



Early Childhood  
Development and  
Education for  
Children with  
Disabilities

*Manual*

# Manual

*Developed for the “Building Disabled Peoples Organizations’ Capacity in Promoting Inclusion in Early Childhood Development and Education within CBR Programs in Southern Africa” Project.*

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# 1.0 INTRODUCTION

The Southern African Federation of the Disabled is implementing a project dubbed “Building Disabled Peoples Organizations' Capacity in Promoting Inclusion in Early Childhood Development and Education within CBR Programs in Southern Africa”.

The project aims to ensure inclusive early childhood development and education (ECDE) for children with disabilities within community based rehabilitation programmes.

The project is being implemented in Angola, Lesotho, Mozambique and Zambia. This manual will assist the project staff understands ECDE and the role of CBR in enhancing access to inclusive education by children with disabilities.

The manual has been simplified for the project staff that is already conversant with disability issues.

## 2.1 INCLUSIVE EDUCATION AND COMMUNITY-BASED REHABILITATION

### 2.1 Inclusive education for learners with disabilities

Inclusive education for the purpose of this project is about effectively meeting the needs of every individual learner and can be defined as an on-going, dynamic and evolutionary process that focuses on fostering new meanings of diversity; promoting inclusive teaching and learning practices that include the availability of sufficient resources and developing effective school-community partnerships. This directs itself towards education for all. It ensures that learners with disabilities participate and achieve equally with other learners within the same education system.

Inclusive education is concerned with the reform of the education system to ensure it provides a quality educational experience for all children. It requires the systematic identification and removal of all barriers to participation and achievement for all children in the education system. As such, it is understood to be significantly different from historic approaches to the education of those children identified as having special educational needs. UNESCO argues that:

*'The overall goal of inclusive education is to ensure that school is a place where all children participate and are treated equally. This involves a change in how we think about education. Inclusive education is an approach that looks into how to transform education systems in order to respond to the diversity of learners. It means enhancing the quality of education by improving the effectiveness of teachers, promoting learning-centred methodologies, developing appropriate textbooks and learning materials and ensuring that schools are safe and healthy for all children. Strengthening links with the community is also vital: relationship between teachers, students, parents and society at large are crucial for developing inclusive learning environments.'*

*For a long time, education systems in Southern Africa have been promoting segregated schools where learners with disabilities were placed outside the mainstreams in schools referred to as special schools. But in the recent past, there has been a movement towards allowing learners with disabilities to attend regular schools with the provision of appropriate support they require. Studies in different countries indicate that students with disabilities achieve better school results in inclusive settings, (UNESCO, accessed 2013).*

Some countries in Southern Africa have made strides to put policy or legislative measures to promote inclusive education. In South Africa, the focus has shifted from special schools to inclusive education in mainstream schools. Authorities have to identify the level of support required by individual learners with disabilities (South Africa Department of Education, 2005).

In Zambia the government has put in place law that demand that inclusive education be delivered for learners with disabilities, (Government of the Republic of Zambia, 2011). Furthermore, the Zambian disability law prohibits discrimination on the basis of disabilities in schools. It demands that schools be inclusive to ensure participation of learners with disabilities (Government of the Republic of Zambia, 2012).

Most Southern African countries have ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). Article 24 of the UNCRPD in its section 1 says, "States Parties recognise the right of persons with disabilities to education. With a view to realizing this right without discrimination and on the basis of equal opportunity, States Parties shall ensure an inclusive education system at all levels and life long learning..." (United Nations, 2006).

The issue of effective training and development of inclusive teachers has recently been summarised by the International Disability and Development Consortium (IDDC, 2013). They argue that well-trained teachers and quality teacher training are sensitive to inclusion and to disability. The summary draws the argument that:

- i) a teacher is well-trained if they know how to include all learners and understand how to support learners with disabilities ,
- ii) teacher training is high quality if it incorporates effective training on inclusion in general and disability inclusion in particular.

All teachers need pre-service and on-going in-service professional development opportunities and training on inclusive education. They also need a support system that offers specialist help so that they can ensure all children, including those with disabilities, have access to and participate in quality learning experiences. In order to ensure this, the following elements should be in place:

- i) Inclusive education must be integrated throughout all teacher training, pre- & in-service training, through a mix of separate courses and by mainstreaming the issue into all courses. There should be a review and revision of teacher training curricula, materials and methods, with input from diverse stakeholders
- ii) Teacher training for inclusion must balance theoretical & practical training and help teachers understand the relationship between inclusive theory and classroom practices. This must be based upon developing an understanding of inclusive values and how these can be enacted in schools. Training must be carefully monitored and provide follow-up support to ensure key messages are put into practice
- iii) Professional development of inclusive teachers requires that they are given adequate support and training to develop reflective practice and opportunities to share and develop their practice. This can take place through visits to other schools, discussions and conversations with colleagues and the opportunity to develop an action learning approach to developing inclusive school cultures and inclusive pedagogy.
- iv) Persons with disabilities must be involved in teacher training processes.
- v) A diverse range of people must be encouraged & supported to be teachers.
- vi) Education policymakers and teacher trainers should fully understand inclusive education.

It goes without saying that effective learning by learners with disabilities can take place in properly planned and implemented inclusive education systems.

## 2.2 Community Based Rehabilitation (CBR) in the context of inclusivity within ECDE

It is important from the onset to state that the principle of Community Based Rehabilitation existed although it was not being referred to as CBR. It is therefore necessary not to lose the concept of community living which existed within all communities. Communities believed that families needed to live as one. In Africa, one's child was everybody's child. With the emerging of education, religion, sports, politics and economic agriculture, families and communities ensured that persons with disabilities were assisted to participate with assistance. Although it could all have been based on sympathy, the actions promoted participation. It is felt that this could have been the genesis of CBR.

