networks. The applicants submitted a short letter and CV and were invited to the INGO offices to be interviewed virtually by the IDS team. The peer researchers were chosen for their skills and experience with disability, community work, and local language skills. Three peer researchers were selected from each area, with the three in Kakuma representing the three distinct communities there. The peer researchers had either physical (6) or visual impairments (2) and one was a carer of a child with disabilities. In Homa Bay there was gender balance with 3 men and 3 women, in Kakuma there were 2 men and 1 woman. Details on their orientation and training can be found below.

All the data collection in the two areas (Homa Bay and Kakuma) was overseen and managed by the Kenyan researcher (JN). She worked closely with the UK based team (MW and BR) and with the nine peer researchers.

# Recruitment of participants

There were six parents' focus groups, five children's groups, and five teachers' groups across the different locations (see Table 1). In addition, there were four interviews with the parents of

home-based children in Mbita and Homa Bay TownTownTown.

Children with disabilities, parents and ECDE teachers in the intervention schools were invited to participate by INGO partners (Sightsavers, Leonard Cheshire International, SENSE International in Homa Bay, and Humanity and Inclusion (HI) in Kakuma sub-counties respectively) before the visit of JN and the peer researchers to the area. The INGO partners were encouraged to select potential invitees purposively, so that a range of experiences and characteristics would be represented. As far as possible, gender balance was aimed for although there were more women represented both amongst parents/carers and teachers (see Table 1). Amongst the sixteen children who participated in the five children's focus groups, one had a physical impairment, one had a psychosocial impairment, four had a visual impairment, three had a hearing impairment, four had an intellectual impairment, and three had a speech impairment (as assessed by the teachers).

Groupings of parents needed to take into account their languages of choice. Groups were held in the local languages as appropriate (e.g. in English, Swahili and Luo in Homa Bay, and in Swahili, Arabic, Turkana, and Somali in Kakuma). The peer researchers could speak these languages as relevant to their groups as well as English.

Focus groups	Location	Female participants	Male participants	Total
Parents	Mbita (Homa Bay County)	5	1	6
Parents	Mbita (Homa Bay County)	5	1	6
Parents	Homa Bay TownTownTown	5	4	9
Parents	Kakuma host community	5	0	5
Parents	Kalobeyei Settlement	3	0	3
Parents	Kakuma Camp	1	2	3
Children	Mbita (Homa Bay County)	4	0	4
Children	Homa Bay TownTownTown	5	0	5
Children	Kakuma host community	2	3	5
Children	Kalobeyei	2	1	3

Table 1: Focus groups location and participants

	Settlement			
Children	Kakuma Camp	0	2	2
Teachers	Mbita (Homa	7	0	7
	Bay County)			
Teachers	Homa Bay	5	1	6
	TownTownTown			
Teachers	Homa Bay	5	0	5
	TownTownTown			
Teachers	Kalobeyei	1	5	6
	Settlement &			
	Kakuma Camp			
Teachers	Kakuma Mixed	6	1	7
Individual	Location	Female	Male	
interviews		participants	participants	
Home-based	Mbita (Homa	1	0	1
	Bay County)			
Home-based	Mbita (Homa	1	0	1
	Bay County)			
Home-based	Homa Bay	1	0	1
	TownTownTown			
Home-based	Homa Bay	1	0	1
	TownTownTown			
Totals		65	21	86

# Training of local researcher and peer researchers

The local researcher JN had previous experience of participatory and disability research and working with the UK team. She and the peer researchers participated in 3 online sessions of training on peer research and its process, project background, concepts in inclusive education, research processes, and ethics among others. The training took a blended approach, with peer researchers in Homabay and Kakuma together in physical rooms, connected virtually to the national consultant [JN] in Nairobi and the IDS team in the UK. The peer researchers ran mock interviews with each other in groups of 3, to familiarise themselves with the topic guides and discuss translation into locally relevant languages.

The second round of training was run physically face-to-face with JN, immediately preceding the focus groups in each location. This training covered in-depth review of the topic guides, review of the information and consent materials and more practical sessions - running 'dummy' focus groups in local languages with each other to practice and tease out any potential issues.

#### Focus groups and thematic analysis

The logistics and support to run the groups was in collaboration with the project partners and intervention schools in Mbita, Homa Bay TownTownTown, Kakuma Host Community, Kalobeyei Settlement and Kakuma Camps. Each focus group or interview was facilitated jointly by two peer researchers and JN in the local language. The two peer researchers worked together and complemented each other's skills. When there was anyone with visual impairments in the group (either a peer researcher or child) the visual material and what was done with them were verbally described in full. The group discussions lasted for around 2 hours each, except for the children's groups which lasted between half an hour to an hour due to their shorter concentration spans. Notes from each group were produced by JN in English, with translations provided to her where needed by the peer researchers. After each group discussion, a reflection meeting was held with JN and the peer research team to brainstorm key emergent themes and reflect on the team's experience in running the groups and propose how things could be done differently the next time.

