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Title: Barriers to effective, equitable and quality education: a rights based, participatory research assessment of inclusion of children with disabilities in Palestine

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Abstract

The Israeli occupation has had considerable negative impact on the lives of Palestinians, such that achieving an effective, equitable, quality education for all children is far from being realised. Palestinian children are not only adversely affected by the occupation, but also by an educational system that fails to fully and systematically accord them their rights. Using rights based participatory methods informed by human rights protocols, we explored the experiences of children with disabilities' inclusion in schools. Our findings show that there is continuing failure to understand or implement the provisions of the UNCRC or UNCRPD, and that these children are systematically excluded or marginalised from education. We suggest that children's rights to educational inclusion can be achieved by means of a whole system, whole educational and whole person approach, along with a consideration of a rights based policy framework.

Key words: Palestine, children with disabilities, UNCRPD General Comment 4, inclusion, participatory methods

1. Introduction

The effects of the Israeli occupation on the lives of Palestinians in the West Bank, East Jerusalem,

and the Gaza Strip has a significant impact on every aspect of Palestinian life, including the right to effective, equitable, quality education for all children, and respect for rights generally. Palestinian children continue to be adversely affected by the presence of Israeli occupation forces, settlers¹ and checkpoints. The annexation of the occupied lands in the West Bank and the Jordan valley² is contrary to international humanitarian law such as Article 49 of the 4th Geneva Convention and Jus Cogens norms. The settlements have been condemned by various UN Security Council Resolutions since 1967³ and are in breach of Article 2 of the UN Charter (1945). The International Court of Justice states that Israel is subject to the International Convention on Civil and Political Rights, the International Convention on Economic, Social and Cultural Rights, and other treaties to which it is a State party to people in the occupied Palestinian Territories (Amnesty International, 2019). As the occupying power, Israel is State party to numerous international human rights treaties and has well defined obligations to respect, protect and fulfil the human rights of Palestinians; human rights violations, however, remain the norm.

The impact the occupation has had on the health and wellbeing of Palestinians, including children, is illustrated by the effects of the hostilities in Gaza in 2014 during which 11,231 people were injured, and approximately 900, a third of them children, were permanently disabled (Office for the Coordination of Humanitarian Affairs [OCHA], 2016). The vulnerabilities experienced by Palestinians with disabilities (PWDs) are aggravated by Israeli access restrictions and the blockade so that PWDs who suffer long-term injuries and disabilities cannot access appropriate health care and rehabilitation. Restrictions also prevent rehabilitation workers from providing early intervention,

¹ Around 600,000 Israeli settlers live on 60% of land that is recognised by the UN as belonging to Palestine. Israeli security measures scatter Palestinians across their territories which makes access to health care, education, employment, and so on, difficult. (Amnesty International 2019)

² The peace plan announced by President Donald Trump and Prime Minister Benjamin Netanyahu in January 2020 threatens to erode the rights of Palestinians even further and could render Israel's occupation of Palestinian lands permanent.

³ Resolution 242 affirms, inter alia, 1(1) The withdrawal of Israel armed forces from territories occupied in the recent conflict. See <https://unispal.un.org/DPA/DPR/unispal.nsf/0/7D35E1F729DF491C85256EE700686136>

leading to shortages in medical supplies and assistive devices, as well as scarcity of fuel and electricity needed to operate these devices (Swedish International Development Agency [SIDA], 2014). It is estimated that one in four children (225,000 children) in Gaza require psychosocial support (OCHA, 2016: 3). According to the World Health Organisation (WHO) (2019: 5):

... the occupied Palestinian territory has one of the highest burdens of adolescent mental disorders in the Eastern Mediterranean Region. About 54% of Palestinian boys and 47% of Palestinian girls aged six to 12 years reportedly have emotional and/or behavioural disorders, and the overall disease burden for mental illness is estimated to account for about 3% of disability-adjusted life years.

Despite a long-term peace process, including the 1993 Oslo Accords⁴ and the 2002 Road Map for Peace⁵, Palestine and Israel have failed to reach a peace agreement⁶. The key issues preventing an agreement include: mutual recognition, borders, water rights, security, freedom of movement for Palestinians, Israeli settlements, and control of Jerusalem.

With respect to their rights, chronic occupation has had far reaching consequences for children, including children with disabilities. It is not difficult to demonstrate that practically every article of the Convention on the Rights of the Child (hereafter 'the Convention') (1989) has been violated to some degree, including the right to education. There have been numerous efforts by the Palestinian National Authority (PNA) to implement policies, strategies and plans to support, promote and enhance education for people with disabilities. These include: the United Nations Educational,

⁴ The Oslo Accords were a pair of agreements between the Israeli Government and The Palestinian National Organisation (PLO) which sought to peace based on United Nations Security Council Resolutions 242 and 238. Known as the 'peace process', the Accords created the Palestinian Authority, and recognised the PLO as Israel's partner in negotiations about borders, settlements and the status of Jerusalem. The Accords also divided the West Bank into Areas A, B and C. See footnote 5. For further information, see: <https://www.history.com/topics/middle-east/oslo-accords>

⁵ The Road Map was devised by the USA, the UN, the European Union and Russia. The Road Map sought a two-state solution to peace with the ultimate aim of creating a Palestinian state and cessation of all violence.

