Collaborative action across health and education sectors for inclusion of children with disabilities in education

Establishing a policy vision and research agenda in Yogyakarta, Indonesia (Issue 1, 2016)

Centre for Disability Research and Policy
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Authors
Dr Michelle Villeneuve
Associate Prof. Dr David Evans
Ms. Sukinah Sadirin, M.Pd
Ms. Elga Andriana, M.Ed
Dr Michelle Bonati
Dr Cathy Little
Dr Michael Millington

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Contact Details
Dr Michelle Villeneuve
Centre for Disability Research and Policy
Faculty of Health Sciences, University of Sydney
PO Box 170, Lidcombe NSW 1825, Australia
Michelle.villeneuve@sydney.edu.au

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EXECUTIVE SUMMARY

This aim of this policy brief executive summary is to present the key points regarding the purpose, outcomes, and recommendations of a combined Policy and Action Research Workshop held from 13 January to 19 January 2016, at Yogyakarta State University. Recommendations are intended to support Yogyakarta’s vision to achieve education for all by 2025.

Purpose/Background

The purpose of the combined Policy and Action Research workshop was to bring together key stakeholders from the education and health sectors to articulate a shared vision for inclusion of children with disability at school and to develop a research action plan. Inclusion is predicated on the belief that all children and families have a right to services and supports that enable their full participation within the local community and neighbourhood environments.

At the policy workshop, provincial and district/municipal-level decision-makers engaged together with families, educators, administrators, and health care providers to develop this policy brief. At the Action Research Workshop, seven schools representing the range of educational options available in Yogyakarta and the diverse spectrum of inclusive education models learned about Participatory Action Research (PAR) to develop inclusive education practices through participant-driven inquiry in a learning community/community of practice (CoP). The workshop was supported through collaboration between Yogyakarta State University, Indonesia and the University of Sydney, Australia.

Strengths

Efforts at the governmental level and within the health and education sectors demonstrate a high level of commitment toward inclusive education in Yogyakarta. National legislations (Regulation No 70/2009; No 10/2011) and provincial regulations (Regulation No 4/2012; 21/2013; 41/2013) provide a guide for implementing inclusive education and for protecting the rights of children with disabilities.

The health sector in Yogyakarta has made progress in the development of health clinics and multidisciplinary early intervention services to support early identification and intervention for children with disabilities.

Similarly, the education sector has focused on access to education for students with special education needs. The Department of Education has engaged, at a policy level, the opportunity to develop capacity for inclusive education through its appointment of schools providing inclusive education (SPIEs) and the identification of educators at special schools who provide resource support for SPIEs.

Challenges

Realising the aspiration of inclusive education will require a community-based change process that is based in shared vision, collaborative action, and a capacity for growth from every community stakeholder in Indonesia. To date, policy emphasis has been placed on access to education for students with disabilities. However, future development of effective inclusive education practice depends on the provision of quality educational services and supports and
the effective integration of health care and therapy supports into educational programming and school routines.

Cross-sectoral coordination and interprofessional collaboration between health and education sectors to provide comprehensive support for students with disabilities and integrated planning for inclusion across all districts in Yogyakarta is lacking. Strategies to develop proactive, coordinated, and responsive school health support services is needed to enable (a) access to education for all students with disability and (b) the provision of person-centred planning and support to achieve quality education for all students.

Stakeholders who participated in the combined Policy and Action Research Workshop identified additional challenges impacting the development and implementation of inclusive education practices. These challenges were grouped into six key barriers to inclusive education in Yogyakarta: 1. policy guidelines; 2. resources; 3. capacity; 4. leadership; 5. networking; and 6. attitudes.

Recommendations

The following 5 key recommendations were developed through multiple stakeholder input at the combined Policy and Action Research workshop. These recommendations emphasize collaborative action that will have a direct impact on the quality of inclusive education practices provided, the educational outcomes for students and the quality of life for students with disabilities and their families.

Recommendation 1: Provide accessible, affordable, and integrated education and health services.

Recommendation 2: Develop capacity of teachers, special educators, school principals, parents, therapists, and children to collaborate for inclusion at school.