After the data collection, the peer researchers were introduced to an online thematic analysis process and participated actively in the generation and refining of the key themes (Braun & Clarke, 2012; Wickenden et al., 2021). Two rounds of analysis were held in December 2021 and January 2022. NVivo, a qualitative data analysis software, was used to manage the data. The data was reviewed by BR, JN, and MW for potential themes which were then presented to the peer researchers to validate, add to, group together, name, and identify connections between through a mind mapping exercise. The peer researchers worked together in person in the two locations, with the other team members online. Upon agreement of the final themes, the data was coded in NVivo using these themes by BR and MW. The detailed project report based on this analysis was written by the authors of this paper with reviewing input from the peer researcher team and a follow-up online discussion (Wickenden et al., 2022). They were also invited to write or talk to video about their experiences of being a peer researcher. The data about the peer researchers' experiences of the process will be reported after the second round of focus groups in mid-2023.

# Ethics clearance

Ethics clearance was obtained from both IDS (UK) and in Kenya in collaboration with our Kenyan lead research partner Sightsavers, using Strathmore University Institutional Ethics Review Committee (SU-IERC), which is accredited by the Kenyan National Commission for Science, Technology and Innovation (NACOSTI) to conduct ethics reviews of research protocols. We particularly highlighted the specific issues which need to be taken into account while doing research about disability and with people and children with disabilities.

#### The lead researchers' positionality

The lead researchers are two white female academics based in the UK and are members of the disability research team at the Institute of Development Studies UK. Both have considerable professional and/or personal experience of disability and of carrying out research with and about the lives of people with disabilities, including children with disabilities and their families in various regions globally, including in East Africa. We broadly (though not uncritically) espouse social and human rights-based models of disability and as part of our work promote disability inclusion, both in different sectors in society and in research. Further, we are well aware of and sensitive to our positions as external to the research setting and the risks of steep and unwanted power gradients between us and those we seek to do research with. Thus, we often work alongside local researchers such as our colleague and co-author JN, who is a Kenyan woman, and with peer researchers, who are people with disabilities from the communities where the research is located. Our analysis of data generated is always done collaboratively with our in-country team and our interpretations remain tentative until checked with these colleagues.

# Findings

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

Given their age, stages of cognitive development, and the novelty of being asked for their views in this way, the data from the children's groups was more limited than that from the parents' and teachers' groups, which is reflected in the presentation of the findings that includes fewer of the children's voices than those of the adults. Even with the adapted topic guides, the children with disabilities struggled to focus for long and they talked mainly about the immediate aspects of their school experience.

Given space restrictions, five broad themes are presented, which inevitably have some overlaps. What arises is not occurring in isolation and therefore different elements repeat to some extent across the broad themes. For example, disability stigma impacts on people's expectations around children with disabilities in ECDE classrooms but also on assessment and disclosure. Quotes from participants are reported anonymously, although the location and type of focus group is noted in brackets e.g. (Parents' group, Homa Bay town) or (Teachers' group, Kakuma host community) etc.

# Varied understandings and feelings about disability and inclusion

Parents and teachers' understandings of (and desire for) disability inclusion and disability inclusive ECDE were quite variable, and some still understood or wanted education for children with disabilities to be special education (i.e. segregated either in a special school or separate classroom). This depended perhaps on the type of personal experience, exposure to information and/or training they had had. Even where the idea of disability inclusion was broadly understood, there was uncertainty about how practical it was, given the small amount of training mainstream teachers have about disability and the dearth of teachers trained specifically in special education, suggesting that more awareness-raising for parents and training for teachers is needed.

When asked what could be done to make your local pre-primary school inclusive of children with disabilities, parents often responded by suggesting that children with disabilities should get their own class with special teachers or a separate special school, rather than a more inclusive approach:

The child may be demoralised in the normal schools. Some teachers cannot identify the problems their children have. When taken to the special schools with trained teachers they can be easily helped because everything is there including the teaching aides (Parents group 2, Mbita).

Others suggested making children equal and loved whether they have a disability or not. Some parents in a group in Homa Bay town had an understanding that 'Inclusive education is where children with and without disability learn in the same place' and acknowledged its advantages. However, another parent in the group noted that they'd ideally send their child to a special school if they could afford the school fees, as in the current school:

Teachers are concentrating on children without disability and this affects my child's learning (Parents Group 1, Homa Bay town).

