

**The Impact of Community Involvement in Promoting Inclusive Education in Rwanda.**

**Case of Kamonyi District**

**By**

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**University of Rwanda-College of Education**

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**July 2018**

## CERTIFICATION

This is to certify that the thesis entitled “*The impact of community involvement in promoting inclusive education in Rwanda*”; Case study of Kamonyi district is the scientific work of Gérardine Irankunda, submitted in the partial fulfillment of the Requirements for the Degree of Master of Education in Special Needs Education.

Signature: ..... 

Supervisor: Dr. Gonzague Habinshuti

Date: 25 July 2018

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**Gérardine Irankunda**

## **DEDICATION**

To the Almighty God,

To my husband, Alexis Rusine for your everlasting support,

To my beloved children, Ange Christie, Bernice and Archange, for your heartening presence in my life,

To all of you who encouraged and supported me in one way or another,

To all educational stakeholders involved in the promotion of inclusive education,

This work is dedicated.

**Gérardine Irankunda**

## ABSTRACT

The aim of this study was the assessment of the community involvement and its impact in the promotion of IE. In this study, the community as one of the role players in educating children with particular educational needs, in an inclusive environment was accorded the first and foremost interest. In fact, children are raised within a community whose influential role on the learning process can't be ignored or under estimated. The theory of change for community interventions in Education (Meister, 2006) and the social model of disability (Crow, 1996 and McArthur, 2009) are theories that guided this study. To empirically collect data mixed methods (quantitative and qualitative) were used where through the use of questionnaires, organization of interview and focus group discussions information was collected. The research has shown the community role in the promotion of IE and its involvement as reported being an impactful action towards the creation and sustainability of inclusive community/society where stigma and discrimination against people with disability (PWDs) do no longer have place. As a matter of fact, 63% of participants highlighted the great influence of community members (local leaders, community health workers, parents, educators, and other opinion leaders) when fully engaged in IE related activities; 71% of these participants again reported the community support oriented to CWDs in their learning endeavor. For instance, 66% of participants confirmed the community volunteering activities at school and in the community which denote the community attitudes and behaviors change towards CWDs. In fact, 81% of families recognized the rights of CWDs to education, while 68% of educators confirmed the benefits of teaching CWDs together with those without disability. They reported the teaching and learning activities rich in constructive experiences when done in inclusive settings. Moreover, 60% of community members do no longer consider CWDs as source of charge and believe in CWDs' capacity of learning at 81%; consequently 84% of their supports as oriented to those children in need increased the number of CWDs in schools. Community involvement and contribution in the promotion of IE were seen in many ways such as developed support services at village level (centre du jour) where rehabilitation services are provided to CWDs early by trained and skilled mothers, grouping parents of CWDs in Psycho-Educational Groups for them to receive guidance and counseling required to be able to accept and educate their children. To effectively promote IE all over the country and consequently create inclusive society, the government of Rwanda, through its ministries in charge of Education (MINEDUC), local governance (MINALOC), and family protection (MIGEPROF); should adopt, improve, and implement the community involvement model as addressed in my research.

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## **LIST OF ABBREVIATIONS/ACRONYMS**

A: Agree

ACPF : African Child Policy Forum

CEFAPEK : Centre de Formation Agricole et de Petit Elevage de Kamonyi

CHWs: Community Health Workers

CEV: Community Education Volunteers

CSR: Catholic Relief Service

CWDs: Children with Disabilities

D: Disagree

IE: Inclusive Education

IEP: Individual Educational Plan

NDA: National Disability Authority

NGO: Non Government Organization

MIGEPROF: Ministry of Gender and Family Promotion

MINALOC: Ministry of Local Government

MINEDUC: Ministry of Education

PWDs: People/ Persons with Disabilities

SA: Strongly Agree

SD: Strongly Disagree

SEO: Sector Education Officer

SNE: Special Needs Education

VGPIEK: Voluntary Group for Partnership in Inclusive Education in Kamonyi

UNESCO: United Nations Educational, Scientific and Cultural Organization

## **CHAPTER ONE**

### **GENERAL INTRODUCTION**

#### **1.0. Introduction**

This chapter discusses the background of the study, statement of the problem, objectives of the study, research questions, significance of the study, delimitation and limitation of the study, definition of key terms and ends by a brief conclusion of the chapter.

#### **1.1. Background of the study**

Inclusive education as the most effective approach to educate children with disability in a least restrictive environment stands for education of children with disabilities alongside their peers in mainstream schools. The fundamental principle of inclusive school is determined by the Salamanca Statement and Framework for Action and which states that “all children should learn together, wherever possible, regardless of any difficulties or differences they may have” (UNESCO, 1994). The practice of this approach requires a combination of various factors starting from the school arrangement up to the involvement of different education stakeholders which make it a participatory approach (Mariga, McConkey and Myezwa, 2014).

With regard to this, the same framework for action highlights different factors, to put in place, and different actors whose efforts are complementary for the promotion of inclusive education. Thus the idea of inclusive schools is reinforced and entrusted of recognizing and responding “to the diverse needs of their students, accommodating both different styles and rates of learning and ensuring quality education to all through appropriate curricula, organizational arrangements, teaching strategies, resource use and partnerships with their communities” (UNESCO, 1994 pp 11-12)

The focus of the current research is the impact of community involvement in inclusive schools. In fact, there should be partnership between school and community (UNESCO, 1994). The consequent cycle of influence played by both partners in day to day life of each one is highlighted by MacArthur (2009) when he confirms that “Education shapes and defines our communities and is the key to an ordinary and satisfying life for disabled people. Inclusive schools contribute to inclusive communities and in inclusive communities, the barriers to community participation experienced by disabled people and their families are reduced because such communities expect, understand and respond to diversity in positive and supportive ways.”

With the purpose of developing inclusive schools within inclusive communities, Avramidis and Norwich (2002) point out the idea of restructuring mainstream schools so that they “can accommodate every child irrespective of disability (‘accommodation’ rather than ‘assimilation’) and ensures that all learners belong to a community”. Here the challenge to overcome is to successfully develop and run a child-centered pedagogy capable of educating all children, including those who have serious disadvantages and disabilities (UNESCO, 1994). Those schools are not only capable of providing quality education to all children; but also their establishment is a crucial step in helping to change discriminatory attitudes in creating welcoming communities and in developing an inclusive society.

Referring to the *foregoing* discussion and in my understanding, communities’ attitudes towards children with disability shape the type of interactions and actions directed to this category of learners by the community they belong to. If we come back to some components of the description of inclusive education like; “*increasing participation in learning, cultures and communities, and reducing exclusion within and from education,*” as defined by UNESCO (2009); the successful education of learners with disability not only involves the education system but also other stakeholders such as families of Children with Disabilities (CWDs) and the community in which they live. In inclusive education a learner with disability is also a member of a given community and this one has to accept and accommodate the needs of learners with disabilities as it does for able bodied children. Avramidis et al. (2002) goes on and denote the role of social values present within the community and their implication in the creation of community attitudes towards People with Disabilities (PWDs) in all aspects of community life.

When those community attitudes are negatives they are materialized in terms of social disadvantage, oppression and discrimination against PWDs.

Community involvement in promoting inclusive education is one of the cornerstones on which education of children with disability should stand; but it is always subject to community's attitudes towards disability. This was pointed out by Karangwa, Miles and Lewis (2010) when they discussed the influence that community plays on parents' decision about their children with disabilities? In fact and according to the authors "decisions made by immediate family members tend to be informed by the extended family, neighbors and community members, and leaders".

However, the concerned community influence has never been positive; it was in most of the cases negative. As explained by Trimblay (2007), Karangwa, Miles and Lewis (2010) and Sorisi, Nota & Wehmeyer (2011) different perceptions and beliefs on disabilities made society exclude people with disabilities. Disability used to be considered as a "punishment from gods" (Trimblay, 2007) and community believes that: "once disabled always disabled" (Trimblay, 2007); for a long time communities discriminated and segregated children with disabilities especially when it came to their schooling.

A look on African communities shows that "disability has been a major cause of education exclusion" (Tsegaye, 2011 p 18). In traditional African beliefs, children with disabilities were seen as source of shame to the family and kept in back rooms where no one can see them. Negative cultural beliefs associated with punishment, evil and witchcraft allocated PWDs and their families to the second class citizenship, marginalizing them in their communities. (ACPFb, 2011:6). In such conditions thinking about their education would be a miracle.

Regrettably, even the current community observation reveals that, this way of thinking persists and community members' attitudes towards disability serve as a mirror through which someone may identify the type of community involvement in promoting education of children with disability. In facts, beliefs and attitudes present in societies make persons with disabilities still generally marginalized (UNICEF, 2007) which may hinder the developments of "special education" and "inclusive education". The abilities of People with disabilities are overlooked, their capacities are underestimated and their needs are given low priority. Yet, the barriers they

face are more frequently seen as a result of the environment in which they live than as a result of their impairments. Kisanji (as cited in Ainscow, 1999) confirms that community perceptions of disabled children influence the nature of education provision to those children. In some countries disability is seen to arise as a result of the influence of factors such as witchcraft, curses or punishment from God and anger of ancestral spirits. This being the cause it may be that some children will be hidden away from sight by family in order to avoid feelings of shame (Kisanji 1993).

Different scientific works on influence of community perceptions of children with disabilities on their education was carried out, and the very crucial point concerned was the attitudes of community towards education of children with disabilities. Authors like, Konza (2008), Olaleye, Ogundele, Deji, Ajayi, Olaleye and Adeyanju (2012), Vaz, Wilson, Falkmer, Sim, Scott, Cordier and Falkmer (2015) and many others discussed the influence of community members' attitudes towards children with disabilities and their education. For instance, Konza (2008) explains how "parents of the mainstreamed or neurotypical students are not always satisfied that their children are being offered the best education when teachers spend additional time and resources on students with special needs. This causes further tension in the school community and can result in principals being reluctant to enroll students with disabilities." Parents of children without disabilities, as members of community, haven't always positive attitudes towards education of CWD in mainstream schools yet they are members of the community from which commitment is needed for a better actualization of the full potential of learners (Weeks, 2000).

Most of communities in East African countries, used to and still have negative attitudes (in a moderated way) towards education of children with disabilities. In Kenya, Tanzania, Uganda and our own country: Rwanda, community used to consider children with disability as sources of shame and responsibilities to their families and governments. During an interview with The guardian (2011), Karangwa declared that in Rwanda, "the biggest challenge continues to be the stigma that society attaches to people with disabilities" and to change the mindset of the decision-makers – the teachers, parents, community and policymakers is, according to him, the only way to successfully improve the education provision to those children. He goes on and confirms that "Until attitudes about these kids change, there won't be enough political and

community will to put enough investment for the specialized aids and equipment and training of teachers that children with special needs require to learn”.

This discussion brings us to the role a country should play in the promotion of inclusive education. Drame and Kamphaff (2014) states that the country must, among other mechanisms, create community awareness campaigns that increase knowledge of disabilities. The community awareness on the issue once increased, leads to the fully community involvement. In this regard, Mariga, McConkey and Myezwa (2014) argue that inclusion requires a participatory approach within communities if it is to succeed. Many groups have – or should have – a vested interest in inclusive education (Mariga et al, 2014:15) and schools need to make links with different people and groups that are found in most communities. By enlisting their help, schools will provide a richer education for all students as well as those with special needs; supporting the truth of the proverb. *It takes a village to educate a child – African proverb*”.

In Rwanda, activities related to education as well as to inclusive education are carried out by public and private institutions/ schools or charity based organisations operating in different areas of the country. Nevertheless, in some rural as well as urban places “People and especially children who live with disabilities face great discrimination, marginalization and stigma (Talley and Brintnell, 2016). They are often hidden and treated as outcasts, particularly if their disability is severe” (UNICEF, 2011 as cited by Murenzi, 2016). People are uncomfortable with having children with disabilities both in their families and their community. Instead of sending those children in schools where they can have access to education like any other child without disability; some rich families hide their children with disability in homes while the poor ones do not care or have no other option than to send or let them go, sometimes helped by their able bodied siblings, in public places where they live on charity. The main concern is that community surrounding those two categories of families is not taking enough interest in this issue; thus the community involvement in the process of promoting inclusive education is likely to be low.

Based on the situation described in the previous paragraph, the impact of Community involvement in promoting inclusive education is a concern of this study due to the interest the researcher accords to education as one of the pillars of the society sustainable life. Education and rights to education does not select who should or not be educated. Inclusive education is

suggested as a strategy to put in place to ensure that education of all becomes reality. In this regards, Mittler (as cited in Marling and Burns, 2014) highlights that “inclusive education could succeed, given political will, good leadership, preparation of teachers and parental and community support”. As a dynamic process with continuous evolution in accordance with local cultures and contexts, IE includes home and community and it is about changing attitudes, behaviors, teaching methods, curricula and environment to meet the needs of all children (Marling et al., 2014). The complementarity of the two views is in the fact that IE approach combines political, technical and cultural aspects to succeed.

Thus, based on the Initial Education Sector Strategic Plan whose strategy at community level is “developing an education management information system that identifies the number of learners requiring additional support; and developing a community-based response to disability and discrimination” (Republic of Rwanda, 1998); this research is proposed in order to investigate the impact of community involvement in promoting inclusive education. It will be carried out in Kamonyi district where inclusive practices in schools have been developed for a considerable long time. In fact the district of Kamonyi has some supported inclusive schools like “Groupe Scholaire Rosa Mystica”, and other where inclusive practices were developed in partnership with CEFAPEK (Centre de Formation Agricole et de Petit Elevage de Kamonyi); a local centre with a mission of building inclusive community and which till date, managed to involve communities in their school activities for a considerable time.