⁶ The Trump Peace Plan is unlikely to achieve peace given that the Palestinians were not invited to take part in the discussions that led to the plan.

Scientific and Cultural Organisation (UNESCO) World Declaration on *Education for All* (1994); the Draft Palestinian Inclusive Education Policy, *Concerning the Rights of the Disabled*, which initiated the Ministry of Education and Higher Education's (MoEHE) Inclusive Education Policy in 1997; the *Policy for Safe and Equitable Access to Quality Education* (2012); and the Education Sector Strategic Plan (2014-2019) in 2017. However, despite these laws and policies, disability and disability rights remain a low priority for the Ministry of Education. Disability programmes are often devised as short-term interventions with heavy reliance on external funding. 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 occupation. The Ministry of Education acknowledges that '[b]uilding and operating an education system under militarily occupation and without full political, territorial, and physical freedom is a major challenge' (MoEHE, 2014: 2). As the PNA does not have direct control over schools in Area C⁷, Jerusalem and South Hebron, it cannot protect children or schools from attacks by Israeli settlers and soldiers. Five hundred to 700 Palestinian children between the ages of 12 and 17 are routinely held in Israeli administrative detention, prosecuted before a military court system that 'lacks basic and fundamental guarantees of due process in violation of international standards' (US Congress H.R. 2407, 2019) contrary to Article 37(a-d) of the Convention.

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 Wall⁸, and more than 500,000 Israeli settlers spread throughout the

⁷ 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.

⁸ The Separation Wall is a barrier built by the Israeli's to prevent terrorism. The Palestinians regard it as a separation 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. https://web.archive.org/web/20160912193655/http://www.ochaopt.org/documents/ocha_opt_barrier_update_july_2011_english.pdf. See also OCHA, Occupied Palestinian Territory at: <https://www.ochaopt.org/theme/west-bank-barrier>

West Bank. Area C, which makes up more than 60% of the West Bank, is under exclusive Israeli civil and security control⁹. Jerusalem is entirely cut off from the West Bank without official Palestinian representation (MoEHE, 2014: 12).

The education system is, therefore, exposed to 'political, financial, physical constraints and [is] vulnerable to many variables that cannot be controlled' (SIDA, 2014: 3). Consequently, the school infrastructure is poor, there is a shortage of adequately trained teachers, and access to schooling in marginalised areas is difficult. The capacity of both the Ministry and the United Nations Relief and Works Agency (UNRWA) 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' (SIDA, 2014: 3).

This is the political, social and educational context against which the research we present here was conducted. In 2019, we undertook participatory research with children and young adults with disabilities to explore their experiences of inclusion in eight educational centres supervised by a charitable campaigning society in Palestine¹⁰. The research design we used was informed by the Convention on the Rights of People with Disabilities (CPRD) (2006), General Comment 4 (2016) and the Lundy (2007) model of child participation. The results of this research bear out some of the difficulties described above.

The organisation of the article is as follows: in Section 2, we will briefly describe the disability rates in Palestine before moving on to discuss in Section 3 how inclusion is defined in General Comment 4 (2016) and the barriers to inclusive education. In Section 4 we describe the Methodology, and in Section 5 we discuss the findings against General Comment 4 to assess the extent to which children

⁹ Which could now become part of Israel's territory if the Peace Plan announced by Trump in January 2020 is implemented.

¹⁰ The education system is divided into three sectors: the public sector governed by the MoEHE; UNRWA in the refugee camps; and the private sector by NGOs. The centres we visited are funded by NGOs.

with disabilities are being included in the centres. In Section 6, we suggest how pedagogical approaches can help overcome some of the barriers to inclusion.

2. Disability rates in Palestine

The prevalence rate of disability in Palestine ranges from between 2.1% and 7% of the total population, depending on whether a narrow (defined by the Palestinian Central Bureau of Statistics [PCBS] as *'a lot of difficulty or cannot at all'*) or broad (*'including some difficulty'*) definition of disability is used. According to the PCBS (2011: 11), between 92,800 and 350,000 of the estimated 4.9 million people in Palestine lived with some kind of disability, although these are probably underestimates. Amongst persons with disabilities aged 15 years or older, 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 (p.18). The most common disability was mobility difficulties (48.5%), followed by 'slow learning' (24.7%) (MoEHE, 2015: 75). While the 2017 survey was not aimed at collecting data on the prevalence of child disability, it did establish a rate of 1.5%, no doubt an underestimate. The disability rate is higher in Gaza (2.6%) than in the West Bank 1.8% (%) (PCBS, 2017). Children with disabilities (CWDs) are one of the most marginalised and excluded groups in any society; in Palestine CWDs face a particularly dire situation because the protracted Israeli-Palestinian conflict has devastated Palestine's infrastructure, fractured the economy, fragmented the integrity of the State of Palestine, and overwhelmed service providers (UNICEF, 2018). CWDs must also contend with cultural stigma such as that they do not contribute to economic wealth and are a burden on their families, communities and society (MacKenzie, Bower and Owaineh, 2019). The conflict and its concomitant effects have contributed to many of the barriers preventing the rights of children to a quality, inclusive education, such as too few schools, attacks and the threat of attacks on schools, teachers and students, and psychosocial impacts. These acts and states of affairs undermine Article 50 of the 4th Geneva Convention (1949),