Recommendation 3: Empower educators to uphold the principles of inclusive education and respond to the diverse needs of students in their classroom.

Recommendation 4: Adopt person first language in all government documents and verbal communication.

Recommendation 5: Develop the role of universities as a resource and support for inclusion.

Future Direction

Participatory Action Research (PAR) is the integration of community action (implementing a plan) with community-based research to understand and improve the effectiveness of implementation. Action researchers engage in cycles of observation, reflection, and action to make systematic improvements in practice.

In 2016, PAR teams from the participating schools will come together regularly during the school year to reflect on inclusion goals and collaborative practices to support achievement of educational inclusion at school. The ultimate goal is for PAR teams to evolve into a school-based resource that can support others wishing to develop inclusive education practices. To achieve this goal, ongoing support and research funding is needed to support partnership between academic researchers and PAR teams as they develop and disseminate the evidence for cross-sector coordination and collaborative inclusive education practices in Yogyakarta.
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Introduction

This policy brief:

- Summarises the purpose and outcomes of a combined Policy and Action Research Workshop held from 13 January to 19 January 2016, at Yogyakarta State University.
- Identifies policy strengths and a gap in cross-sector coordination and collaboration between health and education providers for educational inclusion of students with disabilities across all districts in Yogyakarta.
- Makes policy recommendations grounded in collaborative practices to enhance access to and participation in quality inclusive programs for children with disabilities at school.
- Offers specific direction for the development of collaborative practices through the effort of local participatory action research teams to support Yogyakarta as a model laboratory for developing inclusive education.

Recommendations made in this policy brief are intended to support Yogyakarta’s vision to achieve education for all by 2025.

The Government of Indonesia is committed to inclusive education that provides full access to and meaningful participation in mainstream educational programs for children with disabilities. Inclusion is predicated on the belief that all children and families have a right to services and supports that enable their full participation within the local community and neighbourhood environments. Planning the journey to inclusive education is still at an early conceptual stage. Indonesian educators are challenged to provide effective child and family support while negotiating the most efficient and equitable use of limited resources across health, education, and social aspects of full mainstream inclusion. Realising the aspiration of inclusive education will require a community-based change process that is based in shared vision, collaborative action, and a capacity for growth from every community stakeholder in Indonesia.

Inclusive education in Indonesia is backed by international conventions, the Constitution of the Republic of Indonesia, and regional support. Creating inclusive education environments has been put forward by the Indonesian Government as an important target area for equalizing opportunities and upholding the rights of people with disabilities, and promoting broader societal acceptance of diversity (Purbani & Tripanungkas, 2013). In 2013, the UNESCO Indonesia Representative chose Yogyakarta as a model laboratory for developing an inclusive education strategy that could be scaled up as best practice across Indonesian schooling systems.
Purpose/Background

A combined Policy and Action Research workshop was held in Yogyakarta, Indonesia from 13 – 19 January 2016. The workshop was supported through collaboration between Yogyakarta State University, Indonesia and the University of Sydney, Australia.

The combined Policy and Action Research workshop brought together key stakeholders from the education and health sectors including policy decision makers, administrators, parents, students, educators, and related service providers to articulate a shared vision for the inclusion of children with disability at school and develop a research action plan.

This workshop was planned in collaboration with institutional partners who have decision-making authority about how to support inclusive education including: the National-level Ministry of Education and Culture – Special Education Directorate, the Departments of Health and Education in Yogyakarta, and educational administrators from the Department of Education.

Policy Workshop

At the policy workshop, provincial and district/municipal-level decision-makers engaged together with families, educators, administrators, and health care providers to support the development of this policy brief on collaborating for inclusive education of students with disabilities in Yogyakarta, Indonesia.