Within this CBR existed community based apprenticeship for persons with disabilities. Persons with disabilities were actively engaged in community work with the direct or indirect assistance or support by their next of kin or peers. Persons with disabilities lived within their families and communities and were never sent away for the purpose of “changing their behaviours or developing their skills to suit in society”.



This was the birth of inclusive development. Inclusive development included inclusive education. It is therefore a strong feeling and opinion of the author of this manual that inclusive education within CBR is not a new phenomenon but a revised and 'technologised' concept. In view of this belief, inclusive education, especially for children below the age of seven is a concept that needs modernization but with the full and effective involvement and participation of the families and communities.

In 2011 the World Health Organisation launched the CBR guidelines. It is important here to realise also that in implementing CBR the CBR matrix gives a good guide. The aim of the matrix is to enhance the facilitation of inclusive development for persons with disabilities and their families.

CBR guidelines focus on the five key domains (components): Health, Education, Livelihood, Social and Empowerment, (WHO, 2011). Each component has five sub-elements. It is not possible for one organisation or department or ministry to cover all the components; hence it is essential to develop alliances and partnerships with the stakeholders responsible for other elements and components in order to reduce poverty and promote well-being in an inclusive society.

CBR should aim at developing inclusive education, inclusive health, inclusive livelihood programmes and inclusive society. The programmes should ensure that persons with disabilities participate fully and effectively.

As already stated, many countries in Southern Africa ratified the UNCRPD. There is a direct link between CBR and the Convention and many of its Articles. But, mainly, CBR is articulated in Article 27 of the Convention. The Article states that, "States Parties shall take effective and appropriate measures, including through peer support, to enable persons with disabilities to attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life" (United Nations, 2006).

States are urged to strengthen and extend comprehensive habilitation and rehabilitation services and programmes, particularly in the areas of health, employment, education and social services... (United Nations, 2006). The UNCRPD emphasises that such services begin at the earliest possible stage, and are based on the multidisciplinary assessment of individual needs and strengths and that they support participation and inclusion in the community and all aspects of society....

In implementing CBR a community-led approach which includes persons with disabilities is essential.

### **3.0 EARLY CHILDHOOD DEVELOPMENT AND EDUCATION FOR CHILDREN WITH DISABILITIES IN COMMUNITY BASED REHABILITATION PROGRAMMES**

#### **3.1 What is Early Identification and Intervention in ECDE for Children with Disabilities?**

Early identification is usually viewed from many different perspectives taking into consideration that it may be done at home, at play, at school or by professionals in health facilities. For the purpose of this manual, Early identification refers to the recognition of problems at their earliest stages, through observing and examining children's behaviour as early as possible and providing a specific diagnosis or impairment at that point. Early identification may not only be through observation of behaviour but may also include discovery of any abnormalities in growth or presence of any undesired physical structures on the body of the child.

Early identification is a very important phenomenon in the growth and development of the child. It is mainly concerned with two outcome issues. These issues and answers the question – early identification, so what? The issues concerned with early identification are:

- i) **Prevention:** this involves taking action on those factors termed to be leading to negative outcomes in the growth and development of the child as the child interacts with society. This may include improvement of less than five clinic services, improved nutrition and awareness raising on environmental and attitudinal effects on the child.
- ii) **Amelioration:** in simple terms and for the purpose of this manual, amelioration means to improve or make better, or make bearable to the person or society. In terms of early identification, it means improving existing situations considered to be having problems or preventing them from becoming worse. For instance, if a child has been identified to be having weak legs, the legs are strengthened or the environment made accessible to accommodate the mobility needs of the child.

We should realise that here in Southern Africa, early identification is still not as developed as desired. Otherwise, many scholars argue for the development of more robust early identification programmes. Several arguments support the need for early identification. For instance, the following arguments have been advanced in the different meetings and workshops attended or facilitated by the author:

- i) Early intervention is of great value in preventing difficulties in learning, socialisation and development. It prevents other behavioral problems that may occur later in the life of the child.
- ii) Early identification allows for early interventions that would alleviate occurrence of future disabilities.
- iii) Early identification may change the potential of the child's ability, growth and development for the positive.
- iv) Remedies to the identified difficulties or impairments may be resolved during the early years of the child before the child proceeds to primary school.
- v) It is less costly and usually more effective to prevent academic, developmental, and behavioral problems than to remediate them.
- vi) Early identification reduces the number of children that will need a lot of reasonable accommodation as they progress to the first year of primary school.

It is important to note at this point that teachers would better attend to the needs of the child if they receive information about the child before the child is enrolled into the classroom. Such information would only arise from the early identification process. In most ECDE and primary school programmes in Mozambique, Angola, Lesotho and Zambia, teachers usually discover the difficulties or impairments of the children while they are already in school. It is therefore important that there is effective exchange of information amongst the school, health facilities and communities or families



## Case study 1

John is a six months old boy living with his parents in the rural parts of Lesotho. The mother of the child discovered that John had difficulties in balancing when sitting. John cannot raise his neck straight because his neck seemed to be extremely weak. A CBR community volunteer visited the home and saw the child. The volunteer has approached you for advice. He would like to advise the mother of John to take the child to a health facility for a multi-disciplinary professional identification and diagnosis. What advice would you give the volunteer to later transmit to the mother of John in terms of:

- i) The meaning of early identification in simple terms?
- ii) The purpose of early identification.

In view of the above, it is important to set up a multi-disciplinary team to manage the early identification and intervention process for children. Such multi-disciplinary teams may comprise professionals from the education sector, social welfare/services sector, health sector and sometimes a community representative. This team should regularly liaise with the schools. A clear referral mechanism should be put in place to ensure efficient transfer of information from the family, where early identification may occur to the multi-disciplinary team that would place a professional diagnosis to the identification of the situation.