Many of the teachers have had some training on disability inclusion (which they remembered as being good and useful) from their teacher training or from the project but had mixed attitudes towards it in relation to its practicality and feasibility in their schools. They mostly expressed a generally positive approach with acceptance that children with disabilities had the right to education, and some understood the arguments for and benefit of them being in mainstream classes alongside other children. There may have been some courtesy bias here – with teachers saying what they thought was expected. Some mentioned that children with disabilities should be valued and invested in, that they should be loved and looked after. They noted that the new competency-based curriculum helped them to adapt to the children with disabilities needs in

the classroom:

We are in CBC [competency-based curriculum] and we want to identify the talent of the child, whether special. We provide materials and observe where they are interested (Teachers group, Mbita).

Sometimes their attitudes seemed to come from a 'caring for' perspective rather than educating the children and their expectations of the children's progress were either rather low or negative or conversely unrealistically high. There were also fears and negative feelings that these children will make the teachers' tasks in the classroom more difficult, requiring them to adapt and do extra activities to include them:

It forces you to give others work and then you come and attend to them. For mine I hold his hand and go slowly together. It is not easy you have to give them extra attention (Teachers group, Homa Bay town).

Teachers expressed both more positive or conversely exclusionary or stereotyping views, especially about children with particular impairments. The way that teachers described children with disabilities in their class was sometimes quite anecdotal or based on local understandings, rather than using the language used in the Washington group child functioning module, something the project is aiming to change in its training of the teachers, so that they are able to recognise and objectively describe the child's difficulties. For example, their descriptions of types of impairment sometimes conflated deafness and a speech difficulty or expressed confusion about types of learning and behavioural difficulty, rather than reflecting how impairments are understood and described by the wider disability movement (broadly following WHO ICF model) (WHO, 2001). This suggests that they have a rather individual/medical model way of categorising children which can be pathologising and that their disability awareness and acceptance is still developing.

The teachers' training on disability inclusion and inclusive education provided by the project, (as well as some having had previous training on the topic at their teacher training colleges), seemed to have made a difference to their attitude to inclusive ECDE already, as they said their attitude had changed. They will receive further training later in the project. Some teachers had previously felt that special schools were a better place for some children or that special education teachers were better placed to teach them. However, after their training, some teachers felt confident enough to have children with disabilities in their class:

The training I did not know inclusive education is good but in the training I realised it is good to include all learners so that they feel they are part of others. Before I had questions - why would they have all children together? (Teachers group, Kakuma host community).

# Mixed expectations of inclusive education from community/parents/teachers

Expectations were mixed on whether children with disabilities can learn and be well cared for in their local pre-primary schools. As noted above, some parents wanted their children to attend special schools where they felt they would receive 'better care and education', although these were often far away and expensive, so they sent their children to the local schools or kept them at home. Others sent their children to schools which had a special unit as they felt it would be difficult for their children to go to school with other children. The desire for special education rather than inclusive education related mainly to their concerns and expectations about quality of education and the safety and care their children were receiving in their local schools, where teachers had often not been trained and where assistive devices and teaching aides were lacking:

If there is a special school with trained teachers who can give the education it would be better. In the school he is in, there is nothing (Parents group 2, Mbita).

These concerns were heightened amongst the parents of the home-based learners with multiple disabilities who are currently 'stuck at home' and only accessing education through the Sense International home-based programme. They hoped to find a suitable school for their child but worried about whether this is possible given their children's needs:

I would like Robert to be taken to a school where the caretaker will be someone who understands the child well...If the environment does not support Robert's condition then I would not enrol him (Home based parent interview).

I wonder if the teachers can take care and have a heart of taking care of these children. I would like to know if there are children like her, does she have company so that she is not lonely. I wonder if she would be able to go to the local school. I would also like to know if the toilets (are) accessible for her. The environment has to be able to confirm that she could be comfortable (Home based parent interview).

Teachers also noted that parents' and communities' understandings of the possibilities of disability inclusive ECDE are clearly linked to their expectations of their child's experience in their local ECDE class. Some teachers suggested that parents were overprotective or not well informed about the concept of inclusive education for their children in local schools:

They think if they are brought, they will be beaten. They need to be told that by bringing them to school they can be helped (Teachers group, Kakuma).

In some classes we do not have children with disability because their parents fear to

bring them to school. For the children who have been to school, I don't think they have a fear (Teachers group, Homa Bay town).