## **1.2. Statement of the problem**

Education of all children in local or community schools assists in breaking down barriers and negative attitudes and facilitates social integration and cohesion within communities. For children with disabilities, the right to education can be fully experienced if the community is considerably or fully involved in education process. Furthermore, the “potential for communities and educational institutions to mutually sustain each other” (Ainscow et al., 2006), implies the consideration of the community in which an inclusive school is being developed and the respect of the fact that inclusive education practice varies from one place to another based on cultural

responses of a given community that influence at the same time its involvement. Consequently, community involvement increases the likelihood of sustainability through responsibility, commitment, ownership, and pride in accomplishments (Peters, 2003).

Usually, people's perception of disability influences largely the community involvement in education of CWDs. As a matter of facts, negative social attitudes of able bodied people towards their peers with disability are challenging the effective education of those children and the provision of community supports in this regards. In many African countries, discriminatory attitudes of students and staff are one of the reasons that make CWDs being excluded in mainstream schools (Lewis, 2009) and in the community given the fact that students and school staff are also community members.

In Rwanda, despite government initiatives (developed and adopted policies) to increase opportunities for CWDs to access education and the consequent involvement of some Non Government Organizations (NGO) in the promotion of inclusive education and the building of inclusive communities; many children with disabilities are not schooled. Actually, there is a glaring gap between the policy commitments and the concrete practice of support to IE that cater for a large group of learners who are unschooled because of their disabilities (Karangwa, 2014). For quite a long time and till date, CWDs' position within their families influenced their communities' interactions and schooling (Karangwa, 2006 as cited by Lewis 2009).

Moreover, Talley et al. (2016) highlighted the negative effect of cultural attitudes and discrimination to which CWDs are subjects and the consequent transformation of those cultural attitudes into stigmatization, marginalization and discriminations of children by the community. In family, CWDs are underestimated, considered as a source of shame, seen as useless, meaningless and condemned to poor life while waiting for God's will (Sagahutu and Struthers, 2014), whereas community sees them as an economic burden and an object of charity, therefore the persistent presence of unschooled children with disability living in the streets, community or even hidden in their home due to the shortage of community understanding, patience, acceptance and support towards CWDs.

Unfortunately, the successful implementation of inclusive education in Rwanda is subject to the application of a multisectoral approach to address community attitudes, professional readiness, parental concern and access to resources (Malak, 2013). This research aimed in assessing the

impact of community involvement in the process of implementing inclusive education based on the role of CEFAPEK and its partners in the promotion of IE and the building of IE. The researcher in his endeavor sought to know and understand the to which extent community members have to be engaged with schools to ensure inclusive education practice and the influence that community involvement can have on inclusive education practice in Rwandan schools. If communities are really engaged in schools activities to cater for children with disabilities why the observed increase of unschooled school aged CWDs on/in streets, in families and consequently in communities?

### **1.3. Objectives of the study**

The objectives of this study was classified into two categories namely the main objective which gives the general orientation of the study and specific objectives from which the researcher managed to carry out her study.

#### **1.3.1. Main objective of the study**

The main objective of this research is to evaluate the impact of community involvement in promoting inclusive education in Rwanda.

#### **1.3.2. Specific objectives of the study**

The study sought to:

1. Determine the community members' involvement in promoting inclusive education at local level.
2. Identify the impact of community involvement in inclusive education at local level.
3. Find out current attitudes and behaviors of community towards inclusive education.

### **1.4. Research questions**

1. What is the status of community members' involvement in promoting inclusive education?

2. What are the impacts of community involvement on inclusive education at local level?
3. What are community attitudes and behaviors towards inclusive education?
4. What can be done to effectively involve the community in the promotion of IE all over the Country?

### **1.5. Significance of the study**

This research is worthwhile since it suggests appropriate measures to foster community participation in the education of learners with special educational needs.

The research findings will be benefic for various inclusive education stakeholders: such as local and national authorities, community based organizations, national and international NGOs based in Rwanda, schools and families, and children with disabilities themselves. This research drew the picture of the involvement status of different members of the community in promoting inclusive education compared to the ideal situation. By doing so the gaps were identified and consequently the focus shall be on the missing parts of the puzzle to promote inclusive education. Hence, the research findings shall serve as reference to build on an appropriate approach that can be successfully applicable to the Rwandan inclusive education model.

Local authorities shall be able to clearly know their role in promoting inclusive education and accordingly plan their related activities. At national level, policies are made by authorities based to the knowledge on a given phenomena from the grassroots up to the top level of a society. Information related to the involvement of authorities in developing inclusive education shall inform policy makers.

This study will provide useful information to the community based organizations since they are the ones who are closely involved in communities' activities. In fact, the research findings shall inform this category of stakeholders about concrete activities that may contribute a lot to the promotion of inclusive education.

Moreover, schools shall be informed by the study on the practices that leads to inclusive education, from experiences of some other schools where those practices have been implemented.

Most important, people with disabilities and their families will benefit to the study in such way that they will get information on how to get access to education supported by the community within which they live.

## **1.6. Delimitation and limitation**

With this section of Delimitation and limitation, the research boundaries in terms of geographical location, period covered and concerned communities are presented.

### **1.6.1. Delimitation**

This research was carried out in two administrative cells namely Gihimba and Nkingo cells of Gacurabwenge sector of Kamonyi District in Southern-province. All these cells possess at least one mainstream/inclusive school. For better understanding of the community involvement approach in promoting IE on one hand, the study focused on one cell where NGOs are supporting or has supported the education system in including learners with disabilities in the mainstream schools, and on the other hand the focus was drawn on cell where such intervention has not yet been initiated but where schools, supported by Community Education Volunteers under the guidance of the Groupe scolaire Rosa Mystica accept learners of different categories including those with disabilities. The covered period of the study is two years starting from 2015 till 2017. The choice of this period is based on two reasons: the existence of a group of Volunteers for the promotion of Inclusive Education in Kamonyi (VGPIEK), whose activities were officially launched in 2013, and which are expended all over this district and beyond; on one hand and the learning family school approach recognized by MINEDUC in 2015 on the other side. In fact, VGPIEK group and the “Learning Family School” approach, to which VGPIEK has an active role; contribute a lot in the promotion of IE. Thus, the researcher wanted to know, the contribution so far made by the VGPIEK group and the developed approach after they have been recognized by the Ministry in charge of Education in Rwanda.

The thematic scope is limited to the community members’ involvement and relationship with mainstream schools in the perspective of promoting inclusive education. The research concerned all stakeholders involved in one way or another in the promotion of IE. Therefore, the targeted

groups were, Local Leaders, parents of children with and without disabilities, Community Health Workers, educators, some opinion leaders such as religious based in the concerned sector and a local NGO operating in the Gacurabwenge sector.

### **1.6.2. Limitation**

The researcher could not carry out her research on many schools due to the time and financial constraints. These constraints were managed by selecting a school and its surrounding communities that are representative.

The researcher focused on the role of community in promoting inclusive education and did not paid attention on other factors involved in the creation and sustainability of inclusive education as such. The researcher assumed that other factors like school infrastructure, curriculum, financial support, etc. are in place.

### **1.7. Operational definition of key terms**

- **Disability** is a continuing condition that reduces the capacity to carry out different activities on a daily basis. The term “Disability” stands for different impairments, activity limitations and participation restrictions. When the term “Disability” will be used in its plural form “Disabilities” it is used as an umbrella term to point out different types of disability, namely, but not limited to, physical, intellectual, visual, hearing, impairments, learning disability, emotional and behavior disorders.
- **Community** can be a set of people who are willing to help each other, who are collaborating to the advantage of all” (Korch, 2005); which means in other words a group of people living in the same locality, having common interests and who are collaborating for the advantages of all. In this study, the focus is on interactions, human behaviors that have meaning and expectations between members of the community as a locality and that can influence the realization of a common goal.

- **Community involvement** can be defined as a couple of activities undertaken by community members to achieve a common goal. The community involvement can be evaluated through the participation of the following community members:

1. Parents and older siblings of CWDs
2. PWDs
3. Head teachers and teachers
4. Health personnel
5. Religious leaders (Mariga et al. 2014)
6. and Local leaders

Thus, in this research, community involvement stands for activities undertaken by different community members and/with their partners that are designed to support children with disabilities and schools in the process of teaching and learning for CWDs in a conducive environment. Community involvement is seen through developed programs by community members like association of parents of children with disability, charity organizations, local authority, national and international non government organizations (National or International NGOs), religious leaders, different professionals, etc.

- **Inclusive Education** means an educational approach that focus on the pedagogical practices that allow learners, supported by communities and schools they belong in, to feel comfortable at school so that they can learn and develop to their full potential.
- **Impact** is a strong effect or influence that something or someone has on a situation or a person. In our study impact of the community involvement means the effect/influence that the community and its activities has in regard to the promotion of IE in Kamonyi district.
- **Promoting** is a continuing action of providing support or actively encourage the progress of something or someone. Promoting IE is the action of supporting or further the progress of Inclusive Education done by the community members.

## **1.8. Conclusion of the chapter**

The chapter one focused on general introduction of the study. It drew, the context of the current research, stated the problem and set objectives as well as research questions to guide the researcher in her endeavor. Indeed, chapter one gave information on boundaries under which the study was carried out, key terms used by the researcher and the way she defines those terms for her research were also presented. This ending chapter opens the door to the next one which is about literature review.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0. Introduction**

The current chapter deals with literature on the impact of community involvement in promoting Inclusive Education. The discussion along with this chapter focuses on the role of different stakeholders (parents, community leaders (local leaders), Community Health Workers (abajyanama b'ubuzima), community based rehabilitation services providers and religious organizations) involved in education of CWDs within the community. Partnership between school, home and community will be discussed too as a result of community involvement in promoting IE. Through theories and conceptual framework, this chapter will discuss about links between school and community which facilitate the promotion of IE.

#### **2.1. Theoretical Review**

The theoretical review is meant to provide foundations on which the current research was built on. It defines the connection between the theoretical aspects of this research and its empirical aspects.

##### **2.1.1. Community involvement in promotion of Inclusive Education: Roles of different stakeholders**

Children's education is a concern of different stakeholders if we consider the fact that a child is born in a family and raised in a wider environment which is the community surrounding the family; where different actors (parents, siblings, uncles, aunts, neighbors, teachers, etc.) come on the board to influence his/her life. Educating CWDs need to pay much attention on the roles of all those involved in education process and practices. This indicates how much community has an important role to play in the promotion of IE Program.

### **2.1.1.1. Family involvement**

The family is the first place for a child to feel accepted and get required support and guidance for him/her to live a meaningful life in his community. Different researchers discussed about the family involvement in education of children. Beveridge (2005) for instance, confirms that family is the primary context for children's learning. The experience of progressively more demanding activities and interactions at home lays the foundations for subsequent development transition for example to peers groups (Parke, Neville, Burks, Boyum and Carson, 1994; Mize Russel and Pettit, 1998) as well as to school. The child inclusion within society has to start with being included within the family (Mariga et al., 2014). Tekin (2011) states that, parents are considered to be the most important primary role models in their young children's immediate surroundings; and assuring their children's academic achievement and success in school is one of the most important aspirations of every parent in many cultures. In other words, parents are vital for the academic success of their children" (Sheldon, 2003), they are the one who took their children to school and support them in their schooling.

In this regard, we can confirm that children's positive social, emotional and cognitive growth is associated with their active participation in home environments that are warm, stimulating and responsive (Beveridge, 2005; Meadow, 1996). Beveridge calls the family "a home learning environment" and confirms that the family has particular issues when children have special educational needs (Beveridge, 2005). To illustrate this concept of "home learning environment", we may take an example of parents of a visually impaired child and describe different responsibilities they have towards that child. Parents of the visual impaired child are responsible of meeting the basic needs of the child such as teaching him daily living skills, communication skills and mobility. They are also responsible to give the psychological back of the child. The training given by the Itinerant Teacher has to be reinforced by the family members if those skills have to be perfected by the child. Examples can be given for other types of disability to.

In a broader sense, family and more specifically parents are involved in children's education by assisting them learn at home, volunteer at school to help teachers make some teaching tools locally made, attend school meeting, regularly communicate with teachers, advocate for their

children, etc. They are also invited to participate in planning of services to provide to children to make them relevant to their children needs.

#### **2.1.1.2. Community involvement**

The community involvement shall be seen through its ability “to increase the equity of access for diverse students and families to community resources and programs” (Epstein, 2005), even though this task may encounter a set of challenges. Community is made of different actors whose roles differ from one another but which are complementary specifically when it is about dealing with education of children with special needs. According to Disability Rights (2014), communities bear some responsibility for facilitating inclusion, particularly in terms of attitudinal change towards disabled people. Successful community inclusion includes a sense of belonging in the community and fulfilling significant roles within the community (Johnson, Douglas, Bigby and Iacono, 2009). Here below, we discuss about involvement of different stakeholders located within the community:

##### **✓ Community Leaders**

Community leaders are key roles players in the promotion of Inclusive Education as they provide links to the social capital. Community leaders include local chiefs, traditional healers, elected politician and religious leaders – in short people of influence (Mariga et al., 2014). It is of great importance to inform, for instance local chiefs about the plan of the school concerning children with disability in which community shall be involved. This will contribute not only to get their approbation but again it will serve as a means to seek for their cooperation as well as that of the whole community. Community leaders are opinion leaders whose attitudes influence reactions of community members. Local leaders as well as religious leaders contribute a lot in the implementation of different programs; it is wise to take them in confidence and plan consultation sessions with them to plan for inclusive activities within the community.