There is need to work closely with health professionals who already have checklists for identifying delays in growth and development. Many nurses in Southern Africa have a developmental milestone checklist which they use to detect any undesirable conditions. This is usually used during the under-five clinics. The project ECDE facilitators in Mozambique, Angola, Lesotho and Zambia should visit the health facilities within the CBR programmes to examine the checklists for the purpose of adopting it and utilising it within this project. The checklist increases the nurse's awareness of what to look for, and allows the recording of additional relevant information, that may be shared with other relevant professionals like teachers. The information may also be shared with parents, so that intervention measures are initiated from the family setting. This increases the participation of the family and community in early identification and intervention.

It is important to note here that although early identification and intervention are essential and effective for the progression of children with disabilities through ECDE to first grade in primary school, the process might face some challenges. In circumstances where skilled manpower is inadequate, there is usually a risk of misidentifying a child's condition. This can be resolved by putting in place an effective system with a good referral mechanism, monitoring or follow-ups and orientation of school teachers. Some of the areas where this project will be implemented will be in rural areas noting that most of the CBR programmes are in rural areas.

Sometimes, early identification may lead to labeling of children with disabilities as 'children who need sympathy and medical care'. This leads to other children concentrating on the 'problem' of the child and considering that 'problem' as being the barrier to learning, socialization and participation or achievement in the academic spheres. It is therefore important to ensure that the multi-disciplinary team explicitly outlines the positive strengths of the child and the potential the child carries as a whole child. The school teacher and community have got a big role to play in this venture. At the time, the child's self-esteem should be boosted right from the home to the school. This should be emphasized in inclusive ECDE.

## 3.2 Guidelines of Early Identification and Interventions in the Context of Children with Disabilities

### 3.2.1 Who carries out early identification and intervention?

Since we have looked at what early identification is, let us dwell into the guidelines for the process. We shall begin by looking at who does the identification. Just from the onset, we should observe that identification is not done by one single person only. It may be done by a family member, community member, friend or a school teacher. So, anyone who gets into contact with the particular child or is indirectly or directly involved in the child's care, health and education is potentially in a position to signal any risks seen, delays in growth or development, physical impairments or any other suspected difficulties. In view of this, it is important for the ECDE facilitators to ensure that a robust awareness creation programme is place to educate the families, communities, schools and front-line health professionals on the normal growth and development of a child. In addition, it is essential to educate the masses on the delays, difficulties or impairments they should look out for in children right from the time of birth.

The ECDE facilitators may take note of the following for further education to the communities:

- i) Delayed crawling or walking;
- ii) Delayed speech, hearing and attention or response to sounds or noises;
- iii) Abnormality in the shape of the head, face, limbs or any extra growths on the hands, feet or any part of the body;
- iv) Failure to respond to passing items by the movement of the eyes – failure of the eyes to follow moving objects;
- v) Irritable and long cries not triggered by any observable pain or discomfort;
- vi) Weakness of the body, limbs and neck;
- vii) Hyperactivity of the child or inactivity of the child.

A question was once raised by a parent in one of the ECDE programmes in one project in Mongu district of Zambia: “What about when we see an abnormal skin colour of the child, should we act and bring this to the attention of the health professionals?” The mother was referring to albinism. This is of course an inherited skin disorder that needs early identification and intervention!

The list above is not exhaustive; some disorders may not have been seen or identified before. So, all suspicions should be identified and reported. Validation of all identified issues should only be done by qualified professionals! As already observed, this should be through a multi-disciplinary team.

### 3.2.2 Methods for carrying out early identification and intervention.

There are many methods for carrying out early identification and intervention. Some of the methods may be informal while others are formal. The informal way of identification is usually done by parents or siblings at home or at play. A mother may identify an abnormality in a child during breastfeeding, feeding, bathing, dressing or play. Some siblings and friends may identify the problem during play

usually. The teacher may also identify a difficult situation in child when the children are playing or walking around.

Formal identification is usually done by the professionals, for instance teachers, nurses and paediatricians. There is need therefore to equip the teachers with skills of identifying problems early. This calls for a mandatory module on early identification and intervention for all teacher training colleges. There is also need for inset training for serving teachers on early identification and intervention.

In view of the above, there is need to liaise with teacher training colleges in your catchment area to ensure trainee teachers are educated on inclusive ECDE while in college. This is in circumstances where matters of early identification are not included in the teacher training curriculum. It is also very important to liaise with the District Education Offices to establish inset training for serving teachers. It is however necessary to realise that for Mozambique, Angola, Lesotho and Zambia, the issue of early identification in teacher training colleges is not done in depth. Therefore, for the purposes of this project, inset training will be appropriate. Such training should be done by professional health workers.

Let us now look at the specific guidelines for early identification. Early identification is done through different assessments of the child as seen above. There are some questions or guidelines to follow. Four questions are critical before an assessment or identification process begins:

- i) What is the purpose of identification?
- ii) What are the areas to be identified?
- iii) To what use will the results be put?
- iv) What intervention procedures will be used based on the results?

In early identification, the following types of assessment procedures are available:

- i) Formal observations - for instance, in a standardised, structured play setting.
- ii) Informal observations - in the child's social environment when the child is playing, eating, relaxing and so on.
- iii) Written records, such as case or file notes, medical reports, performance reports and attendance registers.
- iv) Rating scales, completed by teachers or other professionals.
- v) Checklists.
- vi) Parent or care giver questionnaires.
- vii) Parent or care giver interviews.

The ECDE facilitators should ensure that the assessment procedures meet the following criteria:

- i) They should be used for the purpose for which they are intended.
- ii) Should be administered by trained or oriented individuals.
- iii) Questions should be interpreted accurately, consciously and correctly.
- iv) Questions should be sensitive to the circumstances and needs of children in their diversity.
- v) Accompany the assessment with observation.

