

RESEARCH  
REPORT  
OF GOOD  
GOVERNANCE  
AFRICA,  
WEST AFRICA

# Strengthening Inclusive **EDUCATION IN GHANA**



# GOOD GOVERNANCE AFRICA

## FINAL REPORT



### STRENGTHENING INCLUSIVE EDUCATION IN GHANA

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# **STRENGTHENING INCLUSIVE EDUCATION IN GHANA**

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### **About Good Governance Africa**

Founded in 2012, the Good Governance Africa is a registered Not for Profit Organization (NPO) with centers in Accra, Ghana covering Anglophone West Africa except for Nigeria which has an independent center in Lagos. For Southern Africa, GGA has centers in Johannesburg, South Africa and Harare, Zimbabwe. New centers have been opened at Goree Institute in Dakar, Senegal to cover Francophone West Africa and Addis Ababa, Ethiopia called the AU Centre.

Good Governance Africa aims to promote good governance in Africa through applied research and critical debate (advocacy). Our publications include Africa in Fact, the African Survey and other projects. Research areas include local governance, land and natural resources, early childhood education and national security. GGA West Africa is also concerned with the promotion of local economic development, urban governance, right to information, justice and accountability, innovation, environmental sustainability (including climate change issues) and leadership.

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## EXECUTIVE SUMMARY

Ghana's education system is considered to be one of the most progressive in Africa. UNESCO Global Monitoring Report on Education for All lists Ghana as one of the three top performing countries in the world for reducing out-of-school populations by at least 85% over the past five years. Despite this remarkable progress in primary education, challenges still remain. Education stakeholders in Ghana note with concern that inclusion of children with special needs within the mainstream education system is limited and as such access to quality education remains a challenge for children with varied forms of disabilities in Ghana. The latest population survey for Ghana (2010) showed that 64% of children with disabilities are attending school compared to 81% of children without a disability and that 28% of children with disabilities have never attended school compared to 14% of children without disabilities. Teachers in Ghana struggle to teach children with special needs. Further, as a social issue, according to UNICEF, children with disabilities face great discrimination and stigma in Ghana than other groups. Many families hide children with special needs at home because having a disability is a shameful thing for the child and the family, as it is considered to be a punishment.

This paper is to respond to these identified gaps with regards to special needs education. The action dubbed GGA SEN seeks to contribute to equitable access to education for students with special educational needs within mainstream schools by providing skills, resources and materials for educators, parents/caregivers, healthcare providers and children with disabilities to achieve improvements in education, care and support of children with special needs as well in care and support for children with special needs) and affecting change in attitudes amongst the wider community. GGA SEN is focused around two Resource Centres acting as community hubs. GGA SEN will pilot this approach in order to inform future government policy and programming. The project will run for a period of 24 months in two Districts of Ghana.

GGA SEN combines the experience of GGA in both the education and disability sectors with the skills and experience of existing technical experts from amongst partner organizations from civil society, government, education and health sectors. In particular, GGA will engage MOE, GES, Ghana Union of the Blind, Ghana National Union of the Deaf (specialising in Deaf education and Ghana Sign Language, THT theatre group of people with disabilities that uses drama for public sensitisation, the National Paralympic Committee of Ghana (NPC Ghana) that effectively uses sport for social inclusion. Complementary initiatives such as the positive-parenting aspects of the work. This paper also discussed the effect of the COVID 19 on school closures and how this affects children with disabilities.

## ACKNOWLEDGEMENT

**T**he Good Governance Africa (GGA) will like to extend its appreciation to all the Ghana education sector agencies particularly those overseeing the administration of early childhood and primary education for their continuous support to the Centre in its work in Ghana. Indeed, the Ghana Education Service and its allied agencies have shown great resolve in welcoming ideas that seek to reform the special and inclusive education sub-sector of Ghana's education system. Your exemplary leadership in readily making available documents on various education reforms has gone a long way to aid the writing of this report. The Research Team duly acknowledges and appreciates your kind gesture.

To our two-member research team i.e. Dr. Kingsley Arkorful and Ms. Gifty Obeng, the Centre says "ayekoo" and well done. Your resolve to work on this report and get the findings finalised in time to aid GGA's further advocacy engagements on ensuring inclusivity in Ghana's education system amid the corona virus pandemic is laudable and well appreciated.

The Centre also extends an appreciation to the rest of the GGA West Africa Team who coordinated, reviewed and edited this report. Together, we will continue to push for reforms in Ghana's education system to help the country consolidate the enviable gains it has made over the years. The Findings contained in this report will undoubtedly aid our advocacy engagement with the various stakeholders in the special and inclusive education sub-sector of the Ghana education system going forward and the Centre hereby charges you all to continue to support the process.

Thank you.



**Tina Asante-Apeatu**  
*Executive Director(GGA - West Africa)*

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## 1.1 INTRODUCTION AND BACKGROUND

Ghana's education system is considered to be one of the most progressive in Africa. In 2004 the government introduced free compulsory education for the first nine years of school for all Ghanaian children with the initiative being increased to 12 years in 2017. UNESCO Global Monitoring Report on Education for All lists Ghana as one of the three top performing countries in the world for reducing out-of-school populations by at least 85% over the past five years. Overall the country is considered to be on track towards achievement of universal access to primary education for both boys and girls.

Special Education, as a descriptive term, covers an array of possible conditions, ranging from learning disabilities and Attention Deficit Disorder to autism and deafness, and on to severe intellectual and physical handicaps, many of which are, in turn, on continuums of their own. How can districts best serve this particular population of learners? Identification of children for special education services has long been associated with socio-economic levels and ethnicity, a problem that districts must be aware of and attempt to ameliorate since research shows placement in Special Education can have long-term implications for children well into adulthood. Probably the most critical – and debated – question is that of inclusion. Some argue that inclusion is not the best option for some categories, while others envision a system of total inclusion in which all children are served in the regular classroom. Special education students have special needs and how best to meet those needs in the general education setting is a challenge, one that research demonstrates not all teachers are rising to. Problems with the gap between documented best practices and what actually occurs in the classroom are evident, as are issues with ability grouping which can undermine some of the benefits such grouping provides.

This research report takes a broad sweep at the special and inclusive education sector in Ghana's education system and how GGA can effectively intervene in the sector. The paper is based on a desk study of available literature and research in the area of inclusive education. The paper looks at the Ghana Education Strategic Plan in terms of achievements within the sector and plans for inclusive education in Ghana. It also reviews the literature on barriers to inclusive education in Ghana and other like regions. Chapter 3 and 4 discuss inclusive education in the COVID 19 era and the challenges faced by children with special education needs in these challenging times. The next two chapters discuss the literature and other studies on the concept of inclusion, the challenges to effective identification and the best practices in differentiated instruction. The paper also discusses GGA proposed interventions for implementation to address the gaps identified in the research.

## INCLUSIVE EDUCATION IN GHANA'S EDUCATION STRATEGIC PLAN

Inclusive and special education is one of the seven pillars of the education system and as such included in the ESP 2018-2030. The target for Inclusive and special education under the ESP 2018-2030 is to “Improve access for persons with disability, the vulnerable and the talented”. Inclusive education concerns the provision of education for both children with disabilities who are already in and out of school. The Ministry and relevant stakeholders agree with the new direction on inclusive education and is gradually moving towards an inclusive education system. The ESP over the medium term has absorbed the Inclusive Education Policy and its medium term costed implementation plan. The table below indicates the number of the different types of special education schools that exist and how this has developed over time.

