Report on the Assessment and Inclusion of Children with Disabilities in Centres Supervised by BASR, Palestine


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Report on the Assessment and Inclusion of Children with Disabilities in Centres Supervised by the Bethlehem Arab Society for Rehabilitation (BASR), Palestine.
Report on the Assessment and Inclusion of Children with Disabilities in Centres Supervised by the Bethlehem Arab Society for Rehabilitation (BASR), Palestine.

A review of the assessment, evaluation, and follow-up tools used in special and inclusive education and vocational training community centres supervised by the Bethlehem Arab Society for Rehabilitation.

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## Acronyms and Abbreviations

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>APEFE</td>
<td>Association pour la Promotion de L'Education et de la Formation a l’Etranger</td>
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<tr>
<td>BASR</td>
<td>Bethlehem Arab Society for Rehabilitation</td>
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<tr>
<td>BASRCs</td>
<td>Bethlehem Arab Society for Rehabilitation Centres</td>
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<tr>
<td>CCD</td>
<td>Centre for Children with Disabilities</td>
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<tr>
<td>CRPD</td>
<td>Convention on the Rights of Persons with Disabilities</td>
</tr>
<tr>
<td>CWDs</td>
<td>Children with Disabilities</td>
</tr>
<tr>
<td>CVD</td>
<td>Centre for Vocational Training</td>
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<tr>
<td>ICF</td>
<td>International Classification of Functioning, Disability and Health</td>
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<td>MoEHE</td>
<td>Ministry of Education and Higher Education</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organisation</td>
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<tr>
<td>PCBS</td>
<td>Palestinian Central Bureau of Statistics</td>
</tr>
<tr>
<td>PMLD</td>
<td>Profound Multiple Learning Disabilities</td>
</tr>
<tr>
<td>PNA</td>
<td>Palestinian National Authority</td>
</tr>
<tr>
<td>PWD</td>
<td>People with Disabilities</td>
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<tr>
<td>SSESW</td>
<td>School of Sociology, Education and Social Work</td>
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<tr>
<td>QUB</td>
<td>Queen’s University, Belfast</td>
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<tr>
<td>SDGs</td>
<td>Sustainable Development Goals</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
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<td>UNCRC</td>
<td>UN Convention on the Rights of the Child</td>
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<td>UNESCO</td>
<td>UN Educational, Scientific and Cultural Organization</td>
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<tr>
<td>UNICEF</td>
<td>UN Children’s Fund</td>
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<td>UNRWA</td>
<td>UN Relief and Works Agency for Palestine Refugees in the Near East</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Executive Summary

Background

The School of Sociology, Education and Social Work (SSESW) of Queen’s University, Belfast, was commissioned by the Association pour la Promotion de L’Education et de la Formation a l’Etranger (APEFE), Belgium, under the auspices of the Bethlehem Arab Society for Rehabilitation (BASR), Palestine, to undertake research on the assessment of children and young adults with disabilities and their inclusion in educational and vocational training centres in Palestine. Children with disabilities (CWDs) are one of the most marginalised and excluded groups of children in any society, but in Palestine CWDs face a particularly dire situation because of the levels of cultural stigma, and the protracted Israeli-Palestinian conflict that has devastated Palestine’s infrastructure, fractured the economy, fragmented the integrity of the State of Palestine, and overwhelmed service providers (UNICEF, 2018). Poverty is widespread. The conflict has contributed to many of the barriers preventing the rights of children to a quality education, such as the lack of schools, attacks and the threat of attacks on schools, teachers and students, and psychosocial impacts.¹

Aim of the research

The aim in conducting this research was to promote understanding of current conceptualisations of disability advanced by disability groups in the UK and elsewhere that is evidence based and informed by the United Nations Conventions on the Rights of the Child (UNCRC)(1989), the United Nations Convention on the Rights of Peoples with Disabilities (UNCPRD)(2006), and the United Nations Comment 4 on Article 24 (Education) of the UNCPRD.

Objectives of the research

There were three principal objectives. To:

1. Update criteria for assessing children and young people with disabilities.
2. Develop an evaluation handbook.
3. Facilitate seminars and workshops for BASR resource staff and teachers.

To support the realisation of these three objectives, the researchers:

1. Conducted field work in Bethlehem, Hebron and the South West Bank.
2. Undertook a literature review on current research on the rights of people with disabilities to education and training; conceptions of disability, particularly as advocated by disabled people themselves; inclusion and educational inclusion; and practices of inclusion.
3. Undertook research on current criteria and assessment of disability by charities and organisations in the UK, informed by academic research.

Methodology

The researchers conducted field work in Palestine in April 2019, visiting eight educational and vocational centres in Bethlehem, Hebron and the South West Bank. The centres were located in both rural and urban settings. Participatory research methods were used with the children and young people. A variety of research methods were used to collect data on the educational experiences of children and young people in these settings, including: the perceptions of parents on the value of centres in providing education and training; and the perceptions of BASR staff on current understandings of disability, and the provision of specialised services.
The methods used were:

1. Participatory research methods with children and young people.
2. Semi-structured interviews with centre staff.
3. Focus groups with centre staff.
4. Focus groups with children and young people.
5. Discussion with BASR staff.
6. Observations on the interactions between staff and service users.

In total, 56 participants took part in the research: 32 service users (23 children and eight adolescents), 12 members of staff (directors, teachers and trainers), and 12 mothers.

Key findings

The key findings from the research are that:

**Staff**

- There is an urgent need for professional development and training;
- There is an urgent need for resources and funding;
- Smaller classes and appropriately resourced rooms;
- Better communication between centre staff and their directors, and stronger community links.

**Mothers**

- The centres are valued by the mothers;
- Additional services would be welcomed, particularly to enable the child or young person to become independent.
Children

- Some children and young people experience violence and aggression both within and outwith the centres;
- Play is important;
- Children’s view of self is that they are not ‘normal’;
- Some children do not feel they belong in their community;
- Children do not feel they have a say over their education;
- Children feel that they should be listened to about their education.
1. Introduction

Background and rationale

In 2018, the School of Sociology, Education and Social Work (SSESW) of Queen’s University, Belfast, was commissioned by APEFE, under the auspices BASR, to undertake research on the assessment of children and young adults with disabilities and their inclusion in their educational and vocational training centres in the Bethlehem district of Palestine. The aim in commissioning SSESW was to present current research on impairment and disability, and the relationship between the medical and social models of disability, in order to bring about greater inclusion of people in Palestinian society. As we will discuss in Chapter Two, such is the power of the medical approach to disability that people with disabilities and impairments are seen in deficit terms – in what they lack and cannot do, rather than in what they can do. While medicine is necessary to a healthy life, too often disability is understood through biological, genetic, neurological and physiological language, and at the expense of understanding disability as a socio-political problem.

In recognition of the predominance of the medical model, we were asked to present approaches to inclusion that focus on a holistic, rights based approach to human diversity, aimed at empowering individuals through education-based interventions for people with disabilities. To advance towards a holistic, rights based approach to inclusion, BASR commissioned the researchers to develop a guide using research informed criteria and assessment tools to achieve the following specific purposes:

- To help assess children’ knowledge, capabilities and special needs in order to determine their appropriate centre placement, and to refer children, and, where appropriate, their families, for additional support services;
- To evaluate children’s skills, abilities and needs, presented in the form of an individualised education
• plan, which contain suggestions for strategies for learning, and achievable and measurable goals
• To create inclusive classrooms that are designed to meet the needs of children, which contain appropriate and diverse resources
• To report to parents and carers on children's progress and achievement
• And to monitor and improve teaching-learning.

Objectives of the research

To realise the aims of the research, the following three objectives were stated:

1. **Update Criteria for Assessing Children and Young People with Disabilities**

   The researchers were asked to develop comprehensive assessment criteria, along with admission and assessment forms, to be used in the community centres supervised by staff of BASR. The assessment criteria should include a range of disability needs including: cognitive abilities, physical abilities, motor skills, socio-emotional skills and speech and language abilities.

2. **Develop an Evaluation Handbook**

   Drawing upon the most recent research on disability, the research team was asked to develop a user-friendly handbook that teachers could use as a guideline for assessing children’s and adolescents’ progress, in conjunction with the updated assessment criteria. The handbook should also serve as a guide to enable teachers to be as fully inclusive as possible, and include case studies of inclusion, suggestions for creative classroom activities and pedagogies, teaching plans and a statement of addition support for learning.

3. **Facilitate Seminars and Workshops for BASR Resource Staff**

   As a nationally and internationally recognized resource centre for children and young people with disabilities, and out of concern to develop the knowledge and expertise of BASR staff, the researchers were commissioned lead workshops and seminars for the resource staff working directly with teachers and trainers in the community centres. The workshops introduce staff to the new guide, and offered practical sessions on inclusive practices.
The commissioning bodies: BASR and APEFE

The Bethlehem Arab Society for Rehabilitation (BASR) was founded in 1960, and is one of the national rehabilitation centres in the West Bank. It is a non-profit, non-government hospital and campaigning organisation that offers comprehensive medical and rehabilitation services, particularly to people with disabilities regardless of gender, age, religion or social class. The hospital provides both in- and out-patient services for occupational and physiotherapy, speech therapy, assistive devices and technical aids. The society also supervises eight community day-care centres (six Special Education and two Vocational Training) in cooperation with the local committees and municipal councils in the villages and refugee camps in the Bethlehem district of Palestine. The community centres focus primarily on serving children and young people with disabilities who are unable to access mainstream education by providing them with educational interventions based on individualised and interactive teaching approaches. They aim also to prepare students with disabilities for inclusion into mainstream educational settings and the wider community by advocating for the rights of persons with disabilities.

The Association pour la Promotion de l'Education et de la Formation à l'Etranger (APEFE), is a Belgian non-government organisation that supports development programmes in, for example, education, health, and the environment and agriculture in Palestine and countries in Sub-Saharan Africa. BASR and APEFE are currently engaged in a five-year project to develop the quality of educational intervention in the community centres, including the quality of services, improving educational and pre-vocational training, and to help achieve inclusion on a larger scale in the communities in which they are located. As part of this project of continual development, SSESW at Queen’s University, Belfast, was engaged to produce a report and guide on disability assessment, on which were present in this report.

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2 The other two are the Princess Basma Rehabilitation Centre and Abu Raya Rehabilitation Centre. There are also three rehabilitation centres in Gaza: Al-Wafa Medical Rehabilitation Centre, Atfaluna Organisation and Al Amal Centre.
Education in Palestine

The education system in Palestine is divided into three sectors: the public sector which is governed by the Ministry of Education and Higher Education (MoEHE) is responsible for the sector across Palestine, and is based in Ramallah. The MoEHE oversees the provision of education services in public schools in the Gaza Strip, which is geographically separate from the West Bank.

The United Nations Relief and Works Agency (UNRWA) is located in the refugee camps in the West Bank and Gaza, and serves the student population in the camps where children up 15 years’ old are entitled to free education. When the Agency began operating in 1950, it responded to the needs of about 750,000 Palestine refugees who lost their homes and livelihood as a result of the Arab-Israeli war of 1948. Currently, nearly five million Palestine refugees are eligible for UNRWA services. More than 1.5 million individuals, nearly one third of registered Palestinian refugees, live in 58 recognized Palestine refugee camps in Jordan, Lebanon, the Syrian Arab Republic, the Gaza Strip and the West Bank, including East Jerusalem3. Together with UNRWA, the MoEHE is responsible for providing inclusive schooling to children with disabilities; 80% of schools are run by the Ministry in the West Bank, and 8% by UNRWA. In Gaza, 49% of schools are run by the MoEHE, 48% by UNRWA and 4% is supervised by the private sector (MoEHE, 2014, p.3).

The private sector is run by nongovernmental organizations (NGOs), churches, and other local initiatives. Many students with disabilities are educated in special schools, usually in non-governmental organisations such as BASR, or in privately run organisations that may be funded through donations from other NGOs, internationally funded grants, and religious organisations in other countries.

3 See UNRWA at: https://www.unrwa.org/palestine-refugees
Defining disability

Disability is part of the human condition. Anyone, at any time, may suffer an impairment or a disability, either temporarily or permanently. How we respond to disability is an indication of how socially just a society is.

Disability is a dynamic and multidimensional state of being, and what it means is contested. It is an evolving concept, and as we hear more from disabled people themselves, and include them further into society, our understanding of what disability is will, no doubt, continue to change. The Preamble to the Convention on the Right of People with Disabilities (2006) (UNCPRD) explains that ‘disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others’\(^4\). Disability is, therefore, diverse: it results from interactions between health, personal and environmental factors. It is also affected by age, sex, socio-economic status, sexual orientation, culture, and political and social arrangements – laws, policies, and strategies. War, civil unrest, environmental disasters, or occupation will also impact on disabled people.

Disability is also heterogenous: aside from the stereotypical view that a disability is a wheelchair user, a blind or Deaf person, there are a rich variety of diverse disabilities that place the individual at a heightened risk for the recurrence of episodes that would be painful, life threatening, or activity limiting. Examples include severe allergies, diabetes and asthma. There are disabilities which severely limit the duration or the circumstances in which the individual can interact with other persons in everyday social settings. Examples include panic disorders and chronic migraine. Another group of disabilities require straightforward medical diagnosis: diabetes or

Crohns disease. Other disabilities require medical diagnosis, interpretation and judgement; Autism spectrum disorder or depression, for example.

The World Health Organisation (2011)\(^5\) understands disability as

the umbrella term for impairments, activity limitations and participation restrictions, referring to the negative aspects of the interaction between an individual (with a health condition) and that individual’s contextual factors (environmental and personal factors) (p.4)

The International Classification of Functioning, Disability and Health (ICF)\(^6\), advanced by the WHO, emphasises environmental factors in creating disability. Problems with human functioning are categorised into three interconnected areas:

- **Impairments**: problems in body function or alterations in body structure. For example, paralysis or blindness;
- **Activity limitations**: difficulties in executing activities. For example, walking or eating;
- **Participation restrictions**: problems with involvement in any area of life. For example, facing discrimination in employment or transportation\(^7\).

Disability refers to one or all of these areas.

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From ‘Special Educational Needs’ to ‘Additional Support for Learning’

Although the term ‘Special Educational Needs’ (SEN) is widely used the preferred term is ‘Additional Support for Learning’ (AfL). The trouble with the term ‘SEN’ is that it may be variously defined and diagnosed, and risks marginalising children identified as having ‘special needs’ as children who are difficult to educate or who are not educable. To avoid such marginalisation, while maintaining sensitivity to individual differences, educators have argued that we should move away from ‘special’ education for some students, to the development of ‘inclusive’ education for all. This requires, admittedly, systemic reform of teacher education and teacher qualifications to support classroom teachers in responding effectively to the demands of teaching children with diverse needs, particularly in a country suffering from the effects of occupation.

Informed by the UN Convention on the Rights of the Child, AfL is used in Scottish legislation and policy. The term is used in recognition that any child may need additional support at some point in their lives, and that all children need to support to help them learn. AfL is defined as:

1.1 A child or young person has additional support needs … where, for whatever reason, the child or young person is, or is likely to be, unable without the

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8 See, for example, the special issue of *Teaching and Teacher Education* (2009), Volume 25, Issue 4.
provision of additional support to benefit from school education provided or to be provided for the child or young person\(^9\).

The thinking behind AfL is that all children and young people are entitled to support to enable them to:

- review their learning and plan for next steps
- gain access to learning activities which will meet their needs
- plan for opportunities for personal achievement
- prepare for changes and choices
- and be supported through changes and choices.

Examples of support may include (and see the Assessment Guide and Educational Support for Children with Disabilities that accompany this report.)

- a Support for Learning Assistant working with a child with a learning disability in a nursery
- class teacher helping a child by following a behaviour management programme drawn up in consultation with a behaviour support teacher
- support from a Learning Support Teacher to help with a reading difficulty
- use of communication symbols by an autistic child
- designated support staff working with children with learning difficulties – Dyslexia or Dyscalculia – to them improve their literacy and numeracy skills
- use of an app on a tablet computer to support writing

a highly able autistic child at the later stages of primary school receiving support to access the secondary mathematics curriculum\textsuperscript{10}.

The judgements teachers make about students’ ability to learn limits what is possible for students to achieve. Inclusive education for all is about embracing diversity, and accepting that intelligence is not fixed and immutable. Inclusive education is also one that adopts inclusive pedagogical approaches. Such an approach recognises that all children have much in common, whilst acknowledging that each child is unique.

Disability prevalence in Palestine

Most of the statistics used in this report are taken from the Palestine-wide Palestinian Central Bureau of Statistics (PCSB) 2011 disability survey. According to the survey, the prevalence rate of disability in Palestine ranges from between 2.7% and 7% of the total population, depending on whether a narrow (‘a lot of difficulty or cannot at all’) or broad (including some difficulty) definition of disability is used. In 2011, of the estimated 4.2 million people in Palestine, between 114,000 and 300,000 lived with some kind of disability, according to the PCBS\textsuperscript{11}, although these are probably underestimates (see below). Amongst persons with disabilities aged fifteen years, more than a third (37.6%) had never enrolled in school, whilst a further third (33.8%) had enrolled but dropped out. More than half of the disabled population were illiterate, and 87% did not work\textsuperscript{12}. The most common disability was mobility (48.5%), followed by ‘slow learning’ (24.7%)\textsuperscript{13}. It is important to note that the 2011 survey was not aimed at collecting data on the prevalence of child disability but it did establish the rate at 1.5%, no doubt an underestimate. The disability rate is higher in the West Bank (1.6%) than in Gaza (1.4%)\textsuperscript{14}.

\textsuperscript{10} Ibid, 2017.
\textsuperscript{12} Ibid, p.18.
\textsuperscript{13} MoEHE (2014), p.75.
\textsuperscript{14} PCBS (2011), p.35.
The occupation

The effects of the occupation in the lives of Palestinian children (and all Palestinians) in the West Bank, East Jerusalem, and the Gaza Strip cannot be ignored. It has a significant impact on every aspect of Palestinian life, including on realising effective, equitable, quality education for all children. Palestinian children have been, and continue to be, adversely affected by the presence of Israeli occupation forces, settlers and checkpoints since the six-day war of 1967 between Israel and Arab States. Despite a long term peace process, including the 1993 Oslo Accords, the 2002 Road Map for Peace, Palestine and Israel have yet to reach a final peace agreement. The key issues preventing such an agreement include: mutual recognition, borders, water rights, security, freedom of movement for Palestinians, Israeli settlements, Palestinian land and control of Jerusalem.