Participatory Action Research Workshop

Seven schools were invited to engage in learning about using Participatory Action Research (PAR) to develop inclusive education practices through participant-driven inquiry in a learning community/community of practice (CoP). The participating schools included:

- Sekolah Tumbuh, Yogyakarta, Indonesia (Private Inclusive School)
- Sekolah MySchool, Yogyakarta, Indonesia (Private Inclusive School)
- SDN Giwangan (Government Appointed School Providing Inclusive Education)
- SDN Bangunrejo 2 (Government Appointed School Providing Inclusive Education)
- SDN Karanganyar (Government Appointed School Providing Inclusive Education)
- SLB Negeri 1 Bantul (Special Education School, Yogyakarta)
- Happy Angela School, Surabaya (Private Special Education School)

These schools represent the range of educational options available in Yogyakarta and are representative of the diverse spectrum of inclusive education models currently employed in Indonesia.

PAR Teams

Each school engaged their staff, families, and other service providers in the project to form a Participatory Action Research (PAR) team at their school. These PAR teams included a small group of people that have a role in supporting inclusive education of students with disability and who agreed to be part of a learning community. The local PAR teams focused on developing collaborative approaches to support inclusive education of a focal student with disability at school. PAR teams also involved the focal child in goal setting.
Local PAR teams worked together to identify education goals for a focal child and develop quality inclusion strategies to support meaningful participation of the child at school. PAR teams also identified health care and therapy support services to support achievement of education goals and strategies for inviting participation of those providers PAR team collaboration to support inclusion of the focal child at school.
**Audience**

This policy briefing note is intended to provide policy decision makers with direction for critically examining decision making for the development, organisation, and collaboration between the education and health sectors in their development of inclusive education for children with disabilities and their families. The intention is to share 5 key recommendations that were developed through multiple stakeholder input at the combined Policy and Action Research workshop held in Yogyakarta from 13 – 19 January 2016.

This policy brief and accompanying recommendations will be of national interest in Indonesia, particularly the Ministry of Education and Culture and Ministry of Health. It has specific relevance and application to Yogyakarta provincial and district/municipal-level government officials in the both Department of Education, Youth and Sport and the Department of Health.

As the recommendations presented in this brief emerged from the participation of multiple stakeholders concerned with the development of inclusive education practices in Yogyakarta, this brief will also be of interest to; families and the broader community, educators, health care and allied health providers including psychologists, early intervention service providers, and therapists providing care for school-age children.

This policy brief has relevance to university academic researchers and lectures in the fields of health, allied health, and education as well as academic researchers concerned with human rights, inclusion, and disability.

Others such as special and inclusive education resource providers, clinical practitioners, consultants, non-governmental, community service organisations, and disabled peoples organisations will also find value in this policy brief.
Strengths & Challenges

Strengths

Policy commitment to inclusive education in Yogyakarta is strong. Yogyakarta province aims to achieve its vision of all schools being established as inclusive schools by 2025. National legislation guides inclusive education in Indonesia (Regulation No 70/2009) and protection of rights of children with disabilities (Regulation No 10/2011). Several provincial regulations support inclusive education including child protection (Regulation No 4/2012), education (Regulation No 21/2013), and inclusive education resource support (Regulation No 41/2013). The Yogyakarta Inclusive Education Action Plan (2015) aims to guide the provision of non-discriminatory services through the identification of opportunities and challenges in accessing education for students with disabilities and the inclusion of strategies to develop capacity for implementing inclusive education in Yogyakarta.

To date, policy emphasis has been placed on access to education for students with disabilities. However, future development of effective inclusive education practice depends on the provision of quality educational services and supports and the effective integration of health care and therapy supports into educational programming and school routines. Policy must support the development of quality inclusive education practices.

In Yogyakarta, the health sector has made progress in the development of health clinics and multidisciplinary early intervention services to support early identification and intervention for children with disabilities including access to clinical psychology and therapy services for school age children. These services are provided in local community health centres and hospital clinics that are organised to provide universal access to health services that promote health and well-being.

Similarly, the education sector has focused on access to education for students with special education needs, including children with different types of disability and students who are gifted. The Department of Education has engaged, at a policy level, the opportunity to develop capacity for inclusive education through its appointment of schools providing inclusive education (SPIEs) and the identification of educators at special schools who provide resource support for SPIEs.