**Table 1: Numbers of Special Schools and Enrolment**

TYPE OF SPECIAL SCHOOL	2016/17			2017/18			2018/19		
	Tot. School	Reported	Enrol	Tot. School	Reported	Enrol	Tot. School	Reported	Enrol
Hearing impaired+	13	13	4222	13	13	4329	13	13	4542
Visually impaired++	7	7	759	7	7	753	7	7	737
Intellectually disabled+	12	12	1321	12	12	1382	12	12	1605
Hearing impaired SHS	1	1	387	1	1	403	1	1	493
Integrated SHS	8	8	210	8	8	235	8	8	243
<b>Total (excluding duplicates)</b>	41	41	6899	41	41	7102	41	41	7,620
<b>Schools in more than one category</b>	8	8		8	8		8	8	

+One private school included in this figure

++ Five of the seven schools recorded in 2015/16 are solely for the visually impaired; the remainder are units within other schools

\* This figure does not include the enrolment of 733 pupils across 26 basic schools that are unit schools (i.e. integrate the intellectually disabled within their school)

## 2.1 ACHIEVEMENTS IN THE SECTOR

The Special Education Division in collaboration with Royal Dutch Visio, Ghana Health Service, and Department of Children has completed a stakeholder meeting and has developed a draft proposal on early Intervention for Children with Visually Impairment (0-6yrs) in Six Districts in the country. The selection of the Districts was based on the availability of School/Unit for the Blind. The Districts include Akwapim North; Wa Municipal; Cape Coast Metro; Tano North; North Tongu and Hohoe Municipal. Currently, the Division with support from Royal Dutch Visio has begun training teachers in Schools for the Blind on early detection.

The SpED unit is working to establish or convert part of existing structures to resource centres, which is planned under the Disability Trust Fund support as part of the development of the comprehensive basic education improvement programme to promote an inclusive education. The Ministry working with relevant stakeholders in the space of addressing needs of PWDs have received a grant of USD 250,000 under the Global Disability Trust Fund. This initiative was made possible by the collaborative efforts of World Bank, UNICEF and the SPED of GES. This fund will support to conduct a reverse study tour/workshop on best practices for transforming existing institutions into IE resource centers and to develop and cost a strategy to convert existing special schools / regional assessment centers into IE resource centers, with an emphasis on PPP arrangements.

The SpED of the GES in collaboration with the HIV/AIDS secretariat and School/Health Education Programme Unit (SHEP) and with support from UNESCO has completed the production of Fifty (50) braille copies each of the following manuals: (i) the Alert School Model Manual (ii) Assertiveness; (iii) The Risk game (iv) Kojo, Ama& Musa Story; (v) The Power Model (vi) The STI Quiz. These manuals will be used by teachers in Schools for the blind to educate pupils on HIV/AIDS. These materials have been distributed to the two main schools for the blind and the four-unit schools. Through a consultative meeting with relevant stakeholder a Safe School Resource pack developed by Guidance and Counselling Unit was adapted to suit the needs of the Special Schools. A draft document has since been developed and is currently undergoing reviews.

A manual providing the minimum standards for disability friendly school infrastructure has been produced and disseminated.

In addition, the National Assessment Centre has conducted health assessment for some students from across the ten regions. The Centre screened them and those who needed further assessment were referred to appropriate health facilities. Those whose issues could be dealt with easily at their level were looked at and discharged. The centre assessed a total number of 107 children made up of 66 boys and 41 girls in 2017/18 academic year. The total number of children assessed for 2018/19 academic year stands at 286 (Boys: 138; Girls: 149). Out of this, 36 boys and 43 girls have been referred for further assessment while a total 115 (Boys: 55; Girls: 60) have been placed appropriately. The table below gives the breakdown.

CONDITION	2017/18			2018/19		
	Male	Female	Total	Male	Female	Total
Hearing Impairment	19	10	29	41	21	62
Intellectual disability	40	23	63	37	35	72
Speech Disorder	0	1	1	-	-	-
Visual Impairment	3	1	4	11	15	26
Autism	0	2	2	20	21	41
Cerebral Palsy	0	2	2	10	22	32
Multiple Disability	1	0	1	-	-	-
Learning Difficulty	3	2	5	14	28	42
Physical Disabilities				4	7	11
<b>TOTAL</b>	<b>66</b>	<b>41</b>	<b>107</b>	<b>139</b>	<b>149</b>	<b>286</b>

Table 2

The Division, with support from UNICEF/USAID has revamped the 10 Regional Assessment Centres. As a result, the centres have been given supplied with assorted assistive devices (wheelchairs, crutches, hearing aids, spectacles, walking sticks) and basic screening materials. In addition, GES has procured 12 audiometers for hearing assessment and has since been distributed to the 10 RAC and the National Assessment Centre.

In order to promote inclusive practices in our schools, the Division in collaboration with UNICEF has developed an IE INSET Module to be use for in-service training for teachers. Currently, 50,000 copies of the INSET Module have been printed for distribution.

The IE policy requires that every child be included no matter his/her circumstance. In view of this, there was the need to create a conducive environment for everyone to learn sign language so that the Deaf is not excluded in our schools and communities. To achieve this, the Division in collaboration with relevant stakeholders has developed a harmonized Ghanaian Sign Language Dictionary. Currently, with the support from UNICEF, 10,000 copies of the dictionary have been printed and ready for distribution.

UNICEF facilitated mainstreaming inclusion in the pre-service teacher education curriculum reform, and the development and availability of an inclusive education in-service teacher training module. Based on UNICEF experience in early health screening in 20 districts and related advocacy, GHS and GES led the drafting of a national school health screening policy, applying an inclusive lens for primary and secondary schools. Ghana's work on inclusive education was acknowledged internationally, including the Global Partnership for Education financing conference, Technical Round Table hosted by IIEP-UNESCO, and learning clinic for policymakers and implementers in sub-Saharan Africa organized by the World Bank.

Despite this remarkable progress in special and inclusive education, challenges still remain. Education stakeholders in Ghana note with concern that inclusion of children with special needs within the mainstream education system is limited and as such access to quality education remains a challenge for children with varied forms of disabilities in Ghana. The world report on disability by World Health Organization (WHO) indicates that young people with disabilities are less likely to be in school than their peers without disabilities with the pattern being more pronounced in countries such as Ghana. The many barriers that hinder children with disabilities from accessing quality education in Ghana can be categorized under systemic and school-based problems as well as social and community related challenges.

### 3.1 SYSTEM-WIDE PROBLEMS

In Ghana, education, care and support for children with disabilities falls under separate ministries including Ministry of Education, Ministry of Local Government and Rural Development), and Ministry of Gender and Social Protection. Overall, education for children with disabilities has not been well coordinated, there is a lack of strong collaboration between different ministries with a mandate touching on children with disabilities. The ESP notes this and proposes strong coordination between different ministries and agencies beyond the education sector, particularly those in the Health, Social Protection and Local Governance sectors. Although Ghana has taken significant steps towards establishing a national SEN strategy, limited resources combined with lack of technical ability as well as continuing community misconceptions has meant that progress in many areas remains slow.