There is a lack of consensus on the value of educating children with disabilities and some parents had fears around how their children will cope and progress in school, although others felt school attendance was very important. For example, there were tensions within some families about sending their children with disabilities to school, as some family members wanted to send their children and others did not see its value. In one of the Homa Bay Town focus groups, one parent was worried about their child's behaviour, but meeting other parents during the group reassured him that enrolling his child was the right decision.

Some parents voiced expectations that their children should be able to read, write and count as a result of being in pre-primary school, as well as concerns that their children had not learnt these things:

He is going to school but cannot write well. He is going to school but he does not know anything. He is going just like the others, but this is not gaining anything (Parents group 2, Mbita).

Disappointment in what their children were (not) learning, resulted in some parents using corporal punishment on their children or trying to stop them from attending school, even if their child was enjoying it. Some parents also mentioned not supporting their children's education when they were at home, for example not monitoring their studies or helping with homework that teachers set their children:

He doesn't hear anything. If he is given homework, he doesn't do it. The father keeps canning the child badly and this makes me feel bad and sad. I feel he is being canned because he is someone with disability. He loves school and when we tell him not to go to school, he feels he is being punished (Parents group 2, Mbita).

The low expectations of their children's learning seem to be a combination of their own low expectations of what their children could do and also of their confidence in the teachers' skills and ability to help in the local schools. Parents expected their children to receive a better education in special schools. Some parents did acknowledge that the teachers in their local schools were trying and that their children were making small improvements:

The teachers are trying. The child could be told to sit but would not sit. Now they are told to sit and they sit (Parents group 3, Mbita).

While in school she is okay. While she has been there, she has changed. The teacher teaches well and I am happy (Parents group, Kakuma).

Community expectations of the inclusion of people with disabilities also play a role in the experiences of children with disabilities. Disability stigma contributes to the negative expectations of parents of children without disabilities of having children with disabilities in the classroom. For example, parents in Mbita reported that some of the communities were happy if children with disabilities did not attend school. In Homa Bay town, a teacher also told us that parents of children without disabilities preferred the special units as they were afraid children with disabilities would beat their children or perhaps the teacher would concentrate more on the children with disabilities rather than theirs in mixed classrooms. These negative community attitudes complicated parents' feelings towards their child with disabilities, with some accepting and supporting them and others feeling it is a curse:

He was saying that he was being beaten by other children. I went to school and spoke to the teacher and the teacher scolded those who were beating him. Now he likes going to school (Parents group 3, Mbita).

If we can have parents who take their children to school at the right time and to hospital for one to get good advice from the doctor. This will mean our children are a gift from God. After we have accepted this, then we will care for them. If we don't agree, even the love we are talking about will not be there and the school will not love them and the community will not love them (Parents group 3, Mbita).

# Making an inclusive and conducive environment for children with disabilities

Teachers had a lot to say about the resources they needed to make their classrooms and school environment more inclusive and conducive for children with disabilities. They focused mostly on physical aspects such as the size, accessibility and safety of the rooms and compounds, including having suitable toilets. In addition, they noted that student-teacher ratios were very high, which made it very difficult to manage their class and support the individual needs of learners with disabilities. This is clearly a source of stress and strain on them and even if they believe in inclusion, they found it difficult to achieve in practice as a result. Parents were in agreement with these requirements for more resources.

The children also focused on the physical environment as something they wanted changed, both in terms of cleanliness and in terms of physical facilities. Those in Kakuma, where the environment is dustier, were especially concerned with cleanliness. Some noted that features such as a fence and a guard contributed to their sense of safety:

I would want compound to be clean (Children group, Kalobeyei).

I would like a very big class with big tables (Children group, Homa Bay).

I like the gate because it is nice (Children group, Homa Bay Town)

Teachers and parents also mentioned needing more teaching and play materials although this was not disability specific (e.g. books, posters) which may indicate a general lack of suitable pre-school materials. The children also noted that they liked playing with balls and coloured pencils and that they want more things to play and learn with:

I like our school. I normally play with the ball. We also want another ball to play with. A small ball to play with (Children group, Kakuma).

There was relatively little mention (perhaps little awareness) of specialist assistive devices such as adapted furniture, special grips for pencils and puzzles, large dolls, enlarged print, etc. Sign language and braille were mentioned by teachers (although they lacked sufficient skills and resources to use these), as were objects with rounded edges and not sharp corners and more rubber materials.

In relation to soft skills, teachers' confidence with planning what to do to help the child practically in the classroom was often low, and some mentioned doing things that are generally considered unhelpful (e.g. shouting at deaf children) (Akach & Woodward, 2000), or assumed the children with disabilities lacked ability rather than adapting activities or breaking them down into smaller stages:

When we are teaching, we have to shout for them to hear and if you don't shout, they will not get what you are talking about (Teachers group 2, Homa Bay).

