

Inclusion with pride

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INCLUSION

How do settings in developing countries using volunteers who receive minimal training and resources tackle inclusion? Anita Soni, Educational Psychologist/Academic and Professional Tutor at University of Birmingham, reports on a project in Malawi

In Malawi, a landlocked republic in southeast Africa, early years provision takes the form of Community Based Child Care settings (CBCCs). They rely mainly on volunteer workers, who receive minimal training and resources from government and non-government organisations, and to a certain extent they have been successful: the proportion of eligible three- to five-year-olds attending has risen from 3 per cent in 2000 to more than 45 per cent in 2015. This does, however, mean that the majority are not accessing CBCCs.

While it is recognised that the provision for children with special educational needs and disabilities is inadequate, it is a difficult issue to tackle. In low-income countries, where resources – physical, financial, human – are stretched to almost unimaginable levels, inclusion can seem like an almost insurmountable challenge. Also, up to 80 per cent of parents and carers view Early Childhood Education and Care (ECEC) as preparation for school, rather than an important time of learning and development in its own right. After all, if a child is perceived as not being school material, why prepare them?

Quality education for all is – sadly, in this day and age – an aspiration rather than a reality, so much so that as recently as 2017, the United Nations committed in its Sustainable Development Goals to ‘leaving no-one behind’. Children with disabilities are routinely marginalised and all too frequently excluded altogether – this is according to the World Health Organisation and World Bank – and this can start early. In the early years, in fact.

The implications of this run deep. A child who attends an ECEC setting benefits in many ways, for example by experiencing better well-being, reduced poverty and increased social mobility. There are added bonuses for children with disabilities, namely reduced welfare costs, more independence and productivity, and this, in turn, releases family members from caring responsibilities so they are able to earn. Society, as a whole, is richer as a result.

To this end, we ran a three-year project, ‘**Tikule Limodze**’ *Lets grow together*, which has recently completed, looking at and trying to address some of the difficulties faced by early years workers in Malawi. More than half its population live below the poverty line, making it one of the poorest countries in the world.

BASELINE DATA

Currently, there are no dedicated assessments to measure school readiness of children attending CBCCs in Malawi. To get a handle on how children were doing, including children with disabilities, we developed a curriculum-based tool which was based on the Early Learning and Development Standards (ELDS) developed by UNICEF and the ministry of Gender, Children, Disability and Social Welfare in Malawi. We focused on language, literacy and communication, and mathematical and numerical knowledge.

Whilst conducting the assessments, it quickly became apparent that many of the children assessed were unable to perform even the most basic tasks – for example, holding a book the right way around. This was perhaps unsurprising as very few CBCCs had access to any reading materials, even though the ministry expects children to be able to develop these skills.

Our baseline data was collected from nearly 50 CBCCs (see box). After this, a team from **the University of Birmingham** worked with ten trainers from colleges and charities in Malawi to embed inclusion into the existing two-week course that CBCC staff were expected to complete. This integrated approach to training worked at a practical level but also created capacity beyond the project in terms of educating future CBCC workers.

Twenty-four CBCCs were invited to send two or three staff members on the course delivered by **two** of the trainers, and were provided with a basket of resources that they could use in their practice, including a washing line and pegs, a mat to sit on, a piece of cloth and some laminated letters and numbers.

Data was collected from all CBCCs nine months later, at which point staff from CBCCs who had not received the training were invited to send staff on the course in order to level out provision.

The training was an enhancement of the existing 2 week package, and so inclusion was embedded within as many sessions as possible through simple case studies of children with disabilities so the needs of these children could be considered and reflected upon regularly within the training. At a practical level additional activities were suggested to try and promote inclusion, participation and child-led activity such as helicopter storytelling where the children take an active part in acting out their own stories, use of local free resources such as bottle tops

to promote early Maths, use of environmental print and parachute games alongside consideration of the importance of working with parents.

OUTCOMES

The final data showed:

- More children with disabilities were identified in the CBCCs where staff had benefited from the enhanced training.
- Direct interaction levels were much higher in the intervention group than the control (82 per cent spending a minimum of one hour interacting with the children compared to 50 per cent).
- The same was true in terms of ensuring all children were engaged in activities, at 41 per cent in the intervention CBCCs versus 18 per cent in the control arm
- In the intervention CBCCs, 50 per cent of caregivers encouraged positive social interactions between children and helped them develop appropriate social behaviours with peers compared to just 14 per cent in control CBCCs.
- Over half of children with disabilities were included into the wider group and participated in most or all activities in the intervention group compared with only a fifth in the control group.
- Satisfaction levels of caregivers in the intervention CBCCs in terms of the training they received and their work increased significantly.

Anecdotal feedback was also overwhelmingly positive, with one caregiver saying: 'I did not know how to take care of children with disabilities. The interest was there but we didn't know where to start from... because of the training, the students are performing better in class and parents are happier that their children are learning... I am doing much better.'

Another caregiver talked about making changes as a result of the training he had received: 'In the past we were not aware of what to do but now we know how to handle these children, now we are able to take care of children with disabilities: if a child does this, I should do that. And also on the materials, we used to think someone would bring materials but we make our own.'

IMPLICATIONS FOR THE UK

Although it may seem niche and remote, there is much to be learned from this project:

- how increasing understanding among those working in early years can promote inclusion
- how those who feel they are making more of a difference are more satisfied with their work
- the importance of being sensitive to cultural differences when developing training, and
- that a practical approach pays dividends, particularly when the literacy levels of those working at a grassroots level may be low.

One of the most stirring outcomes has been a shift in the attitudes of parents. A father was unstinting in his praise for how his daughter was doing, saying: 'I really appreciate the progress she is making. The way she learns here... now she is speaking very well. You don't notice that she has a disability. She is able to speak and do what the teacher instructs her to do without any problems. It makes me very proud.'

This upsurge in children's confidence was a recurring theme. As a caregiver commented on a child in her care who had previously been lacking in self-esteem and riddled with doubt: 'Now he is able to talk loudly and proudly.'

Box

IMPACT

- The project was a randomised controlled trial involving 48 CBCCs (44 submitted final data). These were split into an intervention group and a control.
- The impacts of the project were measured at different levels in terms of development of children, how CBCCs became more inclusive of children with disabilities, and the motivation and job satisfaction of caregivers.
- These impacts were measured in a number of ways including individual child assessments based on the curriculum (similar to the Early Years Foundation Stage Profile), a tool developed and standardised on Malawi children, questionnaires and an adapted version of the Early Childhood Environment Rating Scale (ECERS) focused on use of discipline, interaction and inclusion of children with disabilities.
- The project was devised and executed by a team from [the University of Birmingham](#)'s School of Education, in collaboration with international academic partners Anthrologica and the University of Malawi and the non-government organisation Sightsavers. It was funded by the Economic and Social Research Council, UK Aid and the Malawi Government.