Challenges

Cross-sectoral coordination and interprofessional collaboration between health and education sectors to provide comprehensive support for students with disabilities and integrated planning for inclusion across all districts in Yogyakarta is lacking. Strategies to develop proactive, coordinated, and responsive school health support services is needed to enable (a) access to education for all students with disability and (b) the provision of person-centred planning and support to achieve quality education for all students.

Outside of Indonesia, inclusive models have emerged that integrate therapy and support services at school (e.g., Missiuna et al., 2012; Villeneuve, 2009; Villeneuve & Hutchinson, 2012; Villeneuve & Shulha, 2012). These are evidence-based collaborative models that involve families, educators, and relevant service providers working together to develop and integrate supports into classroom programming and school routines.

Educators in Indonesia have had limited opportunity to explore, implement and adapt these collaborative models to local use.
Stakeholders who participated in the combined Policy and Action Research Workshop identified additional challenges impacting the development and implementation of inclusive education practices. These challenges were grouped into six key barriers to inclusive education in Yogyakarta: (1) policy guidelines; (2) resources; (3) capacity; (4) leadership; (5) networking; and (6) attitudes. A summary of each key barrier is outlined in Appendix A.
Collaborating for Inclusion

Collaboration is the cornerstone of inclusive education (Giangreco, 1997; Villeneuve et al., 2013). Collaboration for inclusion of children with disability includes parents, educators, education administrators, and related service providers who often work within the health sector.

Four fundamental principles direct us in understanding the relationship between collaborative team effort and meaningful inclusion of students with disabilities (Villeneuve & Hutchinson, 2012):

1. Shared focus for joint effort that is grounded in the child’s role as a student;
2. Meaningful communication practices that develop mutual understanding and appreciative problem solving and sustain this over time;
3. Integrated services, learning strategies, and supports for classroom programming and school routines using materials and resources available at school; and
4. Leadership of a key facilitator who can forge the necessary linkages between collaborators, their work activities, and achieving the personalised goals of the student. Leadership encourages regular reflection among collaborators on the success of inclusive practices and supports and the development of robust methods to evaluate the impact on student learning.
Recommendations

The following 5 key recommendations were developed through multiple stakeholder input at the combined Policy and Action Research workshop held in Yogyakarta from 13 – 19 January 2016. These recommendations emphasize collaborative action that will have a direct impact on the quality of inclusive education practices provided, the educational outcomes for students, and the quality of life for students with disabilities and their families.

Recommendation 1: Provide accessible, affordable, and integrated education and health services.

The inclusive resource centre, provided by the provincial government, has provided services to identify students with disabilities. Following this, we need school based intervention. We need affordable services and more collaborative efforts to integrate health, therapy and psychological services with teachers and families to achieve inclusive education and better quality of life. The social cost is inevitably high when interventions are not delivered as a follow up of assessment results. Therefore it is very important to provide support within the schooling context. For example: in forms of integrated therapy at school where teachers can support the implementation of interventions.

Furthermore, honest and transparent communication between professionals (e.g., therapist/psychologist), teachers and parents should be supported in both policy and practice by:

- Developing guidelines for effective communication practices between educators, health care providers, and families.
- Utilizing a key facilitator model to support service coordination and interprofessional collaboration for students with disabilities and their families.
- Identifying opportunities for schools in remote locations of Yogyakarta to access support (such as that provided by the inclusive resource centre, special schools, and community health clinics) and to collaborate with health care providers.

Recommendation 2: Develop capacity of teachers, special educators, school principals, parents, therapists, and children to collaborate for inclusion at school

The capacity to share, learn, and work collaboratively is necessary for the development of inclusive education within and outside Yogyakarta. This requires a shift in mindset from a deficit model to a social model of disability.

Policy decision-makers across health, education, and social service sectors must coordinate their effort to develop competence in stakeholders to deliver person-centered approaches for meaningful inclusion at school.