### 3.2 LACK OF ACCURATE DATA ON CHILDREN WITH SPECIAL NEEDS

According to the Population and Housing Census 2010, the overall prevalence of children with disabilities aged between 4-17 years old in Ghana is 1.6% or 130,000 children with wide regional disparities; however, this may be underestimated due to low detection rates. However, enrolment of children with disabilities ranges from just 0.2% to 0.4% of total enrolment between Kindergarten and Senior High School. Children with disabilities have lower attendance rates compared to children without disabilities at all levels of pre-tertiary education, and the lowest attendance rates are at the Senior High School and Technical and Vocational Education and Training levels. It is also clear that children with disabilities are not progressing through the education system and a large proportion of those enrolled are overage. The lack of facilities in basic and secondary schools disproportionately affect children with disabilities with almost no regular basic schools having rails, and only 8% equipped with ramps. There has been anecdotal evidence to suggest that there is stigma toward children with disabilities.

The proportion of trained teachers in special schools is higher than that in regular schools and pupil-teacher ratios are lower in special schools compared to regular schools, ranging from 7 to 11.

There are consistent gaps in learning outcomes in reading, writing and math for pupils with and without disabilities; these differences are particularly stark for writing in Ghanaian languages and Mathematics, but exist across all other areas as well. Data collection for inclusive and special education is limited leading to an inability to effectively diagnose this sector and reliance on national level surveys. This sub-sector is also severely underfunded: in 2015, only 0.6% of total recurrent education expenditure was spent on inclusive and special education, which is concerning given the extra needs of the learners concerned. Whilst this data provides a general picture of the extent of disability amongst children and their general access to education, data at local authority level is yet to be published. Moreover, qualitative information about the factors influencing access to education by children with disabilities is also extremely limited.

### 3.3 IDENTIFICATION: GETTING IT RIGHT

No discussion of Special Education can avoid addressing the problems inherent in identifying children who need services. Over-representation of marginalised groups, and children of poverty in Special Education is a national issue and one that education officials must keep at the forefront as they seek to develop protocols for identification because that identification, however well-intentioned, can have a negative long-term impact on the child. On the continuum of disabilities, identification becomes more problematic the less obvious the disability is. A child who is deaf and blind obviously qualifies for services, while one who might have a learning disability requires more examination. A recent study in the United States compared students identified between grades 1 and 8 for Special Education with their matched peers who were not so identified and tracked their outcomes as adults in a number of areas including educational attainment, emotional health, and incarceration rates. While this was only one city, the results were striking and offer at least an invitation to caution. Students who were identified for placement in Special Education were:

- More likely overall to work entry-level, low-paying jobs with little chance of promotion;
- Thirty-nine percent less likely to graduate from high school and had fewer years of education overall;
- Fifty-five percent more likely to be incarcerated;
- Sixty-nine percent more likely to misuse substances;
- One hundred thirty-three percent (133%) more likely to suffer depression if their special education placement occurred between grades four and eight.

Placement in lower grades was not associated with an increase in depression rates (Chesmore, Ou & Reynolds, 2016). Further research would be necessary to determine the degree to which these findings apply in other countries, and it should be noted that these students were all minorities from a high poverty area, so it is possible the placement in special education compounded other issues. However, given the fact that poverty and minority status has led to over-representation in special education programming, this study should give educators and school psychologists pause for consideration. Getting it wrong may have a very real, life-long, negative impact.

### 3.4 SCHOOL CAPACITY

Teachers in Ghana struggle to teach children with special needs. Most educators lack the skills required to achieve inclusive education within the mainstream education system in the country. MOE acknowledges in the Education Strategic Plan (ESP 2018-2030), that special needs education has not been given sufficient attention. One of the challenges noted under the ESP, is that most schools and learning institutions are not adequately equipped with appropriate facilities, learning materials and teaching aids to integrate children with special needs.

In Ghana, teachers have challenges in time and resources required to support learners with disabilities. In a resource-constrained setting, classrooms are typically overcrowded and there is a severe shortage of well trained teachers capable of routinely handling the individual needs of children with disabilities. The Ghana Education Service (GES) has been able to provide short-term, generalized in-service teacher-training to a limited number of teachers along with training provided by international agencies such as UNICEF and generalized training has also been taking place at the level of Colleges of Education.

Specialist skills for the education of particular groups of children with special needs continues to be the greatest gap. For instance, only a small handful of teachers exist in Ghana that are capable of teaching and teaching through Sign Language and Braille or using the very specialist methodologies required for teaching children with intellectual disabilities.

As a result of lack of ability of mainstream schools to welcome children with disabilities, relatively few children with special learning needs attend their local mainstream school and if they do, often drop-out quickly. Many children with disabilities attend special schools and centres. Such centres are mostly privately owned (either faith based, non-governmental or private) are often too costly or inaccessible for most parents with children with special needs. Most do not employ qualified teachers and lack basic resources. The ESP notes that special schools for children with more severe disabilities also need to be adequately resourced and supported.

Often, the skills required to work with children with disabilities exist in the growing civil society movement in Ghana as well as amongst the independent schools/centres. However, partnership between government, civil society and special schools/centres and accessing this potential pool of experts is not yet adopted as a strategy for developing the sector.

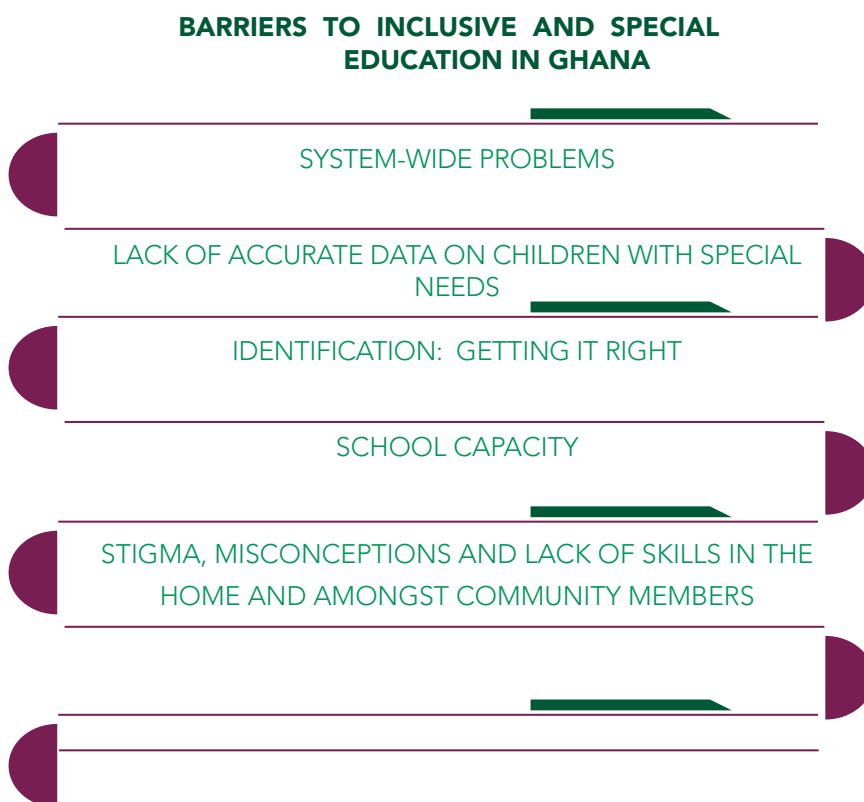
### 3.5 STIGMA, MISCONCEPTIONS AND LACK OF SKILLS IN THE HOME AND AMONGST COMMUNITY MEMBERS