We need training on how to handle the children. It would make it easy. These skills are important. Now we wonder how we would help them (Teachers group, Kakuma host community).

Teachers understood the idea of a 'Competency based Curriculum' and of adapting to the child, that it was designed to be inclusive and allow them room for creativity. However, they emphasised the challenges of this in reality with the expense (time and money) on the teachers to develop the materials. Teachers in Kakuma, where HI supported them with classroom assistants, also noted the benefits of having another adult in the class to support with teaching and classroom behaviour. Teachers across the different schools also felt that more support for their disability inclusion work could perhaps come from parents/volunteer groups.

Teachers recognised that they needed to focus more on the topic of disability, learn more and admit more children with disabilities to their schools.

As far as disability is concerned, we cannot say this is the end of this meeting or workshop. We anticipate having more workshops. We need to learn and know more about disability so that as we admit these children we (can) give you more information about them. We are going to mobilise for the children to come (Kakuma host community teachers).

Here the teachers are anticipating other activities that the project will be offering to them, such as further trainings (e.g. on using Individual Education Plans) and workshops to review progress in moving towards increased inclusion of children with disabilities in their pre-school classes.

There were many comments from teachers about the type of attitudes that were needed, mostly expressed positively in relation to the children's right to attend school, being accepting and encouraging and so on:

As a teacher, [we] have to be friendly to all. We went to teach and we knew we were going to teach children. It must come from the teachers' heart (Teachers group, Homa Bay).

However, some teachers admitted having beaten or scolded children with disabilities in the past because they are slow to learn:

There is one who jumps up and down and beats others. Before the training she was giving me hard time and I would cane her every day but now I am different (Mbita teachers).

Parents noted that their children often enjoyed school, but they were not always happy with some teachers' attitudes towards their children, and some felt the teachers did not care about their children or help them to learn. Others noted that the care shown by the teachers helped their children enjoy going to school:

A special teacher is careful with the children. They will also try to help the child to talk. They will motivate this child. Now the teacher there just writes on the black board and leaves the child. The teacher now doesn't care and watch over the child. The teachers in normal schools do not care (Parents group, Kakuma).

When he started going to school he was stubborn, the teacher showed love to the child and he came to love the school (Parents group 3, Mbita).

Teachers' views of their relationships with parents were mainly positive and they saw the importance of regular contact and discussion with parents in order to work together for the

wellbeing of the children.

Some children in both locations also noted that they faced violence from their teachers, although others in the same groups liked their teachers and what they taught them. For example, in the same group children said:

I like teachers. They teach us.

We don't like the teachers. They beat us (Children group, Kakuma Mixed).

Another issue raised by many of the teachers was the likelihood of bullying and teasing of children with disabilities, either by other children or by adults in school and that teachers needed to be alert to this in order to ensure children with disabilities would be comfortable attending the ECDE class:

One [problem] we face is that these children with disability are laughed at and beaten by other children. This causes them to be absent. They can't play with others. They do not participate. They think if they go to one or the other they will be beaten (Teachers' group, Kakuma).

The teachers suggested that they have to protect the children with disabilities from bad treatment from others. Parents were also worried about their children being teased/bullied/beaten when they go to school. When this had occurred, it made their children reluctant to attend and caused distress to the parents:

The child has a difficulty because when he is in class the other children laugh at him. He feels like he is in jail. He likes hiding from school. I told the teacher and they disciplined the other children. Now he seems to be loving school (Parents' group 2, Mbita).

However, there was also recognition from parents and teachers that positive relationships were possible and helpful in influencing the children's view of school:

If they interact with other learners, they will be comfortable, if not they will be uncomfortable (Teachers group, Homa Bay town).

My child likes school. They like it because they like playing with toys and football with friends and some games (Parents group, Kalobeyei).

# Difficulties of getting children assessed and into inclusive ECDE classes

The process of getting a child with disabilities assessed and supported in school was not clear to the parents. None of the parents in Mbita groups had taken their children for assessment or knew how to. The Mbita EARC officer noted that the main registration and assessment points were in Homa Bay Town, which would mean that due to the distance, parents would need to take a whole day (or more) off work to complete the processes and most cannot afford to do this. In Kakuma, some parents were unhappy with the outcome of their children's assessments because their child was said to not have a problem or that support was not provided. In Kakuma, teachers noted that community mobilisers from the schools' Board of Management were active in encouraging parents to take their children with disabilities to school.