To illustrate the impact occupation has had on the health and wellbeing of Palestinians, as a result of the hostilities in Gaza in 2014, 11,231 people were injured, and approximately 900, a third of them children, were permanently disabled15. The vulnerabilities experienced by Palestinian PWDs are aggravated by Israeli access restrictions and the blockade so that PWDs who suffer long-term injuries and disabilities cannot access appropriate health and rehabilitation. Restrictions also prevent rehabilitation workers from providing early intervention, leading to shortages in medical supplies and assistive devices, as well as scarcity in

15 The UN Office for the Coordination of Humanitarian Affairs (OCHA) (2016). Gaza Two Years After. Available at: https://www.ochaopt.org/sites/default/files/gaza_war_2_years_after_english.pdf. Accessed 17/06/2019
fuel and electricity needed to operate these devices\textsuperscript{16}. To date, it is estimated that one in four children (225,000 children) in Gaza require psychosocial support\textsuperscript{17}.

**A note on terminology**

To promote human dignity, and use language that does not marginalise, stigmatise or exclude, the United Nations and its bodies prefer to use people first language, ‘people with disabilities’. This linguistic prescription means that the person is seen, first and foremost, as a person, rather than by their impairment or disability. By using positive social identity, the aim is to reduce bias in research, professional practice and educational settings so that the status of people with disabilities is not undermined or subordinated to the able-bodied.

However, there has been a growing movement within disability studies and among disability rights activists that question the near universal acceptance of person-first language. Many disability organisations, particularly in the UK, prefer identity first language, ‘autistic ‘person’ or ‘Deaf person’, for example, asserting that their disabilities are inseparable from who they are. Terms like ‘autistic’, ‘Deaf’, or ‘blind’ are embraced as a source of pride and as a fact of human diversity.

Disability is not a state of bodily impairment, inadequacy, failing misfortune, or excess—that it is not about marking the things gone ‘wrong’ with the body. Rather, disability, as it is conceived in disability studies, is a culturally composed (and shared) narrative of the body . . . a study of the unequal distribution of power, material and economic resources, and status (class, etc.) within both social and architectural environments.\textsuperscript{18}


\textsuperscript{17} UNOCHA (2016). *Gaza Two Years On: The Psychosocial Impact on Children*. (p.3). Available at: https://www.ochaopt.org/content/gaza-two-years-psychosocial-impact-children

The capitalisation of disability such as ‘Deaf’ or ‘Disability’ also signifies that these labels are not a pathology, but a culture. Advocates within disability culture recommend alternating person-first language with terms such as ‘disabled’ or ‘disabled people’. Using both linguistic forms flexibly and interchangeably acknowledges the roles and perspectives of people with disabilities and nondisabled people. This is the approach we will use in this report.

2. Laws, Strategies, Plans and Policies on Education of People with Disabilities

Introduction

The principal policies, strategies, plans and policies on education for people with disabilities are as follows: the UNESCO World Declaration on Education for All in 1994; Draft Palestinian Inclusive Education Policy based on Law No. 4 Concerning the Rights of the Disabled which initiated the MoEHE’s Inclusive Education Policy in 1997; the Policy for Safe and Equitable Access to Quality Education in 2012; the Education Development Strategic Plan, 2014-2019, A Learning Nation; the Education Sector Strategic Plan, 2017-2022, An Elaboration of the EDSP Plan III (2014-2019) in 2017. This chapter will discuss a number of these
policies and strategies in order to provide an overview of the provision of inclusive education in Palestine.

**Education for All**

In 1994, the MoEHE adopted the UNESCO World Declaration on *Education for All* (1990)(EFA)\(^{19}\). EFA represents an international commitment to ensuring that every child receives good quality, basic education on the grounds that education is a fundamental Human Right for all (and acknowledged as such in the UNDHR); is essential to wellbeing and flourishing; and contributes to social, cultural and political progress (p.2). The 1\(^{st}\) World Conference on EFA which announced the Declaration in Jomtien, Thailand, was a landmark conference in the development of inclusive education, the vision of which was articulated in six EFA goals (expand early childhood care and education; provide free, compulsory primary education; promote learning and life skills for young people and adults; increase adult literacy rates by 50%; achieve gender equality; and improve the quality of education), and reiterated in eight, time-bound, Millennium Development Goals developed by the United Nations (2000)\(^{20}\). However, laudatory though EFA was, the declaration had overlooked children with disabilities, and in 2002, in response to this (and other) concerns, it produced ‘The right to education for persons with disabilities: towards inclusion’ (UNESCO, 2004)\(^{21}\), a global, rights based flagship initiative for the inclusion of all persons with disabilities. Since the adoption of EFA, the Ministry has sought to train teachers and professionals, as well as educate the population on including individuals with learning needs in the education system. However, for reasons briefly discussed above and below, the Palestinian National Authority (PNA), faces a number of significant challenges in realising inclusion for children and people with disabilities: the occupation, blockades, restrictions on access, educational infrastructure, funding

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\(^{19}\) UNESCO (1990). *World Declaration on Education for All and Framework for Action to Meet Basic Learning Needs*. Available at: [https://unesdoc.unesco.org/ark:/48223/pf0000127583](https://unesdoc.unesco.org/ark:/48223/pf0000127583)

\(^{20}\) [https://www.un.org/millenniumgoals/](https://www.un.org/millenniumgoals/)

\(^{21}\) UNESCO (2004). *The Right to Education for Persons with Disabilities: Towards Inclusion*. Available at: [https://unesdoc.unesco.org/ark:/48223/pf0000137873](https://unesdoc.unesco.org/ark:/48223/pf0000137873)
and collecting reliable data on disability, including the classification and certification process\textsuperscript{22}.

The Right of Persons with Disabilities (No.4)

The PNA has developed a number of legislative and policy initiatives that indicate its commitment to advancing the rights of persons with disabilities. In 1999, the Ministry of Social Affairs signed into law the Rights of Persons with Disabilities (No. 4, enacted in 1999)\textsuperscript{23} to ensure that persons with disabilities obtained their rights, including the right to education. However, despite the disability law and a programme of inclusive education, 37.6\% of persons with disabilities of any kind (including mental disabilities) had not accessed education, while 33.8\% had dropped out before completing secondary stage education\textsuperscript{24}. Since being recognised as a non-member state with observer status in the United Nations’ General Assembly in 2012\textsuperscript{25}, the PNS has signed and ratified a number of international conventions, including the United Nations Convention on the Rights of the Child (CRC) in 2014, and the United Nations Convention on the Rights of Persons with Disabilities (CRPD), also in 2014, the first international, legally binding treaty, aimed at protecting the human rights of persons with disabilities. Further, the PNA’s 2003 Basic Law recognises the right of all Palestinians to equality before the law and judiciary ‘without distinction based on race, sex, colour, religion, political views, or disability’ (Article 9). Article 22 commits the National Authority to providing education services, health and social insurance to ‘the families of martyrs, prisoners of war, the injured and the disabled’; and Article 23 guarantees that ‘Every citizen shall have the right to education’\textsuperscript{26}.

\begin{footnotesize}
\textsuperscript{22} World Bank (2016).
\textsuperscript{24} MoEHE (2014), p.76.
\textsuperscript{25} UN General Assembly Resolution 67/19, adopted on 29 November, 2012. The resolution implicitly recognises the sovereignty of Palestine. For further information see http://palestineun.org/status-of-palestine-at-the-united-nations/
\end{footnotesize}
The MoEHE’s Education’s Development Strategy Plan for 2014 to 2019, *A Learning Nation*\textsuperscript{27}, restates the government’s commitment to inclusive education, which has been the general policy of the education sector since 1997. The Strategy Plan, which includes specific goals relating to students with special education needs, identifies the need for a more detailed and comprehensive policy pertaining to inclusive education for children with disabilities.

The majority of children with disabilities (CWDs) who access the formal public education system are those with physical, rather than cognitive, disabilities. In reality, this means that only those children with mild to moderate physical disabilities attend mainstream schools\textsuperscript{28} In 2012/13, only 0.83% of students with special needs and disabilities were included in secondary schools\textsuperscript{29}. The target for 2017/18 is 1.08%. Only five categories of disability are represented in the Ministry’s 2014-19 Education Plan: Visual, Hearing, Mobility, Speech and Mild Mental. In 2013/14, 5702 students with those disabilities were in public schools, approximately, 0.96% of the total number of students in public schools in the West Bank\textsuperscript{30}.


\textsuperscript{28} PCBS (2015).

\textsuperscript{29} MoEHE (2014), p.107.

\textsuperscript{30} ibid, p.76.
The Ministry also reported that the school environment is largely unsuited to most CWDs, except for those with mobility difficulties as the majority of schools (1013) have ramp access in the West Bank (492 schools do not have ramps, while 64 schools cannot be modified)\textsuperscript{31}.

The Ministry has also sought to provide educational methods and supportive tools for individuals with ‘obvious’ disabilities (hearing aids, wheelchair, Braille books, for example), but acknowledges that there is still a lack of equipment for students with less obvious disabilities. In addition, the lack of diagnostic tools to accurately identify the specific disability, such as moderate and severe ‘mental difficulties’, Autism, and learning difficulties, mean that teachers use criteria that do not consider individual differences and capacities. While secondary school tests for students with disabilities have been designed, they are limited to visual, hearing, and mobility disabilities\textsuperscript{32}.

The following challenges were recorded in the MoEHE’s Education Strategy. First, that the actual disability rate exceeds the official figures for the following reasons:

\begin{itemize}
  \item Unreported disabilities, particularly for females, since some families do not register siblings with disabilities due to social considerations
  \item Lack of a unified definition and strategy to address individuals with disabilities in Palestine
  \item Lack of unified database where the official authorities (Ministry of Social Affairs, Ministry of Health, and Ministry of Education and Higher Education) as well as the Union of Disabled Persons register cases of disability for analytical, comparative and policy purposes
\end{itemize}

\textsuperscript{31} MoEHE (2014), p.76.
\textsuperscript{32} Ibid, p.77.
• The dire economic situation pushes some families to provide inaccurate data in order to obtain the support and assistance

Second, that the lack of a coherent and integrated policy across all institutions is driven by national need rather than funding availability, and has led to the following weaknesses:

• Lack of equity in terms of distribution of funding and services across the country
• Lack of sustainability in providing services to individuals with disabilities due to short-term project cycles leading to the termination of the services when the funding is over
• Projects are not derived from an all-inclusive and integrated strategy for all partners, stakeholders and beneficiaries
• Lack of clear and specific referral system addressing all types of disabilities between governmental and private institutions
• Services provided are limited to individuals with mild disability while few services are available to those with mental or intellectual disability or Autism
• Absence of a well-rounded team combined with the lack of qualified specialists to assist in the process of diagnosing disabilities
• Lack of safe and adequate transportation as well as financial support, which, at times, leads to dropout.33

The Ministry requires that all new schools be built to accommodate CWDs, and launched, with nine UN agencies34, an Education for All (EFA) package that focuses in inclusive and child-friendly education to ensure the right

33 MoEHE (2014), p.79.
to a quality education for all Palestinian children\textsuperscript{35}. The package aimed at improving teacher education and learning. It was piloted in 70 schools in the West Bank and Gaza, and education personnel were trained on inclusive and child-friendly education. Although mainstreaming and inclusion is the overall aim, the MoEHE recognises that, in the short and medium term, this is not always possible.

However, even with the existing laws and policies, disability remains a low priority for decision-makers and often disability programmes are devised as short-term interventions with heavy reliance on external funding, as the Ministry itself notes. An added and protracted complication is that, although the population is one of the most literate in the world, the education system is in disrepair and failing, primarily due to the effects of the Israeli occupation. The Ministry acknowledges that ‘[b]uilding and operating an education system under militarily occupation and without full political, territorial, and physical freedom is a major challenge’\textsuperscript{36}. As the PNA does not have direct control over schools in Area C\textsuperscript{37}, Jerusalem and South Hebron, it cannot protect children or schools from attacks by Israeli settlers and soldiers. Further, because Israel controls the external borders, it also controls the collection and transfer of customs duties for Palestine, and the internal movement of goods and people. There are hundreds of checkpoints, a Separation Wall\textsuperscript{38}, and more than 500,000 Israeli settlers spread throughout the West Bank. Area C, which makes up more than 60\% of the West Bank, is under exclusive Israeli civil and security control.


\textsuperscript{36} MoEHE (2014), p.2.

\textsuperscript{37} Area C is an administrative division of the West Bank. It was created under the Oslo Accord II which divided the West Bank into three Areas: Area A is controlled exclusively by Palestine; Area B is administered by Palestine and Israel; while Israel has full civic and security control over Area C.

\textsuperscript{38} Also known as the Israeli West Bank barrier, the Separation Wall is a barrier built by the Israeli’s to prevent terrorism. The Palestinians regard it as a separation or apartheid wall. Much of the separation wall has been erected in Palestinian lands, effectively cutting Palestinians off from their land and resources, and resulting in the fragmentation of territory.

Jerusalem is entirely cut off from the West Bank without official Palestinian representation.\textsuperscript{39}

The education system is, therefore, exposed to ‘political, financial, physical constraints and [is] vulnerable to many variables that cannot be controlled’. As a result, the school infrastructure is poor, there is a lack of adequately trained teachers, and a lack of access to schooling in marginalised areas. The capacity of both the Ministry and UNRWA schools to accommodate the education needs of students with disabilities is limited. The effective inclusion of students with disabilities requires improvements in ‘physical accessibility, the training of teachers to better support students with disabilities in mainstream classes, and appropriate teaching aids’.\textsuperscript{40} The results of this study bear out these difficulties, as we will discuss in Chapter Five.

\textsuperscript{39} MoEHE (2014), p.12.

The Education Sector Strategic Plan (ESSP) was produced in response to the UN 2030 Sustainable Development Goals (SDGs), particularly SDG 4, A Quality Education. The ESSP is premised on a vision of a ‘Palestinian society that possesses values, knowledge, science and technology and is able to employ that knowledge for liberation as well as development’.

Target 4.5, SDG 4, seeks to ensure equal access to all levels of education and vocational training for marginalised and vulnerable groups, including disabled people, by 2030. The ESSP also adopted three sectoral goals:

- **Sector Goal 1:** Ensuring safe, inclusive, and equitable access to quality education at all levels of the system, particularly for disabled people.
- **Sector Goal (2):** Developing a student-centred teaching and learning pedagogy and environment.
- **Sector Goal (3):** Enhance Accountability and Results-Based Leadership, Governance and Management.

Though the centres funded by APEFE and supervised by BASRA fall outwith the Ministry’s jurisdiction, the findings, nevertheless, testify to the urgency with which these goals need to be realised, as we will discuss in the findings in Chapters 6, 7 and 8. Next, we will discuss the principal Human Rights protocols that have driven inclusion and the inclusion of people with disabilities up the international agenda for Education for All.

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43 Ibid, p.20.

Introduction

The research for this project takes a human rights perspective and was, accordingly, informed by human rights protocols such as the Convention on the Rights of the Child (1989)(CRC), Salamanca Statement and Framework for Action (1994)\textsuperscript{44}, the UN Convention on the Rights of the Child with Disabilities (2006)(CPRD), and particularly General Comment 4 (GC4), Article 24 (Education) of the CPRD (2016). The CRC, Salamanca Statement, and CPRD each recognise the growing awareness and understanding of the right of disabled people to education. Inclusion of disabled people is now regarded as key to achieving the right to education, and is enshrined in the CPRD, the first legally binding instrument to define the concept of inclusive, quality and equitable education, and which Palestine signed in 2014. Sustainable Development Goal 4, which underpins Palestine’s inclusive education programme, likewise affirms the value of inclusive, quality and equitable education. The Committee unequivocally states that inclusive education ‘is central to achieving high-quality education for all learners, including those with disabilities, and for the development of inclusive, peaceful and fair societies’\textsuperscript{45}.

The findings of the research are interpreted against the Capabilities Approach\textsuperscript{46} (see Chapter 7). This is a comparative quality of life assessment on questions of social justice, focused on capabilities such as Bodily Health, Senses, Imagination and Thought (how a person is enabled to imagine, reason, develop literacy and numeracy skills, for example), Emotions (the extent to which a person’s emotions are not blighted by fear and anxiety, for example), and Affiliation (being able to associate with others freely, and without fear of harm, for example). The approach is closely

\textsuperscript{44} UNESCO (1994). The Salamanca Statement and Framework for Action on Special Needs Education. UNESCO. Available at: http://www.unesco.org/education/pdf/SALAMA_E.PDF

\textsuperscript{45} UNCPRD (2016). Convention on the Rights of People with Disabilities. Committee on the Rights of Persons with Disabilities. General Comment No. 4 on the Right to an Inclusive Education.

\textsuperscript{46} The version used in this report is that developed by the philosopher and one of the best known proponents, Martha Nussbaum. The other key architect is Amartya Sen, the Nobel prize winner for Economics.
allied to human rights because it is based on the idea that every person has a right to core entitlements, and that it is a core duty of states to actively support the realisation of these entitlements. The Capabilities Approach explicitly grounds entitlements in the idea of human dignity.

What follows is a brief discussion of the most important human rights protocols on the rights of the child, including children with disabilities, and their right to inclusive, quality education.

The UN Convention on the Rights of the Child

The UNCRC\textsuperscript{47} is the most widely ratified international human rights treaty in history, with all but one state having signed the convention (the USA). It is also the most comprehensive treaty ever produced, containing fifty-four Articles that cover all aspects of a child’s life. The CRC places obligations on States Parties (the governments who have ratified it) to take legal, civil, administrative and other measures to ensure that children enjoy the forty-two substantive rights in the Convention. Articles 43-54 state how governments and adults should work together to safeguard children’s rights.

All human rights are founded on three core concepts: equality, dignity and respect for the human person. To disregard or ignore these core ideas could result in a violation of children’s (and adults’) rights with unjust and inequitable consequences: discrimination, marginalisation, exclusion, and so on. For the purposes of this report, Article 23(1) stipulates that disabled children should enjoy a full and decent life that protects their dignity, and enables their participation in the community. State parties are obliged, further, in respect of Article 2 (non-discrimination), to ensure that the disabled child has

effective access to and receives education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child’s achieving the fullest possible social integration and individual development. (Article 23(3))

Article 28 stipulates the right of the child to education from primary to vocational and higher education, delivered without discrimination of any kind, while Article 29(1) states the goals of education: the ‘development of the child’s personality, talents and mental and physical abilities to their fullest potential’.

The CRC and the Salamanca Statement (discussed next) gave clear international authority to the idea that inclusion in regular schools is essential to human dignity and a fundamental human rights entitlement. However, it was the Salamanca Statement that made the landmark international case for inclusion.