Article 29 of the Convention (1989), and its associated Comments such as General Comment 9 (parags. 62-69) (2006) on the rights of CWDs to education, General Comment 10 (2007) on Children's Rights in the Juvenile System (see parags. 18 and 89), among others.

3. United Nations Committee on the Rights of Persons with Disabilities, General Comment 4

The right to education is one of the most important rights in international human rights law.

Education is a primary good that enables children to exercise other human rights such as economic, social and cultural rights, and is protected by many international instruments. The preamble to the UNCPRD (2006) states that education is a fundamental right, a right that is also laid out in Article 24: Right to Education. Not only is the UNCPRD the first treaty to define the concept of inclusive, quality and equitable education, it also calls for continuous national oversight of the implementation and protection of human rights.

In 2016, the UNCPRD Committee published General Comment 4 on the right to inclusive education, in order to clarify and interpret Article 4 of the CPRD, and to give guidance on governments' obligations to provide inclusive education to persons with disabilities. The UNCPRD Committee reported that the barriers to inclusion are many and hinder persons with disabilities from meaningful participation on an equal basis with others in all spheres of life. For example:

- (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;
- (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.
(p.2)

These barriers are present in Palestine. Further, while State 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 we shall discuss below.

In accordance with Article 24(1), the UNCPRD Committee enjoined State 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, extracurricular and social activities. Article 24(1) states very clearly that *all* students, without exception, are entitled to this right and on an 'equal basis with others' (p.2).

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 towards achieving the right to inclusive education, and to education more generally, the UNCPRD 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' (p.1).

Inclusion is understood by the UNCPRD Committee as *a*) a fundamental 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 included 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' (p.3).

The UNCRPD Committee also distinguishes 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 (p.3).

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 the relevant age range with an equitable and participatory learning experience and the environment that best corresponds to their requirements and preferences. (p.3)

The UNCRPD Committee also state several 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 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, for

example:

- 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. (p.4)

In addition, teachers need to be supported, receiving the education and training they need to realise inclusive approaches; all members should be equally welcomed irrespective of sex, gender, ethnicity, and so on; 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.

In short, inclusion cannot occur unless there are structural changes to the class, school, or educational system. However, in a society riven by conflict and marred by high levels of poverty, inclusion which incorporates these core features seems barely possible.

4. Methodology

The research we present here was part of a wider research project on stakeholders' (children, parents and teachers) views and experiences of inclusion of children with disabilities, disability assessment and follow-up support, supervised by a long established, non-governmental campaigning organisation in Palestine. For this article, however, we focus on the experiences of children and young people. We conducted field work in Palestine in April 2019, visiting eight

educational and vocational centres in Bethlehem, Hebron and the South West Bank over a 10-day period. The centres were located in both rural and urban settings.

A mixture of inclusive, qualitative methods was used to facilitate the involvement of children with disabilities, using rights based participatory research methods, in accordance with the aspirations of the Convention (1989), the CPRD (2006) and General Comment 4 (2016).

a. *Method of recruitment*

We began the recruitment process approximately two months before we arrived in Palestine. An employee of the society who worked closely with the centres, and who was our interviewer and interpreter, assisted with the recruitment of children and young people with disabilities from across the eight educational and vocational centres. We asked the employee to share an information letter via post, email or in person with the centre directors, and to provide them with our University's policy on research ethics. We also sought assurance that the centres had child safeguarding policies and certificates of good conduct. Because of time constraints, we requested each centre director to choose the class we would visit, and to give the parents information letters and consent forms so that we had parental consent before we arrived. On our arrival in class or at the vocational centre, the interpreter explained the purpose of the research and sought the children's voluntary participation. When we had our participants, we withdrew to another room where, depending on their preference or ability, our interpreter read or gave the information letter to the participants, stressed again the voluntary nature of their participation, and gave them time ask any questions or withdraw. When he was satisfied that they understood what we were going to do and why, he asked the participants to sign their consent in our presence.

In total, 32 children and young people with disabilities¹¹ took part in the research and were chosen by purposive and opportune sampling (selected by the Director or teachers of the centres). We conducted eight focus groups using a variety of participatory methods (emojis, flash cards, diamond ranking, etc). We sought a diverse range of disabilities, including Autistic Spectrum Condition, visual and hearing impairment and Down Syndrome; from a diverse age range (between 5 and 24); in a range of locations (Bethlehem and Hebron Districts); from refugee and non-refugee centres. The focus groups were conducted in Arabic in private rooms in the centres. The interpreter provided on-going summaries of what the participants said, while we took observation notes.

b. Participatory Methods

There are two key articles in the Convention (1989) that provide a framework for children's participation in research, namely Article 12 and Article 13. Article 12 (respect for the views of the child) states that:

Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously. This right applies at all times, for example during immigration proceedings, housing decisions or the child's day-to-day home life.