According to UNICEF, a recent national census on people living with disabilities found that despite improvements in national legislation, people and especially children who live with disabilities face great discrimination and stigma in Ghana. They are often hidden and treated as outcasts, particularly if their disability is severe. Many families hide children with special needs at home because having a disability is a shameful thing for the child and the family, as it is considered to be a punishment

In Ghana children with disabilities typically face discrimination and are excluded from many

aspects of community life. The task of caregiving can be overwhelming at times. Caregivers experience mixed emotions such as feelings of loss, anxiety, frustration and guilt. Poor families often discover that they are unable to cope with disability and children can be neglected or even abandoned. Moreover, for many parents of children with disabilities, their desire to protect their children from harm and further discrimination often result in parents keeping their children at home rather than send their children to a school that is not able or not willing to receive them. Involvement of parents of children with disabilities in schools so that they can influence and support the school to welcome their children is still very weak.

The National Council of Persons with Disabilities (NCPD) and Community Health Workers (CHWs) are key resources for addressing such negative misconceptions and encouraging parents to seek access to appropriate education, care and support for their children. However, even amongst these dedicated local community representatives and volunteers there is a lack of understanding of the full range and potential of these children due to lack of training in this area.





Covid-19 has the potential to be a global disaster for children with special needs and disabilities, particularly in low-income countries. The scale of the overall challenge to education systems creates an enormous risk that progress towards more inclusive school provision worldwide will be stalled. The problems facing many children with disabilities were considerable before the crisis. It was recently estimated that over half of all the primary and secondary school age students who are out of school anywhere in the world were children with disabilities. Those who were already marginalised before the pandemic are now even more at risk.

The degree of emphasis on disability issues within policy responses to the Covid-19 crisis has been mixed at country level. There is little evidence in low-income country contexts that the communication issues relating to children with disabilities were a priority during the early stages of the crisis. UNICEF advice on messaging about the prevention of the spread of the virus to people with disabilities, including children, emphasises the need for multiple, accessible formats for public health messaging. A rapid review of country-level policy documents did not reveal many examples that corresponded with this good practice.

Although the overall picture is disquieting, there are some jurisdictions in low-income countries that have taken the needs of children with disabilities seriously within the early stages of the planning process for school closures. The Covid-19 response plans for Somalia and PNG both provide examples of proposed interventions that place marginalised children, including those with disabilities, at centre stage. The government of Somalia has identified the most vulnerable learners as internally displaced persons, girls, and children living with disabilities. It states that 'special emphasis' will be placed on meeting the needs of marginalised students for food and learning continuity. The plan proposes that vulnerable groups should be the priority for the distribution of radios and that measures 'for ensuring inclusion of children with disabilities in distance learning' will be a focus for the Covid-19 response. It is proposed that the needs of children with disabilities should be a 'standing item' when any aspect of the intervention is being considered: All activities implemented under this plan need to directly encourage and ensure the participation of children living with disabilities in implemented education activities and furthering the inclusiveness of education activities

Proposals for the management of school closure in Ghana recognises that distance learning poses distinctive problems for 'the most marginalised children including children with disabilities. The approach itemises the pre-existing barriers in the country to fully inclusive education provision, which will need to be borne in mind when reflecting on the needs of children with disabilities in the context of school closures, such as:

- Lack of awareness of the rights of children with disabilities
- Lack of competent teachers trained to provide disability -inclusive education
- Limited specialist disability services e.g. health, rehabilitation and early intervention services
- Greater need for adaptive technology and equipment.
- Greater need in terms of support for parents.

## COVID-19: THE RISKS OF HARM FOR CHILDREN WITH DISABILITIES

They will fall behind in learning due to inaccessible distance learning modalities.

- They will not have accessible educational materials.
- They will not know how to use the technology appropriately to continue their learning.
- They will not go back to school once they reopen.
- They will not access basic nutritional needs that are typically provided for at school.
- They will not have access to important therapies, services, or accommodations that they typically receive at school.



*Source: wikipedia.org*

Inclusion, like everything else in special education, is on a continuum ranging from full inclusion to segregated special schools. Student placement in these settings depends largely on the type of disability. High-incidence (HI) disabilities – those disabilities which are less severe – are the ones most likely to be serviced with more inclusion. These include Learning Disability (LD) Speech Language Disability (SL) Intellectual Disability (ID) and Emotionally/Behaviorally Disturbed (ED) as well as ADD and ADHD and milder forms of autism. The questions many educators have are, does inclusion benefit special education students and if so, how does it benefit them? And closely aligned to that is, which students should be serviced in an inclusion model? Research demonstrates that inclusion is beneficial, with varying benefits depending on the disability.

Because of the potential negative effects of being identified as “special education,” it would seem that the more inclusive a child’s setting, the better. Keeping a child with his or her grade level peers may help them avoid the stigma of special education. Additionally, there is good evidence that a significant percentage of children receiving tier 1 or tier 2 interventions can return to general education without ever being formally identified as special education (Vaughn & Linan-Thompson 2003). The Response to Intervention model (RTI) also allows classroom teachers to begin addressing curricular areas of need in a focused, intense, extended manner without needing to wait for a special education designation. This allows the classroom teacher to more effectively monitor student progress toward grade level benchmarks without needing to coordinate with other teachers or departments because all of the instruction is taking place in one setting. Likewise, a push-in program of special education services keeps all the instruction in one setting and the teacher can monitor exactly what the student is doing and what his or her progress toward mastery is. These are important considerations, especially since some children were often required to demonstrate failure before qualifying for special education services and anytime services have to be coordinated between multiple settings and teachers the potential for fragmentation of the learning increases.

Move a little farther along the continuum to students with moderate disabilities and there are important benefits to inclusion. Research demonstrates that when students with moderate intellectual disabilities such as Down syndrome are included in a general education setting they experience measurable benefits in literacy skills, vocabulary, and grammar comprehension (Dessementet, Bless & Morin 2012) and that this improvement was sometimes not evident until four years or more in an inclusive setting. Additionally, students in an inclusive setting saw more improvement in their adaptive skills than did those who were in segregated programs. A little farther still along the continuum, and autistic students in inclusive classrooms were found to spend more time on academic tasks and use grade level and adapted curriculum than their peers in special education classrooms, who spent less time on academic tasks and used special education curriculum or no curriculum. They were also more likely to receive instruction from a teacher as opposed to a paraprofessional (Kurth & Mastergeorge 2012) In fact, separated students spent one third less time on math and language arts than did autistic students in an inclusive setting (this was not an undiluted benefit, however; separated students were more likely to receive small group and individual instruction than those in inclusive settings).