The Salamanca Statement

There are few reports in the field of special education and inclusion that have received the prominence of the UN Salamanca Statement (1994). A ground-breaking report that was agreed by representatives from 92 governments and 25 international organisations, the Salamanca Statement called for inclusion to be the norm, and for ordinary schools to accommodate all children without discrimination. The statement reaffirmed the right enshrined in the UNDHR (1948) of every individual to an education, and renewed the pledge made at the 1990 World Conference on Education for All that education should be the ‘right of all regardless of individual differences’. The delegates proclaimed that education systems and educational programmes should be designed to respect diversity, and that those with special needs must be given access to

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regular schools. Those schools should be child-centred and capable of meeting their needs. The value to communities and society of regular schools with an inclusive orientation are that they are:

... the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving education for all; moreover, they provide an effective education to the majority of children and improve the efficiency and ultimately cost effectiveness of the entire education system.49

Special needs education recognises that human differences are normal, and that learning and teaching be adapted to the needs of the child, rather than the child having to adapt to the school. Inclusive schools recognise the dignity of the child and are those which develop child-centred pedagogies. The Statement also recognised that the problems of disabled people are aggravated by a disabling environment that focuses on impairments, on what the child cannot do, rather than focusing on what her or his potential. All children should, wherever possible, learn together, in schools that offer appropriate curricula, resources, teaching strategies, and enabling environments50

UN Convention on the Rights of People with Disabilities, General Comment No. 4, Education

Education as a fundamental right is stated in the Preamble to The UN Convention on the Rights of Persons with Disabilities (CPRD), and is laid out in Article 24, which is dedicated to the topic of education. It is not only the first treaty to define the concept of inclusive, quality and equitable education, it also allows for continuous national oversight of the implementation and protection of human rights.

In 2016, the CRPD committee published General Comment, No.4 on the right to inclusive education. In accordance with the Article 24(1) of the CRPD, the committee enjoined States parties to ‘ensure the realisation of the right of persons with disabilities to education through an inclusive education system at all levels’, from preschool to tertiary education, including vocational training and lifelong learning, extracurricular and social activities. It states very clearly that all students, without exception, are entitled to this right and on an ‘equal basis with others’. Children should not be discriminated on grounds of disability, gender, race, language, religion, legal status, age, sexual orientation, social origin, or because of their association with their parents, siblings, or relatives.

Despite progress to achieving the right to inclusive education, and to education more generally, the committee produced the comment in recognition that fundamental and persistent barriers remain. It noted that people with disabilities ‘continue to be denied the right to education … and is available only in settings where persons with disabilities are isolated from their peers and where the education they receive is of an inferior quality’.

The barriers to inclusion are many, and are directly relevant to Palestine:

(a) The failure to understand or implement the human rights model of disability, according to which barriers within the community and society, rather than personal impairments, exclude persons with disabilities;

(b) Persistent discrimination against persons with disabilities … low expectations about those in mainstream settings, allowing prejudices and fear to escalate and remain unchallenged;

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52 Ibid, p.2.
(c) Lack of knowledge about the nature and advantages of inclusive and quality education and diversity … leading to misplaced fears and stereotypes that inclusion will cause a deterioration in the quality of education or otherwise have a negative impact on others;

(d) Lack of disaggregated data and research (both of which are necessary for accountability and programme development), which impedes the development of effective policies and interventions to promote inclusive and quality education;

(e) Lack of political will, technical knowledge and capacity in implementing the right to inclusive education, including insufficient education of all teaching staff;

(f) Inappropriate and inadequate funding mechanisms to provide incentives and reasonable accommodations for the inclusion of students with disabilities, inter-ministerial coordination, support and sustainability;

(g) Lack of legal remedies and mechanisms to claim redress for violations.\(^5\)

In brief, an inclusive education is a fundamental human right; a principle that values all students equally; a means of realising other rights; and a process of commitment to eliminating barriers to the right to education. In Palestine, however, the barriers elucidated above are compounded by the ongoing occupation, and while States parties are urged to adopt inclusive risk reduction strategies for comprehensive school safety and security that pay regard to the rights and needs of disabled people, this is extremely difficult to realise in practice, as discussed above.

\(^5\) Ibid, p.2.
Definition and core features of inclusion

The comment is also the first treaty to give an explicit definition of inclusion. Inclusion is understood by the committee a) a fundamental human right human right of all learners, and of the individual learner in particular (not the parents). It is b) a ‘principle’ that values learners’ wellbeing, respects their inherent dignity and autonomy, and who can be effectively in, and contribute to, society. Inclusion is c) ‘a means’ of realising other rights, and of achieving an inclusive society. Finally, inclusion is d) ‘the result of a process of continuing and proactive commitment to eliminating barriers impeding the right to education’, that includes changes to the ‘culture, policy and practice of regular schools’.

The Committee also distinguishes the differences between exclusion, segregation, integration and inclusion. Exclusion occurs when ‘students are directly or indirectly prevented from or denied access to education in any form’. Segregation occurs when education is provided in ‘separate environments designed or used to respond to a particular impairment or to various impairments, in isolation from students without disabilities’. Both represent a barrier to inclusion and both undermine the status of disabled people as persons worthy of equal respect.

Integration is defined as the process of placing disabled people in mainstream educational settings on the assumption that they can ‘adjust to the standardized requirements of such institutions’. Inclusion, by contrast, is a process of:

systemic reform embodying changes and modifications in content, teaching methods, approaches, structures and strategies in education to overcome barriers with a vision serving to provide all students of

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55 UNCRPD (2016), p.3.
56 Ibid, p.3.
the relevant age range with an equitable and participatory learning experience and the environment that best corresponds to their requirements and preferences.\(^{57}\)

In short, inclusion cannot occur unless there are structural changes to the class, school, or educational system; and segregation does not necessarily lead to inclusion.

The committee also state four core features of inclusion. The first is a ‘whole systems’ approach whereby education ministries must invest all resources ‘in advancing inclusive education’ and ‘embedding the necessary changes in institutional culture, policies and practices’. Next, inclusion entails a “whole educational environment” in which the leadership of educational institutions is must introduce and embed ‘the culture, policies and practices needed to achieve inclusive education at all levels and in all areas, including in classroom teaching and relationships’. The third feature is a ‘whole person’ approach whereby the ‘capacity of every person to learn, and high expectations are established for all learners, including learners with disabilities’. This entails:

- Flexible curricula and teaching and learning methods adapted to different strengths, requirements and learning styles;
- The provision of support, reasonable accommodation and early intervention so that all learners are able to fulfil their potential;
- Focusing on learners’ capacities and aspirations rather than on content when planning teaching activities;
- Accessible learning environments with appropriate supports;
- Personalised educational responses.\(^{58}\)

\(^{57}\) UNCRPD (2016), p.3.
\(^{58}\) Ibid, p.4.
In addition, teachers need to be supported, receiving the education and training they need to realise inclusive approaches; and a learning-friendly environment must be created in which learners feel safe, secure and welcome. Inclusive educational practices enable people with disabilities to make effective transitions from pre-school to vocational or tertiary education, and into work, by fair examinations and certification, and in ways that develop confidence, skills and capacities of all. To ensure, finally, the right to an inclusive, equal education, continuous monitoring and evaluation of these processes and approaches are necessary.
4. Methodology

Purpose of the research

The research sought to solicit stakeholders' views and experiences of disability assessment and follow-up support and its effectiveness with a view to updating the methods of assessment and current understandings of Special Needs Education (SNE).

A mixture of inclusive, qualitative methods was used to facilitate the involvement of all participants. Interviews, focus groups, observations, photo elicitation and participatory activities (such as diamond ranking, emotion cards, thumbs up / thumbs down cards, small world toys and emoji toys) were used with BASRs colleagues, community-based rehabilitation workers, parents and carers of children/young people with disabilities, relevant stakeholders and the children/young people themselves (service users) to gain an understanding of current practice in the community centres supervised by BASR. Consulting with, and involving young people with disabilities in the research will be in accordance with the aims and aspirations of the Convention on the Rights of People with Disabilities (CPRD).

Methods

The methods used to undertake this research were:

1. Participatory research methods, such as photo elicitation and diamond ranking with children and young people.
2. Semi-structured interviews with centre staff.
3. Focus groups with centre staff.
4. Participatory focus groups with children and young people.
5. Focus group with BASR staff.
6. Observations on the interactions between staff and service users.
Methods of recruitment

A staff member from the Bethlehem Arab Society for Rehabilitation assisted with the recruitment of staff, service users and parents. The member of staff was asked to share an information letter via post, email or in person with the centre directors (See Appendices X). The letter requested that anyone who was willing to participate should register their interest, along with their research method preference and availability, directly with the researchers through email or by communicating with the staff member. All participants signed their consent in the presence of the researchers and member of staff. The inclusion criteria were that staff, service users and parents/carers should be attached to the Bethlehem Arab Rehabilitation Centres.

Participants

In total, 56 people took part in the research chosen from both purposive (selected by the Director of the centre) and random sampling (selected by the teachers of the centre). We conducted three sets of interviews, two parent focus groups, and eight focus groups with children using a variety of participatory research methods (emojis, flash cards, drawings, diamond ranking, etc). We sought a diverse range of disabilities and diverse demographics: age (between 5 and 55); location (Bethlehem, Hebron, South West Banks); educational status (primary school to university education); length of service (between 2 and 28 years); refugee and non-refugee centres; service user and non-service user. Specifically, our sample contained:

- Community-based rehabilitation workers and teachers (12 women) who are linked to the BASRCs;
- Children and young people (girls and boys, aged 5 to 25) who are service users of the BASRCs. The children and young people had a range of disabilities and learning difficulties including Autistic Spectrum Disorder.
(ASD), Down Syndrome, and visual and hearing impairments (24 children and eight adolescents);
• Parents and Carers of the service users of BASRCs (12 mothers/carers, all women).

<table>
<thead>
<tr>
<th>Centre</th>
<th>Method</th>
<th>Sample Size</th>
<th>Sample Type</th>
</tr>
</thead>
</table>
| Centre 1 | Interview – staff  
Focus group- children | Two teachers  
Four boys (aged 5) | Purposive  
Random – selected by teachers |
| Centre 2 | Focus group – staff  
Photo-elicitation | Five teachers/trainers  
Four adolescents – one woman, three men | Purposive  
Random – selected by teachers |
<p>| CVT1  |                          |                                          |                                  |
| Centre 3 | Interview – staff      | Two teachers, and Director | Purposive |
| Centre 4 | Focus group 1 - children | Six boys (aged 12-15) | Random – selected by teachers |
|          | Focus group 2 – children | One girl, three boys (aged 8-9) |                                  |
|          | Focus group 3 - children | Two girls, two boys (aged 7-10) |                                  |
| Centre 5 | Focus group 1 – adolescents | Two women, two men (aged 18-25) |                                  |
| CVT2  |                          |                                          |                                  |
|          | Focus group 2 – adolescents | One woman, two men (aged 18+) |                                  |
|          | Focus group 3 – parents | Five mothers | Purposive. Support group. |</p>
<table>
<thead>
<tr>
<th>Centre 6</th>
<th>Focus group 1 - children</th>
<th>Two girls, one boy (aged 13-16)</th>
<th>Random – selected by the teachers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus group 2 - children</td>
<td>Two boys</td>
<td></td>
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<tr>
<td>Interview - staff</td>
<td>Two teachers</td>
<td>Purposive</td>
<td></td>
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<tr>
<td>Centre 7</td>
<td>Observation</td>
<td>One class – range of disabilities (ASD, Down Syndrome, mobility and learning difficulties)</td>
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<tr>
<td>Focus group - parents</td>
<td>Seven mothers</td>
<td>Purposive. Support group.</td>
<td></td>
</tr>
<tr>
<td>Centre 8</td>
<td>Observations</td>
<td>Two classes – range of disabilities (ASD and Down Syndrome)</td>
<td></td>
</tr>
</tbody>
</table>

Table 1: Participants and methods

The interviews and activities were conducted in Arabic. The translator provided summaries of what the participants said, and the researchers took notes during the interviews, focus groups, observation and participatory research methods. The interview schedules can be found in Appendices 1-3.

Until recently, children and young people were not regarded as having the competency or capacity to engage in research because of their lack of maturity. They were regarded as passive subjects, lacking the capacity to speak meaningfully of their experiences or to speak with insight on issues affecting them. Research was done on them, rather than with them. However, if children are recognised as rights holders, then they are not just able to participate in research, but are entitled to do so. Adults who work with children have a concomitant duty to ‘ensure that their right
to express views and influence their own lives is respected".\textsuperscript{59} The UNCRC (the convention), particularly Articles 12 and 13, has been recognised by childhood researchers as articulating the right of children to be heard and included in research. The convention can be interpreted to mean that children have a right to be properly researched, to be participants in research, using methods that make it easy for them to express their opinions, views and experiences, and for these to be listened to sincerely.

Article 12 of the convention states that children and young people have the ‘right to express their views freely and to have those views given due weight in accordance with their age and maturity’\textsuperscript{60}. The implementation of Article 12 should be interpreted and applied in accordance with children’s other rights, including the right to be supported and guided by adults (Article 5), and the right to seek, receive and impart information (Articles 13 and 17) of the convention. Articles 13 and 17 are regarded as ‘crucial pre-requisites for the effective exercise of the right to be heard’\textsuperscript{61}. The Committee has emphasised that compliance with Article 12 requires that children are provided with an enabling environment and ‘access to information in formats appropriate to their age and capacities on all issues of concern to them’\textsuperscript{62}.

\textsuperscript{62} UNCRC (2009), p.20.
Lundy’s\textsuperscript{63} model of child participation refers to ‘space’, ‘voice’, ‘audience’ and ‘influence’, and states that Article 12 obliges states to ‘assure’ young people of the right to communicate their views, with a concomitant commitment to actively encourage young people to discuss their opinions. Young people should be invited to talk about issues that are important to them, and this space ought to be ‘inclusive’\textsuperscript{64}. Since we adopted a rights based approach to this research, and support the right of the child to be included in research that affects them, we found it only fitting to use participatory research activities to include the children and young people as far as it was possible to do so within the context of this research.

**Location**

Interviews and focus groups took place in eight centres partnered with BASR in Bethlehem, Hebron, and the South West Bank during April, 2019. Data collection through methods such as focus groups, semi-structured interviews or participatory activities (diamond ranking, drawing, thumbs up/thumbs down, for example) took place in a private room in the centres. There were at least three people present during the data collection: both the researchers and the translator, and sometimes a teacher when the children were taking part in participatory research activities.

**Data Analysis**

The data was analysed thematically. This is one of the most commonly used methods for analysing and interpreting qualitative data in social research. It is a method for ‘identifying, analysing and reporting patterns, or themes, within data’\textsuperscript{65}. Thematic analysis, on Braun and Clarke’s approach, follows six stages:

\begin{itemize}
  \item \textsuperscript{64} Lundy (2007), p.934.
\end{itemize}
Stage One: Becoming Familiar with the Data: reading, for example, the transcripts, a key phase of data analysis.

Stage Two: Generate Initial Codes: arranging the data into groups using relevant phrases such as, for example, ‘violence and aggression’, ‘play’, ‘curriculum’, and so on.

Stage Three: Searching for Themes: sorting the various nodes into groups under one heading or theme. A theme represents some level of patterned response or meaning within the data. For example, ‘feeling included’.

Stage Four: Reviewing Themes: checking the data within each of the initial themes identified in the previous stage.

Stage Five: Defining and Naming Themes: this stage involves ‘identifying the essence of what each theme is about’ (p.22). Subthemes may also be identified within themes.

Stage Six: Producing the Report: once the themes were finalised this phase involved describing the data found within each theme that includes supporting evidence to illustrate its relevance, such as direct quotes.

The questions we used during the interview assisted in identifying themes. These were thematic questions about feeling included, the resources required, professional qualifications, and so on, which, obviously, assisted in identifying themes within the data, and common themes across the data.

Ethical considerations

Data collection took place during the day when staff and children were present in the building. The door to the room in which the activities took place was closed and no one other than the researchers and the interpreter was allowed in the room at the same time (unless it was a focus group where more participants will be in the room).
As the participants may have been vulnerable on account of their Autism and/or learning disability, we ensured that other adults, such as parents/carers and staff, who are experienced working with autistic people and/or people with a learning difficulty were available at the premises to offer extra support to the young people should they need it.

As some of the topics discussed could have been sensitive we were concerned that some individuals could experience emotional or psychological discomfort. While this did not happen, the participants were informed that they could stop the interview or activities. The participant could ask to stop verbally or by pointing to a ‘stop’ sign. We adhered to BASRCs’ child protection policy.

Discussing issues of learning disability and/or Autism has the potential to highlight safeguarding concerns, such as abuse. All participants were informed before the research began about the BASRC safeguarding procedure and what would happen if there was an allegation made that was of concern to either researcher. If an allegation is made or concern raised, the incident and details will be recorded in as close to the participant’s words as possible.

The research was approved by the ethics committee of the School of Sociology, Education, and Social Work, at Queen’s University (SSESW), Belfast, UK.

Confidentiality and anonymity

Written, informed consent was sought from all participants. Participants (and their parents/guardians if aged 18 and under) were given an accessible consent form when they indicated their willingness to take part in the research. The consent form followed Mencap guidelines for writing easy to read documents for people with a learning difficulty to ensure that it was accessible to all, and to allow a young person to make an informed decision about participation.

Participants (and their parents/guardians if aged 18 or below) were asked to jointly sign or make a personal mark on the consent form to demonstrate their willingness to participate. The consent document restated that participants could withdraw their consent at any time without any penalties, and without giving a reason. At the start of
each data collection exercise participants were verbally reminded about their consent agreement and how they could withdraw their participation and data.

The recruitment and information letters, consent forms and confidentiality agreements for children and adults were all translated into Arabic.

**Semi-structured interviews**

The privacy of participants who chose to take part in a semi-structured interview were protected through the provision of confidentiality measures that included: interviews that took place in a private room with a closed door with both researchers and translator; a confidentiality agreement that was signed by the translator; audio recordings of interviews were transcribed and anonymised with a pseudonym following the interview; transcriptions had all identifying information removed; audio recordings were deleted following data analysis; only the researchers and translator had access to the transcriptions and audio recordings; and the translator of the audio-recordings signed a confidentiality agreement.