The above guidelines demand for specific tools. The choice of any tool should be guided by the answers to the following questions:

- i) Is the tool culturally biased or culturally sensitive taking into consideration the Southern African environment?

- ii) Is the tool suitable for the child being assessed, taking into consideration the age and gender?
- iii) Are the questions clear and easy to understand by the child being assessed?
- iv) Will the tool provide adequate and reliable identification or diagnostics information for intervention?
- v) Is the language suitable and appropriate for the child being assessed, taking into consideration age and gender?
- vi) Does the tool need to be modified for certain children? (It would be good for the ECDE facilitates to identify any modification. Sometimes, modification may be done during administration of the tool.)
- vii) Is it simple to be used for training those who will administer it in the field?
- viii) Is it motivating?

When working with the ECDE providers in CBR programmes in the community, it should be emphasised by the ECDE facilitators that the early identification or assessment process should be directly linked to some form of early intervention. There is no one early identification process that is done in vain. No! The assessment should be targeted for appropriate interventions. So, caution should be taken by the assessment team in the following issues:

- i) Assessment should evaluate specific tasks relevant to actual performance of the child in a learning environment. So, it should be relevant to specific interventions. Environmental issues should also be taken into consideration when carrying out the assessment. This is because some interventions may demand adjustments or modification of the environment, curriculum, teaching and learning methodologies and sensitization of the family, community or school.
- ii) Assessment should be done by a multi-disciplinary team. This is to ensure all aspects of the child's growth, development, socialization, self-esteem and physical condition are evaluated. It should be noted that some assessments are not done once but repeatedly, especially those involving behavioral circumstances. A child may behave different at different times, in different environments.
- iii) Parents and teachers should be considered as active members of the early identification team. The parents and teachers should feel that their contributions are valued and meaningful to the assessment of the child. Sometimes, parents may have different views on the whole assessment taking into consideration their role as “owners of the child”.
- iv) The assessment should cover the dynamic nature of early childhood development. A child reacts differently at different times and in different environments as already observed. So, different people could have identified different issues in the child at different times. An example at hand could be given by asking the mother, “When did you discover that your child has got this problem?” The may even give details of the circumstances under which she identified the problem.

The assessment should be meaningful and credible to the people who will be using it. It should contribute to early intervention strategies. The parents and teachers should value the results of the assessment and find it easy to implement during the intervention programme. That is why it is important for the parents and teachers to feel part of the assessment.

## Case study 2

Mary has been living in her family home for five years without attending any ECDE classes. After receiving sensitization from the CBR volunteers, the mother decides to take the child to the nearest ECDE centre. The teacher advises the mother to take the girl for assessment before enrolment to the centre. Mary has multiple disabilities. She is weak and cannot sit on her own. She cannot see clearly and cannot respond to noises. As an ECDE facilitator, draw up guidelines to set up a multi-disciplinary team to assess the child. Who should be on the team (progression) and what their role?

- i) Assessment and intervention should then move together. In teaching interventions or environmental adjustment interventions, assessment should continue to check how the child is responding and coping.
- ii) The results emanating from each individual assessment should ensure that the chances of effective interventions are maximized for each child. The parents and teachers, or any other person who will implement the intervention programme should feel confident that the interventions will offer optimum success. They should also feel that the intervention is as a result of their contribution to the assessment.

When developing the assessment tools, the ECDE facilitators should by all means try to make them simple and short. In introducing the tools to the ECDE teachers or any other person, who will use them, the ECDE facilitators should use interactive and participatory facilitation methods. The ECDE staff already has got wide knowledge on matters concerning their profession. What the ECDE facilitators is doing is to introduce the following:

- i) Inclusive ECDE for children with disabilities within a CBR programme setting.
- ii) Introducing early identification and intervention processes for children with disabilities.
- iii) Introducing methodologies of ensuring the effective participation and achievement of children with disabilities within the mainstream ECDE programmes.

So, the ECDE facilitators are not a teaching team but a facilitating team.

### 3.2.3 Early intervention

Early intervention succeeds the process of early identification and assessment as already reiterated above. Just like, early identification, early intervention has got its goals. The principal goals of early intervention are:



- i) To support the family in achieving its own vision for the development of the child.
- ii) To promote child participation, independence and achievement in school and society.
- iii) To promote development in different skills by the child, including psycho-motor, cognitive and affective domains and build the child's social competences.
- iv) To prevent the future occurrence of secondary disabilities.

The goals also include the creation of awareness by the public on issues of disability and the need for early interventions for children. This reduces the label that children with disabilities carry a 'problem' that makes them find difficulties to perform. It reduces the blame on the child. The goals also include the purpose of educating advocates to be well informed on issues of early intervention so that they could easily influence decision makers to put in place effective early intervention measures in society.

At any time when about to carry out any early intervention programme, there is need to do a needs assessment. A needs assessment is essential because you as ECDE facilitator will be entering the CBR programme for the first time. A needs assessment is used as the first step in developing an intervention programme to:

- i) determine if there are gaps between current programmes and services and desired or required ones and;
- ii) To raise awareness and mobilise people about the gaps between the current and desired programmes.

There are three major steps you need to follow in conducting a needs assessment. These are:

- i) **Gather information on the current situation**  
This process usually uses already existing information about the child with a disability. This information may be gathered from the school records, health facility, social welfare department or the home. New information may also be gathered through surveys, consultations and observations. This step should also include documentation of the resources, assets and other strengths that may be used in an intervention programme.
- ii) **Develop a common understanding of the desired situation**  
The second step involves the development of the desired situation and how to get there. The desired situation will be reflected in the goal of the intervention process. While the objectives will outline the process of achieving the goal. The goal and objectives should be realistic.
- iii) **Develop strategies to bridge the gap between the current and desired situation**  
Identify the gap between the current and desired situation and develop strategies to be implemented to bridge the gap

Participatory needs assessment is a form of needs assessment that more directly addresses the goal of mobilizing the community around the problem. In participatory needs assessment, stakeholders such as parents, children, professionals and community members are involved in all three stages.