The students farthest along on the continuum are those with low-incidence disabilities. LI conditions

such as deaf-blindness, severe autism, and multiple disabilities are the least likely to be served in an inclusive setting. The rationale for this has rested on three precepts: 1) Students should not be exposed to the potential assault on their self-esteem; 2). Students with severe disabilities require a more functional, rather than academic, curriculum; and 3). Segregated special education has been effective for them in the past and will continue to be so. However, a series of studies has demonstrated that even for these children, the inclusive classroom leads to the development of academic skills such as numeracy and literacy, and overall improved academic performance. Inclusion also leads to improved communication, social, and employment skills when children are fully involved in general education settings and this inclusion now serves as a critical predictor in school and post-school outcomes (Kurth, Morningstar & Kozelski 2014). The authors of the LI study went so far as to say that research does not confirm any benefit for segregation of LI students. Inclusion offers improved outcomes socially, academically and from an employment standpoint at every level one might care to examine.

That being said, there are some children for whom inclusion is not the best setting. These children include those for whom large groups create too much stress or too much distraction for learning to take place; children with severe sensory processing issues; and children whose self-esteem or self-regulation is too fragile to cope with the vicissitudes of the general education classroom. For these children, a segregated setting may be the best choice. While the over-arching goal of any education system should be to include as many children as possible in a general education setting, reality dictates that provision must exist for those who cannot tolerate an inclusive setting (Hornby 2015). Therefore, inclusion should be considered on a case-by-case basis, with the needs of the individual child serving as the final, determining factor for placement.

The final question to be answered is whether inclusion is best for non-disabled students. There is actually ample research in this area, but it was brought home to this reviewer that the public perception is that regular and high ability learners suffer when “forced” to share classroom space and instructional attention with special education students. Actually, the reverse is true. A study from 1995 demonstrated that general education students do not experience academic decline in inclusive classrooms, nor do they receive less instructional attention (Staub & Peck, 1995). Other studies have demonstrated that the presence of special education students in the classroom actually increased the academic achievement of the general education students because the differentiation techniques employed by the teacher were beneficial to all learners in the class. Exploring the effects of inclusion on gifted children is beyond the scope of this review, but it may be possible that gifted populations do receive less instructional attention than the non-gifted and that this would be ameliorated by thorough training in differentiation for all ability levels; in fact, it is possible that without proper staff development in RTI, monitoring, differentiation, etc. that these allegations of a lack of benefit for general education students might be true simply because teachers are not equipped to deal with multiple ability levels in a single classroom. Academics aside, there were a number of social benefits to non-disabled students in inclusive classrooms, such as greater empathy and tolerance for differences. These traits were stronger the more time special education students spent in the general education classroom and weaker or non-existent in classrooms where special education students were only present for a portion of the day (Senecal, 2001).

## BEST PRACTICE: QUALITY INSTRUCTION WHICH MAY NOT BE HAPPENING

One of the ironies emerging from research surrounding Special Education is that some of the methods which made it “special” appear not to be as effective as was once believed. At the same time, greater focus is being paid to those methods which do show improved outcomes for students: targeting interventions to the student’s area of need rather than on the processes which may interrupt his or her learning. In other words, focus on reading, math, or writing, etc. (Vaughn & Linan-Thompson, 2003). The authors of that study went on to point out a number of instructional characteristics which were of benefit to special education students. Although their focus is primarily Learning Disabled students, the precepts would seem to hold true for many groups of students, including those without special needs. They include:

- Controlling task difficulty to maintain high levels of success;
- Teaching in small, interactive groups;
- Modelling questioning, reasoning, and metacognitive strategies;
- Utilizing direct and explicit instructional practices;
- Encouraging higher-order thinking skills and problem solving;
- Helping students know what strategies to apply and when to apply them;
- Monitoring specific skill progress on an ongoing basis to inform instructional decisions (Vaughn & Linan-Thompson, 2003).

Even a brief review of this list reveals the caliber of instruction required; and this is, in any case, what is expected of the general education teacher. However, Vaughn and Linan-Thompson cite a number of studies that indicate that while research has confirmed the need for a differentiated and appropriate education for students with disabilities, undifferentiated instruction not specifically designed to meet the needs of special students is what typically prevails. So, while much of their method relies on the teacher monitoring student progress and intervening in a targeted way when progress is not being made, it is not an enormous leap of logic to understand that the success of the entire program requires a series of supports to ensure that delivery conforms to the needs of the special education students. Those supports, such as adequate, focused staff development and training, quality curriculum guides with differentiation approaches, a battery of diagnostic assessment instruments, a further battery of intervention tools that are proven effective, and someone monitoring the instructional delivery to ensure compliance with best practice, would ameliorate the gap between research and actual practice.

### 6.1 GROUPING AND CLUSTERING: GOOD IF SMALL, FLUID, AND RIGOROUS

There is ample evidence that grouping by ability level produces gains for high-, medium-, and low-ability students, and in fact produces more gains for low-ability learners than for medium-ability. However, one study highlighted a number of negative aspects to this type of small-group instruction which must serve as a warning to educators.

The first cautionary finding was that grouping by ability was ineffective unless the small-group

instruction was accompanied by materials and teaching that accommodated the needs of the learners in the group. Without differentiation, grouping does not work. The authors posited that this differentiation was even more critical for low-ability students. The second cautionary finding was that ability groups tended to be rigid and restrict student mobility between groups. This is contrary to special education recommendations that such groups be fluid so that as children gain skills they can expand opportunities for academic growth. The third cautionary finding – and it is a big one – was that teachers tended to provide less instruction, and less effective instruction, for students in low-ability groups (Wilkinson & Fung 2002).

While this study is an older one, it bears further examination because of the current climate of high-stakes testing when so much effort is devoted to parsing skills into ever more discrete fragments. The study, which was of reading groups, found that in low ability groups:

- Less time overall was allocated for instruction than high ability groups and the pacing tended to be slower so that low-ability students read less overall.
- Teachers spent more time on decoding tasks focusing on individual words and parts of words rather than on tasks related to making meaning of text. High-ability students spent more time discussing aspects of text directly related to meaning.
- Teachers focused more on oral reading with low ability children than on silent reading. This oral reading also reduced students' total time reading because they waited for each other while they took turns reading. High ability students, by contrast, spent more time reading silently and therefore read considerably more in their allotted time.
- Teachers allowed more interruptions of the low-ability group from students outside the group.
- Teachers were more likely to interrupt low-ability learners who made reading errors, and to interrupt with the correct answer rather than providing a prompt to self-correct. When teachers did prompt low readers, it was to offer phonemic or graphemic clues rather than help them construct meaning from the text.
- Teachers tended to ask more factual, recall questions of low ability readers rather than questions that required reasoning or problem solving. In other words, questioning was low in rigor for low-ability learners; high-ability learners, however, were asked more critical thinking questions (Wilkinson & Fung 2002).