**Focus Groups**

The privacy of participants who chose to take part in focus groups were protected through the provision of confidentiality measures that included: focus groups that took place in a private room with a closed door with other participants, the researchers and translator; a confidentiality agreement that was signed by the translator; a confidentiality agreement was signed by all participants taking part in the focus groups; audio recordings of focus groups were transcribed and anonymised with pseudonyms following the interview; transcriptions had all identifying information removed; audio recordings were deleted following data analysis; only the researchers and translator had access to the transcriptions and audio; and the translator of the audio-recordings signed a confidentiality agreement.
Photo-elicitation

The privacy of participants who chose to take part in the research through taking photographs or allowing the researchers to take photos was protected by: talking about the photographs with the participant in a private room with a closed door with both researchers and translator; a confidentiality agreement was signed by the translator; audio recordings of interviews about photos were transcribed and anonymised with a pseudonym following the interview; transcriptions had all identifying information removed; audio recordings were deleted following data analysis; and only the researchers and translator had access to the transcriptions and audio recordings.

Participants were asked not to take pictures of people; any identifying features in the photographs were pixelated or covered; only the researchers had access to the images.

Participatory research methods

Participants who had to be offered alternative methods to become involved in the research (because they were non-verbal, were shy, or had a learning disability) were offered a range of practical activities to elicit their views and opinions about current practices in the centres. To ensure participants’ privacy was not compromised, participants were asked not to include any personal details within their answers; for example, a drawing would not contain their real names or identifying features. Following completion of the participatory activity, the individual gave their consent to the researchers to allow the researcher to photograph the completed activity. All participatory activities took place in a private room with a closed door with the researchers and the translator; a confidentiality agreement was signed by the translator; audio recordings of interviews were transcribed and anonymised with a pseudonym following the interview; transcriptions had all identifying information removed; audio recordings were deleted following data analysis; and only the researchers and translator had access to the transcriptions and audio recordings.
Observations

The researchers focused on the interactions between staff and service users throughout the provision of educational support sessions. These interactions were recorded on the basis of behaviour and emotion shown by both parties. No names or identifying information were included in the field notes. The observations are combined with the data.

The following three chapters will present the research findings: Staff and teachers of the centres (Chapter 4); the mothers (Chapter 5); the children and young people, (Chapter 6).
5. Research findings: Staff and Teachers

Introduction

We engaged in semi-structured interviews with staff in three of the eight centres we visited: two teachers each in Centre A, as well as the Director; two in Centre B; and seven members of staff in the Centre for Vocational Training (CVT).

While the questions varied, as one would expect in semi-structured interviews, and we followed the direction of the teachers’ responses, the following thematic questions were asked:

- What the staff liked or did not like about their jobs and why;
- The process of assessment;
- Training and professional development;
- The quality of supervision and support;
- Improvements that could be made in the centres.

The staff were also given the opportunity to make additional comments. As will be seen in Chapter 6 when we present the findings from the children and the young people, the experiences reported here are markedly different from those given by the students.

Key findings:
- There is an urgent need for professional development and training
• There is an urgent need for more resources
• Smaller classes and appropriately resourced rooms
• Better communication between centre staff and their directors, and stronger community links.

The discussion is presented in three parts: Centre A, Centre B and the Centre for Vocational Training (CVT1).

Discussion of the findings

Centre A – two teachers and the Director

In Centre A we interviewed two teachers who have worked in the centre since 1999. Both love their job and working with the children. However, what became apparent was that they were resigned to the challenges of working with few resources, and even talked about being burned out from being inadequately supported. In their view, the mainstream classes took priority over their special educational needs classes when it came to resources and being allocated adequate rooms in which to teach. Both teachers had received some training, in particular Education of the Developmentally Young, a skills-based programme that teaches teachers to adapt the curriculum and to respond to children’s specific needs. They had also taken course on Dyslexia, Learning Difficulties, and the Right to Play, for example.
Attitudes to the job

The teachers enjoy their work and get upset when they don’t see the children:

I love the work here, and if a day pass without seeing the children, I feel upset. The hardest thing is working with autistic children. In the classroom, I have a girl that is completely autistic.

For me, because the age of the student in my class is older, I treat them like my friends, so we do not have a teacher-student dynamic in our class. And I don’t order them or demand them to do things, no, on the contrary. I give them many options and ask for their opinion on what they like to do, what they want to do. And the participate, not all of them of course,

One of the teachers teaches an older class, treats them as equals, consults them on what they want to do and offers them choices. However, despite their care and attention, and their full engagement with children with learning difficulties, they find working with autistic children particularly demanding, an experience in common with staff in other centres.

One autistic girl gets angry and anxious, and both agreed she might be under-stimulated. By contrast, the other autistic girl was affectionate and perhaps indiscriminate in her affection for other people, which worried the teachers because they were unsure whether to discourage her from being so open. This child is bright and has a photographic memory but their issue is how to adequately include her and other autistic children.
Sometimes she is very angry and she shouts by herself, laughs by herself. She hits [other children], sometimes she is isolated, sometimes she wants to leave the class, she puts her life in danger, and so, she has many issues. And because I have nine other children in the class, so I don’t know whether I should focus on her needs, or controlling the class. You know, especially since I have no classroom assistant.

In common with many autistic children, she finds therapeutic enjoyment in focusing on one activity, in this case pictures. As the teacher explained, she can see something new in the picture every time she looks at it. Her attention to detail is very apparent and the teacher eloquently describes the tactile and visual pleasure of the object:

Sometimes I give her coloured pictures. She likes how they feel and the colouring of pictures. Every day, she discovers something new in the picture itself. She holds it for a while, for instance, for one day, and she discovers more than one thing in it. She reacts negatively when you try to take the picture away from her. For example, if you want to go work on other learning goals, she just keeps hold of the picture. Coloured pictures in general, wherever you put the pictures, or try to hide them away from her, she keeps attempting to reach them until she gets to them. She likes everything that is stimulating, the textures coarse and soft, if you keep pressing up her hands, and so on.

This young girl often comes to school in anxious state and to calm her, this teacher hugs her to make her feel safe and gives her pictures which calms her down. This teacher also ensures she has a routine.
Speaking of the other autistic girl, the second teacher likewise made important observations about her abilities and needs:

She is a very, very smart girl, but at the same time she behaves differently. … She reads the Quran and recites it. If you say anything in front of her, she memorises it. Any written word, you just say it once, and it feels as if she copies the word in her mind. So if you write a word, let's say ‘garden, she memorizes the word. … I don’t know how she does that. It feels as if she takes a photocopy of the word. It is as if she takes a mental picture of it and repeats it.

Support from BASR

The teachers appreciated being asked this question, ‘we want to vent our feelings’. Immediately, one teacher said she needed ‘psychological support’ to help the children. When asked why, she explained that she became anxious fearing that they will disrupt the routine she had carefully established. It also concerned both teachers when the parents were not supportive or denied their child had a problem:

Sometimes a new child may disrupt other children in the class, especially if he was new and he was crying, or if he comes from a home environment and hasn’t been anywhere else…. That affects the overall class environment. Additionally, sometimes, parents are not cooperative so they don’t help. And most of the time, parents don’t admit that their child has a problem. So, if you tell a parent that their son has a problem, they deny it. For example, if you tell them that your child has a problem speaking, they would reply ‘no, he’s fine. If you just work with him a bit harder, they will be able to speak very well’. And if I work with a child for a month, or two months and the progress is very slow or partial, parents will tell you that ‘you have done nothing with our child’.

Neither teacher felt they received direct support or supervision. The centre Director is supportive, however, and they can discuss their concerns with her. They also have access to highly experienced special educational needs assessor but when other therapists come to the centre it is they, the teachers, who suggest the activities. Consequently, the teachers feel marginalised:

We feel marginalized sometimes, I mean, maybe 90% of the time.

The teachers want supervision from someone who understands disabilities and the work they do, and who can adequately represent them when they feel they cannot communicate their concerns effectively.

Assessment

The children are assessed when they arrive in the centre, usually for about two months after which the staff rely on reports from the previous centre or school:

Afterwards, we use the worksheets from kindergarten classes and assess the child’s mental age and assess his ability. And then we check if this child is able to be included in mainstream education or in kindergarten, so we see if for instance his mental age is six years then we include in the first grade if less then we send him to the kindergarten. Then we start supporting the child, if he is benefiting from it we include them,
However, even though some children are assessed for inclusion in certain classes, some children cannot be included in class because of other children who do not understand or accept their impairments, and they spoke of one autistic child with a hearing impairment and another who had ‘dwarfism’. The teachers admitted that there was a lot of bullying by other children (and by some parents) and try to explain why bullying is harmful. Violent children are referred to the psychosocial worker if she is available:

We try to work on modifying their behaviour. We tell them it is not permitted to hit or mock someone. For example, there is another girl who suffers from a hearing problem, but her parents are very helpful and supportive, and they take good care of her, so she is quite responsive.

Yes, yes, there is a good level of awareness amongst teachers as well. For instance, there is another child called [name of the child], and it did not work for him here. We tried a lot, but it transpired that the father is the one who needs treatment not the child.

**Improvements to working conditions**

The teachers would welcome resources that gave assessment criteria for children with disabilities. They used a ‘blue book’ that had been developed by BASR but did not enjoy using this because it was so detailed and was not disability of impairment specific (this book also seemed to be based on Applied Behaviour Analysis, an increasingly contentious and controversial approach to behaviour modification of autistic children). The teachers also felt that having fewer children with complex needs in the class would be beneficial to them and to the other pupils, in addition to having better rooms in which to teach. At the time of the interview, one teacher was teaching in the dining hall,
while the other was teaching in the ‘warehouse’ (or storage room). They also felt that ‘normal’ children are prioritised over disabled children which is why they are in inappropriate rooms. With respect to resources, they would desperately like to be provided with sensory objects, music, paints, etc.

Firstly, we want assessment, or, let's say, criteria we can follow to assess the children in order to facilitate the teaching process.

If the criteria were met after deliberations and group discussions, the work will become easier and it will show us the strengths and weaknesses. Also, the same classroom should not have more than one disability. When there are multiple disabilities, like I have, because I have students with mental retardation, mobility impairment, some with Down syndrome and some with Autism. So this is distracting when I want to assess all children at once. If the criteria was there I can start from … the right place.

Curriculum

The teachers do not follow a set curriculum. Instead, they tailor their teaching to the needs of the child. They base their targets on the ‘blue book’ mentioned above. They confirmed that there is no Palestinian curriculum for children with SEN. In the absence of criteria and a curriculum, the teachers base a lot of their assessment on experience of working with the children. Admirably, they do not treat children because each is different and has different needs, so the resources and activities have to be adapted to the needs of the child:

Each child is different from the other. What applies to one child might not apply to another … sometimes they are the same but the mental age of one child is different from the other.
Even when it comes to activities, some activities cannot be done by everyone, that is why there isn’t always large numbers in activities. You need to know how to deal with the child and see if he needs help to move or anything. You must realise that you are dealing with rehabilitation students.

Other comments

The staff were invited to make additional comments. They would welcome weekly meetings, mandatory training courses, (they had to insist on the courses they did receive which caused some tension), and access to technology.

Training is very, very important. First of all, it helps us refresh and renew the information we have. Sometimes we have the right information but don’t know how to locate it, and sometimes the course tells us.

Yes, how to start and do things, and help us refresh our information. Frankly, after all these years I think we have job burnout. The good thing about courses is that it helps us get to know people.

The Director was not dissimilar in her views on what the challenges were and what would benefit the centre. She confirmed that the centre would benefit from receiving more support for autistic children and children with severe learning disabilities; that there were problems with bullying and non-acceptance of disability; that smaller classes of 15 would be desirable along with more training courses. The Director would also like the services of a speech therapist and a unit for physical therapy.
Centre B - Two teachers

The two teachers we interviewed at this centre had been there for two years and were employed as one-to-one assistants. They take students with a range of needs, including visual impairment, learning difficulties, Down Syndrome and Autism. Both have degrees from University. As with the teachers in Centre A, while they do the very best they can for the children they support, there is an air of resignation that over they feel they can realistically achieve given the resources, training, and support from parents and other professionals.

The teachers were not entirely comfortable with speaking about the centre using this format, preferring to have had the questions in advance, and to be able to speak at greater length about their experiences.

Training

The teachers had not been on courses except for those offered by BASR; had received no technical support from the centre. Instead, they learned on the job, observing in classes before being assigned a class. Teachers want practical advice on how to support children with learning difficulties (LD), including Autism which is classed here as an LD, as without this practical intervention and professional development, they do not feel they can achieve very much.

I think courses similar to the ones we took with you [BASR] related to intellectual disabilities and Autism that would benefit us a lot. They should be more practical.

With learning difficulties…There are plenty of cases of those who forget a lot. Most of the ones I'm assigned to are very forgetful. For example, you'd give
him a number and he would forget it a minute later. I face a lot of difficulties in this and feel that I’m not achieving anything.

Attitudes to their job

Like the teachers from Centre A, they enjoy working with the children and getting to know and understand their needs.

Particularly because this is new to us, dealing with children that are different from the world outside.

You empathize more with them because from afar you don't know their feelings, but when you deal with them more, you empathize more with them.

Improvements to working conditions

There is a lack of resources and what is available is inadequate; they also feel that they are not able to respond to developments in SNE.

When it comes to activities, they are scarce. I teach mathematics, for instance, and I try to use practical tools, but they are non-existent or very scarce. I don't want to say that they don't exist at all, but they are scarce.

We don't feel that we develop in using things, especially when it comes to material issues. We have to do a lot when we ask for something.

We feel as if we are begging for it [resources].
And these things could help us improve the children or give things that are new because things are always developing, but we remain the same.

They also felt that communication with between staff and the Director could be better.

Assessment

The assessment of the children is based on the files that follow them from nursery or other institutions. The supervisor, who is highly experienced, assesses all the children though she is a qualified speech therapist. She has undertaken many courses, and has worked in this field for nearly 30 years. The teachers do not have any input into the assessment. They report their concerns to the supervisor and she provides additional assessment which is communicated orally. Each child is assessed individually and a lesson plan is drawn up accordingly. They seem to rely heavily on this one specialist, as this teacher explained:

She sets a treatment plan if she would take the case. Ms [name of the supervisor] also takes cases not just assess them. If she feels that they need to be brought to her she would set a treatment plan based on what they need. If, for example, they have a hearing impairment she would work on improving their language and she would inform his teacher to report whatever he needs and anything she notices about him.

When asked how they thought the assessment process could be improved, this teacher stated:
Development of teachers. There are teachers here who rely on experience and have no formal certification, and most of those who are educated have majored in different fields like me and [name of the teacher]. They are not specialised in dealing with special needs.

The centre seems better equipped to deal with mild learning difficulties. The teachers, in common with the teachers in Centre A, have particular difficulties including children on the spectrum (one teacher wasn’t sure if she was had used the right term - Autism). They feel that the centre should specialise in one special need because the resources they have are so ‘rudimentary’ they cannot adequately develop all children, as the following excerpts demonstrate:

There are children who improve quickly, particularly when they first arrive. They initially come in a difficult condition, but they improve quickly and are included easily. You can include the children who do not have a difficult mentality from the beginning, but some children's improvement is very, very minor and might be inconspicuous, such as [name of the child]. He was crying, right?

Interviewer: Why was he crying, what is wrong?

He has Autism and cannot accept the classroom, he keeps coming down here. They even contacted his parents to look for another school for him because we cannot control him, but she returned him again until the end of the year so we can try again.

These teachers also encounter challenges when parents do not accept that their child has, for example, Autism, and also worry about the parents’ reactions if their child does not do well in tests:
Parents don't accept the conditions of their child. We tell her that this child has Autism, she would say 'no my son is smart', and so on. Sometimes we give them stuff that parents reject and say 'why would you give my child such homework or such training? My child is smart and doesn't need this'.

For me, it is about the students themselves because when their grades or performance is not great they would fear their parents and would not be able to tell them. Of course, when the parents come and ask I would fear for the child, I don't know, and the students here if you alter something in the question they will not be able to tell. They would have studied and memorised [the information], but if you alter the question they would still write the answer as it was in the book. For example, in the mid-semester science [exam] all the children messed up because I altered the questions. They were all crying because they did not know how to tell their parents.

In their view some children should remain in the rehabilitation classes (as they are called here) because they cannot be supported in class. Indeed, one teacher claimed that working with them was ‘pointless’.

Centre for Vocational Training (CVT1)

The staff have worked in the Centre for Vocational Training (CVT1) for many years and are highly experienced, a number of whom have worked there for up to 30 years. The centre currently trains about 30 YP, aged 16-35. The centre offers training on weaving, paper making, laundry, catering and agriculture. In complete contrast to the teachers at the two centres discussed above, the staff here are positive, engaged and optimistic about what is possible to do with young people with disabilities, as we shall now discuss.
Ethos of the CVT

The staff are very positive about their director whom they regard as supportive and constructive, with one member of staff describing her as ‘exceptional’ in maintaining their morale. Such is the inclusive ethos of the centre that the staff describe it as a ‘family’. The centre is very well established and highly regarded in the community for the work it does with young people (YP). It is also clear that they are very positive about their work and what they can achieve: they take a ‘can-do’ attitude, regardless of the challenges, as these staff report:

We are successful in our work and special in everything. We never say that we are incapable of doing something, we always have a ‘can-do’ attitude, and we keep trying once or twice. When we started the recycling project we had a lot of issues on our own … . We have tried and tested a hundred things in order to reach the level we wanted.

I would also like to tell that when we started with the drama I was one of the people who said ‘are we crazy? How can we expect these children to do something like that, or weave threads?’ But in the end they did weave and act.

If you believe in your work you will succeed, and if you don’t, you won’t.
The YP with whom we met and observed seem to bear out the inclusive approach of
the CVT (and see Chapter 6). They took pride in their work
and seemed to have very positive relationships with the
staff to such an extent that many have worked in the centre
for many years (and see below). Of course, the YP may
also remain because there is nowhere else to go.

Resources and Training

With respect to the question on how the centres could be
improved, the staff agreed that they would welcome more
specialist staff. There are not enough opportunities for
professional and vocational training. Further, because of poor
funding they have had to use non-specialist staff to work with
the YP, as this member of staff explained:

We are not fully professional in our training and professionalism, and have a
lot of shortages, but we try to progress with whatever we have.

The staff would also like to restore drama to the curriculum which they found highly
beneficial for the YP. This was once offered by BASR but it has since been
discontinued.

Lesson Planning

The staff agreed that they were unsure about how to develop
and implement educational and special educational needs
plans, though they do use them, but not necessarily in a
structured or regular way. However, this is not to suggest that
what the staff do in the centre is disorganised and unfocused.
On the contrary, they have very clear ideas about what the YP should do and how
they should do it, informed by many years of experience.
I have a plan that is written and have a plan in my head that I want specific things from them this year. For example, I want them to work on something, and to continue with it, for example, cut and tie materials together. … I have steps for my work, for example, for the loom. I have a 10 to 12 step plan, and I would start with them one by one and continue this way. I do the same thing with agriculture, where they start doing things in sequence. Whenever I'm done with something, I move to the next step, or I might alternate steps, but overall I know what I want to do with each child.