Person centred approaches to planning for students with disabilities:

a. begins with and continues to involve the child and their family;
b. focuses on student strengths, interests, preferences, and priorities;
c. uses a future orientation focus (short and long term goals that are SMART - Specific, Measurable, Achievable, Relevant, and Timely);
d. consults with the child about decision(s) impacting his/her life;
e. invites collaboration with all stakeholders, including the child, family, and other students;
f. is based on a shared philosophy of inclusion
Recommendation 3: Empower educators to uphold the principles of inclusive education and respond to the diverse needs of students in their classroom

Educators need skills, knowledge and disposition to: (a) interpret the national curriculum so that it is inclusive of all students; (b) prepare and support teachers to implement instructional strategies that uphold dignified, meaningful and personalised educational outcomes for all students.

Universal Design for Learning (UDL) offers a framework that supports the development and implementation of inclusive curriculum. An inclusive curriculum:
1. motivates students to learn and promotes their development as self-managers (engagement);
2. communicates clearly what students are to learn through acknowledging their strengths, and
3. provides multiple opportunities for students to communicate their learning at differing levels (action and expression). (Meyer, Rose & Gordon, 2013; Nelson, 2014)

Recommendation 4: Adopt person first language in all government documents and verbal communication

Policy makers need to use person first language representing the social model of disability in government documents and verbal communication (e.g., a child with a disability, a student with autism).

Policy decision makers and community leaders need to stop using language that produces negative views and attitudes towards children with disabilities and their families. This includes schools being labelled as “inclusion schools” and children with disabilities being labelled as an “inclusion child”.

These labels perpetuate negative attitudes and promote the belief that the status of a school will be lower by accepting students with disabilities. It is therefore crucial that educators and health care providers also adopt respectful language through the application of strengths-based and person-centred approaches in their interactions and communication with all community members (refer to Recommendation #2)

Recommendation 5: Develop the role of universities as a resource and support for inclusion

Collaborative networks across diverse university and academic programs (e.g., health, education, social) are needed to develop and evaluate inclusive education. These collaborative networks should support the design, implementation, and evaluation of inclusive education through engagement with community-based participatory action research teams.

Academic researchers should be supported to collaborate with educators and health providers in applied research to develop practice-informed strategies for inclusive education and to further awareness of evidence-based practices.

Strengthening research expertise will enable universities to provide community services including, (a) training and capacity building for educators and health care providers, (b) mentoring and coaching in the field (schools; community health clinics; resource centres), (c) revitalizing teacher forums into learning communities, and (d) strengthening collaborative research between health and education sectors.

Universities can support each other to share knowledge and strategies for developing inclusive practices at the university level. University administrators and faculty should be supported to collaborate with secondary school educators and health providers to support the successful transition of students with disabilities into University programs by developing resources to support the academic, physical, social, and emotional needs of students.
Future Direction

Participatory Action Research (PAR) is the integration of community action (implementing a plan) with community-based research to understand and improve the effectiveness of implementation. PAR is founded on the principle that those who experience a phenomenon are the most qualified to investigate it. Action researchers engage in cycles of observation, reflection, and action to make systematic improvements in practice.

PAR teams at the seven participating schools were introduced sociocultural activity theory (SCAT) (Engeström, 2000). SCAT is a framework that enables:
- Quality communication among stakeholders who have a shared interest in inclusive education,
- Empirical documentation on the nature of joint effort in the action research process to develop inclusive practices locally, and
- Evaluation of the relationship between collaborative teamwork to and inclusion outcomes for students with disability.

The SCAT framework supports critical reflection on the relationship between collaborative practice (i.e., parents, educators and related service providers working together to support learning and participation of students) and inclusion outcomes for students with disabilities. Practice-based evidence is developed by considering: (a) the desired goals or outcomes; (b) what is being worked on in relation to the goal; (c) the tools, methods, or approaches used; (d) the community of others who are involved; (e) the rules, routines, and professional conduct that support or constrain practice; and (f) the way in which work is divided (Leadbetter, 2008; Martin, 2008).

In 2016, PAR teams will come together regularly during the school year to reflect on inclusion goals and collaborative practices to support achievement of educational inclusion at school. Using the SCAT framework, PAR teams will adjust and document their work practices as a result of this experience of learning together.