### ✓ **Community Health Workers**

Community Health Worker can play important roles in primary health delivery, particularly in settings of health workplace shortage (Condo, Mugeni, Naughton, Hall, Tuazon, Omwega, Nwaigwe, Drobac, Hyder, Ngabo and Binagwaho, 2014). In addition, community health workers play a key role in developing health conditions of members of the community within which they act. Their role is much important when CWDs are concerned. Community primary health workers can assist children and families by screening children for possible health conditions such as chest, eye and ear infections, encouraging families to provide a healthy diet and provision of clean water, referring the children at early stage for medical help if they develop illnesses that may be more severe on children because of their disabilities, put families in touch with other families in the locality who may have a son or daughter similar to theirs and encourage the growth of family 'self-help' groups, support the child's engagement in community life such as their enrolment in schools, attendance at religious ceremonies through their networks and status within the community (Mariga et al., 2014).

In Rwanda, Community Health workers develop a good relationship between themselves and their community which relationships fostered support and respect, as community members routinely approached the CHWs for advice (Condo et al., 2014). These relationships between CHWs and community members can be a foundation on which community support for CWDs can be built on for better integration of those children

### ✓ **Community Based Rehabilitation Services Providers Involvement**

In economically developed countries, children with disability are assisted by different specialists such as doctors, social workers, therapists (physical, occupational, speech and language therapists), psychologists, audiologist etc., while in developing countries the situation is different. Specialists are in limited number and most of time located in towns. Discussion on the roles of community based rehabilitation services providers in developing countries identified a range of activities that can contribute to the provision of support to CWDs by trained staff. Those are among others educating the community on the causes and prevention of disabilities, early detection of disabilities and devising early intervention programmes for families to follow,

formulating stimulation programmes for child with particular impairments and working with parents and preschool educators on their implementation, participating in teacher training courses; for example training them in screening tests for impairments and giving advice on managing particular disabilities within the classroom and school, contributing to drawing up Individual Education plans that address the child's particular disabilities, advising families and teachers on the aids and appliances that can be used to overcome the child's difficulties in mobility or the vision aids that are available (Mariga et al. 2014).

These authors go on and confirm that where appliances are used, they can advise on the position of the learner and how the aids are best maintained (Mariga et al. 2014). Community-Based Rehabilitation makes sure the community is involved in giving support to their fellow citizens and increased sustainability of any educational programme.

### **2.1.2. Impact of Community Involvement in Promoting Inclusive Education**

Inclusion must be viewed as intrinsic to the mission, philosophy, values, practices and activities of the school. Levin (as cited by Peters, 2004) point out that, full inclusion must be embedded deeply in the very foundation of the school, in its missions, its belief system, and its daily activities. These are usually reflected in the developed links between school and its community. Achieving an inclusive school community is dependent on establishing an inclusive school climate and culture and the environment and collaboration of all role players within a school community (Engelbrecht, Oswald and Forlin, 2006); thus, the need to develop partnerships between various educational stakeholders.

#### **2.1.2.1. Home-Community partnership**

Community plays very important role in helping families adjust to having a child who is different (Mariga at al., 2014). Collaborating with the community helps families, students and educators know about the resources and programs in their community programs that can help students attain important school goals (Epstein, 2005). But also, on the other part, community

benefits from inclusion by gaining knowledge and understanding of disability. Research revealed that even the introduction of one child with disability into the community breaks down barriers and prejudices. That community become more open minded, creating a more favorable environment for PWDs in the future and interaction and friendships with PWDs are developed.

Indeed, community interventions increase parents and community involvement in education through the process of reform, meaning that parents help their children learn at home; become active in planning for services they will receive, or further their own education. Increased involvement can also mean that parents and community members volunteer in the interventions, serve on decision-making bodies, give input on community needs, take part in public meetings, or monitor implementation of reform strategies. For community groups, the formation of additional alliances and stepped-up advocacy for children is indicators of greater involvement. (Meister, 2006)

Moreover, family and community members in supporting people with disabilities, communicate the types of individualized supports the person needs to succeed. As stated by Soris, Nota and Wehmeyer (2011), usually for people with the same type of disability a set of supportive activities is designed. However, even among people with the same typology of impairment and disability, remarkable inter- and intra-individual variability can be found. It is important, more methodologically sound, and more operationally useful to try to individualise, or personalise, supports because such inter- and intra-individual variability results, inevitably, in differing levels of support need and differing types, intensity, or duration of supports if the person is to actively participate and act more autonomously. Thus, the priorities of rehabilitation and community integration supports to be implemented for people with disabilities will vary, by necessity, according to the individuals themselves, their types of support needs, and the circumstances and priorities of people with disabilities and their family members).

In brief, home and community, as two places where a child get his or her first care and socialization are important in children's schooling. Their partnership provide the basic support and guidance the child needs and particularly when he/she has disability.

### 2.1.2.2. Home-School Partnership

The quality of home school relationship is associated with the educational outcomes that children achieve (Beveridge, 2005). Partnership between parents and teachers is one of the essentials' for promoting children's educational achievement. Research evidence demonstrates an association at an individual level between parent involvement and children's academic attainments (Hewison and Tizard, 1980, Coleman, 1998) and at a whole school level, between parent –teacher relationship, school effectiveness and school improvement (Ball, 1998, Wolfendale and Bastiani, 2000).

According to Beveridge (2005), home-school relationship is influenced by a large range of interacting factors. Some of these are linked to school teachers, other to School and Local Education Authorities, and even to parents. For him, School teachers vary in attitudes, knowledge, understanding, skills and commitment they bring to their interactions with parents. School and Local Education Authorities (LRAs), on their side also vary in both their policies and the degree of support they provide for this aspect of the teaching role. And finally, parents differ in their confidence in dealing with the authority that school represent and in their familiarity with and expectations for their children's formal education. Thus, consequently all these shape the home-school partnership.

Other than the general education where this partnership is known as essential for children's education; "*positive home-school relationship has also been linked to the promotion of inclusive educational practice*" (Gartner and Libsky, 1994, Mittler, 2000). Partnership between teachers and parents must among other promote the role of the children as active participants in their own education (Beveridge, 2005).

Educating children with special needs implies particular interest accorded to each child by all educational partners. The school needs to make consultation with parents to draw an adopted education plan for each CWD depending on his or her abilities and limitations. Comer and Haynes (as cited in Sheldon, 2003) give as example of school wide efforts to involve parents in the education of their children, the School Development Plan (SDP), which is a comprehensive

school reform program that incorporates parents into the decision-making structure and process of schools.

### **2.1.2.3. Community-School partnership**

Schools thrive best when they are fully part of their local community. For inclusive education to become really successful, schools need to make links with different people and groups that are found in most communities (Mariga et al., 2014). Thus, strong links with the local community are a central concern of inclusive schools (Ainscow et al, 2006; Slee, 2005).

Ainscow et al. (2006) discuss about the relationship that exist between schools and their local communities; relationships based on mutual support where both partners provide educational opportunities. The close relationship between a local school and its community means that the development of schools is also concerned with aspirations for the development of decent neighborhoods for all. The close relationship between the school and its community is also discussed by Mariga et al. (2014) when they confirm that all schools are already part of a community and children live locally as do most teachers). A deep analysis by these authors shows that, along with the children's parents schools already have personal connections to many different people in the local community. Through these personal connections, local people can become more involved with the school and its inclusive activities. For instance, community members may have negative attitudes towards PWDs but this can be changed through different activities of the school targeting the community such as sensitizing communities on the school ambitions with regards to IE and seeking their assistance, inviting people from the community to join the committee involved in developing and promoting IE.

When concerned partnerships are strongly developed, family and community members are more likely to volunteer to help to ensure the safety in some area like playground, hallways and lunchrooms, etc. One example of partnership between school and community surrounding it is the close collaboration between local health services and the school. In fact, on one side of the collaboration, schools have to work in partnership with local health services to ensure that impairments are detected, appropriate treatments are provided, and suitable aids and appliances

are supplied. While on the other side, schools are an ideal location in which to base health promotion activities” (Mariga et al., 2014). In brief and according to these authors, partnership between school and community health workers should focus on screening children for possible sensory and physical disabilities from a certain age and advising families on activities and routines which promote the child’s physical, social and intellectual development in the pre-school years especially.

Community-school partnership does not concern health only; conversely it covers a large number of areas of collaboration if we take into consideration the variety of stakeholders located in the community whose roles are important in promoting IE. In this regard, MacArthur (2009) suggests that school communities, boards of trustees, and local community agencies and groups with an interest in education can also be part of schools’ ongoing discussions as they begin working towards inclusion. Where schools are particularly concerned about improving their teaching in relation to disabled students, interested others could include disabled adults (Slee, 2005), young disabled school leavers, and parents and caregivers of disabled children.

#### **2.1.2.4. Home, Community and School partnership in educating children with disabilities**

Catholic Relief Services, funds that one of the goals of IE is to increase the integration and acceptance of CWDs both inside and outside school (CSR, 2007). For a student to reach his or her full potential, that student must have the support of family, community and friends. These support systems are particularly important for a child with disability who is reliant on others to provide different types of assistance.

To understand the partnership between schools, family and community, one may refer to the Epstein’s work (as cited in Sheldon, 2003), when he conceptualizes the school, home, and community environments as “sphere of influence” that can be drawn closer together or pushed farther apart depending on the institutional policies and individual beliefs and practices within each context. Referring to research findings, Sheldon (2003) support the argument that school programs to involve families and communities are important to students’ academic success. Thus, the sphere of influence as defined by Epstein should be drawn closer for a successful promotion of IE.

Productive programs of School-Family –Community partnerships (Epstein, Sanders, Simon, Salinas, Jonson and Voorhis, 2002) are built around 6 major types of involvement among which collaborating with the community comes on board. According to Epstein et al. (2002), collaborating with community helps families, students and educators to know about the resources and programs in their community programs that can help students attain important school goals. This idea of using the resources available within the community is illustrated by the Catholic Relief Services (CRS) when they put emphasis on the arrangement of participatory workshops and community events which are supposed to bring together relevant stakeholders including parents, teachers, and local administrators to share information, ideas, successes and challenges of including CWDs into the classroom and the community (CRS, 2007). In fact, partnership between family, community and school uses all the available resources for the sake of integrating a CWD in an educational system and support him/her up to the highest possible level of his/her schooling.

In this regard programs of school, family, and community partnership are part of every school improvement plan and integral part of an excellent school. The “*circle of friends*” developed under the CRS/Vietnam’s IE programs is a good example of the support provided to CWDs in their education and integration into the community. CRS initiated the “*Circle of friends*”: a peer group made of students who study well and live close to the disabled child. By working together, the circle of friend help CWD succeed in school and breaks down psychological barriers to their full participation in the community (CRS, 2007).

➤ **Impact/outcomes of community interventions in educations**

In community change: Theories Practice and Evidence of Anderson and Auspos (2006), Meister identifies three types of community interventions outcomes in Education. These are presented by authors as short term, intermediate and long term outcomes. The table below presents those outcomes based on the categories they belong in.

**Table 1: Composite Theory of Change for Community Interventions in Education**

Short-term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Leadership, sponsorship, vision, and commitment	Quality service or program; implementation of improvement strategies	Healthy development
Collaborative planning	Parent and community Involvement	Improved student attitudes and participation
Staffing	Improved relationships	Student learning and Achievement
Resources	Improved schooling	Sustainable reform
Training and technical Assistance		More participatory Democracy
		Stronger community

**Source: Meister, 2006**

As short time outcomes, initiatives are taken and sustained. Common vision of change or a set of agreements are developed, leadership and support among residents, parents, and community groups are galvanized. However, it is important to note that the specific assortment of individuals and groups will vary according to the type of intervention pursued. The various actors then engage in a collaborative planning process, which will typically include such issues as staffing, mobilizing resources, and training and technical assistance.

When it comes to intermediate outcomes, Meister points out the introduction of high-quality educational program or service as a result of community intervention in education. This process, itself has capacity to increase parents and community involvement and improve the way various community groups and institution relate to each other and lead to the improvement in the school.

Improved relationships or increased social connections among parents and teachers, between students and teachers, and between educators, students and the community, are among other intermediate outcomes of community interventions in education. Improvements in schools and the education system is another outcome of community intervention in education. This might include an improved climate in a school, the adoption of new curricula or more effective instructional arrangements, changes in assessment techniques, the development of new relationships with the community, or any number of other innovations (Meister, 2006).

Under long term outcomes, as Meister (2006); goes in details, community interventions in education contribute in student achievement or well-being, sustainable institutional reform, and stronger communities. The most important long term outcome of such interventions is the students' healthy development. This outcome determines others and it is defined in two ways, firstly as the reduction of stress on children and their families through prevention or treatment; and in second place as growth and progress along psychological, social, moral, and other dimensions. More specifically, interventions aim to improve student attitudes about education, including motivation, sense of belonging, and perceptions of adults, school, and work.

Finally, community interventions in education, contribute in the institutionalization of new relationships with communities, securing stable funding for the educational system as well as for students in need and end up with sustainable reform whose achievement is recognized through adoption of the advocated reforms.

### **2.1.3. Attitudes and behavior of community members towards Inclusive Education**

Inclusive Education as a new educational approach meets a set of challenges in its implementation and promotion. These challenges are different but the most important and which capture the researcher's attention are those linked to able bodied people's perceptions of their peers with disability. African Child Policy Forum (ACPF) confirms that PWDs have long been seen as inferior, deficient and in need of special care and charity (ACPF, 2011). A major reason of those negative social attitudes, resulting in the denial of basic values and rights/conditions is

the way disability is portrayed and interpreted in society (NDA, 2007). Social construction of disability is barrier to social integration. At community level negative attitudes can become structured into social patterns of segregation and discrimination. The segregating and discrediting attitudes once present in the community, they influence and govern a range of community activities that would be helpful to PWDs. Those segregating and discrediting attitudes when they are applied to children with disability, the effective and efficient education of CWDS is challenged and hindered.