For example, when I am working I do not have the paper to write on it every day, but each month or two I would add notes. I may write reports on them, but that is my issue, I don't need something to check and write on every day and … .

Because development does not happen every second.

The YP are not directly involved in planning their own tasks. According to the staff, especially for those who are well established in the centre, the YP know what they have to do and go readily to work. They do not like switching between activities which the YP consider to be a ‘punishment’. The staff educate the YP through their specific tasks and the YP learn basic literacy and numeracy through targeted learning procedures:
For example, [name of the YP] works with laundry which involves shapes, colours, and sizes. So more than one thing is involved. Similarly, when [name of the YP] works with parsley, she would say ‘this bag has three kilograms’, which involves weights and amounts, and why we use them.

But I don't get a paper or pen, or get a box and say ‘this is red, green, or yellow’. I would say ‘now we will work on the red rug. Let's put red here and green here. For example, how the size should be, its length is a meter and its width half a meter, so you get many things involved through the work.

Although the YP are engaged in vocational tasks, they are given opportunities to work on other activities such as sport and self-reliance classes:

We work on multiple things at once, and integrate several things into our work, including hygiene and other things.
Links with parents

The staff keep in close contact with the family and inform them of the YP’s progress and if there are issues or behaviours that are not acceptable. Further, the staff are careful not to force the YP who come from other centres to repeat what they learned elsewhere, again, for pragmatic reasons, and in order that they can learn valuable, life-enhancing skills if it has been demonstrated that the YP has reached the limit of what they can learn (at least, using available resources and teaching qualifications). The staff ensure that they engage in purposeful work that allows them to see the immediate and practical result of what they do:

Sometimes a 14 or 15-year-old child would come from [name of the centre] or [name of the centre] who had already received academic education … . So, you would continue, but the age makes you want to think about things that the child could work on … . It is different when a child produces something and when they have a pen and you keep teaching them to write their names, and they may end up being incapable of writing their names. When [name of the YP], for example, works on a piece of textile, or when he does something, he can see the results of his efforts … that makes him happier than repeating the same routine. … What will they do if they don’t work? … You need something [so] that the children can release their energy. When a child goes outside to work you feel that they are releasing energy.

The staff also take a pragmatic approach to what it is feasible to teach YP if they find, after many years of teaching YP with learning disabilities, that they cannot, for example, write their name or tie their shoe laces:
When you work with intellectual disabilities and based on their abilities, you reach a stage where you have to stop the education, you can no longer go on.

Being able to work, to produce things to sell, and earn small amounts of money gives the YP a sense of dignity and worth, and that they can be valuable contributors to their families and communities. It also increases their self-esteem. This kind of work promotes inclusion:

There was a child … . He used to beat people, beat his sisters and mother, throw stones at their home, scream in the street, but now he is responsible for the house. He works outside and comes to work here and brings in money. You don't hear his voice, he is calm and dependable. For example, I can give him an amount of money to pay a bill and would be reassured [that he would pay it] but that was not the case when he first came in.

When asked if the staff kept in contact when the YP left they laughed and said:

They don't leave the centre [laughter]. There should be training and then they would work in a protected workshop. They train with us for a year, two, or three. If you tell a mother that there is no bus to take the child for one day and not tell her that he will be staying at home she will be furious. If the bus is five minutes late in the morning, they will call and I will have to take the heat.

The children stay in the street and refuse to return home.

They have no place else to go to, this is the issue.
There is no selection of YP as such. Instead, the YP ‘select us’ or they come from other centres when they are too old to remain.

The CVT1 stands out as a centre that provides good quality, inclusive vocational training, which seeks to equip the young people to feel valued, have a sense of belonging, who are effective contributors to their community. Though funding is a problem and more resources and professional training are desirable, the staff, nevertheless, are resourceful and feel that they do bring positive changes to these young people’s lives, to such an extent that they contribute to their local economy, as well as to their families’ income.

The staff we interviewed in the centres for children with disabilities, by contrast, seem more pessimistic, sometimes overwhelmed by what they are expected to do given the resources and training they have. They love their jobs and the children, and do all they can to support them in their learning and development, but find including autistic children particularly difficult. It seems to us that they need to understand more about autistic spectrum disorder beyond the medical definitions and characterisations of the spectrum, and how autistic children can be effectively included.

However, to achieve inclusion and to support teachers, there needs to be a whole system, a whole educational and a whole person approach in accordance with the UN Convention of the Rights of the Child (see Chapter 3), as we will discuss in Chapter 7. The next chapter will discuss the findings from the mothers.
6. Research findings: Mothers

Introduction

We held two focus groups with mothers of children and young adults who attend a special needs centre and a vocational centre for young adults with disabilities. The disabilities of the children and young adults ranged from Down Syndrome, ASD, hearing and visual impairment, to a variety of learning disabilities. The two groups we met with were a support network who liaise closely with the centres. The first group comprised of seven mothers (Centre for Children with Disabilities) (CCD) and the second comprised five mothers (Centre for Vocational Training) (CVT).

The CCD was based in a rural location, and the CVT was located in an urban setting. The focus group sessions lasted approximately one hour. The age range of the children discussed in the CVT was between 19 and 38; in the CCD the age range was between 6 and 16.

It is important to note that, because of the semi-structured nature of the focus group, the two groups were not asked identical questions, and we tended to follow the direction of the conversation. The mothers often strayed away from the direct question, and this was particularly the case with the mothers of children in the CCD who seemed very keen to talk about the difficulties associated with their children’s needs. Nevertheless, the questions we asked focused on:

- Why did you send your child to this centre?
- What benefits did the centre bring you and your child?
- How could the centres be improved?
- Do you and your child feel included and informed about your child’s progress?
Key findings:

- The centres are valued by the mothers;
- Additional services would be welcomed, particularly to enable the child or young person to become independent;
- The mothers fear for the future of their children (CCD) in a society that still stigmatises and does not understand disability;
- Many prefer to keep their children locked in the house for their own safety (CCD);
- The centres are largely inclusive, the CVT, in particular, but better qualified and trained teachers are needed;
- Mainstream education would not be suitable for the children (CCD), primarily because of the stigma of disability and lack of resources and suitably qualified teachers;
- The mothers’ responses make abundantly clear that they regard disability as a medical problem, not a problem that is aggravated by a disabling society;
- The centre (CVT) could do more to raise awareness of disability in the communities they serve.

Discussion of the findings

The value of the centres to mothers and disabled children and young people

In summary, both groups value the centres and the services they offer, but would like them to offer more by way of therapies such as speech, physiotherapy and psychotherapy, in addition to more emphasis on learning and developing vocational skills, particularly the mothers whose children attend the centre for children with disabilities.
(CCD). A further requirement is non-vocational classes so that the young adults can improve their literacy and numeracy skills (CVT). The mothers of the CVT were enthusiastic about the teachers, quality of services and the activities they offered. On the whole, this group of mothers gained strength and mutual support by being part of a support network.

The mothers chose the centres because of convenience, cost, the opportunity for their children to socialise, and a lack of local facilities. The mothers of the young people who attended the vocational centre were particularly enthusiastic about the quality of the services offered here:

First of all because it is close to the area we are in, and, secondly, because our children have time to have fun with those around them and in their surrounding, and to benefit at the same time, and also because we also can get the chance to start with our chores at home. (CVT)

K was at the (name) centre, but when he got older we sent him to (name of the centre) for a year, and when he grew older there was no place for him to go so he stayed at home and his psychological condition became much worse. He started to leave the house a lot … and so on. When this centre was established we registered him in it, and his conditions began to improve. … He started communicating with children and they began to understand him. He became calmer. He was angry and would hit [others], but thank God, we are very happy with the centre. (CVT)

Because he can come and learn, go out and come see people and another life. M stayed for a year in (name of the centre) then they kicked him out and said they were merging classrooms, but they were not, they didn't want
a hyperactive kid to play there … I took him to (name of the centre) and he remained there for about two weeks then they told me there is no space for him. Now he stays at home, becomes bored, cries a lot, plays with water, and makes trouble. For three years I have been registered with (name of a centre). I go every year to (name of the centre) and they tell me there is no space for him … and now they tell me that you need a year or two of paying at your expense…. For about a year, I have been taking M to (name of the centre) … at my expense so they can give him classes. They give him an occupational therapy class and a speech class. (CVT)

My daughter was a reclusive, thank God, and she used to never see anyone or she would remain in her room and, thank God, since she started in the centre, thank God, she is entering the community and interacting with people and reacting to them. She interacts with teachers and students and, thank God, she does some handy work and improved very, very much because of the centre. (CVT)

The CVT centre means that mothers have more time to do the things they value, meet new people, and to work together, while seeing their children make progress, and improve their socialisation skills. Their sense of affiliation was strong, and boosted morale: For example:

I benefited because now I have more time to do house chores. That's all I benefited, because the girl's mobility situation had occupied all my time. I have a daughter and three sons. This is irrelevant but I'm telling you because it allows me to do more. (CVT)

We come and go together and speak to each other about the conditions of our children and her experiences at home. (CVT)
A mother with a teenager with Down Syndrome valued the fact that her son was given the opportunity to socialise and to feel ‘normal’:

He feels normal. When he stays at home on Thursday and Friday or Friday and Saturday he gets very cranky and starts doing things like pouring water on the ground to clean it. He gets cranky because he is at home … and he always wants to go out. He’s willing to work with anything, and tells his father ‘I want to go work with you’. (CCD)

The mother further explained that although this young person is 16 years’ old, he cannot read or write.

Of great value, is that the vocational centre allowed the mothers to form a strong group, with whom they can communicate their concerns, and raise awareness of disability:

First of all, it has benefited our children, second, it has benefited us. How did it benefit us? Now we work together and know people that we didn't before…We get to know people and respectable mothers and we got to know you…Thank God, both us and our children have benefited. (CVT)

There is another thing, mothers who come here, visit all the students not just their children. They come to meet all students, greet them one by one and talk to them. (CVT)
We are now famous on Facebook, where they posted our pictures, and they take us to field trips to have a change of scenery. This is important and better than remaining at home. Of course we benefited. (CVT)

We come and go together and speak to each other about the conditions of our children and her experiences at home. (CVT)

The mothers also feel included by the centre and that the centre provides valuable life skills:

Yes, when there is something done in her or the centre’s name she [the Director] invites us to give morale support to the children. When it comes to Y he is good, he started helping at home, and he has come a long way. It is excellent. He benefits us at home and benefits himself. It is no longer like before when he would rely on me or my mother. He now relies on himself in personal things. (CVT)

The mothers whose children attended the CVT also valued the relationship their children had developed with the centre staff:

They treat the children nicely, and the children also listen to their teachers… at the same time. There is a harmony between them, and they both like each other. You feel that they are happy. (CVT)

Yes, it is an excellent place for my brother… my brother is a person that likes to socialise, we try to help him develop a personality, and they help him further here. And if something happens, they always invite us to attend. … They take good care of children here, and being in the centre is better for him. (CVT)
… all the children in the centre have strong connections with the teachers. They take care of everybody, they feel sympathy towards everybody, and you can’t find better teachers anywhere in the world. And the children got accustomed to them more than their houses, meaning that the child listens to the teacher more than they listen to their families. [Others voice their agreement]. I visit the centre the most and there are exceptional connections between students and teachers. (CVT)

When asked if the evaluation, by the centre, of the young people’s conditions were correct, the response was unanimously ‘yes’.

In the CCD, the mothers likewise valued the centre for reasons of cost and convenience, but felt the centre could do more to educate their children, particularly with respect to vocational skills:

There is another centre, and we sent them to a centre in (name of the centre) and it was the same [type of services offered]. They would get the same benefit from the centre in (name of the centre) and the one in (name of the centre). But here it is our town, and there is less transportation required here. (CCD)

… due to the financial situation we decided to move him from there [centre the child had previously attended] to here because it cost 800 shekels … but here it is less costly because the only cost is the taxi … and thanks to God the boy is becoming more and more open … . Here in this centre, at first he rejected this centre. Why? Because they want to teach him what they already taught him there, and I told the teacher that what he already learnt, he will again take here. She told me ‘this boy is now grown and what he said he wants is to learn to work and make bracelets and things like that’. I wish that they can find skills to teach the boys. (CCD)
The mothers would only take their children to another centre if it had better facilities. They would like this CCD to teach the children to read and write. A couple of mothers remarked that their sons did a lot at home:

- I want him to learn something.
- They draw and colour [in the centre].
- At home, he does everything. Once his brother calls him he goes to help, he even lifts bricks ... .
- [My son] helps me with arranging the laundry.
- Even at home it is different. He arranges the laundry with me and cleans with me. (CCD)

One mother with a child with Down Syndrome did not see the value in her child learning to read and write (and later asked if there was a cure for Down Syndrome).

You know, reading and writing is the last thing I care about. To read and write and spell. They have nothing to do with reading and writing. I think they have nothing to do with reading and writing. (CCD)

Her concern was that her child learns good behaviour.

Honestly I do not care about this. The most important thing is his behaviour and that he does not create trouble around me because you know my conditions. (CCD)

The child (aged 6) had been in the centre for several months and was still non-verbal. The mother attributed that to his age and that he had only been in the centre for a short time. She had previously sent him to a speech therapist:
I sent him to a speech therapy centre, and the longest I stayed with them is eight consecutive months with two sessions held per week, each costing 40 shekels, but I do not think he benefited at all. (CCD)

When asked if the centres help their child develop, the mothers’ of the CCD responses were mixed:

- Honestly the education is not that much, it is not that they [teachers] are bad, God forbid… (CCD)

- Teaching is not that good, to be honest. (CCD)

- We want development that is what I mean, honestly. (CCD)

My son has been here for four months and has not benefited at all, and they are the same. He goes and comes back, but nothing changes.

Interviewer: For four months, you have not felt any improvement in your son?
He is calmer. He became calmer. I do not know if my child is too young. (CCD)

Thank God, it's good. We don't want to say excellent. It helps them get a change of scenery, it's not good to stay at home all the time. (CCD)

Honestly, the centre is good. As a mother of a young child, I think the centre is good, frankly. When he comes home I ask him what did N [teacher] tell you and he starts making facial expressions or he stands and starts reciting. (CCD)
Setting clear objectives

There was a mixed response as to whether the CVT set clear goals and objectives. One mother insisted that as a group they could ask about progress and that there was an opportunity to do so at the monthly meetings. It is also clear that because they act like a support network, they can get the information they need from the centre. Parents were also informed if their children had made progress. In terms of setting goals, this naturally varied from person to person, depending on the level of disability. One mother stated that:

No it is not clear. Our children are the ones who tell us we did this and we did that.

While another insisted that the monthly meetings provided an opportunity to learn about about their children and at which they could also ask questions:

… but we have monthly meetings where we share our point of views and give us the assessment of each child. In the monthly meetings they share the assessment of everybody [and names the young people]. (CVT)

There is of course, it is done in a manner that when there is improvement, they would tell us that, or that this person wants something else, so they assess each one with their family. (CVT)

When it comes to [name of the young person] they assign her a paper to write, for example, about the benefits and harm of cold coffee. She would get the information from the internet and then read it out to students at the class. [name of the young person] likes cold coffee, so they asked her to bring a report about it so she can know its benefits and harm. (CVT)
[name of the young person] situation is difficult. He does not improve mentally a lot to benefit from the centre because he is mentally behind. For example, [name of another child] improved and started working with things, but [name of the young person] is still … . (CVT)

Improving the quality of services in the centres

When the mothers were asked whether their children could learn new skills if the quality of education provided at the centre improved, the mothers in the CCD replied that they could, and suggested that cooperation between families would be beneficial. They also believed that teachers should focus on writing, homework and better communication with the parents:

Writing … they should have a notebook and have homework to write at home because I cannot come to the centre every day. I come every two or three weeks to ask about my son, but he should have a notebook to write on each day, for example, one, so I can know what he learned. (CCD)

It also seems that the CCD does not communicate with parents about targets or what the child should concentrate on with respect to skills. Some parents were told of progress in the first semester but that had stopped:

No one told us anything or called for a meeting. I used to have my daughter [contact them] because I don't know. (CCD)
Unsurprisingly, the mothers would like more therapeutic services:

All this should be available, speech therapy, physiotherapy, all of it. There should be more than two teachers, although the teachers are great, but there are things that they cannot deal with like special issues for example and stuff like that.

Given that the centre was established for the purposes of educating disabled children, it is disheartening to learn that some mothers do not expect teachers to be able to do deal with special educational needs.

They would also like their children to be helped to acquire vocational skills in order to be independent, and agreed that the centre need many more resources and services. The following exchange between the interviewer and one mother is instructive:

I want to ask a question. My husband knows someone in America whose condition is like my daughter's. She's three years old and she speaks and walks and has abilities. Why is that?

Interviewer: Why do you think?

Because of the development they have? Of course, they're not like us at all.

She used to send videos of her daughter

Interviewer: I will give you another example of two people with no disabilities at all, and you send one of them to school and keep the other at home. Who would be, let's say, smarter and know more? The opportunities they have play a big role.
They have resources and have everything. They love children as well.

Interviewer: It's not just that. The more opportunities you have, the more capabilities you get.

There is recognition that the children can learn and develop given the right resources, interventions and teachers with the right qualifications and attitudes. A very common desire among the parents from both centres was their children be given opportunities to go on field trips.

They also like to go on field trips. They see the buses passing by and ask ‘why don't we go on a field trip?’

The mothers were more positive about education in the CVT. They are taught ‘general knowledge’, the difference between ‘right and wrong’, how to distinguish colours, and about their rights: in essence, life and social skills:

They teach them general knowledge, not just vocational training, and teach them whether certain things are right or wrong, which is educational as well.

They learn things. Now when he walks in and I’m at home he greets me and calls me. Now they know things that they did not before. Before he wasn't like that; he comes home happy and says "Mom, how are you?" Now, there are more things that they know, such as Mother's Day when he congratulated me.

Yes. For example, they make them distinguish what is right and what is wrong, and make them distinguish colours. They also give them educational and recreational games. Their activities are excellent for children like them.
They teach children about their rights, and tell them how to deal with sexual threats for example. They make them aware of what is right and wrong.

However, positive though the mothers were about the CVT, they recognised the importance of qualified teachers and of ensuring that other disabled children and young people attend the centre, as this mother explained:

The issue is not just about bringing people in. These people should be qualified and not just bring people who cannot do anything. Also I would like them to go to parents of other children with disabilities and make them aware that this child is like their other children, especially youths and young people who need the centre itself to give them seminars to educate them.