Article 13 (freedom of expression) provides that 'Every child must be free to express their thoughts and opinions and to access all kinds of information, as long as it is within the law.

All children have these rights, and these rights have implications for researchers and how they involve children in research about matters that affect their lives. When children are viewed as 'sophisticated thinkers and communicators' (Harcourt and Conroy, 2005: 567), their contributions to

¹¹ We follow the UNCRC in defining a child as a person aged under the age of 18; and the WHO in defining a young person as someone aged between 10-24.

research can provide perspectives on issues that have been missing from traditional research, providing the potential to transform our understanding on matters that affect them and to take action to improve their lives.

Researchers taking a rights based approach have an obligation to carefully consider what it means to include children in their research and what form their participation will take (Mayne et al., 2018).

This requires careful planning and consideration of the ways in which the research information is communicated to potential participants; their level of understanding; opportunities the researcher will provide for children's voices to be heard; and whether the children can affect positive change.

We used the Lundy model of participation (2007) to guide our participatory approach. The model is premised on the idea that Article 12 of the Convention obliges States to assure children of the right to communicate their views, along with the attendant commitment to actively encourage children to discuss their opinions. The right to participation consists of four elements:

Space: children must be given safe, inclusive opportunities to express their views;

Voice: children must be facilitated to express their views;

Audience: the view must be listened to;

Influence: the view must be acted upon, as appropriate. (Lundy, 2007: 933)

We ensured that children were given the opportunity to express their views by providing a safe space away from their teachers. We informed the children at the beginning of the data collection that we would listen to what they had to say and that, as far as we could, would act on what they told us. We used a range of materials to enable the children to choose how to express their views, encouraged them to take as much time as they needed to express their opinions, and listened without interruption to what they had to tell us. Following the research, and based on what they told us, we produced a special educational needs assessment guide and training materials for

teachers, which the Ministry of Education subsequently endorsed, and which are now used in these centres. The children and young people were informed of this success when our interpreter visited their centres.

We used semi-structured and participatory focus groups with the children, using a range of participatory activities, which the children directed by choosing the materials that would best support the inclusion of their voices. The focus groups were audio-recorded on three devices (Dictaphone and mobile phones), and we took extensive observation notes of each session while the interviewer engaged with the children.

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

A doll's house play set was chosen to encourage children and young people to answer our questions by playing with small world toys that represented people, furniture and items that would be used in school.

Photo-elicitation was used by four young people from a vocational centre to express their thoughts, feelings and experiences of inclusion.

Mobile phones enabled children with speech difficulties to type their answer onto their mobile phone and provided security against being overheard by teachers. The typed (unsent) text message was photographed by the researcher and then deleted by the young person.

A picture of a circle of people and outlines of people was specifically designed to explore young people's beliefs about how strongly they belonged to the centre's community.

Emotion cards provided children with a range of faces and words that described emotions. They were asked to choose an emotion word and/or face that best expressed their feelings about their education. The emotion cards were also used to support their verbal responses.

Thumbs up/Thumbs down cards that express pleasure/displeasure and 'yes/no'. The children used these cards for closed questions prior to providing verbal descriptions.

Diamond ranking provided a framework for children and young people to order issues that were most and least important to them.

A feature common to nearly all the children was that they could give only restricted answers. Even when they had emojis or pictures, they frequently touched and examined the items, replaced them, picked up another, and replaced it. As these sessions were unhurried, we had ample time to make observation notes on what the children were doing. When they were prompted to choose an emoji that represented their feelings and to explain the reasons for their choice, it seemed that they did not know what it represented because the explanations did not match the picture. Our impression was 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 own examinations than in answering the questions.

We know that children who attend these centres are rarely, if ever, asked for their opinions, particularly with respect to their education. This was the first time that any kind of research directly involving children had been conducted in these centres. The children were continually told that they ought to be grateful that they had a centre that would educate them, a demand that was confirmed by the mothers (n=12) we interviewed. Having two, non-Arabic speaking researchers from a different country may have also been intimidating, and the teachers were nearby which could also have diminished children's confidence to give fully disclosed responses. Further, participatory methods probably work best when the researchers have the time to develop relationships with the children and thereby gain their trust, an opportunity that we did not have. The children may also have spoken more freely had they been in a different setting. Here, they were in a setting in which adults expect and command authority; saying 'no' or giving honest assessments about their educational experiences to powerful others (the researchers) (Alderson and Morrow, 2011) who

were representing one of their funders and about their teachers to whom they owed their gratitude, may also have silenced the children. Despite these drawbacks, it was to our advantage that many of the children and young people knew the interviewer and interpreter, and liked and trusted him.