Teachers noted that the process of children getting into school seemed to be quite haphazard, with several examples of children with disabilities being brought along for admission by older siblings, thus suggesting that conversations between teachers and parents may not be optimal yet. This meant teachers were not informed by parents of their child's difficulties, despite parents in Homa Bay noting the importance of informing teachers of their child's abilities during enrolment or registration. However, the disability stigma noted above, also resulted in some parents hiding their children, making it less likely for them to disclose their children's existence or disability, and take them for assessment and enrolment:

For parents some of us do not accept we have children with disability. We hide them and cannot come out to tell other parents (Parents group 3, Mbita).

Teachers had some awareness of processes of assessment and identification of children with difficulties. However, although many said they had had some disability inclusion and inclusive education training (see Sightsavers, 2018), they felt they needed more knowledge. Some remembered being introduced to Individualised Education Plans (IEPs), which in theory would help them to plan with the parents and possibly with the child what adaptations are needed in the classroom. However, most had little practical experience of using these and how they might help them with their work with children and their parents.

Teachers also seemed to have little knowledge of external services that they could refer children to for further assessment or where assistive devices and other advice could be acquired. Similarly, parents also mentioned difficulties accessing assessments and assistive devices for their children and a general lack of services and support:

They [children with multiple disabilities] need help but those who are supposed to support them have neglected them. Sometimes if we go to ask for help sometimes you fail to get it (Parents group 1, Homa Bay).

#### Parents' concerns about costs of schooling and transport

In addition to the parents' concerns noted above, a major issue for parents related to household poverty, especially for those in Kakuma. Sending their children to school involved paying for transport to school (especially if their child had mobility impairments), uniforms and school fees or supplementary payments. In Kakuma, not having a uniform meant children were sent home. However, in Kakuma, there were also school feeding programmes which meant their child was fed:

The children are being chased away from school because of lack of uniform and as mothers have no jobs and are buying other things like food. So, if children are supported with uniform they will study without fear (Parents group, Kaloyebei).

Another barrier, as a parent you may see you want to empower a teacher with Ksh 500 per month [equivalent to  $\pm 3.50$ ] for your child and if you don't then the teacher will not assist your child (Parents group 1, Homa Bay).

Most young children with disability face a lot of challenges. They are hungry at home and they faint when like this, and this causes them to not come to school (Parents group, Kakuma host community).

School fees and travel costs were a factor for some parents in not sending their children to their preferred choice of a special school:

I am thinking of taking my child to a special school but due to lack of school fees I cannot take my child to a special school (Parents group 1, Homa Bay).

Transport issues did not just relate to their cost, but also to parental worries about their child's safety, especially if they had to travel unaccompanied:

I have a child who cannot walk well. When coming to school I have to use a *boda* [motorbike taxi] and sometimes I am not available and this makes the child not go to school because the *boda* will not remember to pick him (Parents group 3, Mbita).

#### Discussion

The study explored understandings, experiences and expectations of disability inclusion in ECDE in Kenya. The focus group discussions generated rich and varied data from the parents and teachers and much of what they said echoed each other and also was similar with that shared from parents of children on the home programme. Other incidental conversations that

the research team had with school staff (head teachers, teaching assistants) and others, including community mobilisers, ECD County representatives, NGO staff, EARC officers, and learning assistants generally concurred with the data gathered from the group discussions.

Parents and teachers had mixed understandings of the concept of disability inclusion and inclusive education and arguably their ways of deciding about their children's futures were based more on practicalities such as costs, safety (especially concerns about bullying) and their expectations of their child's academic progress, rather than a rights-based acceptance of diversity promoted by the project. Stigma and discrimination were clearly still a major factor which influenced people's views and decisions.

However, overall and looking across the perspectives of the teachers and parents, there was growing practical understanding of the inclusion ideal, the purpose and justification of inclusive education at pre-school level and the idea that children with disabilities had a right to be in school with their non-disabled peers. The intervention project had provided training, community mobilisation, and exposure to other parents who had sent their children with disabilities could and should attend their local pre-primary schools. According to some teachers, this view of inclusive ECDE was not necessarily shared by the parents of children without disabilities in their community, so more community sensitisation is needed as well as more reflection on and consideration of local understandings

Concerns about the quality of education, level of care and safety received by their children with disabilities meant that many parents do favour sending their children to special schools (although cost often prohibited them from doing this) or having a special unit in a local school for their children, with specially trained teachers who could 'properly' care for and teach their children, rather than having them in mixed classrooms. Recognition that this is not true disability inclusion as aimed for by the international disability movement and enshrined in the UN CRPD (UN, 2006) was mostly absent. However, these are common concerns amongst parents in many countries (Mariga et al., 2014). Here, perhaps, the hegemonic nature of the global Inclusive Education movement is seen to contrast with the parents' concerns in the real world (Walton, 2018). Arguably, parents are more focused on what they regard as good quality education, wherever it is delivered, rather than the mantra of placement in mainstream schools. Concern about the level of care teachers could provide was especially acute among the parents of home-based children with disabilities, whose impairments are more severe and the care needs greater than those of children with disabilities already accessing schools.