The possibility for Inclusion

When the mothers of the CCD were asked if inclusion was possible the answer was overwhelmingly ‘no’. For example:

To us here, even at the kindergarten level, when I used to take him with me, the children became scared of him. They start screaming at my son and he’s never hurt anyone. I teach at a kindergarten and took him with me once to a party and the children started screaming. Some people tell them how he is and they picked him out, although he is not very [scary].

Another parent was advised that it would be ‘unjust’ to send her son to a mainstream school, and others spoke of the challenges their children confront:
Dr M told me to register him in a school next year but Ms N [teacher] told me ‘no’, that it would be unjust to send him to a school now while there is still much more work to be done with him. (CCD)

In our school children without issues are trampled if they don't have a strong character. (CCD)

They don't know how to deal with them at regular schools. There were no centres in [name of the town] and we had no centre close to us so I registered my son in a regular school and I swear to God they paid no attention to him at all.

Not at all, even teachers here don't take care of the child…I know that some people [with special needs] who are adults are treated disrespectfully. (CCD)

We don't want them to take care of them, we want them to defend them if for example another child does something to them. (CCD)

However, because the children do attend the centre, they are visible and it sends a signal to the community that the children can be educated:

Of course, it's not like before.

Honestly, now people accept them.

When I see anything they've done I publish it on Facebook. They do nice things and I publish them. (CCD)
The view of mothers whose children attend the CVT was much more optimistic. Many felt that their children’s inclusion in the centre is excellent but that awareness in the community is not high:

It is for them in the community, but the community is not good to them. My brother … his inclusion is excellent because he likes youths and comes and goes with them. But to me the issue is that we should not raise awareness of parents of students and students with disabilities, but should raise the awareness of the community … . We want the community to rise up, we have risen up and understand. He interacts with the community but the community does not accept him.

Mothers’ attitudes to disability

While the mothers cherish their children and do all they can to safeguard and educate them, it is clear that they regard disability as a medical and in-child problem (deficit) and fear for their futures. This is hardly surprising when the communities in which they live still regard disability in deficit terms and as a stigma.

Let me tell you, at first I was devastated for having a child like that but now you start to believe in fate and pay attention to him, not ignore them. On the contrary, we pay more attention to them, and love them more. (CCD)

They also tended to excuse the centre’s poor teaching because of their own child’s disability:

The condition of my son does not help, he's in a bad condition. But it's better, there is slight improvement. It is better than staying asleep at home. (CCT)
The child of this mother was kept in his wheelchair which was tied to the wall in school, even though he could walk. From our observations, and from peaking to staff, this was done for his ‘own safety’ and for the safety of the other children.

Another reason was that this child, who is also non-verbal, liked banging cupboard doors and generally making loud sounds. We asked if the child could be released from his chair and this is exactly what he did; he also moved energetically around the class and in the playground. It seemed clear to us that the child was under-stimulated and under-exercised – and largely ignored. The noise seemed to be therapeutic. The mother excused the school from tying him up:

At home I don't mind him moving even if he would break everything. At school they have other children and cannot keep chasing after my son. (CCD)

One of the ways in which they seek to protect their children is to keep them locked in the house and to control where they go and with whom they can associate:

I do not let him out because we live by a street and I fear for him. If he wants to go out I go out with him. You know, I work until one o'clock, then I go home, lock the door and hide the key with me. I cannot let him out at all. I hide the key with me. (CCD)

One mother kept her child in-doors, not because she cared about what people say, but because she wants to protect him. When she was advised that it might be better to let him outside in order to see a different life and be a normal person, she replied:
He cannot live like any other person...He is not a normal person...We're deceiving ourselves if we say this...He's not a normal person. (CCD)

And despite the advice from the mother to let her son out, she concurred with that:

He's not a normal person, I agree with you, I understand that. (CCD)

Fear of what others would do was also motivating reason to restrict the child’s movements:

I treat him like his brothers. I have a brother who adores him and takes him along. I'm only comfortable when there's an adult with him. Would I let him go with someone young? No I wouldn't. Not because those around me are bad, but because I want to protect my son. I fear for my child. (CCD)

When I take a nap during the day, I place the key under my head so he can't take it. (CCD)

Sometimes the, arguably, prejudicial attitudes of the medical profession came through:

I want him to walk well and stop making noise, because this is exhausting to me. No matter how many times I try. The doctor told me last time that dogs and donkeys were taught to use the toilet, why won't your son be taught to get used to it?
Observations of the Centre for Disabled Children (CCD)

We observed the children in the CCD and were concerned about the quality or education they received. We did not use participatory research methods with these children but did give them resources with which to play: tactile objects, emoji cards, and small toys to observe how they interacted with them. Despite the mothers' support for this centre, what came across was a sense of gratitude that the centre existed and that their child had somewhere to go. If there were problems with educational and therapeutic provision, they regarded these issues as the fault of their child’s disabilities, and the challenges they posed to their teachers. One 16-year-old boy was being educated with children as young as six, and the activities being offered did not seem designed to improve his communication, socialisation, or basic literacy and numeracy skills. This young person also seemed to be angry and frustrated, and was used to discipline other children, which he often did quite aggressively which we regard as being inappropriate. It may be that he was simply not receiving the kind of education that would enable him to integrate socially or which stimulated his imagination, sense or thought. A capable boy who, his mother informed us, enjoyed helping his father and brothers, seemed simply to be contained in this centre.

One child was tied for up to five hours a day in his chair in order to stop him from making noise and from damaging the resources, many of which were kept away from the children in a room used for meetings. The resources were also kept on shelves that the children could not reach. A spacious and inviting room, it could easily be used as a good resource centre.

Of further concern was that the teachers did not seem to plan their lessons or to know how to effectively include these children. The lessons seemed haphazard,
lacking coherence, structure or purpose. What we observed were lessons that lasted for very short periods of time, were picked at random, and during which music was played very loudly – again, for no apparent purpose. This was to the detriment of some children who appeared to be sensitive to loud noises, covering their ears and recoiling in a corner of the room. They were also focused on one child, while the others were left to their own devices – banging cupboards, playing with elastic bands, or randomly looking at books, or playing with the resources that we had brought along. There were two autistic children, both of whom were constantly stimming, a sign that they were lacking in stimulation or were over stimulated by noise and lack of order. One child took apart the tactile ball made of elastic bands and scattered these in the class and in the playground. It seemed clear to us that this child needed tactile stimulation.

It also appeared that the teachers were only engaging in activities because we were there, but even those efforts were lacklustre. What we observed radically differed from what the mothers thought the centre was doing for their children. One reason for this may be, as we stated above, that they are grateful that the centre exists at all, and because they regard disability as a deficit and within-child problem. Our view is that the centre’s practices are disabling and is not equipped to effectively teach or include the children, either in terms of resources or teachers’ qualifications, skills and attitudes. What concerns us is how these children are treated when there are no observers.
In the CVT1, by contrast, the young people were purposively engaged in their activities, and seemed to enjoy what they were doing. The staff were caring and empathetic, and had many years of experience working in the centre (see Chapter 4). The mothers felt included, informed, and valued, and felt strengthened by their mutually supportive network. The mothers of the CCD also gained strength from their support network, but unlike the mothers of the CVT1, did not talk about Facebook, raising awareness in the community, or that inclusion was possible for their children. We also became aware that these mothers would benefit from understanding more about disability and their ‘causes’ – that disabilities and impairments are aggravated when the social environment effectively disbars them from being included so marginalising them even further. To speak of cures for Down Syndrome and ASD, or that children with disabilities are not educable save by small degrees, is unfortunate and uninformed – but such views are not being challenged. This urgently needs addressing and we will return to this in the Chapter 7 when we discuss the recommendations arising from this report.
7. Research findings: Children and Young People

Introduction

We visited eight centres, six centres for children with disabilities (CCD) and two vocational centres for young people with disabilities (CVT1 and 2). In two (CCD and CVT2), we observed the teacher’s interactions with children (these observations are discussed in Chapter 5). Across four centres (three CCD and one CVT1), we hosted eight participatory focus groups. In total, we engaged with 23 boys and eight girls aged between five and 25. Participatory focus groups were kept small (an average of four children) to ensure all of the children’s and young people’s needs could be met. As we were using participatory activities, small groups ensured that the children and young people could be supported in using the resources.

The participatory focus groups used a range of participatory activities to ensure that children were given ample opportunity to have their voice heard, particularly for those children who preferred to communicate in a non-verbal way. The children directed the focus group by choosing the materials that would best support the inclusion of their voices. We used a variety of participatory activities to elicit information with young children in three of the centres, and with young people in a vocational centre (and see Chapter 3):

**Emoji soft toys**: these were chosen as many children are familiar with the use of emojis on their mobile phones and in the media. Children and young people were asked to choose an emoji face to express their feelings about their education.
They were also able to use the emojis to support their verbal answers to our questions.

**A doll’s house play set:** this was chosen to allow children and young people to answer our questions through play with small world toys that represented people, furniture and items that would be used in school.

**Photo-elicitation:** to give the children an opportunity to show their thoughts, feelings and experiences through pictures taken by the children. This was used by four young people in one of the vocational centres.

Using a **mobile phone** to type text message answers: this allowed young people who had difficulty with their speech to type their answer onto a mobile phone. Other young people who did not have difficulty with their speech were able to answer in this way too as it made them feel safer that a teacher was not listening to their answers. The typed text message was then photographed by a researcher and deleted by the young person.

**A picture of a circle of people and outlines of people:** this activity was specifically designed for one question that explored the young people’s opinion about how much they felt they belonged to the centre’s community.

**Emotion cards:** the emotion cards provided the children with a range of faces and words that described each emotion. Children and young people were asked to choose an emotion word and/or face to express their feelings about their education. They were also able to use the emotion cards to support their verbal answers to our questions.

**Thumbs up / Thumbs down cards:** these cards provided children and young people with a picture of a common hand gesture that expresses pleasure/displeasure and ‘yes/no’. The children were able to use these cards to answer closed questions prior to providing a verbal description.
**Diamond ranking**: this activity provides a framework for children and young people to order the issues that are most and least important to them.

The majority of children involved in participatory focus groups struggled to express their opinion, thoughts and experiences verbally. The transcripts do not provide a reason for their difficulty in participating but we do know that the children who attend these schools are not often asked for their opinions, particularly in regard to their education. Having three researchers in the room may have also been intimidating to the children. We were also from a different country and were non-Arabic speakers. The children may have found this strange. Further, the teachers were nearby, and we know from existing research and direct research experience that their presence, along with conducting research in schools, can have an inhibiting effect on children’s confidence to give fully disclosed responses. However, we also know that participatory methods work best when the researchers have the opportunity to develop relationships with the children and thereby gain their trust. It was to our advantage, nevertheless, that many of the children did know the interviewer, and seemed to like and trust him.

While the questions varied, as one would expect in semi-structured and participatory focus groups, and we followed the direction of the children’s responses, the following questions were asked:

- Why the children attended the centre
- How the children felt about the centres, their education and their teachers
- What the centres supported the children
- The extent to which the children feel that they belong to the centre and community
- Whether their voices are included in the design of their education
- What they feel is important for their education.
Key findings:

Children

- The children experience violence and aggression both within and outwith the centres
- Play is important and that is the purpose of their attending the centre
- Children’s view of self is that they are not ‘normal
- Some children do not feel they belong in their community
- Children do not feel they have a say over their education
- Some children do not understand why they are the centre
- Children feel that they should be listened to about their education
- Young people feel that they should receive remuneration for vocational work.
Discussion of the findings

Violence and aggression

Many of the young people involved in the research recognised that violence and aggression within school and their communities impacted upon both their mood and educational experiences. Some children had experienced physical violent behaviour from persons in positions of authority. One child alluded that some teachers within the centres associated with Bethlehem Arab Society for Rehabilitation used physical violence:

Interviewer: I have a question just between you and me, I promise you no one will know…how do the teachers make you feel? Tell me honestly.

Child: I don't like the teachers.

Interviewer: Why? Do they hit you?

Child: Not all of them.

Another child, who had moved to the centre from mainstream education, reflected on his time in mainstream and communicated that he experienced physical violence in response to behaviour that was not tolerated by his former school principal. The child claims that on one occasion he had forgotten his school books, and instead of staying in school he left, went home to get his books and returned. When the principal realised this had happened she punished the child by hitting him with an iron ruler. This child does not experience the same physical violence from his teachers in the centres:

Child: I'm serious, there are marks from being hit hard.

Interviewer: By whom?

Child: By the teacher, she uses an iron ruler.

Interviewer: Do you mean Ms [name of the teacher]?

Child: The teachers outside, they hit really hard and it hurts a lot.
Interviewer: Okay, don't be afraid. Do teachers here make you feel the same way but without hitting you? Or do they hit as well?

Child: They don't hit here. They don't dare.

Although reports of physical violence in the centres were few, there are numerous accounts of teachers being verbally abusive towards the children. Their experience of verbal abuse within school has an impact on how they view their teachers and their overall happiness:

Interviewer: How? Point [to an emoji]. How does Mr [name of the teacher] make you feel? No one can see what you choose.

Child: Every time he sees me he starts getting furious with me. When I tidy up in the centre … when I'm tidying up he starts to get angry with me.

Interviewer: When they punish you what do they do?

Child: Nothing, they keep screaming and I remain silent, without saying anything.

Interviewer: They keep screaming at you while you are silent.

Child: That's why I don't like teachers.

Interviewer: Continue writing. We saw that and you can continue writing other stuff. [Name of the young person] tell us…

Child: I feel that with this teacher, I'm not happy.

Interviewer: You're not happy?

Child: No.

Interviewer: Why are you unhappy with the teacher? What does she do that makes you upset?

Child: She shouts at me, Ms. [name of the teacher].
One pupil was able to list positive qualities about his teacher yet still reported feeling upset whilst in school. This was because he was experiencing physical violence from another pupil who hit him. The teacher had failed to adequately deal with this behaviour appropriately and keep the boy safe from physical harm. She had also failed to teach the other child that violence towards others is not acceptable:

Interviewer: So why are you upset, because these are good things? Why are you upset with her?

Child: I want to talk to you, it's important. There's someone called [name of the person] from [name of the place] who hits me.

Interviewer: Who is that?

Child: [names the person].

Interviewer: The one at the centre?

Child: Yes.

Interviewer: Okay, I will tell the teacher [address the child]. Does that make you upset?

Child: Yes.

Other children also commented on the behaviour of other children within their classes and how the teacher’s behaviour management approach was not adequate to deal with disruptive behaviour:

Child: Some are polite and some aren't … some are naughty and they make a fuss during the morning activity. Ms. [name of the teacher] tells them to be quiet, but they don't listen.
Violence and aggression experienced in school was not the only type to have an impact on children’s education. The current situation in Palestine means that children are regularly exposed to aggressive, violent behaviours both within and outside of their communities. Intimidating visits to family homes from Israeli soldiers has a huge impact on the mental health of children. The fear and upset caused by these visits has a detrimental impact on their education whereby their low mood hinders their full participation:

   Interviewer: Are you happy today?
   [All]: yes.

   Interviewer: You don’t seem very happy, [name of the child]. Why?
   Teacher: [name of the child] is unhappy sometimes because the army comes to their neighbourhood.
   Interviewer: Is that correct, A? The army were around yesterday?
   Abdallah [A]: Yes.

The importance of play

Some of the children focused on the importance of play during school hours. One child viewed his school experience coming to play rather than taking part in structured learning:

   Interviewer: Okay, next question. How many of you know what they are doing here?
   Child: I come…to play….with the teacher.
   Interviewer: Great, and do you ask the teacher what toys do you want to choose and play with?
   Child: Yes.
Another child, from a vocational centre, complained that he did not have enough time to play and when he did try to play football or with technology the teachers reacted badly to it:

Interviewer: What do you mean anger and irritation? Why do they make you upset? What are the things they do that make you upset?
Child: When I try to do things, they don't let me...When I kicked the ball there, they got angry with me, and then they punish me for everything...Because I use my phone, and if I come back then I will not do any work.

Children's view of self

Some of the children were aware of their differences in comparison to other children who attended mainstream school. They believed that the reason they attended the centre was because they were not 'normal'. This view of self is dehumanising and appears to be perpetrated by wider societal views on disability:

Child: I'm telling you about what they did and their work. Some children work in paper and other with rocks and some other work.
Child: They also manufacture old paper and make it new.
Child: During this period, the children at the centre are not normal at the centre.
Interviewer: Why?
Child: They are annoying. They are impolite.
Children's feelings of belonging to a school community

When the children were asked to show us where they belonged within their educational community (designated by the circle of people) the majority of children used the body cut out to show that they felt that they were not part of the school community. In three of the pictures, the child placed the cut-out figure outside the circle of people. Only one placed the figure in the centre.

A feeling of not belonging was reflected in the verbal answers given in the interviews:

Interviewer: Where do you want to put it? This picture is about people around and where you see yourself within these people…do you see yourself in the centre? Outside?

Child: I put myself outside.

Interviewer: Do you see yourself outside or with people?

Child: No, not with people.

The children were unable to give reasons why other than their disability marked them as being different and not accepted.
Children’s influence over their own education

Children attending some of the centres were unsure why they were there rather than in mainstream school. This is because neither the centre staff nor their family had discussed their choice of educational placement with them:

Interviewer: So you don't know why you're here?
Child: My mother sent me, I have nothing to do with it. I don't know anything about the centre. Even my mother didn't tell me.

While the children did not appear to have an influence over their choice of educational placement a small number of children reported that they had some opportunities to tell the teacher what they wanted to learn. One teacher, who sat in the meeting, however, felt differently and did not think it was appropriate to ask the children for their opinion on their education for all aspects as she believes surprising the children with work will hold their interest:

Teacher: Every morning, I discuss their daily program with them, but I don’t think it is feasible to ask them about every single aspect of their learning process, I prefer to keep things surprising for them.

Interviewer: [name of the child], when the teachers teach you, do they ask you what you’d like to learn?
Child: Yes, they do.

Interviewer: Okay, and if the teachers does something, like an activity, and you didn’t like much, would you tell her about it?
Child: Yes.
Renumeration for work

One girl at the vocational centre was unhappy with the approach taken to her education and she felt that she was working for no reward and no pay. The young people in this centre made items that were sold by the centre to raise money. Unfortunately the young people did not receive any of this income for their work yet they were expected to stay focused on the labour without any time for activities, such as play, that other young people in mainstream schools would get.

I’m bored and tired, I’m not a begged I want something in return to my work, they wasted it all.
Am I begger? I want...I should be compensated for the work I do...they wasted it all, I want to play, I’m sad…I don’t know how to read, I really annoyed…I want to be happy.