Fortunately in a community, these negative attitudes can be replaced with positive ones. According to Drame and Kamphoff (2014) the most pertinent step towards inclusion is to challenge negative attitudes towards individuals with disabilities. Activities challenging negative attitudes should start from the family and reach the school as a community center for awareness. An example of awareness campaigns is the one organized in developing countries, particularly in Senegal, by the World Health Organization, International League Against Epilepsy (ILAE), and the International Bureau for Epilepsy; which shifted traditional attitudes towards epilepsy (Reynolds, 2001) into supportive ones.

#### **2.1.3.1. Family attitudes and behaviors towards children with disability**

Family and particularly parents of children with disabilities are sometimes, if not most of time, ashamed of being parents of such children. Depending on belief and culture of the society they belong to, parents may not feel comfortable with the idea of having children with abnormalities if that information comes to the notice of the community surrounding them. Cultural beliefs and values also play a critical role in how families and educational programs interact. As parents try to make meaning of their child's disability, they draw on cultural beliefs and values as well as their understanding of normative development for their culture (Skinner & Weisner, 2007). Misunderstanding cultural beliefs may interfere with family participation in programs whereas understanding beliefs can facilitate trust between families and education programs (Lamorey, 2002).

Consequently, families' involvement is mostly related to those families' perceptions of the roles they have to play in their children's education and their beliefs that their involvement can affect their children's education. Various researches shown that parents' perceptions of the roles they should play in their children's education and their beliefs that their involvement can affect their children's education have been shown to predict actual engagement in schools or at home (Sheldon, 2003).

But again parents' perceptions are not the only factors that influence the family involvement in their children's learning. Parental contribution to the learning process of their children is dependent to the variation in personal resources that parents bring to their roles. Beveridge (2005) founds that, parents' knowledge and understanding of child development, their communicative skills and their educational aspirations for their children are likely to influence not only the nature of their parent-child interactions, but also their relationship with schools and other services.

The discussion above shows that even though they might be other factors influencing parents' involvement, parents' beliefs and perceptions on disability influence most their involvement in the schooling of children living with disability. The more parents have positive attitudes towards disability, the better there are involved in their children's academic endeavors at home as well as at school; ever since they are convinced that despite their children conditions they can some academic achievement.

#### **2.1.3.2. Teachers' attitudes and behaviors towards children with disability**

Teacher attitude is one of the most important variables in the education of children with disabilities (Parasuram, 2006). Studies have revealed that teacher attitudes and expectations are significant barriers to the successful implementation of inclusive classrooms and equitable participation of all students (Vaz, Wilson, Falkmer, Scott, Cordier and Falkmer, 2015) if they are low. Another thing is the cultural beliefs and values. These play a critical role in the design of educational programs and those beliefs and values influence decisions about curriculum as well as many other aspects of intervention even if the underlying beliefs and values are unexamined

(MacDonald and Butera, 2014). In such situation, again cultural beliefs and values shape teachers' attitudes towards inclusion thus, beliefs influence pre-service teacher attitudes to inclusive education that in turn, influence their intentions and behaviours (European agency for development of Special Needs Education, 2010). Teachers as members of a community may have a scheme of beliefs and perceptions that influence positively or negatively their attitudes towards disability and consequently reflected by their actions vis-a vis educating children with special education needs.

Generally, teachers' beliefs, practices and attitudes are important for understanding and improving educational processes (Mwangi, 2013). In this regard, Meijer (2005) indicate that there is a need for positive teacher attitudes and for teachers to create a 'sense of belonging' to support effective inclusive practice. Meijer (2005), Cook (2002) and Silverman (2007) point out that, teachers' attitudes and beliefs directly affect their behavior with students and so have a great influence on classroom climate and student outcomes.

To come over teachers' negative attitudes and contribute to the creation of their caring behaviors; teachers' education and training on disability issues are an important means to explore. Teacher education is viewed to be pivotal in developing the affirmative attitudes and skills required for successful inclusion, with formal educational training being identified as one of the main factors that promote an inclusive attitude. Moreover, irrespective of degree type, trainee teachers had a better understanding of the potential of children with disabilities after completing a unit of study with a strong focus on inclusive education (Vaz et. al., 2015). Moreover, the provision of internal and external resources and support systems improve the attitude of teachers towards inclusion. Increased training associated with more positive attitudes makes teachers favor the inclusion of students with disabilities in their classes and feel that they are able to maximize their teaching efficiency in serving these students (Avramidis and Norwich, 2002).

For example in our African countries, studies related to teachers' attitude towards inclusion of special needs children showed that professionally qualified teachers tend to have more favorable attitude towards the inclusion of special need students than teachers who are not professionally qualified. In Nigeria, it showed that teachers felt that they lack professional knowledge and skills to work with children said to have SEN in mainstream settings. They also highlighted that female

teachers have more positive attitude towards inclusion of children with SEN. In Ghana, teachers who have practiced inclusion are more accepting of the idea than other (Mwangi, 2013). In Rwanda, we now do not have enough research evidences on teachers' attitudes towards inclusion and children with disability. However, Karangwa (as cited in The guardian, August, 2011), identified teachers, among other stakeholders whose attitudes need to change in order to promote inclusive education.

### **2.1.3.3. Community attitudes and behaviors towards children with disability**

Soresi, Nota and Wehmeyer (2011) define disability based on the degree to which a person is able to successfully function given the demands of any environment or context. This leads both to the promotion of personal capacity and modification of the environment or context in such a manner as to ensure successful functioning. Thus environment or community in other words, has its role to play in the process of including people with disability in social life through different social relations and interactions developed. Consequently, community attitudes and behavior matters a lot and mutual collaboration among community members underpin the successful promotion of inclusive education.

The needed mutual collaboration is subject to perceptions and beliefs of community members towards disability. However, myths can still linger on in many communities and when they are present, disabled children and their families are discriminated against-shut out of community life (Mariga et. al., 2014); studies have shown that negative attitudes towards young people with disabilities are a major barrier to inclusive education (Christensen, 1996; Rousso, 2003). Fortunately, in our region, East Africa, attitudes towards people with disabilities have both positive and negative aspects and are often linked to beliefs about the cause of disability. For instance some East African communities are reported as demonstrating care for individuals with disabilities in order to protect the rest of the community due to their beliefs that people with disabilities satisfy the interests of the evil spirits.

Among other aspects influencing the community acceptance of people with disability is the economic one. Some people felt that individual with disabilities could be productive in society if

trained to do certain jobs while other felt that training people with disabilities was a waste of time and money (MacDonald and Butera, 2014). Consequently children and family members appear to be less accepted into the community if the individual cannot contribute economically to the family or the community life. Integration into communal life relates to how well individuals fit within the social norms and, importantly, if they can do their share in the community, whether or not they have a disability (Mallory, Charlton, Nicholls, & Marfo, 1993).

In Rwanda, the consideration of children with disability differs depending on whether they live in rural or urban area and again depending on the economic situation of the family. Children with disabilities growing up in income-poor households, especially in rural communities, were found to be active participants in the wide circle of the extended family and community. They appeared to be more visible, active members of their families whereas children with disabilities growing up in some of the urban and more affluent families in or near the capital city did not seem to occupy a place in the family (Karangwa et al., 2010). Someone may wonder if with time and effort of the government of Rwanda to promote inclusive education discriminative attitudes changed into acceptance and supportive ones.

Accordingly, community members need to be educated about disability in order for them to take away their wrong fears and suspicious and see change of attitudes happening for the benefit of children with disability. To increase inclusive education for all, the country must, among other mechanisms, create Community awareness campaigns that increase knowledge of disabilities (Drame et al., (2014) which leads to the fully community involvement in the promotion of inclusive education. The involvement of significant people that share the same life environments, including parents, teachers, schoolmates, local leaders and other community members is a cornerstone in this process of promoting IE. These stakeholders are critical supports to ensure the participation of people with disabilities over time, in part because they can provide information related to individualising community supports and can emphasise the person's abilities, and thus become a vehicle for overcoming existing prejudice and stereotypes (Soresi, 2007).

In Rwanda, subsequent to the development of the Education Sector Strategic Plan by the government through the Ministry of Education, mechanisms to involve the community have been elaborated. At the community level, those mechanisms concern the development of an education

management information system that identifies the number of learners requiring additional support; and developing a community-based response to disability and discrimination (Republic of Rwanda, 1998). Hence, the effort to change negative community attitudes into positive ones would contribute to the creation of a warm welcoming and caring community; a community concerned with the education of its children living with disability where their acceptance, respect and recognition lead to community protection and support through collaboration with other inclusive education stakeholders.

## **2.2. Empirical review**

Under this section discussion will focus on research findings that underpin the reason of involving community in the education of children with disability.

### **2.2.1. Impact of community involvement in promoting Inclusive Education**

Research findings provide evidences on the benefits of involving community in the promotion of inclusive education. Achieving an inclusive school community is dependent on establishing an inclusive school climate and culture and the involvement and collaboration of all role players within a school community (Engelbrecht, Oswald and Forlin, 2006). The concerned involvement and collaboration among different role players located within the community generates required partnerships among a variety of educational stakeholders and lead to the successful education of all learners in general and of children with disability in particular.

Epstein (2005) argues that program of school, family, and community partnership is not an “extra” program, but is part of every school improvement plan and integral part of an excellent school. The holistic approach used by Sheldon and Epstein (2004) highlights the consideration of school and classroom factors as well as outside of school. Thus community efforts and contribution to the promotion of inclusive education comes in by involving all concerned people starting from the family of children with disability up to the local leaders within the community.

Indeed it is in the community where we found different professionals (therapists, doctors in medicine, teachers, health services providers, etc.) whose input is required to identify children with disability and or support them.

### **2.2.2. Community involvement as one of the keys elements of the puzzle to promote IE**

Community involvement is one of the key elements of the puzzle to complete when promoting inclusive education. Different authors (Sheldon, 2003, Epstein, 2002 and 2005, Sheldon & Epstein, 2004 and Epstein & Salinas, 2004) reported on the importance of the community in education. In fact, the community is made of different categories of people among which various relationships are developed. Community members as well as the existing and possible relationships among them constitute “social capitals” useful for the promotion of inclusive education. This social capital plays a crucial role through the construction of social bonds that underpin the functioning of communities and the civic endeavors of its citizens which contribute to the common good (Mariga et ali., 2014).

Putnam (2000) confirms that the social cohesion, resulting in the accumulation of social capital, is created through the process of bonding, bridging and linking persons and communities. In our concern: the promotion of inclusive education, the social cohesion is a cement of community where the available “social capital” contribute a lot in generating the support required for the schooling and social integration of children with disability. The use of social capital helps in exploiting opportunities available within the community due to the ability of its members to be together within families or groups with common interests.

These people create a shared sense of identity and purpose, built of common understanding and mutual support to one another.

The same author goes on and discuss about connections that are made across different groups within society which provide access to a wider range of formal and informal resources as the second component of the social capital. What he calls bridging. School without such links remains isolated from potential source of support. As far as our concern is inclusive education, the community as a source of social capital is an important partner. The third component is what

the author calls linking, which is all about the creation of alliances with decision makers and people in position of power (Putnam, 2000).

As a conclusion, community involvement maximizes the potential of using all required and available resources within the community for the intention of educating children with disability in a least restrictive environment. It contributes to the creation of a *school learning community* which *includes* educators, students, parents, and community partners who work together to improve the school and enhance students' learning opportunities (Epstein and Salinas, 2004).

### **2.2.3. Contribution of the community to the promotion of Inclusive Education**

Epstein and Salinas (2004) support the idea of their predecessors of including the community in a group of partners whose efforts are put together through a variety of activities of the school for a better schooling of children. They use the term of “a school learning community” to designate a place where an organized program of school, family, and community partnerships take place to accomplish activities linked to school goals. Research and fieldwork show that such programs improve schools, strengthen families, invigorate community support, and increase student achievement and success (Epstein, 2001; Henderson & Mapp, 2002; Sheldon, 2003). For these researchers, community support contributes to the smooth teaching and learning within and outside the school specifically when it concerns education of CWDs.

Local leaders are the one to facilitate the establishment of the program, link the school to community resources, mobilize community members to adhere and contribute to the new program as well as serving as a bridge to rich further government organs for advocacy and information provision (Mariga and colleagues, 2014; Putnam, 2000). We can't ignore different activities carried out by community members, such as fundraising for school activities, community work at school.

The example of Zanzibar, as described by Mariga and colleagues illustrate the role played by the community in the development of inclusive education at that place. According to them, volunteers from community built or refurbished classrooms, made the school ground and toilets

more accessible to wheelchair user, ensured the safety of the roads and paths ways to the school, contributed in the provision of safe water to school, donated goods or money to school to help in its activities. Local chiefs were a conduit of information from government and others interests in the locality. Personal relationships with community leaders were seen as a critical to shaping community attitudes to disabled persons (Mariga et al, 2014).

### **2.3. Theoretical framework**

The current research will be undertaken based on two theories that are interconnected depending on the type of this study. Those are Community Programs at Schools, a theory of change developed by Meister (2006) and the social model of disability as it is discussed by different authors such as McArthur (2009) and Crow (1996). The selection of these two theories is directly linked to the targeted population of this research: children with disabilities. These shall be educated in a least restrictive environment.

The community program at schools, as one of the theories used in this study stands for a set of community activities organized by that community in terms of its contribution to the successful education of children. The community program at school contributes in the promotion of educational outcomes. It considers education as a system where different actors bring their inputs for a successful educational system. In fact, in this theory, the community in which a school is located plans for and realizes a variety of activities that are eligible to facilitate the smooth running of the school programs in different school matters. The community program at school aims in ensuring, under close collaboration with the school, students achievement and well being sustainability.