In order to ensure that parents are encouraged to seek early intervention support, they need social encouragement. For instance, in an ECDE programme in Zambia and Malawi, parents formed Parent Support Groups (PSGs). These PSGs encourage each other through sharing experiences about the development of their children. The parents also share and celebrate success stories of those children who have made it in school or life. The PSGs may also implement exchange visits between themselves to share challenges and successes. It should be observed that the establishment of PSGs is an effective intervention measure.



On the other hand, educating advocates like DPOs and some parents is essential because early intervention is not yet a priority in the targeted countries of this programme. Decision makers must be influenced to make early intervention a priority. Continuous influence is very important and this should go with monitoring and evaluation of any improvements being made in terms of the quality of early intervention programmes in these four countries of this programme.

The ECDE facilitators should observe that facilitating an early intervention programme goes with ethical issues. The ECDE staff may come with questions which need references to existing laws and policies. Each of the ECDE facilitators should be conversant with the laws and policies of their countries. For instance, how would you advise an ECDE teacher who reports that a parent refused any form of intervention for her child? It should be observed that every time, the best interest of the child prevails! But refer to the laws and policies in your country. At the same time, take note that you can not get to punish the parents for refusing any early intervention programme.

### 3.3 Guidelines on Community Participation in the Identification of Children with Disabilities within CBR and ECDE Programmes

As we get into discovering the role of the community in early identification, it is prudent to understand that an important role of early identification and early intervention is to support and strengthen the functioning of families, through a combination of formal and informal support that will help foster independence and mutuality. This support can be taken from the community and other professionals.

We shall approach the role of the community in early identification from the perspective of the social model of perceiving disability. The social model focuses on attitudinal and environmental barriers as being responsible for hindering the full and effective participation of persons with disabilities in society. But how do we link this to community participation and early identification for children with disabilities in ECDE? The principles of inclusive ECDE are based on tapping the strengths in a child with a disability and developing those strengths in the learning process. Some scholars referred to this as the 'asset-based approach' where you look at the strengths the child carries as an asset. Therefore, in trying to develop the strengths the child has, the child comes across attitudinal and environmental barriers, and it is these barriers that hinder positive participation, in both social and academic development.

As already discussed in the previous sections, early identifications require a multi-disciplinary team to lead the process. This team should always incorporate community members. The role of the community member is to bring to the team the appreciation of the families and community on the perception they have on the different impairments they identify and refer to the professionals, either through the schools or health facilities. The community member will be able to describe what the community believes the impairment is. Sometimes, the community would have misidentified the impairment.

In such circumstances, the community member will take back the correct diagnostic identification of the impairment back to the community. The essence of this is that, the families and community will be able to understand the different impairments or disabilities the children have and stop the 'blame syndrome' on the children or the impairment. This helps the community to accept the interventions which in the social model should address the attitudinal and environmental barriers. The role of this community member on the team helps to raise awareness in the community and thus reduce stigma and discrimination. In short, the community is empowered with knowledge and skills.

## Case study 3

John is a three year old boy whose mother identified some difficulties in her child when the child tried to draw or write. The child came to close to the paper, almost placing his nose on the paper. She reported that to the ECDE teacher who further invited a multi-disciplinary team to assess the child. The team concluded that the child had a visual impairment. Of course, the team made recommendations for early intervention. In your own view, what intervention do you feel should be implemented? Take into consideration, the child, the environment, family, community and the school.

Arising from that, the role of the community will be to increase their efforts to identify cases and refer them to the relevant professionals because of the positive awareness they have. On the other hand, the community becomes the advocate or activist for increased quality of early identification and intervention. It is at this point that the ECDE facilitators should encourage the community to form Community Early Identification and Intervention Advocacy Working Groups (CEIIAWGs). The role of these CEIIAWGs will be to:

- i) Educate the general community on different problems or impairments they may come across in children. The community will then be able to identify cases and refer them to the CEIIAWG for further reference to the professional team.
- ii) Carry out awareness raising on the importance of early identification and intervention within their communities.
- iii) Receive identified cases from family or community members and refer them to relevant professionals either through the schools or health facilities.
- iv) Liaise with Parent Support Groups (PSGs) in enhancing information and learning exchanges, counseling of parents and families and of course advocacy work.
- v) Carry out community advocacy towards demanding for quality early identification and intervention services.
- vi) Liaise and work closely with DPOs found within the CBR programmes and be fully engaged in the advocacy work of the DPOs.
- vii) Participate in the early intervention programmes being implemented within their schools and communities.

The question has always arisen that – who mobilizes the community to form the CEIIAWGs and PSGs? The ECDE facilitators should realise that this programme is targeting areas with already functional CBR programmes. Many CBR programmes already have Coordinators, DPOs or CBOs, support groups and sometimes civic and traditional leaders. Depending on the strength of this CBR programme, community mobilisation could be done by any of the afore stated.

Early identification may lead to labeling of the child with a disability as a child needing sympathy, social welfare and philanthropy. The other children may isolate the child after the identification of the impairment. This leads to the isolation of the child, thus leading to low self-esteem of the child. The role of the community here is to:

- i) Build the confidence of the family and the child's self-esteem. This could be done by having the CEIIAWG to visit the home and encourage the family and child.
- ii) Engage the other community members, including other children, on the meaning of the identified impairment and the need to support the child by the community and other children.
- iii) Organise and manage Collaborative Action Learning (CAL) groups in the community. The CAL could also be organized and managed within the schools.