Educational challenge

Some of the pupils who were interviewed expressed that they did not feel challenged enough with their education and that they were feeling bored with it:

Child: I get bored.

Interviewer: Why do you get bored?

Child: There is nothing to do, I want to leave it.
Children's views about what is important in their education

Four children in one CCD engaged in a diamond ranking activity whereby they were asked to rank what they felt was the most and least important aspects of their education. Some children struggled to choose the specified number of cards for each importance level, and either added, or did not include, cards for some levels, mainly the 'least important' box (see table 1.) This suggests that the children did not think any of the cards were of least importance to their education.

The children rated being 'included in decisions' and 'having a say' about their education as very important to them. Learning about good behaviour was ranked highly by all of the children, and the card was placed in either 'very important' or 'important row'. 'Friendships' and 'joining in with peers' were educational outcomes that were viewed as important to three out of the four children. 'Learning about life skills' was the option that was placed lowest for three children, along with developing 'feelings of confidence'.

Table 1.

<table>
<thead>
<tr>
<th></th>
<th>Child 1</th>
<th>Child 2</th>
<th>Child 3</th>
<th>Child 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Most important (one choice)</strong></td>
<td>Belonging to a community</td>
<td>Belonging to a community</td>
<td>Having a say</td>
<td>Feeling confident</td>
</tr>
<tr>
<td><strong>Very important (two choices)</strong></td>
<td>Included in decisions</td>
<td>Included in decisions</td>
<td>Friendship</td>
<td>Included in decisions</td>
</tr>
<tr>
<td></td>
<td>Independence</td>
<td>Joining in with peers</td>
<td>Joining in with peers</td>
<td>Independence</td>
</tr>
<tr>
<td></td>
<td>Learning good behaviour</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Important (three choices)</strong></td>
<td>Learning good behaviour</td>
<td>Friendships</td>
<td>Learning good behaviour</td>
<td>Learning good behaviour</td>
</tr>
<tr>
<td></td>
<td>Joining in with peers</td>
<td>Life skills</td>
<td>Learning</td>
<td>Joining in with peers</td>
</tr>
<tr>
<td></td>
<td>Skills for a job</td>
<td>Independence</td>
<td>Independence</td>
<td>Having a say</td>
</tr>
<tr>
<td><strong>Not as important (two choices)</strong></td>
<td>Feeling confident</td>
<td>Feeling confident</td>
<td>Belonging to a community</td>
<td>Belonging to a community</td>
</tr>
<tr>
<td></td>
<td>Life skills</td>
<td>Skills for a job</td>
<td>Life skills</td>
<td>ARABIC WORD?</td>
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<tr>
<td></td>
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<td></td>
<td>Friendships</td>
<td></td>
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<tr>
<td></td>
<td>Having a say</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Least important (one choice)</strong></td>
<td></td>
<td></td>
<td>Feeling confident</td>
<td>Life skills</td>
</tr>
</tbody>
</table>
Children’s reaction to the research

The young children in particular, could give only restricted answers. Even when they had emojis, pictures, or the opportunity to draw, they frequently touched and examined the items, replaced them, picked up another, and replaced it. With prompting they would choose an emoji that represented their feelings. However, it became clear that sometimes they did not know what the emoji represented in that their explanation did not match the picture. It was our impression that because the children were not accustomed to expressing their views and had not used these kinds of resources before, that they were intrigued by the colourful items, and more interested in their examinations, than answering the questions posed.
8. Discussion and Recommendations

Introduction

It seems clear from the findings that the highly aspirational goal of education that is effective and equitable, and which provides quality education for all children is far from being realised in the cases we researched. There are a number of reasons for this: the centres lack adequate funding, educational resources, facilities, teacher training and qualifications, ongoing professional development and training, and an understanding of current understandings of disability that is informed by social models of disability. These problems are compounded and aggravated by the ongoing impact of the occupation which appears to pervade almost every aspect of Palestinian life in highly adverse ways, as we reported in the findings from the children and young people in the last chapter.

As we discussed in Chapter 2, the Ministry of Education and Higher Education (MoEHE), the education system is vulnerable to ‘political, financial, physical constraints and [is] vulnerable to many variables that cannot be controlled’. Consequently, the school infrastructure is poor, there is a lack of adequately trained teachers, and a lack of access to schooling in marginalised areas across the State. This is true of centres run by NGOs. The capacity of both the Ministry and UN Relief and Works Agency’s (UNWRA) schools to accommodate the education needs of students generally, including students with disabilities is highly constrained, as we outlined in Chapter 2. We reported there that the effective inclusion of students with disabilities requires urgent improvements in ‘physical accessibility, the training of teachers to better support students with disabilities in mainstream classes, and appropriate teaching aids’ (Sida, 2014, p.3)66. Our results affirm what has been reported elsewhere.

In this chapter we analyse the results against the UN Convention of the Rights of People with Disabilities (UNCPRD) and the Capabilities Approach. Inclusion of disabled people, as we reported in Chapter 3, is now regarded as key to achieving the right to education everywhere. This right is enshrined in the CPRD which, alone among human rights protocols, defines the concept of inclusive, quality and equitable education. Inclusive education is central to achieving high-quality education for all learners, including those with disabilities, and for the development of inclusive, peaceful and fair societies. Sustainable Development Goal 4, which frames Palestine’s inclusive education programme, recognises the value and importance of inclusive, quality and equitable education.

An analysis of the findings with respect to the UNCRPD

All Human Rights are founded on the concepts of equality, dignity and respect. Disregarding the right of the child or young person to equality, dignity and respect results in a violation of children’s rights with unjust and inequitable consequences: discrimination, marginalisation, and exclusion. Although Article 23(1) of UNCRC stipulates that disabled children should enjoy a full and decent life that protects their dignity, and that enables their participation in the community, this is, as yet, far from being realised in some of the centres. State parties are, further, obliged to ensure that the disabled child has

- effective access to and receives education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child’s achieving the fullest possible social integration and individual development. (Article 23(3))

It is questionable whether, on what we have so far seen, that the State is fulfilling its obligations, though its aims are endorsed by the Palestinian Authority in a variety of policies and strategies. The centres are, of course, supervised by BASR rather than the Authority, but BASR endorses the principles and aims of the conventions and Millennium Development Goals. However, despite good intentions, and the support of APEFE, the society’s efforts are hampered by lack of funding, inadequate and inconsistent professional development, and considerable systemic problems, many of which are beyond BASR’s and APEFE’s control.

Article 28 stipulates the right of the child to education from primary to vocational and higher education, delivered without discrimination of any kind, while Article 29(1) states the goals of education: the ‘development of the child’s personality, talents and mental and physical abilities to their fullest potential’. Our results show that the development of the children’s and young people’s fullest potential falls short of what is desired, for the reasons discussed above.

In accordance with the Article 24(1) of the CRPD, the committee enjoined States parties to ‘ensure the realisation of the right of persons with disabilities to education through an inclusive education system at all levels’ (p.2), from preschool to tertiary education, including vocational training and lifelong learning. The sample size of our study is small. However, and based on extant research, policies and strategies by the MoEHE and various UN organisations working in Palestine, it is evident from the findings that access to, and the delivery of, education is not yet fully effective.

The UNCRPD has identified a number of barriers to effective inclusion (see Chapter 3). Among them are the following:

- The failure to understand or implement the human rights model of disability.
- Persistent discrimination against persons with disabilities … low expectations about those in mainstream settings, allowing prejudices and fear to escalate and remain unchallenged.
Lack of knowledge about the nature and advantages of inclusive and quality education and diversity.

Lack of political will, technical knowledge and capacity in implementing the right to inclusive education, including insufficient education of all teaching staff.

Inappropriate and inadequate funding mechanisms to support and sustain inclusion.

It is fair to say that there seems to be a continuing ‘failure to understand or implement the Human Rights model of disability’\(^68\), according to which barriers within the centres for rehabilitation (and also, it must be noted, in society, communities and other institutions) exclude persons with disabilities from effective inclusion in education. This may seem a harsh assessment: the teachers, without doubt, want the best for those they teach but are seriously hampered by poor and limited resources, and an inadequate education on special needs education and the rights discourse that underpins the most effective university teacher education programmes. While we do not underestimate the considerable constraints under which the staff are working, inclusion is not about integration, whereby the child is expected to adjust to the organisational structures of the centres they attend. Inclusion is about making modifications to the environment (less fluorescent lighting, for example), to content of the curriculum, and using appropriate teaching methods in order to overcome barriers that prevent all students from receiving equitable and participatory learning experiences. Inclusion is also about educating children in an environment that best corresponds to their requirements and preferences – including classrooms. This was particularly evident with respect to autistic children who seemed to find their environments overwhelming or under-stimulating because of

\(^{68}\) UNCRPD (2016), p.2.
noise, inappropriate lighting, being confined or made to repeat tasks that did not enhance their learning, and restrictions on pursuing their interests. For older children with Down Syndrome, their provision did not meet their needs in a way that is conducive to their well-being and flourishing.

Further, in CVT2, despite the mothers’ own satisfaction with the centre, their children told a different story. One adolescent reported she was ‘bored’, ‘annoyed’, unhappy and felt exploited:

Am I beggar? I want, I should be compensated for the work I do. They waste it all. I want to play. I’m sad. I don’t know how to read. I am really annoyed. I want to be happy.

It is difficult to say whether there is ‘persistent discrimination’ against persons with disabilities in the centres. However, if an aspect of discrimination is taken to mean having ‘low expectations’ that allow stereotypes and prejudices to go unchallenged, then such discrimination exists. There was a strong desire by many of the teachers to ensure the children’s inclusion, to teach them in ways that developed their skills and capacities. But we note again how systemic problems at a whole system level, a whole educational environment and whole person approach hampered children’s effective inclusion (UNCPRD, 2006. See Chapter 3). We did find evidence of low expectations (including some mothers own low expectations). In one centre we witnessed low expectations of the children to such an extent that the children did not appear to be taught in a systematic, planned or coherent way, or with much enthusiasm. Such low expectations breaches Article 29(1) of the UNCRC with respect to the goals of education: the ‘development of the child’s personality, talents and mental and physical abilities to their fullest potential’. In CVT2, an adolescent revealed that teachers were verbally abusive, even when the young people were trying to be helpful. They were also bored with the work, work that was not of their choosing, but

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69 Ibid, p.2.
felt compelled to do – and for no remuneration. Further, while no physical violence was used against these young people, one adolescent reported that they ‘didn’t dare’ use it (see Chapter 7). The level of disaffection with the centre was apparent. Violence and aggression are not conducive to inclusion; indeed, these acts signify a lack of respect for the dignity of person and a disregard for their right not to be demeaned or exploited.

CVT1, by contrast, stood out for its practices of inclusion, having a dedicated and committed staff who worked very closely with young people to develop their vocational skills, despite the challenges they too faced in obtaining funding and resources necessary to develop their capacity.

We also found that there was a lack of knowledge about the ‘nature and advantages of inclusive and quality education and diversity’\(^\text{70}\), and some evidence from the teachers that inclusion of diverse children with special educational needs hampered their ability to provide good quality of education. However, and we would like to stress this, that the staff were working with few resources, in inappropriate environments, and rarely had opportunities to update their skills. The absence of a whole system, whole environment, and whole person approach was evident from the findings of the staff and teachers.

There appeared to be a lack of ‘political will, technical knowledge and capacity’\(^\text{71}\) in implementing the right to inclusive education, including insufficient education of all teaching staff, as noted above.

As is clear from the findings, there are ‘inadequate funding mechanisms to provide incentives and reasonable accommodations for the inclusion of students with disabilities’\(^\text{72}\). Each member of staff we spoke to discussed this issue, and their desire for more and diverse materials, resources, including curriculum based
resources, criteria for assessment, and so on, to enable them to do their job well and with satisfaction and pride. In many cases, the teachers were over-reliant on a narrow range of materials, though they did their best develop and adapt what they had.

We shall next look at how the Capabilities Approach can help us understand the consequences of inequality and injustice.

**Assessment against the Capabilities Approach**

The Capabilities Approach is an approach to questions of social justice. The fundamental, evaluative question it asks is: what is a person able to do and to be? An apparently simple question, it nevertheless belies the complexity it seeks to address: how to respond justly and equitably to human diversity and striving. The value of the Capabilities Approach (CA) is that has the potential to address ‘urgent human problems and unjustifiable human inequalities’, and one such problem is how we do justice to people with disabilities and impairments, which Nussbaum, the architect of the version we use here, describes as a ‘frontier of justice’.

Human diversity is a pervasive and ineradicable aspect of our lives, and is central to an interest in equality and justice. Human beings are diverse in three fundamental ways. We are, first, different with respect to personal characteristics such as gender, age, physical and mental abilities, talents, skills, and vulnerability to illness. We are, second, different with respect to external circumstances such as inherited wealth, and the political, social and cultural arrangements into which we are born. Third, we are different in terms of our ability to convert resources into valued ‘functionings’ – our ability ‘to do and to be’ – being a musician, for example, or being able to read and write. These differences are a source of inequality and injustice, conferring advantages and disadvantages depending on whether we belong to the right gender, have access to wealth, or live in a society which enables young people to reach their

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73 The version adopted here is Martha Nussbaum’s construction of the Capabilities Approach.
potential in safe, secure, and respectful environments. Impairment and disability are aspects of human diversity, but these too often confer disadvantages on people with disabilities, primarily because they are seen as a bundle of limitations and deficits (the medical model), conditions to be fixed or cured, if they can, and, perniciously, as a burden on the state, community or family. This often means that distributive patterns of justice and equality in terms of resources or respect for human rights are unjust and unequal.

The significance of the CA is that it entails an implicit understanding of the relation between impairment, disability and the design of social arrangements (schools, the educational system, law, or government, for example), based in an ethical framework in which the just entitlement of disabled people is evaluated in terms of their opportunity freedoms, or their ‘capabilities’ for well-being: what they are ‘able to do and to be’. Capabilities can be understood as opportunities to achieve plans and goals a person has reason to value, such as playing an instrument or pursuing a career in teaching.

The ‘central capabilities’ refer to Nussbaum’s list of 10 capabilities which, she argues, are the answers to the question, ‘What is this person able to do and to be?’, and which are the ‘central requirements of a life with dignity’. The central capabilities include, for example, Life (Capability One), Bodily Health (Capability Two) and Senses Imagination and Thought, (Capability Four), a discussion of which follows shortly. Respect for human dignity is at the core of the CA, a principle that is also at the core of all of human rights. The ten central capabilities, which are a ‘species’ of human rights, are ‘central’ because if any one of them is corroded, undermined, or hampered, a person’s opportunity to flourish in a ‘truly human way’ is reduced. The other important feature of the approach is that the capabilities are inextricably linked

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and are non-fungible: one should not, for example, trade Bodily Health for more of Play, since Play is integral to Bodily Health in terms of the advantages from exercise, stimulation, development of motor and cognitive skills, socialisation, perception, and empathy, and so forth, that Play confers on Bodily Health (and other capabilities, such as Emotions, Practical Reason and Affiliation, for example). A child who is tied to his wheelchair for many hours a day will experience corrosion of these two capabilities, and corrosion of all the others since he cannot do and be in ways that express his personality, skills and talents.

Education is not a specific capability but permeates them all since it is central to their effective achievement. The capabilities will be presented below and against our findings.

The first capability on the list is Life is defined as:

Being able to live to the end of a human life of normal length; not dying prematurely, or before one’s life is so reduced as to be not worth living.

Whilst we cannot comment on whether any of the individuals we interviewed will live a life of normal length, it is clear that a political level, occupation poses a potential threat. With respect to equitable, effective and inclusive education, unequal access to this kind of education will impact on the ability of children to gain meaningful employment, and to be included in their communities, particularly if they are kept hidden, if their school attendance is erratic, or if children do not acquire basic literacy and numeracy skills to read, for example, a prescription.

78 We will not refer to one capability, Other Species. Being able to live with concern for and in relation to animals, plants, and the world of nature. We do not have sufficient data to provide convincing analysis of this capabilities.
Bodily Health. Being able to have good health, including reproductive health; to be adequately nourished; to have adequate shelter.

Health and wellbeing, including diet, reproductive health, healthy living, friendships, is now included in the curricula of schools across the world in recognition of the centrality of bodily health to a flourishing life, as well as its fertilisation of the Capability for Life. Some of the teachers spoke of teaching the children how to maintain hygiene, and of giving children important life skills that would enable them to enjoy bodily health. Socialising with other children, participating in activities, being educated, is important to health – physically, socially and emotionally. Education that advises on how to recognise and report abuse or harm, to which disabled are particularly vulnerable, is crucial. A systematic review on the prevalence of risk and violence against children with disabilities found that children with disabilities are four times more likely to experience violence than non-disabled children, and 2.9 times more likely to be victims of sexual violence. Children with mental or intellectual impairments appear to be among the most vulnerable, being 4.6 times more likely to experience sexual violence than their non-disabled peers. Factors which place people with disabilities at higher risk of violence include ‘stigma, discrimination, and ignorance about disability, as well as a lack of social support for those who care for them’. The opportunities for flourishing in this capability very obviously affect the opportunities for realising the next capability, Bodily Integrity.

Bodily Integrity. Being able to move freely from place to place; to be secure against violent assault, including sexual assault and domestic violence; having opportunities for sexual satisfaction and for choice in matters of reproduction.

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79 The reviews were carried out by Liverpool John Moores University’s Centre for Public Health, a WHO Collaborating Centre for Violence Prevention, in the UK, and WHO’s Department of Violence and Injury Prevention and Disability. Details of the review can be found at: https://www.who.int/disabilities/violence/en/
Children are entitled to feel safe and secure, and to be free from harm. We witnessed children who could not move freely from place to place because they were restrained, we were told of children were kept in the house for their own safety, of children who were bullied because of their impairment or disability, and who experienced physical punishment. Some of the young people we spoke to reported violence and aggression, and teachers revealed instances of bullying. Corrosion of this capability corrodes the surrounding capabilities, as we have seen already with *Bodily Health*, and possibly, *Life*, if exercising freedom of movement results in death, as can happen when Palestinians, including children, are in prohibited places, or are targets of Israeli fire.

Capability number 4, *Senses, Imagination, and Thought* can be developed in many and myriad ways:

*Senses, Imagination, and Thought*. Being able to use the senses, to imagine, think, and reason—and to do these things in a "truly human" way, a way informed and cultivated by an adequate *education*, including, but by no means limited to, *literacy* and basic mathematical and *scientific training*. Being able to use imagination and thought in connection with experiencing and producing works and events of one’s own choice, religious, literary, musical, and so forth. Being able to use one’s mind in ways protected by guarantees of *freedom of expression* with respect to both political and artistic speech, and *freedom of religious exercise*. Being able to have pleasurable experiences and to avoid non-beneficial pain.