This theory as designed by Meister (2009) focuses on the contribution of communities in school activities but it doesn't accord any special consideration to the education of children with some educational particularities; which determine the choice of a second theory, The Social Model of Disability, to bring in the study the missing and focused aspect by the study.

The social model of disability analyses disability through the social consideration of disability and its consequent responses to the needs of people with disabilities. For this theory, the way

people see their siblings with disabilities influence the contribution they provide to the social well being of those people with disabilities. The theory denounces that the type of living conditions lived in by PWDs depends on the social attitudes and behaviors of the society vis-à-vis to disability and it suggests that society accord attention to the particular needs of PWDS in all aspects of life, therefore, a special consideration should be accorded to CWDs in a school environment.

The combination of both theories gives a complete theory that serve in analyzing the community involvement in the promotion of IE.

### **2.3.1. Community Programs at schools**

The Community Programs at schools is one of the five community interventions to improve schools and educational outcomes defined by Meister in community change: Theories, practice and Evidence of Anderson and Auspos (2009). Meister describes the Community Programs at Schools as programs developed to improve schools and educational outcomes. For him three important reasons underpin the construction of this theory. The first reason is the fact that when human service system is too fragmented, inefficient, inaccessible, unresponsive and ineffective it doesn't meet the needs of children and families. As a solution he proposes to offer integrated, comprehensive services in conjunction with schools as a mean to make the system work better, improve services and remove barriers to learning. As second reason, Meister point out the lack of center to help generate social capital which makes communities declining given that school are isolated from their communities to fulfill this role. Community schools that address the needs of community residents and use school facilities prepare children not only to adulthood but also increase civic participation and improve community life. The absence of opportunities within the community for the youth development is the third reason denounced by the author. Placing recreational and academic support programs at schools extends the school day, and provides positive experiences for youth.

Thus the theory of change for Community Programs at Schools is developed around the provision of the school-linked services, involving collaboration between schools and agencies

and community groups that provide human services and programs on one side; and on the other side the community schools which seek to reinstate schools as community centers.

The author's idea of partnership between school and community in education is also supported by many other authors. For instance, Ainscow and colleagues (2006) confirm that a close relationship between a local school and its community means that the development of schools is also concerned with aspirations for the development of decent neighborhoods for all. Indeed, collaboration with community helps in coordinating the work and resources of community businesses; agencies; cultural, civic, and religious organizations; colleges and universities; and other groups to strengthen school programs, family practices, and student learning and development. Other activities enable students, staff, and families to contribute their services to the community (Epstein, 2005).

In our concern, inclusion is therefore concerned with 'good' local schools that encourage the participation of all within their communities (Ainscow et al, 2006) through building a supportive learning community and fostering high achievement for all pupils, including children with disabilities, and staff as they collaborate on a daily basis using community means. Thus, the designed Community Programs at School theory interests the researcher due to its ability to focus on providing support services and other assistance to children disabilities wherever they are.

However, this theory as developed misses a special consideration of disability issue and how is perceived by the society as well as the consequent impact of this lack on the promotion of Inclusive Education. Therefore, the researcher is suggesting combining this theory with another one: the "Social Model of Disability" to feel the gap created by the Community Programs at Schools theory.

### 2.3.2. Social model of disability

As discussed above, this theory analyses disability through the social consideration of disability and its consequent responses to the needs of people with disabilities. In fact, the way society sees people with disabilities influence the contribution that society to the social well being of those people with disabilities and particularly to the education of CWDs.

The social model of disability explains how useful and important is the consideration of social attitudes in regards to all plans made for the promotion of the social well being of PWDs and particularly in the education of children with disability. It informs educators and community on disability, CWDs conditions and how the society can positively or negatively impact on CWDs' education.

In reality, “education shapes and defines our communities and is the key to an ordinary and satisfying life for disabled people. Inclusive schools contribute to inclusive communities. In inclusive communities, the barriers to community participation experienced by disabled people and their families are reduced because such communities expect, understand and respond to diversity in positive and supportive ways” McArthur (2009).

McArthur strengthens the relationship between communities and schools in developing inclusive schools. For him, there is an interdependence relationship between education and community: the “*education shapes and defines communities*” which in return “*expect, understand and respond to diversity in positive and supportive ways*” (MacArthur, 2009). Here the challenges experienced by CWDs are handled taking into consideration the environment in which they are evolving and its influence on their schooling. Accordingly, the social model of disability is referred to when analysing barriers to education for children with disabilities and suggesting solutions.

The social model of disability approach suggests that the root of a disability lies in a failure of the environment to allow someone to function to his/her full capacity as much as in any functional impairment that the person may have (National Disability authority, 2007). From this social model point of view, the experience of disability comes from living in a society that views

some people as abnormal and then fails to respond to or support them (McArthur, 2009). However, this social model rejects impairment as problematic that needs to be recognized as people's experiences of their bodies (Crow, 1996) which may not change even if environmental barriers are removed.

Based on the idea of recognizing impairment as a problematic which needs to be accorded attention for better dealing with inclusion of people with disability in community/ social life, Crow (1996) suggests a renewed social model of disability which considers impairment as a reality that PWDs have to face. This renewed social model of disability operates in two levels: a more complete understanding of disability and impairment as social concepts; and the recognition of individuals' experiences of their body over time and variable circumstances. For the author "Once the struggle against disability is complete, only the impairment will remain for the individual and there will be no disadvantage associated with this" ever since the appropriate services to support PWDs will be developed consequent to the recognition of impairment (Crow, idem).

The renewed social model of disability broaden and strengthen the first model of its type by taking it into real life in order to incorporate a holistic understanding of PWDs' experience and potential change. It is with this broaden social model, we will approach the phenomena of including children with disability in mainstream/regular schools. In reality, the social model supports the development of inclusive education by focusing on ways and means through which regular schools can support students with disability to learn and have positive social relationships to the maximum extent of their ability. This way of approaching the issue is the more appropriate if we agree on the fact that it is not people with disability who should have to change to fit society's ideas about 'normality', rather it is society that needs to change, to get rid of ideas about normal and abnormal, and to be more respectful towards inclusion of diversity (Ash, Bellew, Davies, Newman, and Richard, 2005).

Moreover, Ash and colleagues (2005) highlight that researchers who support the social model of disability base their argument on the merit of inclusive education to encourage personal and social relationships and positive attitudes based on a view that disability is part of, not outside, the ordinary range of human diversity. Thus, these authors state that an important foundation for

inclusion is the commitment to a set of inclusive values (such as equity, participation and respect for diversity) in schools and communities (Ainscow, Booth and Dyson, 2006)

.

The social model draw attention to the fact that in regular schools, students with impairments will experience disability when they are excluded from the peer group, bullied by peers, ignored in the classroom, or do not have access to the human and material resources needed to support their participation and learning (McArthur, 2009). When this model is applied, barriers to learning and participation at school (bullying or being ignored or lack of resources) are identified and mechanisms to reduce or eliminate them are put in place.

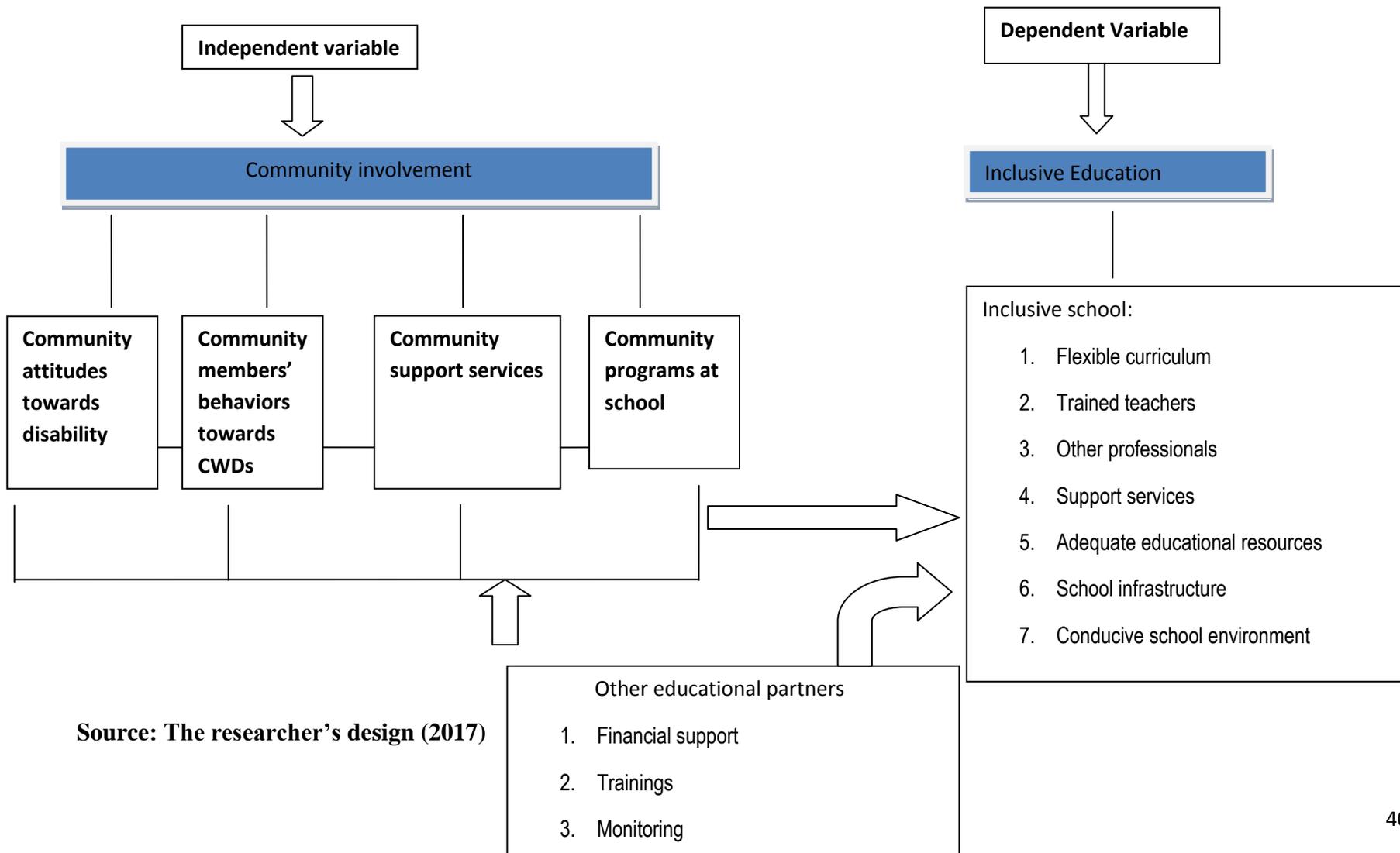
Children with disabilities are part of community members and their education shall take place within and with other community members' participation. This is the reason why the researcher linked her research to these two theoretical approaches. School shall not be considered as an island by the community neither the school shall ignore the role of community when it comes to education and particularly the education of children with disability; "schools and communities need to understand each other and reinforce each other's role" (Ahuja, Ferreira, Kaplan, Miles, Lewis and Mumba, 2005).

The social model of disability will help in determining the influence of community on children with disability schooling while the Community Programs at Schools will take the research into various possible programs that can be developed by the community in collaboration with the school to promote Inclusive Education.

The two theories, as developed in the previous sections, contributed in the construction of the conceptual framework. The social model of disability defined the relevance of analyzing community members' attitudes and behaviors towards children with disabilities which informs the type of activities undertaken by this community at school for the promotion of IE. Thus, the community perceptions of disability informs on the existence of the community programs undertaken at school as community support to the successful education of CWDs in inclusive settings as shown in the conceptual framework displayed here below.

## 2.4. Conceptual framework

Figure 1: Conceptual Framework



Source: The researcher's design (2017)

The Figure N° 1 illustrates the variables of the study, namely; **the community involvement (independent variable)** and **Inclusive Education (dependent variables)**. It draws again the key elements of the dependent variable on which the researcher focused to carry out her research.

In fact, **Community attitudes** towards disability are one of the key elements to consider while studying community involvement in promoting inclusive education. The community perceptions of disability shape behaviors of its members towards their peers with disabilities. Thus their discrimination or integration is determined firstly by perceptions that led to corresponding attitudes and behaviors to end with concrete activities towards or against people with disabilities. Messie (as cited by NDA, 2007) said “Attitudes to disability are the major barrier to disabled people’s full participation...From pity, awkwardness and fear, to low expectations about what disabled people can contribute, stereotypical and negative attitudes hold people back.” In other words, community attitudes in regards to PWDS originate in people’s perceptions of disability issue. The research sought to identify the existing relationship between community perceptions, attitudes and behaviors that influence the practice of IE.

The other key element analysed in the current research is the **type of community support services** developed by community members to assist CWDs enrolled in regular schools. According to Catholic Relief Services (2007), “Communities with inclusive education programs become more open minded, creating a more favorable environment for people with disabilities in the future” Therefore, the current research sought to know if Rwandan communities, have programs such as rehabilitation/habilitation services, advocacy and mobilization program designed to support CWDs in their learning process. Together with Meister (2006), the researcher states that “**Community programs at schools** are expected to enhance child and family well-being, improve education outcomes, accomplish systems change in human services delivery and produce stronger communities”. The analysis went in deep and sought to identify community programs that are carried out at school by community members: what are those activities and what kind of input they bring to the education program of CWDs at school and within the community.

The provision of support to CWDs by the community in the community and at school is again influenced by other factors that enhance the role of community in different ways; that is the

contribution of other educational partners such as charity organizations, local and international non government organizations that support and sustain the effort of communities as well as the one of the inclusive schools in place.

Community involvement in promoting inclusive education as one of the strategies to achieve inclusive education shall be designed in such way that communities produce expected results and contribute to the successful education of learners with disabilities.