The ECDE facilitators now observe that the role of the community is both in early identification and early intervention.

### **What is CAL?**

CAL is a process of continuous learning within a group of similar interest. This is done through reflective learning. Reflective learning is a familiar concept, and is often adopted in ECDE disciplines. It is a cycle of ongoing learning that occurs when we take the time to “stop, think and change”. Working in an inclusive setting can be complex and challenging, and a reflective approach can assist in building understanding and consensus when used jointly with partners. In the vain of this project, reflective learning could be done by a group comprising teachers, community, traditional leaders, civic leaders, health workers and the children themselves.

The main purpose of reflective learning is to enhance collaboration in developing the ECDE services within the CBR programme. Ways of strengthening partners are sought and discussed. Resources are also shared during such CAL meetings. Another purpose of the reflective learning process is to enhance understanding and articulation of the model for inclusive ECDE. The reflective learning process focuses on the enablers of inclusive ECDE

The reflective learning process may be used by teachers, management, PTA, partners and volunteers to discuss the delivery of inclusive ECDE within the CBR programme for the purpose of identifying improvements and new ideas. Reflecting on what enables inclusive programming and service delivery may assist organisations and partners within the CBR programme to consider the way in which they operate within communities, their organisational strengths and opportunities, and how to strengthen engagement and partnerships with other partners not yet included. CAL helps to:

- i) Reflect on where the ECDE programme is coming from, where it is and where it envisages being.
- ii) The negatives and positives the programme has faced and how they should be resolved or enhanced respectively.
- iii) Identify the strengths of each partner for the purposes of contributing to the building of the ECDE programme.
- iv) Continuously monitor and evaluate progress.

While we have looked at the role of communities in early identification, it is now necessary to turn down to identification of children with disabilities within CBR and ECDE programmes. It was important to briefly dwell on early identification before getting to the identification of the actual children with disabilities. The difference here is that early identification focuses on the identification of any problems or impairments which have not yet been seen by anyone. At this stage, the child is not yet declared a child with a disability.

The identification of children with disabilities refers to pointing at children who have been already declared as having a disability. This includes the identification of the following categories of children:

- i) Children with visual impairments or those who are blind.
- ii) Children with hearing impairments or are deaf.
- iii) Children with physical disabilities. Physical disabilities vary from limping, using wheelchair, crawling, using crutches, with amputated limbs or with stunted growth.
- iv) Children with intellectual disabilities, mental disabilities, autism or developmental disabilities.
- v) Children with albinism, who usually have visual impairments too.
- vi) Children with multiple disabilities, for instance those having intellectual, visual and physical disabilities due to cerebral palsy.
- vii) Children with learning disabilities, for instance those with dyslexia.

Children with disabilities are not limited to the above list. So, the CEIIAWG should be educated on the above disabilities before they get into the community. Identification of these children by the community could be done through:

- i) Following up children with disabilities they meet in the community to their homes and having a talk with the family.
- ii) Following up stories of the presence of a child with a disability in certain homes. This is in circumstances where children with disabilities are concealed within homes.
- iii) Giving community talks at community meetings on the need to bring forward children with disabilities for the purpose of including them in the ECDE programme. Such talks could be done even in health facilities where mothers gather for ante-natal and under five clinics.
- iv) Engaging of traditional leaders in sensitizing the community to identify children with disabilities and bringing them forward for inclusion in the ECDE programmes.
- v) Giving talks in schools with school-going children to report any child with a disability in their family or community to the school teachers.

In order for the community to identify and bring forward the children with disabilities, they need to be empowered with information. The CEIIAWG can lead the sensitization in conjunction with the DPOs operating the CBR programme. The role of the community is ultimately to place children with disabilities in ECDE programmes.

A clear and strong referral system should also be developed within the community. The community should be aware of such a referral system. The referral system should have an effective monitoring or follow-up mechanism. The role of the community will be to follow-up the identified children with disabilities for the purpose of ensuring that they are retained in the ECDE programme.

The CEIIAWG should have simple note books in which they record all identified children with disabilities. They should record the following:

- i) Name of the child, sex, age and disability.
- ii) Name of parents or guardians, occupation and home address.
- iii) Date of identification and date of reference.
- iv) To whom the child has been referred to.
- v) Brief handover or reference notes with the teacher or ECDE coordinator.
- vi) Name and contacts of community member or CEIIAWG member.
- vii) Any necessary information may be recorded as required.
- viii) Follow up or monitoring notes should be recorded on the progression of the child in the ECDE programme and within the community.

### 3.4 Guidelines on Adapted Teaching Methodologies and Tailor-made Teaching and Learning Aids, Mobility, and Other Accessories for children with disabilities

As already stated above, inclusive ECDE is a process and not a one-step event to be achieved in a few days or months. It calls for the identification of the needs of each child with a disability and thereafter addressing those specific needs. The process of the putting in place such interventions is usually referred to as 'reasonable accommodation'. This accommodation cuts across teaching and learning methodologies; learning aids; mobility aids and auxiliaries; accessible play grounds and environment and so on. It has, however been proved that designing all teaching and learning materials for children with disabilities tend to be cheaper and more appropriate if the principle of 'universal design' is used.

Therefore, accommodating a child with a disability is a continual process that involves each child's participatory team. The principles of reasonable accommodation and universal design should be adopted by all stakeholders in the ECDE programme in order to create an inclusive environment for all children with disabilities. Different adaptations of the teaching and learning methodologies and materials should be applied right from the onset of establishing an inclusive ECDE programme.

The purpose of the adaptation is to break the barriers different children with impairments face as they interact with the school and learning environment. It should be emphasised here that the adaptations are not meant to compensate for the intellectual, mental, physical, developmental or sensory impairments the children have. The adaptations enable the children with such impairments to easily and meaningfully access the learning process and the learning aids being used. Thus, the children are allowed to strengthen the skills they already have and at the same time acquire new skills across their psycho-motor, affective and cognitive domains.