As one would expect in semi-structured and participatory focus groups, the questions varied because we followed the direction of the children's responses. Nevertheless, the following questions, adapted to the age of the children, were asked:

Why do you attend the centre? (Choice/say in what matters to the child)

What are your views on attending the centres? On your education and teachers? (Quality of education and level of inclusion)

How do the centres support you? Other children? (Sense of inclusion)

To what extent do you feel that you belong to the centre? The community?

Do teachers consult you on the design of your education? (Voice/consultation/participation)

We entrusted the interpreter, who was very familiar with the research aims and objectives, and with whom we had discussed the interview schedule, to adopt an active style of interpretation in order to ask follow-up questions, and obtain longer, in-depth answers (Plumridge et al, 2012). To help the children feel as comfortable as possible, the interpreter smiled, spoke slowly, checked he understood what the child had said, and used appropriate body language to relax and reassure them.

c. Data Analysis

Using one of the most commonly used methods for analysing and interpreting qualitative data in social research, the data was organised using Braun's and Clarke's (2006) six stages of analysis¹².

Thematic analysis is a basic method that works flexibly with a diverse range of research questions such as the ones we asked here (see b. above), and for minimally 'identifying, analysing and reporting patterns, or themes, within data' (Braun and Clarke, 2006: 77). In compliance with our

¹² 1. Familiarising yourself with the data; 2. Generating codes; 3. Searching for themes; 4. Reviewing themes; 5. Defining and naming themes; 6. Producing the report. Ibid, p86.

research brief on the extent to which children felt they were included in inclusive, equitable education that met their needs as learners with disabilities, our questions sought information on this theme and we thus coded the data to specific research questions. Thus, while this deductive approach inevitably elicited patterned responses from across the respondents, there were variations in those patterns, with differing degrees of emphasis and detail, as one might expect. Young children frequently gave minimal responses ('yes' or 'no'; or pointed to pictures), while young people tended to be more expansive. We began by taking a 'semantic' approach to the analysis meaning that we confined ourselves to the 'surface meanings' of the data and did not look for meaning beyond what a participant had said (stages 1-3 of thematic analysis)(Braun and Clarke, 2006: 83); and moved to 'latent analysis' to examine how the data revealed underlying conceptions of inclusion (stages 4-6) (p84).

d. Ethical Considerations and Consent

Obtaining consent entails two primary ethical considerations: the research relationship and informed consent. With respect to the former, research with children and children with disabilities the quality of the relationship between the researcher and the participant is of paramount importance. The process of consent should involve building a rapport with the child that is based on respect and trust, honesty, and care for their wellbeing, and can be obtained by employing playful methods of enquiry such as those typically used by child's rights participatory researchers (Alderson and Morrow, 2011). Obtaining informed consent is a legal, as well as a moral obligation, and prevents discrimination against disabled and disadvantaged children in accordance with Article 2 of the UNCRC, and the risk of exploitation and abuse (Articles 19, 32, 36 and 37). According to Beazely et al (2009: 370, cited in Alderson and Morrow, 2011: 102) children have the right to be 'properly researched': 'being participants in research, using methods that make it easy to express their opinions, views and experiences ...'. Consent should take cognisance of the child's capacity to give

consent, the extent to which it is in the child's best interest to do so, balanced with the public interest (Scott, Wishart and Bowyer, 2006).

It used to be thought that children with learning difficulties lacked the capacity to give consent. Now, however, a child is 'Gillick-competent' when the child 'achieves a sufficient understanding and intelligence to enable him or her to understand fully what is proposed' and has 'sufficient discretion to enable him or her to make a wise choice in his or her own interests' (Morrow and Richards, 1996: 96). The child must also possess enough information to make the decision voluntarily and free from coercion. In research with children with communication and learning difficulties, ensuring that the child can give consent on these terms can be challenging. Nevertheless, researchers can increase the capacity of children to give consent by simplifying the decision-making process into key parts, using uncomplicated statements and simplified language, employing multiple means to present the information (video formats and pictorial representations, for example), and by giving the child time to absorb the information (Brooks and Davies, 2008; Alderson and Morrow, 2011). Familiarity is also important. As we explained above, children who know and trust the researcher are more likely to share their experiences. It is also important to take account of the social personal and cultural environments in which the child grows up. Restrictive environments in which the child is rarely consulted or given a choice, or in which poor choices or unpopular answers can result in negative consequences, may mean that the child is unaccustomed to choosing freely and autonomously (Harris, 2003). Stigma and prejudicial stereotypes about disability may also inhibit children from giving informed consent and having experience in choosing.