All of these points are troubling, because studies indicate that cognitive challenge is important for special education students (Vaughn & Linan-Thompson, 2003), yet grouping by ability seems to remove the challenge from low-ability groups and focus on reading in a fragmented way that detracts from making meaning – the very thing that makes reading an engaging, motivating activity. Reducing the rigor of the small group instruction makes it less engaging and less effective. The conclusion here would be that districts need to insure that teachers are trained in effective differentiation that provides content in ways that are appropriate to the students' needs but still cognitively challenging and engaging, and that teachers not lose sight of the critical need for students to make meaning of what they read so that comprehension doesn't get "lost

in the weeds” of decoding and phonemic awareness, which are considerably less meaningful to students because they in no way resemble a real-life context. The central purpose of reading is communication; making meaning of text is vital to, and embedded in, that purpose.

It is worth noting here that it is entirely possible for a student to have a disability and also be gifted – to have ADHD or be autistic, for example, and also have advanced numeracy ability. The general tendency, however, is for teachers to identify the disability and fail to see the giftedness. Students referred for special education are mostly not referred for gifted education (Mayes & Moore, 2016). In light of this tendency, and in light of the potential long-term deleterious effects of special education identification and in light of Vaughn and Linan-Thompson’s research demonstrating that focused intensive intervention can raise some learners out of special education entirely, fluidity in ability grouping becomes that much more critical. Groups must remain fluid so that as students achieve goals they are regrouped to reflect that progress. One’s ability group should not be one’s destiny.

Clustering data for special education is somewhat difficult to find, but one dissertation did offer some insight into its effectiveness. The researcher found that students in cluster groups scored slightly higher than their non-cluster counterparts – but not significantly higher. The suggestion is that clustering may have some benefit, and is at least not harmful, to the academic achievement of special education students. However, it is important to note that the study examined elementary classes in which clusters of special education students were small – no more than six children. Additionally, the cluster classrooms were provided with an additional adult, either a Speech/Language therapist, a special education teacher, or a special education aid. These adults rotated into classrooms so that the extra adult was not always a paraprofessional, and the second adult provided direct, small-group or individual instruction and the instruction for those students was modified for their ability needs (Daigneault, 2003). Since Vaughn and Linan-Thompson specified that groups for RTI tiers should be small, the conclusion here is that clusters may be beneficial, but should probably also be kept small. Overloading a class with special education students will likely not show good results.



In seeking to provide for disadvantaged students during school closures, governments should begin by systematically auditing the 'digital divide' and design a distance learning regime that is fit for context. In the context of school closures, equity problems arise when disadvantaged students lack access to the essential resources prescribed for distance learning. There is a need for a blend of high-tech (online learning), low-tech (radio and TV broadcasting) and no-tech (hardcopy workbooks) educational provision. The exact mix depends upon the capacity of the education systems. Papua New Guinea, Chile and South Korea each developed a distinctive distance learning solution that was based on a systematic audit of the available technology, identifying the exact dimensions of the digital divide. The result was a 'fit-for-context' solution. In Papua New Guinea, online learning is entirely unrealistic for most learners and students in remote communities will require hardcopy workbooks. In Chile, online learning is feasible in most urban areas, but not in remote rural areas, where workbooks are needed instead. South Korea possesses a digital infrastructure permitting almost all students to participate in online learning. Meanwhile, in Iran, there was a misalignment between ambitious high-tech solutions and the access difficulties faced by disadvantaged rural communities.

During the design and implementation of the distance learning regime, governments should prioritise the needs of highly vulnerable, disadvantaged students, such as children with disabilities. Many low-income countries paid relatively little attention to the needs of students with special educational needs and disabilities. There is a grave danger that this already marginalised group will be further disadvantaged by the school closure crisis. There are examples of promising practice in the response of middle-income and high-income countries. For instance, the government of Costa Rica instructed specialist teachers to adapt the mainstream resources provided for distance learning so that they are accessible for students with disabilities. In all countries, there is a need for disaggregated data, enabling policymakers to understand how students with different disabilities are engaged with education during a time of school closures.

There is a need to ensure that the distance learning of disadvantaged students is properly monitored and that quality assurance mechanisms give a 'voice' to disadvantaged students and their families. In the first phase of the school closure crisis the emphasis was typically on continuity rather than quality of learning. Many country plans say relatively little about monitoring and the importance of granular data relating to the level of engagement of disadvantaged students, analysed in terms of different dimensions of disadvantage. Policymakers should ensure that clear metrics are established so that the effective provision of education to disadvantaged students can be carefully measured. Policy should be regularly reviewed and, if necessary modified, in response to issues that emerge the monitoring data. Monitoring and quality assurance mechanisms should give a 'voice' to students from disadvantaged backgrounds and their families.

Government should take action to close the household-level technology gap between disadvantaged and more privileged students, while recognising that remote learning requires skilful teaching as well as appropriate technology. In many low-income countries, there are



plans to distribute radios to disadvantaged households. Teachers require guidance and training on how students can engage with radio or TV in the absence of a classroom teacher as mediator and guide. In some high-income countries, considerable resources have been devoted to the distribution of internet-enabled devices. These approaches were intended to ensure more equitable access to distance learning. There has been little attention to the question of how to ensure that the new equipment will be used effectively. There is a substantial body of relevant research which emphasises the need for skilful teacher mediation if students are to benefit from new technology.

For disadvantaged students, access to online learning can be enhanced through effective public-private partnerships with technology companies. In line with World Bank guidance, many governments have been active in negotiating arrangements with private sector telecommunications companies and internet service providers to reduce or eliminate household costs associated with online learning. In a few cases, there have also been schemes to increase internet connectivity in remote rural areas. There is a need to providing role clarity for teachers and other professionals so that they understand their responsibilities for ensuring the learning continuity of disadvantaged students.

Disadvantaged students need personal support from education professionals during school closures. In several jurisdictions, there have been impressively high levels of specificity about the responsibilities of teachers. One good example is the Amazon region in Brazil, where teachers have been given clear instructions as to how they should enhance student engagement with educational broadcasting. School leaders have a key role to play in monitoring the engagement of disadvantaged students in remote learning and providing feedback to higher authorities on any problems and on the effectiveness of external support. The responsibility of key 'middle tier' officials, such as district education officers, should be unambiguously stated.

Government should build coalitions with parents or caregivers and non-government organisations to support continuity of learning for disadvantaged students. Partnership with parents and other caregivers is an essential precondition for successful remote learning, but this can be particularly challenging for poor families and parents of children with disabilities. Many governments recognise this. Government should use all available media to promote an understanding of the distance learning model and ways in which parents and caregivers can support learners. In New Zealand, the ministry of education has taken steps to engage with the families of Pacific Island heritage, broadcasting short radio programmes which explore different facets of family support for student home study. Helpline services can play an important role. In Jamaica, the National Parenting Support Commission is running a national network of parent helplines with a focus on support for disadvantaged families. The helpline service is intended to assist families both in terms of continuity of learning and in other issues, such as difficulties accessing food during the current crisis. Non-government organisations can play an important part in provision of support. In South Africa, a not-for-profit organisation has organised a national parent WhatsApp support line for families with children with disabilities.