Some of the concerns about the quality of education may partly arise out of the expectations or misunderstanding parents had of the aim and contents of early childhood education. For example, some parents expressed disappointment that their child had not yet learnt to read. Teachers may also be unrealistic in terms of what to expect from pre-school children as some

parents reported their children having literacy focused homework. Setting homework for preschoolers is not a recommended practice internationally, although it is common in Kenya (personal communication with project colleagues). While literacy skills are part of the Basic Education Curriculum Framework (KICD, 2017), along with language and communication skills, physical education, creative arts, emotional awareness, and health and nutrition, experts in ECDE are concerned that trends in early childhood education programmes are increasingly veering toward formal academic learning. Most typically, developing children are not developmentally ready for this, and this focus can take attention away from play based learning and letting children be children (Okiyo & Muema, 2021; Lynch & Soni, 2021). The children in the focus groups also mentioned that they wanted to have more things to play with. Children with disabilities' specific needs for support may in particular be the need for a period of learning and socialising through play before embarking on formal literacy activities, especially if some of their early developmental skills are delayed.

The capacity of children with impairments to progress developmentally and subsequently academically, and the speed at which this would occur, was perhaps both underestimated and overestimated by the participants, in relation to what ECDE can achieve. Understanding of the types and extent of support that disabled children might need was lacking in some discussions. It was perceived that some children with disabilities were 'easier to include' than others, and some children are still regarded as not suitable for school enrolment. Thus, there was evidence of impairment-based stereotyping and discrimination and a hierarchy of exclusion which is commonly seen in other disability arenas (Wickenden & Lopez-Franco, 2021). In relation to parents, our findings closely mirror many of those of a study in Lagos, Nigeria, where the twelve parents of children with disabilities interviewed also had mixed feelings about inclusive education and the benefits for their child given the schools' resources, as well as the 'perception that certain disabilities are more 'includable' within the country's inclusive learning settings than others, based on a cultural logic that places different bodily impairments on a hierarchy' (Brydges & Mkandawire, 2020: 645). Of course, ideas about what education is for and what it can offer to children vary cross-culturally and the idea that children with severe and complex needs can benefit both socially and academically may be new and indeed challenged by some. If inclusive education is seen as an idea imported from the global North and thus part of a persisting colonialism, it may be perceived to conflict with local conceptualisations. However, consensus and conclusions about this are still uncertain amongst researchers on inclusive education. Some authors see inclusion as a 'western imposition' and others as an idea that predates colonial influences, as represented by the idea of Ubuntu in the African context (Walton, 2018).

Despite the importance of early identification and assessment of children with disabilities, parents, especially those living further away from EARCs, struggled to get their child assessed. The distance to travel to the EARCs and the time that would need to be taken away from livelihood activities, was not affordable, especially for those living in poverty. In addition,

families struggled with disability stigma in their communities, which, for some, has affected their own attitudes towards their child and their potential.

There were major concerns amongst teachers about their own lack of knowledge on teaching inclusively, needing more knowledge about specific tools such as IEPs which were being introduced. They wanted more material resources in school, more training, space, and equipment, suitable physical environments, and teaching materials to suit different children. It may be that the teachers think that there are very specialised materials available but not provided for them, when actually those that work for all children can be used for those with different impairments with careful adaptations (Le Fanu, 2018). These findings support those of several others in Kenya (see for example Kiplagat et al., 2019) on learning challenges to disability inclusive learning in ECDE Centres in two sub-counties in Kenya. Challenges to inclusive ECDE included resistance to accommodations for children with disabilities, lack of facilities and support services, and negative attitudes by teachers and support staff. The National Pre-Primary Education Policy (2017) also identifies insufficient instructional and play materials, high pupil-teacher ratios and inappropriate teaching methods as persisting challenges to ECDE education more generally (Republic of Kenya, 2017). Similar concerns are echoed in the National Gender and Equality Commission study (NGEC, 2016).

There were serious worries about bullying and teasing of children with disabilities by both other children and adults (including teachers) and the effect this had on their experience of ECDE, but also a recognition that all children in class need to learn to appreciate and accept each other's differences (UNESCO, 2021). This acceptance needs to be modelled by the teachers and some parents noted that teachers had disciplined the bullies and since then their child was happy to go to school. Interestingly the benefits of having contact with peers who are different (disabled and non-disabled) was not particularly mentioned, although the enjoyment of having friends and playing with others was (Molina Roldán et al., 2021).