## **2.5. Conclusion of the chapter**

This second chapter discussed about literature review, the empirical review, the theoretical and conceptual framework. The literature review discussed about theories on community involvement on the promotion of inclusive education, while the empirical review looked for empirical evidence on the impact of community involvement on the education of CWDs. To close the chapter a theoretical and conceptual framework to be based on during the research for a better understanding of the phenomena under study were presented. This chapter opened doors to the next one which concerns research methodology.

## CHAPTER THREE

### RESEARCH METHODOLOGY

#### 3.0. Introduction

This chapter on research methodology discusses the underlying approaches and methodology used while collecting data from different target participants. Throughout this chapter research design, study setting, population, sampling techniques and sample size as well as research instruments, data collection techniques and data analysis are presented. Addition to these, the researcher defines her position, discusses about validity and reliability and ethical issues related to the current research. To end this chapter a brief conclusion is presented.

#### 3.1. Research design

Parahoo (1997:142) describes a research design as “a plan that describes how, when and where data are to be collected and analyzed”. In fact, a research design is a task undertaken to ensure that evidences collected unable to answer the research questions unambiguously. It is a section within a research that determines methods and methodology applied for specific research questions to gather relevant and consistent information. The research design of this descriptive study discusses about the best methods and methodology used in assessing the impact of community involvement in promoting IE.

The mixed methods were used to gather information on the phenomena under this study what means that qualitative and quantitative methods were applied. According to Snape and Spencer (2003) “*qualitative research aims are directed at providing an in depth and interpreted understanding of the social world of research participants by learning about their social and material circumstances, their experiences, perspectives and histories*”. In our case, qualitative methods contributed in gathering information on perceptions and expectations of local

authorities, opinion leaders and local educational authority at sector level (SEO) on the practice of IE. This covered the main part of the research concern.

As quantitative methods, the researcher used a questionnaire to assess the extent to which parents of CWDs and their peers without disability understand and commit themselves to the promotion of IE. But again, this instrument was used to ascertain the role of educators and other professionals in IE at Groupe Scolaire Rosa Mystica.

### **3.1.1. Study setting**

The research was conducted in one school and its surrounding communities located in Kamonyi District. The concerned school was selected mainly depending on its practice of inclusive education, and on his collaboration with CEFAPEK centre as a local NGO that initiated inclusive program in Kamonyi District as well as on the ability of both institutions to provide support and guidance to other schools.

### **3.1.2. Population**

In every research there is target population from which information related to the phenomena under study are gathered. Ritchie, Lewis and Elam (2003) call it “*Parent population: the population from which the sample is to be drawn*”. To this definition, these authors suggest the use of a “*multi stage design to define the target population when the study population is located within collective organisational unit such as workplace, local community or health service*”.

At school level, the population includes the school management (head teacher, teachers and some other paraprofessionals available to the school), parents/caregivers of children with or without disability. At community level, the concerned population is made of local leaders (namely the chief of the village, executive of the cell and people from the sector in charge of

education and social welfare), community health workers (abajyanama b'ubuzima) and representatives of some religious groups as well as representatives of CEFAPEK.

Based on the type of the current research, a research which intended to understand the community involvement in IE from the grassroots communities, the research sample was drawn from the population of Gacurabwenge Sector located in Kamonyi District.

#### **3.1.2.1. Population of the study**

Gacurabwenge is one of the 12 sectors of Kamonyi District located in the Southern province of Rwanda. It has four cells and 23 villages. At cell level, 2 members of staff are in charge of daily activities of the cells whereas at village level a group of 5 persons makes an executive committee. The current research concerns two cells and sake information at village level from the chief of village and the person in charge of well being (social affairs) as well as two health workers for each village concerned. The choice of cells was based on the location of Rosa Mystica, the chosen school to be part of this research. The table 2 here below displayed presents, in figures, the concerned parent population.

**Table 2: Population table**

Location/ administrative level	SE O	Social Affairs	Local Leaders	Health Workers	Religious	CEFAP EK	Head teacher	Educators	Parents	TOTAL
Sector	1	1			3	1				6
Cell			4							4
Village			24	24					30	78
School							1	21		22
<b>TOTAL</b>										<b>110</b>

**Source: Primary data (September, 2017)**

Considering the fact that the researcher did not have the exact number of parents whose children are enrolled in Groupe scolaire Rosa Mystica and given the role of parents in education of their children; 30 parents (having or not CWDs) were selected among those who closely participate in different activities organized by the selected school to support learners with disabilities. However the researchers took care of including both parents of CWDs and those having children without disability in the same school.

### **3.1.3. Sampling strategies and sample size**

Depending on the type of research carried out, whether qualitative or quantitative, in order to collect relevant information a researcher needs to carefully design the sample of his/her research. This research is mainly qualitative and *“in qualitative research sample selection has a profound effect on the ultimate quality of the research”* (Coynet, 1997). Therefore, the sample was drawn using purposive sampling strategy.

According to Ritchie, Lewis and Elam (2003) in purposive sampling, members of a sample are chosen with “purpose” to present a location or type in relation to a very criterion. Purposive sampling is made to ensure the very constituencies of relevance to the subject are covered on one hand and to ensure that within each of the key criteria, some diversity is included so that the impact of the characteristic concerned can be explored.

The criterions, on which the sample of this study was constituted, are identifying and selecting participants whose role is leading others, participating in one way or another to inclusive activities or being parents/caregivers of CWDs. At sector level, SEO and social affairs were part of respondents for a better identification and understanding of created partnerships among different inclusive education stakeholders.

The opinion and behavior of parents, Head Teachers and Educators is a concern of this study in order to evaluate their promptness and contribution to the promotion of inclusive education through partnership with community. And finally, CEFAPEK centre is included in the sample as a leading centre which has a merit of initiating the “learning family school” approach through which the community involvement in inclusive and special needs education is emphasized. Respondent from this centre contributed to the evaluation of the progress so far made by the community they work with. Another group of respondents was religious representatives of religions operating in the sector, these are opinion leaders and their contributions in community life are important. The focus was on predominant religions.

As previously described, the researcher collected information from different groups of population present in the community. Stratified sampling was used to select different categories of respondents to be part of the sample. To determine the size of each stratum (group) some formulas were used. In fact, the sample size of each stratum is proportionate to the population size of the stratum as compared to the entire population.

The determination of the sample size for each stratum was consequent to the determination of the sample size of all the community members to be involved in the research. The Slovin's formula was used in the determination of the size of each stratum and consequently obtaining the sample size. Denoting by  $n$  the sample size was calculated using the following formula:

$$n = N / (1 + Ne^2)$$

with  $N$  standing for the population size and  $e$  the margin error (Tejada and Punzalan, 2012). The application of the Slovin's formula to the above described population was done in the following way:

$$n = 110 / \{1 + \{110 * (0.05)^2\}\}$$

$$n = 110 / 0.27$$

$$n = 86$$

The size of the sample for each stratum of the concerned population was objectively determined taking into account the proportion of the stratum within the parent population. Proportion allocation method as described by Kathari (2004) was successfully used guided by the calculation of ratio of stratum compared to the sample size of the population under observation.

$$n_i = n \cdot P_i$$

The table 3 indicates the number of respondents from each stratum

**Table 3: Sample population**

<b>Location/ administrative level</b>	<b>SE O</b>	<b>Social Affairs</b>	<b>Local Leaders</b>	<b>Health Workers</b>	<b>Religious</b>	<b>CEFAP EK</b>	<b>Head teacher</b>	<b>Educators</b>	<b>Parents</b>	<b>TOTAL</b>
Sector	1	1			2	1				5
Cell			2							2
Village			19	19					23	61
School							1	17		18
<b>TOTAL</b>										<b>86</b>

**Source: Primary data (September, 2017)**

### 3.1.4. Research instruments

All the research instruments used in this research such as the questionnaire, interview guide and focus group discussion were established by the researcher.

Data for this research was collected using structured questionnaires administered to parents and teachers/educators for gathering quantitative data whereas interview guides were used to gather qualitative data from sector education Officer and the sector social affairs as well head teacher and religious representatives; and focus group for community health workers and local leaders at cell levels.

Qualitative and quantitative methods were combined in order to understand the phenomena under study from different and complementing perspectives. The research sake to understand the meaning community gives to IE and having fact on the same community involvement in promoting IE as well as its impact. This combination of methods contributed to the use of questionnaire, interview and focus group discussion as research instruments.

**A questionnaire** is an important data collection instrument. According to Marshall and Rossman (as cited by Mwangi, 2013) questionnaire is an *appropriate method of inquiry for making inferences about a large group of people based on data drawn from a relatively small number of individuals*. In this research two structured questionnaires were designed by the researcher, one for teachers and another one for parents of learners with and without disability. The design of the two questionnaires aimed in the identification of perceptions, attitudes and behaviors of teachers, parents, siblings, neighbors of children with disabilities in regards to their education.

Respondents of the questionnaire designed for parents came from more than one schools of Kamonyi district. They were contacted through different centers where trained staff members of Rosa Mystica go to support trained parents volunteering in rehabilitating/habilitating CWDs at village level.

**Interview** is among data collection techniques used in qualitative research and can take different forms (individual or paired) with the feature of providing “*an opportunity for detailed investigation of people's personal perspectives, for in-depth understanding of the personal context within which the research phenomena are located, and for very detailed subject coverage*” (Ritchie, 2003) For our case, interview contributed in collecting information on how local authorities, different community educational partners and head teachers perceive their role in inclusive education and how much are they contributing or ready to contribute to its promotion. Interview sessions were organized between the researcher and each participant among the following: the Sector Education Officer, the Sector Social affairs, the head teacher and representatives of CEFAPEK. Interview questions were designed by the researcher and questions were asked following a pre-determined sequence as the interview was going on. The designed questions concerned mainly Inclusive Education, community attitudes and behaviors of educators, leaders, parents and able bodied students towards CWDs and their education.

**A focus group discussion** is also a research technique used in collecting data through discussions. It provides a social context for research, and an opportunity to explore how people think and talk about a topic, how their ideas are shaped, generated or moderated through conversation with others; (...) and provide an opportunity for reflection and refinement which can

deepen respondents' insights into their own circumstances, attitudes or behavior (Ritchie, 2003). Indeed, according to Freeman (2006), focus group is a particular form of group interview intended to exploit group dynamics by placing particular importance on interaction between participants.

The researcher used this technique to collect data on community perceptions and expectations in regard of IE and impact of community members' involvement in this endeavor of educating CWDs in a least restrictive environment. Focus group brought together community leaders (at village and cell levels), community health workers and opinion leaders and they discussed about how they perceive IE and contribute to it. The researcher, collected more information on the issue under study through a challenging discussion of educational partners on community level.

### **3.1.5. Data collection techniques**

Educational researches are among social sciences researches, in consequence our research chosen among research methods and techniques applied to social sciences in order to collect reliable information on the phenomena under study. The current research used both qualitative and quantitative methods to collect data and Brannen (as cited in Ritchie 2003) provides the worth of combining these two methods in the following terms:

*“With multiple methods the researcher has to confront the tensions between different theoretical perspectives while at the same time considering the relationship between the data sets produced by the different methods.”*

As quantitative method, a questionnaire was used to collect information from participants with different perspectives on the promotion of inclusive education. It was administered to parents of children with or without disability and to their respective teachers. An interview and focus group involved respondents who are most likely to be more informed on the issue and in essential positions. The two techniques served in gathering qualitative data and were organized with community members (Local authorities, Opinion leaders, Community Health Workers) and Head teacher.

Data collection was carried out in three consecutive days. The first day the researcher meet local authorities and introduced her research to them as well as made arrangement for data collection, the second and last days were for collecting data.

### **3.1.6. Data analysis procedures**

Analysis is a challenging and exciting stage of the qualitative research process. It requires a mix of creativity and systematic searching, a blend of inspiration and diligent detection (Spencer, Ritchie and O'Connor, 2003). Equally analysis is challenging for quantitative research too. Data analysis has a fundamental function in the quality of research outcomes. The better data are analysed the better findings reflect the reality about the phenomena under study. Green, Wills, Hughes, Small, Welch, Gibbs and Daly (2007) stress that data analysis process facilitates the examination of the information collected in order to provide a rational account of what was found to enable the researcher to reach conclusions.

The researcher used SPSS to analyse data gathered using questionnaires and deeply analyzed and interpreted information collected through interview and questionnaire. To avoid any lost of information during data collection, the researcher took notes and recorded respondents during interview and focus group. Thus the researcher entered all those data in a computer before starting their analysis. Qualitative data were analyzed through descriptive statistics analyses from which frequency, tables, charts and graphs were generated and contained data interpreted referring to the theoretical framework of this research.

Addition to this, a triangulation of information was used by the researcher to ensure the reliability and validity of collected information. According to Thurmond (2001), "*triangulation is the combination of two or more data sources, investigators, methodologic approaches, theoretical perspectives or analytical methods within the study.*" Thus in data collection instruments some questions were administered to all categories of respondents, and sometimes one respondent participated in more than one of the three techniques used.

## **4.2. Position of the researcher**

The position of the researcher is an important element because of its contribution in quality control mostly in qualitative research, usually used in social sciences, where the characteristics and experience of the researcher can impact on the whole process of research enterprise. Scientists explain the researcher's position using the term positionality. For them, positionality both describes an individual's world-view (Foote and Bartell, 2011), and the position they have chosen to adopt in relation to a specific research task/ study (Foote and Bartell 2011, Savin--Baden and Howell Major 2013) and is normally identified by locating the researcher in relation to three areas: the subject, the participants and the research context and process (Savin---Baden and Howell Major 2013).