An emphasis within the solution design on highly vulnerable, disadvantaged students, such as children with disabilities

## GGA INTERVENTIONS TO ADDRESS INCLUSIVE EDUCATION GAPS

In helping to address the inclusive and special education gaps, GGA intends to work with the Ministry of Education, Ghana Education Service and other allied agencies to set up two inclusive education resource centers in identified districts. The resource centers will add to the growing list of resources for inclusive education in the country and will help address the information and training needs of educators and care givers.

### 8.1 PROCESS FOR IDENTIFICATION OF THE DISTRICTS AND LOCATIONS FOR THE RESOURCE CENTRES

GGA will develop a criteria for identification of resource centre locations in consultation with MOE and GES. Under this action we envisage that the resource centres will be established in neutral public facilities donated by government of Ghana. This is the reason that we will only provision a small amount to take care of the day to day running and maintenance of the office and equipment.

It has been found that there are advantages to the location of the Resource Centre being school or health-centre. As a result, both sites will be piloted in order to provide Government of Ghana with results of testing this model in two alternative locations to inform further development of the Resource Centre model. GGA tentatively proposes Districts where little work on SNE has been carried out thus providing a favourable environment to test a new model since it is anticipated that attribution of positive changes can be more easily linked to the project.

### 8.2 OVERALL GOALS, OBJECTIVE AND DESIRED RESULTS

In line with the ESP goals and in realization of the challenges noted above this action, which builds on the achievements and learning of the ongoing interventions, we will seek to provide services and resources for special needs education to achieve inclusion in the mainstream education system. The project entitled GGA SEN will not work in isolation but will seek to build on the gains made on previous and ongoing actions while bringing together the skills and expertise of key actors within the education system in Ghana to achieve the goals set out in this action.

Overall goal of GGA SEN is increasing equitable access to education for students with special educational needs within mainstream schools (in line with outcome two of the ESP 2018-2030). GGA SEN will work on three key outcomes with an aim of contributing towards the overall goal

1. Improved quality of teaching for children with special education needs at P1 to P6 level in mainstream schools
2. Improved care and support for children with special needs (through enhanced skills and capacity of parents/caregivers, healthcare providers, CHWs and NCPD representatives in care and support for children with special needs)
3. Improved knowledge, attitude and behaviour amongst community members towards children with special needs

The section below elaborates on the core components of GGA SEN based on engagement

with partners and stakeholders as well as analysis of the needs of children with special needs in Ghana. To achieve inclusive education in target districts, this action will focus on four core component that will create inter linkages at all levels to enable an integrate approach to special needs education in Ghana to achieve the above stated outcomes.

## 8.3 DESCRIPTION OF APPROACH AND JUSTIFICATION FOR DELIVERABLES

### *8.3.1 Resource centres established, equipped and functional as sources of information, materials and resources.*

Central to this action will be the establishment of two resource centres in two neighbouring districts that will cater for the needs of educators, parents, service providers and the wider community in the delivery of education, care and support to children with special learning needs. Functionally, the resource centres will have three main objectives:

1. To provide training and ongoing access to educational resources and teaching strategies to educators
2. To provide access to information and training on care and support for children with special needs to a range of audiences including parents, healthcare providers, CHWs and NCPD as well as the wider community
3. In partnership with the local authorities, to act as a central hub of data about children with disabilities in the area and creating linkages and signposts between different stakeholders offering support to children with special needs

The resource centres will act as a linchpin to connect all players in providing support to children with special needs. At the core of the resource centres will be reference materials and practical resources for various stakeholders including information about disability (to include information about types, causes, prevention and mitigation as well as materials that demonstrate the abilities of children with disabilities and celebrating positive role-models in Ghana and globally), training packages (including audio-visual materials for 'self-learning' including the existing Ghana Sign Language digital teaching aid), examples of adapted materials and learning aids accessible to children with special needs, as well as access to skilled personnel through networks created by the resource centre to support any requests for information. Use of ICT will be promoted in the project through audio-visual materials and access to information online. GGA SEN will include six open days that motivate our target groups to use the materials and resources available to support quality teaching, care and support and promote positive community attitudes.

Under this action, we propose that the resource centres will be managed by a Resource Centre Assistant who will be available to manage the operational aspects of the centre and provide information to visitors and support overall logistical operations of the centre. Initially, we propose that this position will be a paid position, however, to support sustainability, an aim of the project will be to consider a model whereby the centre is 'staffed' by national volunteers from existing community structures in Ghana on a rotational basis including from the NCPD. This will allow the centres to be sustainable and relevant to needs of the local population and teachers. Eventually, we anticipate the government will allocate resources to ensure that the centres are well staffed and functional.

### *8.3.2 Schools, parents/caregivers, healthcare providers, CHWs and NCPD representatives and the wider community are identifying children with special needs*

Most stakeholders are not well equipped to identify and support such children, as indicated earlier. This can lead to incorrect identification and response or no identification and no response, both with potentially disastrous effects on a child's development and moreover prevention of disability or further deterioration of a condition. Under GGA SEN, GGA will undertake an initial rapid assessment to collect baseline data for which to measure progress against this intervention. The rapid assessment will seek to collate information on children with special needs within the schools and the community and use this information towards design and monitoring of interventions. Training, information sessions and materials provided by GGA SEN will transfer skills and resource to enable our target groups to identify children with special needs in and out of school and how to provide this information to the Resource Centre (with key focus on data protection and confidentiality) where signposting to additional service providers can be facilitated.

### *8.3.3 Tailored training modules for educators developed and executed on inclusive education*

At the core of this action will be to improve teaching practice and strategies amongst educators within the mainstream education system in Ghana at P1 to P6 level to support the education outcomes for pupils with special needs in a way that addresses their individual differences and needs. This will focus on four core disability groups: hearing impairment and deafness, visual impairment, intellectual impairment and physical impairment. This process will involve development of teaching strategies for teachers, adaptation of GGA educational materials and systematic monitoring of teaching procedures.

Educators will be trained in general SNE skills and practices as well as in the application of adapted existing teaching strategies and resources. Technical experts will be drawn from various sectors to develop modules and materials and to deliver training. These interventions will be designed to help learners with special needs achieve a higher level of personal self-sufficiency and success within the mainstream school system as well as within the community, than may be available if the student were only given access to a typical classroom education. Studies show that students with special needs are likely to benefit from additional educational services such as different approaches to teaching, the use of technology, a specifically adapted teaching area, and resource centre.

This action will focus on training 120 teachers (30 schools in two districts; 4 teachers per school) who will act as a cohort of trained educators on special needs education to cascade training to other teachers when the government integrates the training within the government system. The trainings will focus on increasing educators' skills in identification, identification and assessment, learner-centred teaching methods, production of teaching and learning aids, basic sign language, mobility and orientation and behaviour management. The aim of the training will be to allow educators to modify teaching methods and environments so that the maximum number of students are served in mainstream education environments.

To achieve the adaptation and modification materials, GGA, working closely with the technical team of GES, will support the establishment of a cross functional technical working group resulting

in 'GGA SEN' materials and resources focusing on hearing, visual, intellectual and physical impairment. The technical team will be made up of GES, MOE and other key technical personnel from the education and health professions as well as civil society and special schools/centres and in-country volunteers with SNE specialisms with the technical requirements on special needs education bringing together the existing expertise to review and adapt the instructional materials as required. Members of the technical team will commit to supporting training in these materials as required.