The ultimate goal is for PAR teams to evolve into a school-based resource that can support others wishing to develop inclusive education practices. To achieve this goal, ongoing support and research funding is needed to support partnership between academic researchers and PAR teams as they develop and disseminate the evidence for cross-sector coordination and collaborative inclusive education practices in Yogyakarta.
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Research Team:
Dr Michelle Villeneuve, Project Lead, Faculty of Health Sciences, The University of Sydney
Associate Prof. Dr David Evans, Project co-lead, Faculty of Education and Social Work, The University of Sydney
Ms. Sukinah, M.Pd, Special Education, Faculty of Education, Yogyakarta State University
Ms. Elga Andriana, PhD Candidate, Faculty of Education and Social Work, The University of Sydney
Dr Michelle Bonati, Faculty of Education and Social Work, The University of Sydney
Dr Cathy Little, Faculty of Education and Social Work, The University of Sydney
Dr Michael Millington, Faculty of Health Sciences, The University of Sydney

Participants
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References


Policies Reviewed

National:

Indonesia Ministry of Women Empowerment and Children Protection Regulation No 10/2011: Handling Children with Special Needs

Provincial:
Yogyakarta Province Governor Regulation No 4/2012: Protection and Rights Fulfillment of People with Disabilities

Yogyakarta Province Governor Regulation No 21/2013: Implementation of Inclusive Education

Yogyakarta Province Governor Regulation No 41/2013: Inclusive Education Resource Centre

Appendix A

Summary of barriers to collaboration for inclusive education that were identified by participants at the Policy and Action Research Workshop held in Yogyakarta on 13 – 19 January, 2016.

| Policy Guidelines | 1. Lack of coordination between provincial policy and at the district or municipal level planning for how material resources, finances, and human resources are allocated for inclusive education. |
| | 2. Lack of coordination between provincial policy and at the district or municipal level planning for how material resources, finances, and human resources are allocated for inclusive education. |
| | 3. Lack of policy guidelines to support effective communication between key stakeholders for inclusion (health – education; parent – educator); |
| | a. Lack of shared understanding among educators about inclusive education; Lack of shared vision for inclusion – different perceptions between parents, teachers, therapists |
| | b. Inefficient/limited accountability and responsibility practices among educators for supporting inclusive education (e.g., role of special and regular educators, shadow teachers…) |
| | c. Lack of collaboration between home and school |
| | d. Ineffective communication between teachers and health providers (e.g., therapists, psychologists, health care providers) – lack time and opportunity to meet |
| | 4. Inflexible curriculum that does not meet the needs of a diverse range of learners |
| Resources | 5. Insufficient human resources to ensure quality inclusive education supports (e.g., limited number of educated special education teachers and shadow teachers) |
| | 6. Insufficient tools and equipment to realise high quality inclusion and education for all (e.g., learning tools and educational resources that support learning for all students) |
| | 7. Lack of facilities and infrastructure (e.g., accessibility of schools and learning opportunities) |
| Capacity | 8. Lack of knowledge and understanding about how to develop inclusive education. Lack capacity to implement education and translate policy to practice. Lack of education training for teachers in special and inclusive education |
| Leadership | 9. Limited/inconsistent school leadership for translating vision of inclusive education into practice at local level |
| Networking | 10. Lack of connection and coordinated support from other institutions (e.g., government; universities; community health clinics) in the community |
| | 11. Limited community support for children with disabilities and their... |
| **Attitudes** | 12. Negative societal attitudes toward disability (expressed by society, educators, parents)  
 13. Negative perceptions about inclusive education (e.g., there is a perception that students with disabilities are a barrier to the learning of other children; attitudes of educators that the standing of the school will lower with inclusion is a barrier to the application of inclusive education). This stigma impacts children, families, teachers, schools, and the local community and undermines efforts to develop inclusive education opportunities.  
 14. Children with disabilities have low expectations for themselves  
 15. The whole school/community must learn and use strategies that support inclusion – from the teachers to the cafeteria workers. The whole school community needs to consistently implement strategies to support the learning of students |