In almost all cases, this capability freedom was corroded and sometimes severely so. Poor, limited and inappropriate resources, along with a lack of confidence on the
part of teachers to teach disabled children, as well as inadequate training and professional development, meant that the *Senses, Imagination and Thought* of the children, indeed, of the teachers, were not reaching their potential. An interesting and varied curriculum that includes the arts, science, numeracy and literacy skills, and so on, along with extra curricular activities that involve sport, trips, clubs, all enhance opportunities for development in this domain. Critical literacy skills which assist children and young people in critically engaging with texts, norms and values, and which enable them to question, for example, inequality and injustice, can fertilise this capability. Critical literacy, with a view to stimulating the senses, imagination and thought, also entails exploring beliefs, values and attitudes to help students to see themselves in their contexts, and that we are all socially constructed and shaped by our experiences. Poetry, literature, music, and some choice in what students study are all important to this endeavour. Education, generally, is about the possibilities of self-determination, individual autonomy, and social agency, but too often children with disabilities are not given these opportunities so prevalent and deep rooted is the stereotype about their capacity to learn, their limited needs for stimulation, and thought provoking activities.

In his autobiography, which he wrote by choosing each letter by blinking his eyes, Jonathan Bryan, a young boy with Profound Multiple Learning Difficulties (PMLD), describes how his mother taught him numeracy and literacy. Her conviction that he was capable of learning lead to the ‘unlocking’ of his ability to write. Jonathan describes his feelings of despair and hope, and of his longing to escape, while revealing a passion for life and a sense of mischief. He also gives compelling descriptions of his time in special school: ‘wasted school hours, days, weeks and years…suffocating expectation with mindless activity’80. His mother calls his time in special school ‘an educational stalemate’ with ‘no progression of learning from one

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year to the next. The biggest barrier was ‘a lack of expectation’. Low expectations are a recurring theme in Jonathan’s autobiography. He was not treated as a boy of his own age but spoken to in ‘the voice used to talk to a baby: high-pitched, excitable…slow, loud and clear with short sentences and no complicated words.’ At eight years old, the class were ‘parked’ in front of the TV, watching ‘nursery rhymes with basic animation and presenters’. In class he zoned out to escape into a ‘landscape…of imagination’. By finding an alternative way to communicate, and with persistence and patience, Jonathan found a way to be in the world. Critically, he is an example of how prejudices and stereotypes obscure able-bodied people from seeing potential in the disabled.

The next capability on the list is Emotions:

*Emotions.* Being able to have attachments to things and people outside ourselves; to love those who love and care for us, to grieve at their absence; in general, to *love*, to *grieve*, to experience longing, *gratitude*, and justified *anger*. Not having one's emotional development blighted by fear and anxiety. (Supporting this capability means supporting forms of human association that can be shown to be crucial in their development.)

This capability, too, was often corroded. Fear, anxiety, boredom, frustration, under- or over-stimulation inhibited full inclusion, and inhibited some of the children from learning. Being in these emotional states is an effective barrier to learning, feeling included and valued. Persistent states of fear or anxiety can impact negatively on mental, as well as physical health. Poor and low emotional states then leak into the opportunity for **Practical Reason:**

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81 Ibid, p.42.
82 Ibid, p.53.
83 Ibid, pp.60-61.
84 Ibid, p.62.
85 Jonathan has set up a charity called ‘Teach Us Too’ whose mission statement is ‘promoting the right for all children to be taught to read and write, whatever their label or diagnosis’ (Teach Us Too, 2018). http://www.teachustoo.org.uk
Practical Reason. Being able to form a conception of the good and to engage in critical reflection about the planning of one's life.

Education is key to enabling children and young people to reflect on what they would like to do in life in an informed way. Restricting opportunities to a meaningful education, a restrictive or limited curriculum that does not expose children and young people to other worlds, lifestyles, or ways of thinking, means that they cannot fully realise their potential to conceive of a life that they might want to follow. If the child has complex educational needs there is a danger that she or he will be stereotyped as (intellectually) incompetent, with the result that teachers will have fewer positive attitudes, and, accordingly, lower expectations for students with disabilities. Jonathan describes the pupils in his class as ‘nine wheelchair islands’ who spent most of their days ‘waiting’\(^{86}\) while his friends in mainstream school ‘were engaged in more academic lessons’. If children are constructed as incompetent they may not be encouraged to develop goals, plans, interests that accord with their interests and personality. It should also be pointed out that the term ‘PMLD’ is a contested category. It is variously defined by intelligence quotients (IQ) where an IQ of under 20 indicates a profound learning disability\(^{87}\). However, the International Association for the Scientific Study of Intellectual and Developmental Disabilities (IASSID) defines children with PMLD as ‘individuals with such profound cognitive disabilities that no existing standardized tests are applicable for a valid estimation of their level of intellectual capacity’\(^{88}\). Other children, like Jonathan, can have this term ‘stuck’ to them based on lack of physical ability and speech. It is also widely acknowledged that children labelled as having PMLD are often very diverse in their abilities\(^{89}\).

\(^{86}\) Bryan (2018), p.42
\(^{87}\) NHS Midlands and East (2012). *Top Tips for Supporting and Meeting the Needs of People with Profound and Multiple Learning Disabilities (PMLD)*. London: NHS.
Lacking the opportunity for *Practical reason* has consequences for *Affiliation*:

1. Being able to live with and toward others, to recognize and show concern for other humans, to engage in various forms of *social interaction*; to be able to imagine the situation of another. (Protecting this capability means protecting institutions that constitute and nourish such forms of affiliation, and also protecting the *freedom of assembly* and *political speech*.)

2. Having the social bases of *self-respect* and non-humiliation; being able to be treated as a dignified being whose worth is equal to that of others. This entails provisions of non-discrimination on the basis of race, sex, sexual orientation, ethnicity, caste, religion, national origin and species.

It should by now be clear how a lack of functioning (actual doings and beings) and Capability corrosion of the earlier capabilities impact on a child’s opportunity to affiliate with her peers, teachers, community, and other significant social agents (health workers, civil servants, and so on). Without the bases of self-respect, being able to live with and towards others, and lacking opportunities to socially interact have significant consequences for *Bodily Health*, *Bodily Integrity*, *Senses*, *Imagination and Thought*, *Emotions*, and *Practical Reason*. Analysing the data against the definition of *Affiliation*, it is evident that this capability is the one that most strongly fertilises the others. Since the opportunities for Affiliation are restricted, the next Capability, *Play*, is necessarily curtailed to some degree: being able to laugh, to play, to enjoy *recreational* activities.
The last capability, *Control over one's Environment*, has two aspects and is defined as follows:

1. **Political.** Being able to participate effectively in political choices that govern one's life; having the right of political participation, protections of free speech and association.

2. **Material.** Being able to hold property (both land and movable goods), and having property rights on an equal basis with others; having the right to seek employment on an equal basis with others; having the freedom from unwarranted search and seizure. In work, being able to work as a human, exercising practical reason and entering into meaningful relationships of mutual recognition with other workers.

While some dimensions of this capability may not be immediately relevant to young children, they should be accorded the opportunity to participate in choices that affect their lives in school should, thereby respecting Article 12 of the CRC which states the right of the child to have her or his voice heard. Political decisions with respect to the provision of education and educational services directly impact on those whom they are meant to serve. Even if the children cannot directly have a say in policy formulation (though there is no reason why they cannot be consulted), processes by which they can be consulted can be implemented in the centres: children assemblies, children councils, and the like. This can afford them some control over the environment in which they are obliged to be present. Not having control over one’s environment can be disempowering and disabling, reducing agency and opportunities for action. Without such opportunities, children and young people’s experiences, what they know, and what they know they need, and should convey to others, may be obscured from collective understanding – teachers, parents, and centre directors – owing to structural and systemic prejudices about capacity. As we have reported here, children and young people are subject to assumptions about
their character, abilities, and even their personhood based on their disability. Treating students differently to students without disabilities concretises negative attitudes, so reducing their control over crucial aspects of their environment. Persistent denial of a child’s actual potential can lead to a loss of self-confidence and self-esteem.

A common characteristic of autistic children (and adults) is their intense and absorbed interest in a narrow range of items and activities about which they can develop in-depth knowledge and perspectives. The cognitive dispositions of autistic people are often described, negatively, as ‘obsessive’, ‘fixated’, and ‘repetitive’, and which should be minimised as much as possible in school settings in order to concentrate on the curriculum. However, it is more inclusive and respectful to reconceive these dispositions positively as ‘strong interests’, ‘intense interests’ or ‘preferred interests’. Enabling autistic children to engage with their strong interests is advantageous. Positive effects include improved learning and curriculum access, improved cooperation and social skills, improved motor skills, and greater engagement in after school clubs.\textsuperscript{90} Taking this approach enables autistic children ‘to relax, overcome anxiety, experience pleasure, and make better sense of the physical world\textsuperscript{91}, and to moderate their levels of arousal which impacts positively on their emotional well-being.\textsuperscript{92} If autistic children are pressured to give up, modify or reduce their interests, they may lose the means to become experts, acquire highly developed skills, develop exceptional abilities, and lose out on employment opportunities. Pursuing intense interests brings about, among other things, a sense of wellbeing, satisfaction, fulfilment, social learning, thus contributing to a flourishing life. These positive aspects are not always recognised: many are forced or compelled to reduce these interests in order to be socially accepted, and to conform to neuro-typical expectations of behaviour. These are discriminatory

practices that reveal poor understanding of, or indifference to how autistic children process information.

Restrictions, modifications or eradications of special interests means that the autistic child loses direct control over her environment, which contributes to a deterioration in *Emotions* and *Affiliation*, restricting her ability to engage in *Practical Reasoning*, which may undermine *Bodily Health* and reduce her capability for *Senses*, *Imagination* and *Thought*.

**Recommendations**

Based on the findings and analysis, the following are recommended for action:

- Developing an attitude that children and young people with disabilities can learn if creative approaches to teaching and learning are adopted
- Flexible curricula and teaching and learning methods adapted to different strengths, requirements and learning styles
- The provision of support, reasonable accommodation and early intervention so that all learners are able to fulfil their potential
- Focusing on learners’ actual capacities and aspirations, rather than on content when planning teaching activities
- Accessible learning environments with appropriate supports and design – lighting, noise, visual design, tactile and therapeutic objects
- Create opportunities for teacher education and professional development
- Developing closer links with parents and the community – information evenings that could be led by the children and young people
- Create children assemblies/councils.
Personalised educational responses

- Review learning and plan for next steps
- Gain access to learning activities which will meet children and young people’s needs
- Plan for opportunities for personal achievement
- Prepare for changes and choices
- Support children and young people through changes and choices
- Allow opportunities to develop and excel at special interests
- Consider alternative means by which children and young people can communicate with each other and their teachers
- Consult children and young people on their preferences, experiences and knowledge – their ‘know-how and ‘know-what’ to reduce adult-centric decision making.

Examples of support may include (and see Assessment Guide and Educational Support for Children with Disabilities that accompany this report.)

- A Support for Learning Assistant working with a class for learning disabled children
- Understanding the causes of behaviours that is not based on stereotypes or prejudices, or that relies on the principles of Applied Behaviour Analysis. This requires up-to-date knowledge on current understandings of Autism Spectrum Disorder, PMLD, and Down Syndrome, for example
- Support from a Learning Support Teacher to help with a reading difficulty
- Use of communication signs and symbols by an autistic child
- Designated support staff working with children with learning difficulties – Dyslexia or Dyscalculia – to them improve their literacy and numeracy skills
- Use of an app on a tablet computer or mobile phone to support writing
- Use of apps and tablet computers to enable children and young people with speech or hearing difficulties to communicate.
Appendices

Appendix 1

Interview Schedule: Staff

1. How long have you been working for Bethlehem Arab Society for Rehabilitation?
2. What does your job involve?
3. What do you enjoy most about working for Bethlehem Arab Society for Rehabilitation?
4. What do you enjoy the least about working for Bethlehem Arab Society for Rehabilitation?
5. Do you feel adequately supported in your role? How? Why not?
6. Describe to me the Special Needs Education Assessment process works.
7. How do you feel the assessment process and tools could be improved?
8. How do you use the assessment results in matching programmes to children?
9. What do you think about the programmes that you deliver?
10. In what ways do you think these programmes meet the needs of young people?
11. How do the programmes promote the children’s inclusion in education and wider society?
12. What difficulties do you face in the delivery of the programmes?
13. How do you feel about offering academic programmes to the children and young people?
14. Is there anything else you would like to add?
Appendix 2

Interview Questions: Parents

1. How long has your child been attending Bethlehem Arab Society for Rehabilitation?
2. Why did you choose to send your child to Bethlehem Arab Society for Rehabilitation?
3. When your child was assessed by Bethlehem Arab Society for Rehabilitation did you feel that the diagnosis adequately described the difficulties your child was experiencing? How? Why not?
4. After your child’s diagnosis what did Bethlehem Arab Society for Rehabilitation do next? What support or programmes was your child offered?
5. After your child’s diagnosis what support were you offered as a parent?
6. After your child’s diagnosis did Bethlehem Arab Society for Rehabilitation design and follow a comprehensive plan of support for your child?
7. In what ways did this plan meet the educational and inclusion needs of your child?
8. How did Bethlehem Arab Society for Rehabilitation ensure that the goals for your child, outlined in the plan of support, were achieved?
9. What have you or your child gained from attending Bethlehem Arab Society for Rehabilitation?
10. Overall, how do you feel about the services offered by Bethlehem Arab Society for Rehabilitation?
Interview Questions (Children) (Participatory Activities to be completed individually or in a focus group)

1. **Verbal or non-verbal** answer required:

   Children can answer this question with words or they can choose their answer from an answer board that will include the names of specific learning disabilities as well as broader reasons such as, I need extra help to learn. The translator will need to read these answers out to the children. There will be an option for children to add an answer that is not on the board.

   - Why do you go to Bethlehem Arab Society for Rehabilitation Centres?

2. **Verbal or Non-verbal** answer required

   Children will be shown a number of cards with visual images of different feelings. When prompted by a question, children can choose as many different feelings as they wish to describe their answer to the question. There will be some blank cards that children can use to draw or write any feelings that are not already included in the pack of cards.

   - How do the Bethlehem Arab Society Rehabilitation Centres make you feel?
   - How do the teachers make you feel?
   - How did the assessment process make you feel?
   - How do the programmes/activities make you feel?

3. **Verbal** answer required (one-word answers can be used)

   Children will be given a die to roll. The six sides of the die will be labelled with one type of support offered to children by Bethlehem Arab Society for
Rehabilitation. The child/children will take turns to roll the die. When the die stops rolling the child will say one thing about how the support listed on the top of the die has helped/not helped them with.

- What do Bethlehem Arab Society for Rehabilitation do that helps you with:
  - Your diagnosis or learning disability
  - Making friends
  - Taking part in your community e.g. in clubs or school
  - Meeting your goals
  - Doing things on your own (independence)
  - Your academic learning

- What do Bethlehem Arab Society for Rehabilitation not do to help you with:
  - Your diagnosis or learning disability
  - Making friends
  - Taking part in your community e.g. in clubs or school
  - Meeting your goals
  - Doing things on your own (independence)
  - Your academic learning

4. **Non-verbal** answer required

   Children will be shown a five-point scale that will demonstrate how much Bethlehem Arab Society for Rehabilitation has helped them to meet their goals. Children will be asked to move the marker on the scale to show how much they feel their goals have been met because of the support they have received from Bethlehem Arab Society for Rehabilitation.

   Alternatively, children can use a jug of water and a measuring cup to physically demonstrate how much BASR has been involved in helping them
achieve their goals. The cup will be marked with 5 points to allow children to see the difference between a lot and a little.

- Show me how much Bethlehem Arab Society for Rehabilitation has helped you meet your goals (these goal labels should be changed to match the goals that BASR provide for young people):
  - Academic learning
  - Friendships
  - Doing things on your own (independence)

5. **Non-verbal** answer required (there may be an opportunity to explore answers further if the child is willing and able to verbalise their reasons for their answers)

Children will listen to a series of statements read by the researcher. The child will react to these statements by using thumbs up/down/middle cards or if they prefer to move around the room they can choose to stand at the sign (Yes (thumbs up)/No (thumbs down) /Sometimes (thumbs middle)) that states their answer.

- I am included in making decisions about my education.
- I am included in making decisions about my treatment.
- I am allowed to set my own goals.
- I feel I can tell my teacher what I like about my support.
- I feel I can tell my teacher what I don’t like about my support.
- I can choose the activities I do with my teacher.
- I have to do activities I do not like.
- I get to do activities with other children.
- I get support on my own without other children.
- I get work to do at home.
- Bethlehem Arab Society for Rehabilitation has helped with my learning.
- Bethlehem Arab Society for Rehabilitation has improved my confidence.
• Bethlehem Arab Society for Rehabilitation has improved how I feel about myself.
• Bethlehem Arab Society for Rehabilitation has helped me to make friends.
• Bethlehem Arab Society for Rehabilitation has taught me how to do things on my own.
• Bethlehem Arab Society for Rehabilitation has taught me life skills.
• Bethlehem Arab Society for Rehabilitation has given me skills that will help me get a job.

6. **Non-verbal** answer required (there may be an opportunity to explore answers further if the child is willing and able to verbalise their reasons for their answers)

Children will be given a diamond ranking template. On the template they will be asked to rank what they think is the most important factor in the support they receive from BASR. The top of the diamond will be the most important factor followed by less important factors all the way to the least important.

- What outcomes from your support are most important for you?
  - Independence
  - Friendships
  - Feeling confident
  - Belonging to a community
- Life skills
- Academic learning
- Being included in decisions
- Having a say
- Learning how to behave
- Joining in with other people
- Skills to get a job

7. **Non-verbal** answer required

Children will be shown a picture with a circle of people and given two templates of a person. The child will draw themselves on the templates of a person after they are asked each question (note the expression they draw on their face). The child will be asked to place themselves into their community by setting the picture of themselves onto the community picture.

- Draw yourself on the body and show me where you fit into your community before you got help at Bethlehem Arab Society for Rehabilitation.
- Draw yourself on the next body and show me where you feel you fit into your community now, after you got help at Bethlehem Arab Society for Rehabilitation.

8. **Verbal** and **non-verbal** answers required

Children will be given a set of small world toys/figures (dolls house type toys) that will represent the support at BASR (dolls, tables, chairs, books, computer, etc). Children will be asked to act out what happens in their support sessions. They will be encouraged to show what happens in their session, their feelings during the session, the words their teachers use and how the session helps them.