GGA SEN will focus on modifications that target what is learned, how difficult the material is, what level of mastery the student is expected to achieve, whether and how the student is assessed, or any another aspect of the curriculum. GGA SEN will also support development of low-cost learning materials and extra aids to increase chances of comprehension. This will involve adapting materials for as follows; Audio books/materials, Braille and large print for children with varied forms of visual impairment, sign language instruction for children with hearing impairment, and simplified and visual materials for children with intellectual impairment. In addition GGA SEN will focus and advocate for extended time to allow pupils to with a slower processing speed to benefit from extended time to comprehend questions, recall information, and synthesize knowledge. The GGA SEN adapted materials will be piloted with 20 teachers from five schools in the two target districts to refine the materials and test their functionality before rollout to all 120 teachers in the six target Sectors of the project.

#### **8.3.4 Skills development and support of children with special need**

To promote better care and support for children with special needs amongst parents/caregivers, healthcare providers, CHWs and NCPD representatives GGA SEN will develop and deliver appropriate training and information sessions for the various target groups. As with all current training and sensitisation delivered by GGA on disability awareness and inclusive education, this training will take a rights-based approach (RBA). All training and information sessions will have at their core the rights of people with disabilities and the social model of disability which emphasises the 'disabling' factors in the external environment. These approaches will be developed and delivered by technical experts drawn from appropriate sectors as per the approach described above for the capacity building of educators.

GGA SEN will work with key experts to design and deliver a training package for parents and caregivers on activities of daily life.

The NCPD will play a key role in the training of parents/caregivers to enable them as community representatives to deliver further training and information to any parents/caregivers in their communities. GGA SEN will target 720 parents/caregivers of children with different disabilities for general information and sensitization through one day training sessions targeting (120 parents of children with a range of disabilities per Sector in 4 groups of 30). The parents and care will receive targeted information on how to take care of their children. This will help in addressing gaps that have been identified for parents to cope with the diagnosis while finding information and resources to help their children. Additional and more specialist training will be delivered to a cohort of 80 parents/caregivers through four three-day residential camps (each one focusing on one of the three types of disability addressed in GGA SEN) who will then have skills that they can then use to inform and support other parents. The advanced training for target 'champion' parents/caregivers through residential camps delivered by experts from civil society and centres GGA SEN will also work with key experts to design and deliver a training package for 24

healthcare providers, 60 CHWs and 66 NCPD representatives. These trainings will be tailored to the roles of these groups and will include an element of 'training of trainers' to enable the cohort trained to share their skills with others. The trainees will be carefully selected to ensure that there is a diverse group to ensure there is a wide reach.

### **8.3.5 Community outreach and access to information**

GGA SEN will employ various mechanisms suitable to the Ghana context to contribute to raising awareness on education for children with special needs. The rapid assessment conducted at the outset of the project will include assessment of current levels of public perception, knowledge and attitudes towards children with special needs. Based on these findings, GGA SEN will develop a tailored public awareness campaign as follows: Radio messaging and feature programmes including live public phone-in with a panel of project stakeholders and experts will be broadcast six times in community radio and in the local language to build awareness amongst a wide range of community members on children with special needs; community theatre and sports demonstration events delivered by local partner organisations with such speciality to demonstrate the abilities of people and children with special needs and draw attention to their experiences; printed materials including posters, banners and leaflets, mostly pictorial will be distributed in public places and facilities including hospitals, schools and other public areas to widen the reach; the traditional channel of community work and messaging will be used to engage the wider community to support activities that enable greatest access to schools for example by levelling the ground around a school.

## **8.4 Beneficiaries and target groups**

GGA SEN focus will be different actors with have varying degrees of influence on education, care and support for children with special needs. As under this action, GGA and key partners have undertaken a preliminary mapping of beneficiaries and target groups. GGA SEN will seek to work with the following key beneficiary groups:

1. 120 educators in two districts-Under this action, GGA will target a cohort of teachers to be trained on delivery of special needs education outcomes within the country. Eventually we hope that they will act as trainers to cascade the model across the country and build a culture of tolerance within the country on children with disability.
2. GGA SEN will target a cohort of 80 parents for specialised training through a four day camp as well as an additional 720 parents and care givers to support them on understanding how to care and support children with special needs and act as champions to cascade training to other parents within the community
3. GGA SEN will also work with a total of 24 healthcare providers, 60 CHWs and 66 NCPD representatives trained at district level. This will translate to 2 healthcare providers from two healthcare centres per sector in six sectors. We will target 2 CHWs per cell on average of five cells across six sectors. Finally we will target one NCPD president and two members per cell in an average of five cells per sector to widen the reach within the country.

## **8.5 Description of how persons with disabilities will be represented**

GGA takes a rights based approach to our work with people with disabilities. Local partner organizations of people with disabilities (whose Board of Directors as well as local staff and



national volunteers are predominantly PWD themselves) will be actively engaged in the design and delivery of training and information materials as well as delivering community sensitization. We will also engage the NCPD, the government agency elected by PWDs as local representatives at community level on the GGA SEN model. Children with disabilities themselves will be consulted during the rapid assessment to establish their personal experience and priorities in terms of education, care and support and community attitudes towards them. We will work with our local partners and GGA volunteers already placed with local partners to ensure this consultation is carried out appropriately.



*Source: Biblesociety-ghana.org*

Special Education presents educators with a number of challenges, chief among which is how to ensure that those who are identified for services are actually in need of them because of the long-term negative impact such designation can have on students. Focusing efforts on early interventions such as preschool and extended Head Start and investing heavily in teacher and psychologist training to measure progress and use data to modify instruction as part of a clearly defined Response to Intervention program are viable options to help reduce overall identification and improve the accuracy of those who are referred to special education. Inclusion for as many students as possible should be the goal in light of the many benefits accruing to both special education students and general education students in both academic progress and social skills. Educators need to monitor instructional delivery with great care to insure that quality teaching is taking place and again, training in differentiation, use of data to inform instructional choices, RTI program protocols and evaluating intervention effectiveness are of critical import. The more capacity teachers have in these areas the more successful such programs will be. Finally, clustering and grouping need to be carefully monitored to keep sizes small; clusters in individual classrooms should be no larger than six students and staffed with additional adults to provide targeted support and instruction to all students. Groups must remain fluid to prevent de facto tracking from occurring and delivery of instruction needs to be monitored to ensure that the overall quality of instruction remains high and that special education students are provided with problem solving opportunities and not denied instruction related to making meaning of text.

The likelihood of disadvantaged students thriving is increased when governments seek to harness the power of parents, the wider public and non-state organisations, working together to maintain continuity of learning. In the COVID era and beyond, parental support for effective home learning is key and disadvantaged parents and caregivers will require more assistance than others. The government of Ghana has been particularly intentional in seeking to win the support of parents for home learning, with an emphasis on parents and children in disadvantaged households. Between May and June 2020, a ten-week series of short radio and tv programmes was broadcast in a range of languages, exploring different facets of family support for student home study. Local community leaders and local government officials have a potential role to play in mobilising parental support for effective home learning.



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