During this research, the researcher managed to adopt a neutral attitude in regard to respondents' contribution. Her focus was to collect information from participants as they were provided and understand them without directing respondent. In fact, positionality requires that both acknowledgement and allowance is made by the researcher to locate their views, values and beliefs in relation to the research process and the research output(s), hence personal judgment, contribution and interpretation from the researcher's experience and perception of the impact of community involvement in promoting inclusive education was omitted. The researcher identified a research assistant who simultaneously took notes together with her to enable her comparing the collected data. This helped in identifying possible inference of the researcher's perceptions and belief into collected information.

## **3.3. Validity and reliability**

Validity and reliability concepts are two elements that determine the quality of measurement instruments in a research. In this respect, Muijs (2004) considers the validity as the single most important aspect of the design of any measurement in educational research whose contribution is mainly to ensure the creation of the right measurement instrument with the right manifest

measures of the latent concept. Validity concerns the quality of the content to be measured, predicts the outcomes theoretically expected and ensures the internal structure of the instrument and the concept it is measuring. “*Reliability refers to the extent to which the test scores are free of measurement error*” (Muijs, 2004). In research reliability is the ability to measure the same thing at different time and get the same results (repeated measurement) and the homogeneity of items of a given test.

During the research endeavor the content validity was ensured through expert judgment of academic staff of the school of Inclusive and Special Needs Education mainly the supervisor’s advice and those of other academic staff from the school of Inclusive and Special Needs Education of the College of Education, University of Rwanda. Moreover, to ensure reliability test and retest were used during data collection where one question could come more than one time in different sections and to different categories of respondents.

### **3.4. Ethical issues**

Ethical issues in the current research were respected. The researcher sake for consent from respondents before administering questionnaires or being engaged in focus group discussions or interviews. Confidentiality was respected by omitting names on the questionnaires and keeping them in a safe custody. Respondent participated in the research willingness and ethical values, moral expectation, and rules applied to the research endeavor were respected while collecting data. Before contacting respondents the researcher sake for permission to carry out research from authority in charge of education at the District level as well as at the concerned sector-Gacurabwenge Sector.

### **3.5. Conclusion of the chapter**

This chapter described the methodology applied to this research. A mixed method was chosen by the researcher as the best means to rich her objectives. To analyse collected data, SPSS was used as a more appropriate tool in such research. Validity and reliability as well as ethics issues were also discussed in this chapter.

## CHAPTER FOUR

### PRESENTATION, ANALYSIS AND INTERPRETATION OF FINDINGS

#### 4.0. Introduction

This chapter has two sections: section one presents Demographical Data of participants and the section two presents the findings, interpretation and discussions according to the objectives. The designed objectives to guide this study were to: (1) Determine the community members' involvement in promoting inclusive education at local level, (2) Identify the impact of community involvement in inclusive education at local level and (3) Find out current attitudes and behaviors of community towards inclusive education.

#### 4.1. Demographical Data on participants

This section contains demographical information on respondents related to gender, academic level, profession and experience in IE.

**Table 4: Participants by Gender**

%: Percentage

Category of respondents	Gender				Total	
	Male		Female		Frequency	% of total participant
	Frequency	%	Frequency	%		
Educators	6	33.3	12	66.7	18	<b>20.9</b>
Parents	7	30.4	16	69.5	23	<b>26.7</b>
Local leaders	20	44.4	25	55.5	45	<b>52.3</b>
Total	<b>33</b>	<b>34.7</b>	<b>53</b>	<b>61.6</b>	<b>86</b>	<b>100</b>

Source: Primary data (September, 2017)

As shown by the research findings, the majority of respondents were female (61.6%) against 34.7% male. The foundation of disparities in the distribution displayed in table 3 is the fact that females are mainly responsible of caregiving for children in family and even beyond, thus the most actives in school activities organized to support CWDs. This is again reflected in the category of local leaders whose composition includes community health workers (mainly female) at village level, consequently females (55.5%) became the most represented against 44.4% male. At school, the same phenomenon was observed where female teachers (66.7%) were the most represented in comparison with male teachers (33.3%). Thus, these research findings revealed that women are the most involved in different groups created to support IE practices at Groupe Scolaire Rosa Mystica and in its surroundings. Though, men are in few number compared to women in this research, it does not mean that they are not concerned with IE; it is mainly because they are most of time involved in other activities that can support education without being physically present.

**Table 5: Participants by educational Level**

Category of responden ts	Level of education									
	None		Primary		Secondary		University		Total	
	Freque ncy	%	Freque ncy	%	Freque ncy	%	Freque ncy	%	Freque ncy	%
<b>Educators</b>	0	<b>0</b>	0	<b>0</b>	9	<b>50</b>	9	<b>50</b>	18	<b>9</b>
<b>Parents</b>	1	<b>4.3</b>	20	<b>9</b>	2	<b>8.7</b>	0	<b>0</b>	23	<b>7</b>
<b>Local leaders</b>	0	<b>0</b>	39	<b>4</b>	4	<b>8.8</b>	2	<b>4.4</b>	45	<b>3</b>
<b>Total</b>	1	<b>1.1</b>	59	<b>6</b>	15	<b>4</b>	11	<b>8</b>	86	<b>100</b>

Source: Primary data (September, 2017)

Table 4 here above gives information on the Academic Level of participants. The research findings revealed that almost all respondents got access to formal education. The majority of participants (68.6%), undergone their studies up to primary level, 17.4% of them studied up to secondary level; while 12.8% of participants went up to the university level. Only 1.1% of respondents have never attended the school. These figures demonstrate that stakeholders mainly involved in promoting Inclusive Education are familiar to education and therefore know the benefit of being educated even though the highest number of participants has only undergone the basic education.

**Table 6: Participants by Professions**

<b>Profession</b>	<b>Frequency</b>	<b>Percentage (%)</b>
<b>Farmer</b>	60	70
<b>Civil servant</b>	23	27
<b>Self employed</b>	3	3
<b>Total</b>	<b>86</b>	<b>100</b>

**Source: Primary data (September, 2017)**

Research findings under table 5 show the distribution of participants based on their professions. As indicated the big number (70%) of respondents are farmers while 23% are civil servants and only 3% are self employed. This distribution gave image on the area in which the research sample was taken, the rural area where people are mainly farmers, living from agriculture and livestock, thus with a modest economic situation.

**Table 7: Teachers and parents' experience in Inclusive Education Practices**

<b>Experience</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Less than 1 year	2	4.8
1 year	1	2.4
2 years	5	12.1
3 years	14	34.1
4 years	8	19.5
5 years	3	7.3
More than 5 years	8	19.5
<b>Total</b>	<b>41</b>	<b>100</b>

**Source: Primary data (September, 2017)**

The distribution of participants by experience in inclusive education practices as represented in table 7 are from two categories of participants namely: educators and parents of children with or without disability. The research wanted to know the level of experience for these two categories due to their involvement in education of CWDs on a daily basis. The majority (34.1%) of participants reported being involved in IE programs from 3 years ago. Beside this, the research revealed that 19.5% of participants have done 4 or more than 5 years in the concerned program, while 12.1% of the same group of participants is involved in IE practices from two years. Indeed, among the surveyed participants 8% has five years of experience when 5% has less than a year of involvement in IE practices and finally 3% of these participants have made a year. Thus, they have a quite large range of educational experiences in inclusive education consequently their participation in this research enriched the quality of gathered results.

#### **4.2. Community involvement in promoting Inclusive Education**

One of the three objectives of this research is to determine the community members' involvement in promoting Inclusive Education at local level. The current section contains the

research findings on this objective; but before discussing items related to it, the research assessed the level of understanding of IE among participants. Here below are presented in table (8) the results of the assessment done.

**Table 8: Community Level of understanding Inclusive Education Practices**

**F: Frequency, %: Percentage**

Category of participants	Community Level of understanding IE practices											
	Excellent		Very Good		Good		Moderate		Low		Total	
	F	%	F	%	F	%	F	%	F	%	F	%
Educators	6	33.3	10	55.5	2	11.1	0	0	0	0	18	20.9
Parents	2	10	10	50	6	30	2	10	0	0	20	23.2
Local leaders	2	10	3	6.2	17	35.4	6	12.5	20	41.6	48	55.8
Total	10	11.6	23	26.7	25	29	8	9.3	20	23.2	86	100

**Source: Primary data (September, 2017)**

The research sought to find out the level of understanding of inclusive education among participants. The related research findings revealed that participants' level of understanding of IE is distributed among five categories of understanding in different proportions. A good number (29%) of participants has good knowledge of IE, while 26.7% of participants are very good in IE practices, and 11.6% of the same group of participants has an excellent level of understanding of IE practices. Unfortunately, the study on the level of understanding of IE practices among participants made known that 9.3% of them have a moderate understanding while 23.2% have low understanding of IE practices. Even though these research findings provided information on the

existence of moderate and low understanding of IE, these two levels of understanding represent only 32.5% of respondents. Thus the majority (67.3%) of participants knows well inclusive education practice and consequently the contribution of this group certified it.

#### 4.2.1. The role of families in education of children with disability in inclusive settings

Educators believe that bringing more families and community members into the process of schooling is one way to help boost student achievement (Sheldon, 2003). In this regard, the research sought to know the role of family in IE as perceived by different categories of participants.

**Table 9: Family involvement**

*(SD: Strongly Disagree, D: Disagree, SA: Strongly Agree, A: Agree and %: Percentage)*

<b>Family involvement in education of CWDs</b>	<b>SD</b>	<b>%</b>	<b>D</b>	<b>%</b>	<b>SA</b>	<b>%</b>	<b>A</b>	<b>%</b>
Family is the first and important place to initiate the child’s education	0	<b>0</b>	7	<b>8</b>	35	<b>41</b>	44	<b>51</b>
Family as a key factor in child emotional, social and cognitive development	0	<b>0</b>	7	<b>8</b>	46	<b>53</b>	33	<b>38</b>
CWDs school achievements are closely connected to the kind of support they receive from their families	2	<b>2</b>	5	<b>6</b>	36	<b>42</b>	43	<b>50</b>

**Source: Primary data (September 2017)**

Three components of the family involvement were analyzed namely the family as a place of initiation to education, family as a key factor in child emotional, social and cognitive growth and the family role in CWDs school achievement.

The majority (51%) of participants confirmed the role of the family as a first place to initiate a child to education and 41% of those participants strongly confirmed this role while only 8% of them denied it. Concerning the family influences on child emotional, social and cognitive development, the majority (53%) of respondents confirmed that the family highly influences the child development, when 38% of those respondents recognized the family' influence and 8% of them denied that influence. The last aspect assessed was the role of family in CWDs school achievement. Under this item, 50% of respondents recognized the link that exists between the family support and the CWD school achievement. In the same regards 42% of respondents strongly confirmed the existence of that link whereas 5% denied it and 2% strongly rejected the idea.

In general, the research findings in all 3 components assessed revealed that the family has its role to play in education of its children. This was highlighted by a Head teacher through the following declaration:

*“The child’s foundation is in the family. Thus the family has its role to play in inclusive education. Under identification phase, parents are the ones who provide information on the possible particular challenges the child is facing and their expectations in our regard related to their children schooling, and then comes the assessment where they help in determining the strengths and weakness of the child as well as the type of services he/she deserve”* (Head teacher).

Another participant gave an example of a family that has four disabled children who use wheelchairs in their movements from one place to another. Those children are enrolled in Groupe scolaire Rosa Mystica and their parents take them to school every day. Thus parents play important and different roles in education of their children

#### **4.2.2. The role of community in educating children having disabilities**

Children with disabilities need the support and efforts of not only their families but also the one of the community members for being successfully educated. Here below are presented the research findings on community involvement as presented by participants.

**Table 10: Community involvement**

(SD: Strongly Disagree, D: Disagree, SA: Strongly Agree, A: Agree and %: Percentage)

<b>Community involvement</b>	<b>SD</b>	<b>%</b>	<b>D</b>	<b>%</b>	<b>S A</b>	<b>%</b>	<b>A</b>	<b>%</b>
Community has responsibilities in CWDS' education	10	<b>12</b>	18	<b>21</b>	34	<b>39.</b>	20	<b>23.</b>
						<b>5</b>		<b>2</b>
Local leaders, community health workers and opinion leaders when involved deeply influence education of CWDs	4	<b>4.6</b>	16	<b>18.</b>	37	<b>43</b>	15	<b>17.</b>
				<b>6</b>				<b>4</b>
Community Health workers responsibilities contribute a lot to the development and sustainability of CWDs well being	8	<b>9.3</b>	16	<b>18.</b>	44	<b>51.</b>	12	<b>13.</b>
				<b>6</b>		<b>1</b>		<b>9</b>

**Source: Primary data (September, 2017)**

Community involvement in educating children with disabilities as research findings revealed is important. Through this research 39.5% of participants confirmed with certainty the community's responsibility in CWDs'

education while 23.2% recognized that responsibility. From what was discussed during interviews and focus

group discussion, the responsibility of the community in regard to the education of children with disabilities was highly supported as indicate what follows:

*“Usually a child starts his/her life within a family made of the father and the mother. This family becomes bigger when the child starts to be in contact with neighbors and anyone else who come across with his/her road. From my own experience and the experience of this school, a child belongs to the whole nation and this one takes care of him/her” (Head teacher).*

The same Head teacher highlighted the fact that local leaders' role is of great significance and advancement of the program of Inclusive Education is subject to their involvement. Local leaders

are the one who sensitize and mobilize the population as well as advocate for CWDs. Inclusive Education approach would not be possible if local leaders are not involved.