Since inclusive ECDE addresses access, participation and achievement, adaptations create an opportunity for a child with a disability to actively and meaningfully participate in the learning process and be able to acquire necessary skills required for the growth, development and socialisation of the child. This makes a difference in just having the child present in class and having the child actively involved in learning.

Adaptation is a continuous process to be done by the multi-disciplinary team. The first step is to assess the child's abilities and the environment where the child will be spending time. This will lead to the identification and development of the goals for the adaptations. When the goals and objectives are developed by the team and expectations for the effective participation and involvement of the child in that environment are established, the team creates adaptations and accommodations that address the specific needs. The adaptations are then implemented. During the implementation, the adaptations are continuously monitored and evaluated to ascertain the effectiveness of such adaptation in as far as full inclusion is concerned.



## Case study 4

The CEIIAWG in one of your communities has been asked to develop a referral checklist for the children with disabilities they have identified in their community. They need to use this checklist for referring identified children from the community to the school. This referral checklist is done after a multi-disciplinary team has done its assessment and the diagnosis given to the CEIIAWG. The group has asked you to develop the checklist. Draw up the checklist for the CEIIAWG.

During the monitoring and evaluation some changes may be necessary where it is observed that a child with a disability is not fully involved or included. Adjustments may be made in the following areas among others:

- i) The arrangement of the classroom in which instructions are being delivered by be re-arranged. This will depend on the area of concern for that particular child. The classroom may be arranged in large groups, small groups, pairs, individual face-to-face interaction with the child, peer cooperation or independent tasks.
- ii) Sometimes, it is the format of the lesson to be adjusted. In this case, the format of a lesson may be modified and adjusted to meet the needs of a child by including more opportunities for whole class discussions, games, role playing, activity-based lessons, experiential lessons, demonstrations and thematic lesson organisation.
- iii) Teaching strategies sometimes need to be modified to involve and include the child. This may be done in many ways including the use of tactile and concrete materials, simplifying of instructions, moving from the simple to the complex, moving from the simple to difficulty, use of pictures and other visual aids, physical assistance and increase of remedial activities.
- iv) Development of IEP (individualized educational programmes) where the learning outcomes of each child with a disability are modified to meet the learning needs of the child. For instance, if the children are building blocks to a level that they are able to put all the blocks together within a specific period, the child with weak arms may only be required to identify the different colours of the blocks and put up only three or four blocks rather than about 20 blocks done by other children.



- v) Adaptations may be done in the way children with disabilities respond to specific assignments or questions. For instance, other children may respond through writing, talking, dancing or singing. A child with a disability may respond using whatever strength they have. This includes nodding of the head, demonstrating practically, murmuring or drawing. One particular example is where the class of children is asked to write the name of the thing they like most. A child who can not write may be asked to speak it out or draw it if possible. This allows involvement and inclusion.
- vi) Adjustments of the learning environment should also be considered for all categories of children with disabilities in an inclusive ECDE programme. Such adjustments include changing the physical space to allow free movement of wheelchairs; reduction of noise levels; adjustments of lighting – depending on the children, e.g. those with albinism may not need bright light while those with low vision may need bright light; visual size, e.g. writings on the board; colour contrast; size and fittings of equipment or toys and storage of learning materials to enhance easy access. Such adjustments are again individualized.
- vii) Learning and play materials may also be adjusted. For instance adding of handles to toys; making rough surfaces to enhance grip; loosening joint of certain tools like scissors; attaching strings to allow easy movement; making the materials larger; adding contrasting colours or lights and making some materials produce specific sounds for identification.

In addition to the above adjustments and modifications, the general environment should always be accessible. The desks in the classroom should never be uniform. Some children with disabilities prefer to remain on their wheelchairs while at their desks. So, their desks should allow the wheelchair to move in. Some children who are weak may require classroom chairs with foot and arm rests to support them. Children with visual impairments may require their particular desk and chair coloured differently for easy identification. Some classroom floors are marked with rough surfaces or tracking edges to allow those children who are blind to freely walk around the classroom. These adjustments are really child specific and individualized.

### 3.5 The Role of CBR in Enhancing Access of Children with Disabilities into Quality ECDE

CBR brings together different disciplines and services into a more comprehensive service delivery system, joined by a common vision. The specific disciplines brought together by CBR are education, health, employment or economic empowerment, social welfare and empowerment. Each of the disciplines usually is managed by autonomous institutions or structures. For instance, in Southern Africa, education, under which ECDE falls, is usually run by the Ministry of Education. Some countries place ECDE under Ministry of Local Government, but the point is the autonomous management of the sub-sector. Health is usually managed by the Ministry of Health and so on. The empowerment sector of CBR always falls under the DPOs who are equipped with skills for advocacy work and self-help programmes. In such circumstances, CBR structures collaboration, partnerships and networking among the autonomous ministries or departments should be clear and explicit.

Through the structuring of collaboration, partnerships and networks, usually autonomous ministries or organisations can work together to deliver specific community outcomes, potentially reducing duplication of services, enabling sharing of resources and increasing efficiency and effectiveness.

## Case study 5

*(Refer to section 3.4.)*

Martha is an ECDE teacher with a class of children ranging from five to six years old. One of the children is totally blind. Martha asked the class to describe the object she had placed in front of the class on the teacher's table. She gave a few minutes to the children to look at the object. After that she asked the children to describe the object one by one. The children described the object in terms of shape, color and size.

- i) How would you ensure the child who is blind would be involved and included?
- ii) What would you ask the child who is blind to describe?