The effective involvement of parents/caregivers in the education of their children arose as an issue. Some parents asked for more support in how to care for their children, while others noted that they never helped with their child's homework. It was not clear whether this lack of engagement in their children's education and development was a result of their own time pressures, poverty, lack of confidence, or their lack of investment in or expectations for their child's education. There were no parents' groups in any of the schools, but parents recognised that these could be beneficial for supporting them and their children and they are planned as part of the intervention.

In the two counties of Homa Bay and Kakuma, many of the experiences and perspectives shared were rather similar, but they are also contrasting contexts and some differences also emerged in the discussions. In Kakuma, a refugee context, where many are dependent on social assistance from UN agencies and INGOs, the impact and importance of poverty and lack of resources as factors affecting schools' facilities and children's attendance was more noticeable. Families were grateful for the food that was provided at school and parents also mentioned costs such as uniforms, school fees, transport, etc. as limiting their school choices for their children. However, the food rations were not always to children's taste. The environment in Kakuma was also noted to be dustier and dirtier, water was in short supply and toilets sometimes not available at all in school. There are a variety of nationalities living in Kakuma, but there was surprisingly little mention of whether different cultures and ethnicities had varying attitudes towards disability. Our findings do echo those of Zuurmond et al. (2016) who report the difficulties for parents of disabled children in the Turkana region of Kenya.

A project by the European Agency for Special Needs and Inclusive Education (2017) uses an adaptation of Bronfenbrenner's bioecological model (Bronfenbrenner & Morris, 2006) to represent the complex factors influencing decisions about ECDE, with micro, meso and macro level influences from the individual children, family, home, community, country and so on, all playing a part and interacting with each other. Although this can be seen as rather a mechanistic model and the study is in a European context (and has been criticised as such e.g., by Walton, 2018), our data suggests that progress towards achieving inclusion for all young disabled children in mainstream school in a context like Kenya would also be well represented by this kind of model. The factors influencing children with disabilities' enrolment and regular attendance at inclusive ECDE in Kenya are surprisingly similar, notwithstanding more severe resource constraints, being complex, contextually specific and with multi-faceted factors interacting.

# Conclusions

This qualitative research nested within a bigger intervention to pilot a multipronged approach to promoting and increasing inclusive ECDE in two counties in Kenya, set out to explore the pre and early intervention experiences and perceptions of teachers, parents and children with disabilities about disability and inclusive early education. Data were gathered by peer researchers with disabilities, with the support of the IDS team.

Working with peer researchers with disabilities was seen positively by the focus group participants, who were inspired by seeing people with impairments taking on skilled and responsible roles. The peer researchers themselves appreciated the opportunity to be involved actively in research and hoped to progress further in this interest. They felt that some of the participants were more relaxed and responsive because the groups were being facilitated by people with direct experience of living with disability.

Overall, the idea of inclusive ECDE is beginning to be understood and appreciated by both teachers and parents in Kenya, although there is still much progress to be made in ensuring that it is of sufficient quality (through better training and resourcing) to get wholehearted buy-in

from either group. Arguably, local understandings about disability, inclusion and the broad purposes of education need to be better taken into account in the planning of and roll out of inclusion, so that teachers, parents and others feel absolutely confident about it. Children with disabilities who are attending pre-school generally gave it the thumbs up and were ambitious in their desire to socialise and learn. Perhaps we should take our cues from them?

# Limitations

Time and resources restricted the number of focus group discussions and interviews that could be undertaken. The project has many other activities going on, so we were cautious not to create research fatigue amongst parents, teachers or children, the participating schools and related professionals. Additionally, although we intended to recruit peer researchers with a range of impairment types, in practice only those with physical and visual impairments applied. This is reflective of the current tendency for these impairment groups to be less marginalised and more included than others. Similarly, the children with disabilities who are currently attending ECDE classes generally have less severe difficulties. Thus, we did not collect data from children with a full range of types and levels of difficulties. The young age of the children interviewed also limited the amount of data generated from them. Further research during this project will look again and in retrospect at the views of parents, teachers, and children with disabilities of the inclusive ECDE project and what difference it has made to their understandings, perceptions and experiences of disability inclusion in their local ECDE schools.

Our research interests beyond this project include exploring the experiences of children with more severe, complex and excluded impairments, and how they and their parents view their opportunities for education, whether home-based, specialist/segregated or inclusive. Additionally, the experiences of children with disabilities and their families in humanitarian contexts is an area that is largely unexplored.

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