In this research, while the UK researchers could not hope to develop the research relationship described above, our interpreter-interviewer knew the children well. Their mutual respect and trust were apparent, and he took time and care to explain the research, including that they could they refuse to take part. The children (and their parents/guardians if aged 18 and under) were given a

consent form that followed Mencap's¹³ (UK) guidelines for writing easy-to-read documents for people with a learning difficulty to ensure that they could make an informed decision about participation. Children were asked to sign or make a personal mark on the consent form. The recruitment and information letters, consent forms and confidentiality agreements for children and adults were translated into Arabic and followed the principles of uncomplicated sentences and simple language, step-by-step explanations of the research, which were pictorially represented.

e. Confidentiality and Anonymity

The privacy of the children who took part in focus groups, photo-elicitation, and participatory research methods were protected through the provision of confidentiality measures: activities took place in a private room with a closed door with other participants, the researchers and interpreter; a confidentiality agreement was signed by the interpreter and by participants taking part in the activities; audio recordings were transcribed and anonymised with pseudonyms following each activity; transcriptions had all identifying information removed and were deleted following data analysis; only the researchers and interpreter had access to the transcriptions and audio; and the translator of the audio-recordings signed a confidentiality agreement. Participants who 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 their privacy was not compromised, the children were asked not to include any personal details in any of their responses.

Ethical approval for the research, including the research instruments, interview schedule, information and consent letters, were approved the ethics committee of XXX

¹³ A UK charity that supports people with learning disabilities. <http://www.accessibleinfo.co.uk/pdfs/Making-Myself-Clear.pdf>

5. Discussion of the Findings

a. The quality of education and vocational training

We wanted to know if the children understood why they attended the centre. Many of the children were unsure about why they were attending because neither the centre staff nor their family had discussed their choice of educational placement with them. In one centre, we spoke to four young people aged 8-25 (one participant gave his age as '8' but was clearly older than this). One interviewee was asked why he attended the centre:

My mother sent me; I have nothing to do with it. I don't know anything about the centre. My mother won't even tell me. I am bored here.

A young woman at one of the vocational centres was unhappy with the approach taken to her education and felt that she was working for no reward or pay. The young people in this centre made items that were sold by the centre to raise money but received none of the income. Nevertheless, they were expected to stay focused on the labour with no time set aside for leisure activities that, they believed, other young people in mainstream schools would get. Further, because they were made to work, they did not receive the type of education that other children enjoyed, such as time for play and learning to read. Being unable to read both hinders young people's participation in society and their ability to access their rights, as this young woman with multiple disabilities explained to us in a series of text (unsent) messages:

I'm bored and tired. I'm not a beggar. I want something in return for my work, they wasted it all. Am I a 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.

Some 15- and 16- year old children were still being taught the alphabet, even though they reported being bored, unchallenged and keen to acquire new skills. Indeed, many of the young people told us that their lessons were repetitive and that their teachers did not have high expectations of their

learning abilities. The centres were under-resourced, and children had no access to computers or the internet.

The majority of primary aged children, however, enjoyed school, thought that their learning was good, and were excited to be there. One notable exception, however, was a small rural centre which educated autistic and children with Down Syndrome. We observed one class of five children. One child was tied to his wheelchair and to the window to prevent him from banging cupboard doors; one child perpetually stimmed; and the other two sat quietly and without moving. It was clear that the children were either under- or over- stimulated, and that the lessons were unstructured and chaotic. One of the children was a 16-year-old boy with Down Syndrome boy who was angry, frustrated and bored, and was used by his teacher to physically discipline other children. This was the most egregious example of poor care and teaching, and lack of respect for the dignity of the children. The expectations of the children's abilities were so low that even in our presence they did not appear to be taught in any kind of systematic, planned or coherent way, or with much enthusiasm. This was a persistent feature of these children's school experience¹⁴.

b. A sense of belonging

Many of the children were aware of their differences to other children who attended mainstream school. We visited a vocational centre which trained young people to make a variety of goods such as paper and carpets. When asked why they attended the centre (focus group interview), they explained that it was because they were not 'normal'. We asked them to explain why they thought of themselves in this way and their replies included that many people in the community 'shunned' them, closed their doors when they went by, or 'shooed' them away if they came too close. A number of them also reported that they were 'locked' in the house if their mother was out or

¹⁴ In fact, so poor was the teaching that our evidence was forward to the local municipality. Permanent members of staff reported this state of affairs to us.

sleeping. This view of self is dehumanising and is reinforced by wider societal views on disability.

Thankfully, however, this centre was very supportive of its young people and our participants reported that they were happy and enjoyed their work; they were remunerated with small amounts of money which made them feel that they were contributing to family finances, as well as the local economy (laundry, restaurants and tourist shops).

In another vocational centre, we asked the young people (four participants, aged 14-19) to use a cut-out to show us where they felt they belonged within their educational community (designated by the circle of people). As can be seen from the pictures, only one person placed the figure in the centre.

The young people's sense of not belonging was reflected in their explanations. For example:

Interviewer: This picture is about people around you and where you see yourself among these people ... do you see yourself in the centre? Outside?

Young person A: I put myself outside.

Interviewer: Do you see yourself outside the circle or with people?

Young person B: No, not with people. I don't belong.