At the same time, ECDE is a shared responsibility among families, education, health and family services, and includes community-based approaches. Families today face unique challenges, and many families require holistic responses that cannot always be found in one place or through a single ministry or organisation. The CBR approach to ECDE is important in supporting strengths-based, flexible approaches, and facilitating holistic responses for children and families. This CBR approach enables families to access multiple services, within the ECDE programme, for their children with disabilities and themselves in a cohesive way. The CBR approach also maximises the impact of the different ECDE disciplines offered by the different ministries or organizations with a clear focus on the child with a disability within the context of their family and the community.

CBR is very beneficial in enhancing the quality of ECDE service delivery for children with disabilities. Based on the above discussion, and experience from the ECDE and CBR programmes in Zambia, we will realise that CBR services contribute to improved outcomes in family functioning and the well being of children with disabilities by improving access to different services across sectors, enhancing early identification and intervention and further strengthening referral mechanisms. The role of CBR in enhancing quality ECDE service delivery for children with disabilities really depends on the quality of the specific CBR programme. It is therefore incumbent upon the ECDE facilitators in Mozambique, Angola, Lesotho and Zambia to really determine how the quality of their CBR programmes are. In this view, apart from building up the inclusive ECDE programme in the CBR programme, the ECDE facilitators should endeavour to contribute to the improvement of the CBR programme. The stronger the ECDE programme, the easier it will be to strengthen the CBR programme.

In view of this, CBR should be responsive to the needs of the children with disabilities in the ECDE programmes, but taking into consideration the capacity of the community structures and networks. Within its role to enhance quality ECDE service delivery, CBR should not lose its niche to bring different community players towards achieving one goal – the goal being the inclusion of children with disabilities in an existing ECDE programme while ensuring full and effective participation of the child with a disability. The observance of this fact will enable the ECDE facilitator to initiate strengthening strategies of the CBR programme.

In order for CBR to effectively enhance the delivery of quality inclusive ECDE for children with disabilities, the following principles should essentially be observed:

- i) All children have the right to learn, be listened to and actively participate in decision-making at school and within the community.
- ii) Early identification and intervention within a CBR programme promotes child development and it accelerates lifelong learning and socialization.
- iii) Effective CBR services across all disciplines focus on the strengths and needs of children, families and the community.
- iv) Engaging the community and being responsive to cultural and socioeconomic diversity is key to successful inclusive ECDE within CBR programmes.

Leadership within the CBR programme to enhance quality delivery of ECDE is critical. The inclusive ECDE facilitators should ensure that within the CEIIAWG they identify volunteers who will act as inclusive ECDE champions. The inclusive ECDE champions are community members who support and advocate for the full inclusion of children with disabilities in the ECDE programme. The champions should receive orientation on the general principle of inclusion. It is the responsibility of the ECDE facilitator to orient the champions. The inclusive ECDE champions should carry and propagate the shared vision of the different ministries and organizations working together in the CBR programme. So, the champions will have to interact with all the partners in the network.

### 3.6 Entry Process of an ECDE into a CBR Programme

It is critical to observe that the ECDE programme will be getting into already existing CBR programmes in the four implementation countries. Therefore, entry into these programmes needs to be done systematically and diligently. Remember, education is one of the CBR pillars. This means that there could be an already running programme on inclusive education in the area we intend to enter. The entry of this ECDE programme should not by any means be viewed as a parallel programme to already existing programme. In order to ensure careful entry into the CBR programme in your country follow the steps:

- i) Depending on the education system and structure in your country, write an introductory letter of the ECDE programme to the education headquarters at national level. Copy the letter to the provincial and districts offices where the catchment area is. Also copy the letter to the CBR coordinator in that catchment area. In many circumstances the national headquarters will delay in responding to your letter.
- ii) Go ahead seeking any appointment to meet the provincial education office to brief the office about the project. Copy your letter of appointment to the district office and CBR coordinator.
- iii) Seek an appointment and meet the district education office together with the CBR coordinator of that area. Before meeting the district education office, you should have had a briefing with the CBR coordinator.
- iv) From there, map out any entry strategy into the community with the CBR coordinator. Advice from the CBR coordinator will be very valuable.

Note that the circumstances may differ across the four implementation countries and adjustments to this process could be made. It is a fluid process.

## Case study 6

*(Refer to section 3.5 - role of CBR)*

The CBR programme in Gaza province of Mozambique is on and running. The programme is running with emphasis on inclusive primary education, i.e. starting from Grade one. You have just arrived at the Gaza CBR coordinating office with your inclusive ECDE plan. There is need to develop an inclusive ECDE programme within the CBR programme.

- i) What will be your first steps to take in order to ensure that you take the direction in shaping the CBR programme to enhance quality inclusive ECDE for children with disabilities?
- ii) Why would you take the said steps?
- iii) What principles will you lay down to inculcate a sense of acceptance by the already existing partners in the CBR programme in order to enhance a more participatory approach to quality inclusive ECDE?

## 4.0 CONCLUSION AND RECOMMENDATIONS

One of the key pillars of CBR is education in form of inclusive education. For the purpose of this manual, inclusive ECDE is a basic and important pillar of CBR. The power in health, livelihood, social welfare and empowerment in terms of self-help and advocacy is based on inclusive education. It is therefore a strong proposal of the author that strategic advocacy be strengthened towards the following”

- i) policies supported with implementation plans to enhance inclusive education for learners wit disabilities. Model practices should be demonstrated by DPOs to enhance learning and experience for policy and legislation influence.
- ii) DPOs and their federations should be empowered to understand IE as a key concept of CBR in order to show-case, advocate and demand through strategic litigation.
- iii) DPOs should deliberately engage and collaborate with government education departs in the field of community delivery of IE and CBR. IE and CBR is usually effective if the response and message from the community sends effective and positive messages.

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