The only reasons they could give for this sense of not-belonging was that their disability marked them out as being different and that they were hard to accept. It seemed to us that they struggled to explain why they felt marginalised because this was simply how things were (Harris, 2003). The young person who did place the figure in the centre explained that his teachers 'like' him and that he felt he belonged in his community. Unlike the centre discussed above, three of the four young people who participated in this focus group discussion were not happy in the centre. The work was repetitive, did not match their interests, and they were not paid, all of which contributed to their sense that they were different and unwanted. Children's feelings of belonging within schools has a significant impact on their education and well-being. Research has consistently shown that children who feel secure and that they belong in their school environment do better educationally than those who do not. Children with a low sense of belonging have lower educational outcomes and are more at risk of poor mental health and risky behaviours, such as violence and substance misuse, than children who have a sense of belonging (OECD, 2015).

c. Children's views about what is important in their education

Children and young people from across the centres were asked what they thought was important to their education. Being included, valued and consulted on the curriculum were common responses. Four children (aged 8-10) in one centre engaged in a diamond ranking activity in which they were asked to rank what they felt was the most and least important aspects of their education. They struggled to choose the specified number of cards for each level of importance, most particularly the 'least important' (see table 1). They rated being 'included in decisions' and 'having a say' about their education as being very important. Learning about good behaviour was ranked highly by all, and the card was placed in either 'very important' or 'important row'. 'Friendships' and 'joining in with

peers' 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.

	Child 1	Child 2	Child 3	Child 4
Most important (one choice)	Belonging to a community	Belonging to a community	Having a say	Feeling confident
Very important (two choices)	Included in decisions	Included in decisions	Friendship	Included in decisions
	Independence	Joining in with peers	Joining in with peers	Independence
		Learning good behaviour		
Important (three choices)	Learning good behaviour	Friendships	Learning good behaviour	Learning good behaviour
	Joining in with peers	Life skills	Learning	Joining in with peers
	Skills for a job	Independence	Independence	Having a say
Not as important (two choices)	Feeling confident	Feeling confident	Belonging to a community	Belonging to a community
	Life skills	Skills for a job	Life skills	ARABIC WORD?
	Friendships			
	Having a say			

Least important (one choice)			Feeling confident	Life skills
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In another centre, six boys (aged 8-12, described as having learning difficulties) took part in a range of activities to explore their sense of belonging. We read out a number of statements to which they reply using 'thumbs up/thumbs down'. On being asked whether they felt 'included', three agreed that they did; three that they did not. They were also split on whether they could set their own goals; three said they could; three disagreed. When we asked them to select emotion pictures (expressive faces with matching words) about how they felt in school, the boys selected 'upset', 'confused', 'bored', 'loved', 'nervous', 'happy' and 'proud' (they could choose more than one picture). Similarly, when we asked them about their relationships with their teachers, the selection was also mixed: 'upset', 'relaxed', 'frustrated', 'happy', 'terrified', 'upset'. We sought to understand why they felt in these ways, but the children struggled to give extended answers; mindful that the child may have been unaccustomed to having their views sought, and careful not to distress them, we did not push them.

d. A sense of security and safety

A dominant theme that emerged from the research was that violence and aggression within school and the children's communities was common. This is not surprising given that the schools are in the West Bank, an area of conflict as we discussed in the introduction. Many of the children reported that they had experienced physical violent behaviour from persons in positions of authority (parents, soldiers and teachers). One young person (aged 16), for example, who had moved to the centre from a mainstream school reflected on his time there telling us that he had experienced physical violence from his teachers. On one occasion he had forgotten his schoolbooks; instead of staying in

school, he went home to get his books. When the Principal learned that he had left without permission, she punished the child by hitting him with an iron ruler:

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

Interviewer: By whom?

Child: By the teacher; she uses an iron ruler. ... The teachers, they hit really hard and it hurts a lot.

Although reports of physical violence in the centres were few, there were numerous accounts of teachers being verbally abusive towards the children which, the children reported, has an impact on how they view their teachers, their sense of belonging and overall happiness.

Interviewer: How does Mr [name of the teacher] make you feel?

Child A: Every time he sees me, he starts getting furious with me. When I tidy up ... he starts to get angry with me.

Child B: They keep screaming and I remain silent That's why I don't like teachers This [name of teacher] makes me feel unhappy.

Child C: 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 because he was experiencing physical violence from another pupil. The teacher had failed to deal with this behaviour appropriately and to keep the boy safe from physical harm. She had also failed to teach the other child that violence towards others was not acceptable:

Interviewer: You tell me that there are many good things in school so why are you upset?

Child: Because there's someone called [name of the person] from [name of the place] who hits me. The teacher does not stop him.

Other children also commented on the behaviour of other children in their classes and how the teachers' behaviour management approaches were not adequate to deal with disruptive behaviour:

Child: Some are polite, and some aren't ... some are naughty, and are disruptive during morning activities. 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 significant impact on the mental health of children, as reported by the teachers, parents and children in the study (and see WHO, 2019). The fear and upset caused by these visits have a detrimental impact on their education such that their low mood hinders their full participation in class. In one centre in which we were conducting a focus group, the children (six boys, aged 12-15) reported that they were 'happy' but were unsettled because Israeli soldiers had been in their neighbourhood the day before:

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 because the army came to their neighbourhood yesterday.

Interviewer: Is that correct? The army were around yesterday?

Child: Yes.

The children were subdued and did not expand to the answers they provided us. Naturally, we did not want to draw the children out on their experiences because we are aware of the extensive evidence that shows that exposure to conflict increases mental health problems among children,

including depression, anxiety, and that there are high prevalence rates of Post-traumatic Stress Disorder (58-80%) among war affected children (Punamaki et al, 2015).

5. Discussion

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 the Convention 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.

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.

It is fair to say that there seems to be a continuing 'failure to understand or implement the Human Rights model of disability' (UNCPRD, 2016: 4), 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 (and which the teachers reported to us during their interviews). 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 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 noise, inappropriate lighting, being confined or made to repeat tasks that did not enhance their learning, and restrictions on pursuing their interests¹⁵.

It is difficult to say whether there is ‘persistent discrimination’ (UNCPRD, 2006) against persons with disabilities in the centres. However, if an aspect of discrimination is taken to mean having low expectations on account primarily of beliefs about disability, then prejudicial stereotypes will go unchallenged, and culpable discrimination will be the result. 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. The majority of teachers expressed ‘love’ for and ‘fondness’ of their work, and for the children with whom they worked, but these sentiments could be regarded as ‘charitable’ and ‘benevolent’, and as principally deriving from prevailing Islamic thought on charitable acts (as explained to us by colleagues in the centres).

Systemic problems at a ‘whole system level’, a ‘whole educational environment’ and ‘whole person approach’ hampered children’s effective inclusion (UNCPRD, 2006). We found evidence of low expectations in almost all centres, which breach 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 another vocational centre, an adolescent revealed that teachers were

¹⁵ This was acutely clear from our observations of classes, and discussions with teachers and support staff. We will report on this in further publications.

verbally abusive, even when the young people were trying to be helpful. They were also bored with the work, the work was not of their choosing, but were compelled to do it – 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 only because he was old enough to retaliate. The level of disaffection within one of the vocational centres was apparent.

Violence and aggression are not conducive to inclusion; indeed, these acts signify a lack of respect for the dignity of the person and a disregard for their right not to be demeaned or exploited. Article 29 of the Convention (The Aims of Education) and General Comment 4 (UNCPRD, 2016) promote, support and protect the core values of the innate human dignity of every child, along with her equal and inalienable rights. To help protect and nourish these core values, the aims of education should holistically develop the ‘the full potential of the child’ (29 (1) (a)), encourage respect for human rights (29 (1) (b)), enhance the child’s ‘sense of identity and affiliation’ (29 (1) (c)), and her or his ‘socialization and interaction with others’ (29 (1) (d)). A quality, equitable and inclusive education should, according to Article 28, be ‘child-centred, child-friendly and empowering’, provide the child with ‘life skills, to strengthen the child’s capacity to enjoy the full range of human rights and to promote a culture which is infused by appropriate human rights values’ (General Comment 1(2)(a)). General Comment 1 (Article 29, 2001) also records that education should empower the child by developing ‘his or her skills, learning and other capacities, human dignity, self-esteem and self-confidence’. Article 29 (1) applies to all children but is especially important for those living in conflict since their rights are too readily ignored, undermined, or not even understood as existing for children, let alone for children with disabilities. As we have reported here, these aims, for a myriad of complex reasons, are not being fulfilled, and inclusion as advanced by the UNCPRD Committee, is far from being realised.

6. Conclusion

Despite the undoubted hardships, and with respect to teacher-to-child interactions, there is a rich seam of literature on inclusion that demonstrates that children and young people with disabilities can learn if creative approaches to teaching and learning are adopted, and if teachers develop an attitude that this is possible (Pantic and Florian, 2015). Flexible curricula and teaching and learning methods adapted to different strengths, requirements and learning preferences, can also help children and young people with disabilities feel included, valued, and respected in their educational settings. The provision of support, reasonable accommodation and early intervention so that all learners are able to fulfil their potential is a further step to realising the aspirations of Article 29, General Comment 4 (2016), and the Palestinian government's own policies and laws on effective and equitable inclusion. Focusing on learners' actual capacities and aspirations, rather than on teachers' beliefs on what children apparently cannot do, as well as on content when planning teaching activities, would also be highly effective in achieving these goals, along with accessible learning environments with appropriate supports and design – lighting, noise, visual design, tactile and therapeutic objects.

The circumstances of Palestine are difficult, challenging, and almost intractable. Honouring the rights of all citizens is an issue of moral and ethical principle; honouring them for the most vulnerable should be a binding duty. Education is a key means by which knowledge and understanding of, and respect for children's rights can be promoted, protected and valued, but the aims of inclusive and equitable education are difficult to realise in principle and practice, and very difficult in circumstances of chronic and acute occupation. However, there are simple and effective ways by which children's rights can be achieved and sustained: by respecting the child as a child who has capacity, skills, talents, and potential; and by ensuring that the child is included at a whole system and whole educational level, and as a whole person.

Acknowledgements

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