The role of local leaders, community health workers and other opinion leaders in promoting inclusive education as discussed by participants is an important element of the puzzle. They are the one who support different innovative ideas in this area, they play the role of linking schools and the community and advocate for the promotion of inclusive education. The research revealed that 43% of participants have conviction on the important role played by local leaders in Education and 17.4% recognized that role of local leaders in IE. Thus, the majority (60.4%) of respondents are witness of this important role of local leaders. From different interviews and focus group discussions organized, participants confirmed this role in the following terms:

*“The support of local leaders enables us to get children with disability out of the place where they are hidden” (CEFAPEK)*

The same confirmation again was made this way:

*“Local leaders are the one who advocate for children with disability, if they don’t take part in sensitization Inclusive Education wouldn’t be possible. We are in touch with leaders at different level. All we do we first inform them, mainly the Vice Mayor in charge of Social Affairs and the Unit in charge of Education, because everything we do we do it in the field of education. We present to them what we have done as well as our plans and they give their go ahead. We also inform, in writing, the executive secretary of the sector and all the other levels concerned about our plans and we wait for their permission before getting in touch with our targeted beneficiaries. To go to field work in a village you have to inform the leader. They are collaborative and provide the support we need from them”. (Head teacher)*

Community Health Workers, like any other members of the community in the district of Kamonyi are sensitive to the issue of disability. Through the child growth monthly check up, they advice parents having children with disability to take them to Rosa Mystica for further evaluation of the children’s conditions and advice. However, even if 51.1% of participants confirmed with confidence the involvement of Community Health Workers in children’s lives, caring specifically for CWDs is not highlighted in their duties, it is just because they are used to the practice as members of a community where IE practices are advanced and combine their

knowledge with their duties to serve those children. In this regard, one of the Community Health Workers said:

*“We usually get information on cases of children born with disability during the monthly check up program or when a member of the community/a neighbor informs us about it. In our usual work, we normally are three Community Health Workers in a village and we share houses to ease our tasks but when there is a case of disability we go together to pay a visit to the concerned family and sensitize and recommend the family to take the child to Rosa Mystica for further guidance.” (Community Health Worker)*

Generally, as reported the community members are involved in inclusive education practices and their involvement is seen in different forms such as mobilization and sensitization, program support by local leaders, parents’ participation in the teaching and learning activities at school and sharing information between community members.

### **4.3. Impact of community involvement in promoting inclusive education**

To identify the impact of community involvement in Inclusive Education at local level was the second objective of this research. The following sections contain the research findings related to the community involvement in promoting inclusive education.

#### **4.3.1. Collaboration between educational partners in the promotion of inclusive education**

The mutual collaboration between school and families, CWDs’ families and community as well as school and community are here below presented as it was reported by participants.

**Table 11: Collaboration between school and families of CWDs***(SD: Strongly Disagree, D: Disagree, SA: Strongly Agree, A: Agree and %: Percentage)*

<b>Collaboration between school and families of CWDs</b>	<b>SD</b>	<b>%</b>	<b>D</b>	<b>%</b>	<b>S A</b>	<b>%</b>	<b>A</b>	<b>%</b>
Smooth running of teaching and learning activities consequent to proper sharing of information	6	<b>6.9</b>	16	<b>18.6</b>	38	<b>44.1</b>	23	<b>26.7</b>
Individualizing education plan for each child with special educational needs when required	0	<b>0</b>	10	<b>11.6</b>	48	<b>55.8</b>	24	<b>27.9</b>
Development of a supportive home learning environment	7	<b>8.1%</b>	13	<b>15.1</b>	41	<b>47.6</b>	21	<b>24.4</b>
Increased number of CWDs who attend school	3	<b>3.4</b>	9	<b>10.4</b>	46	<b>53.4</b>	24	<b>27.9</b>

**Source: Primary data (September, 2017)**

The research findings presented in table 10 show the impact of collaboration between the school and the family of children with disabilities. The research sought to evaluate the impact of partnership between school and parents through 4 components: the quality of teaching and learning, the individualization of education plan for a learner with particular special educational needs, the development of supportive home learning environment and the increase in number of CWDs who join the school.

Consequent to collaboration between school and parents/caregivers teaching and learning activities are well done. As reported in this research, 44.1% of participants have conviction in the smooth collaboration between school and parents or caregivers, 26.7% simply recognized its existence while 18.6% didn't recognize that partnership. These figures reflect the progress so far

realized. Not only the progress in teaching and learning activities was confirmed by respondents through questionnaires but also during interviews and focus group discussion it was declared that:

*“Parents are involved in school activities; they now understand their role because of what they learn through mobilization done by Rosa Mystica. They share ideas and give their contributions in inclusive education activities. For instance some trained parents are offering physiotherapy services to children being in their villages.”* (Sector Education Officer)

This declaration made by the person in charge of education in Gacurabwenge Sector was supported by the one done by the head teacher of Groupe scolaire Rosa Mystica in the following words:

*“Parents provide support services at school mainly when children are new and don't have orientation: don't know what to do, how and when to do the planned activity. In shift, parents come to school to assist in cleaning children and feed them during the lunch time; and their contribution is really helpful in teaching and learning activities of our school.”* (Head teacher)

These parents participate in a variety of school life activities that why the research found that 55.8% and 27.9% of participants respectively confirmed with reinforcement and recognized the parents' role in the elaboration of Individual Education Plan (IEP) when it is required. On the other hand, the school provides counseling service to parents of CWDs to help them to accept the situation they live in and then cooperate in the education of their children.

*“We provide guidance and counseling to parent of a child having disability for helping him/her to accept his conditions. Once the parent perceive differently the disability of his/her child and its consequence, he/she provides us real information on the origin of his child disability, participate in identification and assessment activities as well as regularly visiting the school for discussing with teachers about his child education.”* (Head teacher)

The above declaration indicate the contribution of the school in helping parents to accept their children, thus the collaboration mutually benefits all partners. Moreover the school organizes parents training on disability and related issue such as how parents can assist their children at home. Through training and different field visits organized by the school, parents learn to see disability with a different eye and cope with it.

*“We encouraged parents of children with disability to be in Psycho-educational groups where they meet together for experiences sharing. In those groups they bring their children. The purpose is to enable parents to compare different disabilities and consequently start building confidence in them. It is helpful for a parent to be able to compare his child’ disability with those of other children and see the attitudes and expectations of his peers towards their children.” (CEFAPEK)*

Indeed, the school organizes a monthly field visit where educators and children all together go to village in one family or in a public place and meet parents for sensitization and mobilization on disability issues and education of children with special educational needs. This has gone beyond caring for children with disability. *“Inclusive Education is being transformed in Inclusive Life. It is not only a child with disability who deserves to be visited at home, even others live some challenging situations that can hinder their learning; and we need to take care for them”*. (Head teacher)

Parents’ perceptions of the roles they should play in their children’s education and their beliefs that their involvement can affect their children’s education have been shown to predict actual engagement in schools or at home (Sheldon, 2002). Once the school has trained parents these became able to assist their children at school and home. According to the research findings, 47.6% of participants strongly confirmed the ability of parents to support their children once sensitized and trained while 24.4% acknowledged this important task.

*“Here at CEFAPEK we provided trainings to volunteers mothers who are now offering to children with disability different services like physiotherapy, reflexology, kinesytherapy, etc. These trained mothers operate in their villages supported by our staff. Our belief is that centres of children with disabilities should be in their villages.”*  
CEFAPEK

The aim of all these efforts on both sides (school and parents) is the schooling of children with disabilities. All those contributions combined increased the number of children with disability who attend school. In this research, 53.4% of participants are those who confirmed the increase of CWDs at school, 27.9% of them recognized the change occurred because of the new approach while 10.4% were reluctant.

**Table 12: Collaboration and mutual support between school and community**

(%: percentage)

<b>School and community collaboration and mutual support</b>	<b>Never</b>	<b>%</b>	<b>Rarely</b>	<b>%</b>	<b>Sometimes</b>	<b>%</b>	<b>Often</b>	<b>%</b>
Community supports to CWDs in their learning endeavors	7	<b>8.1</b>	15	<b>17.4</b>	38	<b>44.1</b>	22	<b>25.5</b>
Community Volunteering activities are carried out at school level	12	<b>13.9</b>	7	<b>8.1</b>	21	<b>24.4</b>	42	<b>48.8</b>
Community provides first assistance and advocate for CWDs to higher organs	10	<b>11.6</b>	16	<b>18.6</b>	16	<b>18.6</b>	39	<b>45.3</b>
Local leaders integrated inclusive education in their programs	9	<b>10.4</b>	14	<b>16.2</b>	29	<b>33.7</b>	29	<b>33.7</b>
The community and the school jointly provide the educational support services to CWDs	5	<b>5.8</b>	12	<b>13.9</b>	42	<b>48.8</b>	22	<b>25.5</b>
Community and school together develop children's team work	12	<b>13.9</b>	7	<b>8.1</b>	30	<b>34.8</b>	35	<b>40.6</b>

**Source: Primary data (September, 2017)**

Strong links with the local community are central concern of inclusive school (Slee, 2005). The research findings on the existing links between the school and the community revealed that

school collaborates with its surrounding community in different activities undertaken to promote inclusive education. In this research the community support to children with disability exist at 44.1% as confirmed by participants, while community volunteering activities at school are carried out at 48.8% and done by volunteers who are not necessarily parents of children with disability. One participant during focus group discussion said: *“I am one of volunteers of inclusive education even though I don’t have any child with disability. Our group goes to school one day per week to support the school in its different activities. We clean the school compound; make some school materials for learners”* (Chief of Village)

In this regard, the SEO’s declaration confirmed what was reported by the participants during focus group discussion:

*“There are different groups of volunteers made of all parents, not only those having children with disability. They share ideas and give their contributions in inclusive education activities. For instance, through those groups, some trained parents are offering physiotherapy services to children being in their villages.”* (SEO)

In the same spirit, another participant confirmed that

*“Siblings of the child with disability are also initiated considering the type of disability they have to deal with so that they can provide their support. As an example, a mother can take her child in a wheelchair to school but she won’t remain there the whole day to assist the child in his movements. When she doesn’t come back to take him home but leave the responsibility to his/her peer neighbor or his/her sibling, it invites any other member of the community to do the same.”* (Head teacher)

However, if you see the effort we put in this endeavors, it is mainly because our partners do not play their roles adequately. The contribution of local leaders at grassroots level is still low; they don’t accord sufficient attention and time to inclusive education (CEFAPEK and Head teacher). In fact, according to the research findings, 33.7% of participants reported local leaders’ assistance and advocacy often provided and other 33.7% of participants qualify it as being provided occasionally. During an interview it was revealed that:

*“Advocacy is done by people with disability through their associations. These associations exist from the village level up to the cell level and they are in charge of advocacy. They help us in mobilization and again most of educators in this sector were*

*trained in special needs education. The other activities are for the whole population in need. Normally the sector has a budget allocated to the assistance of those in need. This one serves for both poor without disability and poor facing the challenge of having a disabled member” (Sector Social affairs)*

Furthermore, the research findings revealed that the joint supports to CWDs by the school and the community is in good progress where 48.8% of participants strongly confirmed it and 25.5% of them simply recognized its existence. This joint supports can be seen even in the way children’s are encouraged to work in team by both the school and the community.

In brief, the research findings discussed above presented the progress so far made in community involvement and its impact on schooling of children with disability. If the partnership between community members and school is not yet at an interesting level of collaboration likewise is its impact on the education of CWDs in inclusive settings.

#### **4.3.2. Innovative practices influencing the promotion of inclusive education**

The study revealed a set of new practices in school activities initiated in order to respond to different needs of learners with disabilities using home grown solutions. This section discuss about those innovative practices for the promotion of IE.

##### **4.3.2.1. Volunteers Group for the promotion of Inclusive Education in Kamonyi (VGPIEK)**

This grassroots-based volunteer network made of key education stakeholders is an innovative response to the needs of community in inclusive education. The group initiated a set of new practices that actually contribute a lot in the promotion of inclusive education. For instance to deal with the need of special educators, which was reported being a concern, 42.9% of participants confirmed the existence of that need; CEFAPK under the support of MINEDUC trained teachers in special needs education and by the same opportunity a team, of volunteers (Volunteers Group for the Promotion of Inclusive Education in Kamonyi (VGPIEK) was created

and its members are Head teachers, teachers, parents, learners, local leadership and any other members of the community committed to the promotion of inclusive education. As reported the volunteers group was created as a response to the unsatisfied needs that was left behind when Handicap international closed its project on inclusive education initiated in Kamonyi District and in 3 other districts. Here after a surveyed explains the origin and current contribution of VGPIEK:

*“When a project supported by Handicap international was closed, we realized that many children with disabilities were still in villages and not attending schools. Indeed, those already at school were still in need of support. In response to that situation, we then created a group of Volunteers for the Promotion of Inclusive Education in Kamonyi with mission to train educators, provide them required support and guidance when it is needed. With the support of MINEDUC we trained about 333 teachers and officially the activities of this group were launched in 2013. Now it is recognized by MINEDUC and whoever needs to train on inclusive education comes to us. We provided training to different educational stakeholders in Karongi, Kayonza, Gicumbi and Bugesera Districts, in PLAN Rwanda, ADRA and even in the refugees’ camp” (Head teacher)*

This group stands both for a best practice in IE program and an important sign of attitudes and behaviors positive change within a community towards inclusive education.

#### **4.3.2.2. Psycho-Educational Support Group**

Prominently, the GS Rosa Mystica encouraged parents of CWDs to create groups where they go and share experience of being parents of children with disabilities. These groups are called Psycho-Educational Support Groups (Groupe Psycho-Educatifs) and provide to parents the support their need for them to accept their children. But again through these groups parents get trainings on basic skills useful for them in their role as parents of children with disabilities. Finally they get training that can help them to think about their economic lives. As reported offering counseling and guidance to parents of CWDs is done in collaboration with experienced parents whose examples can serve as lessons and source of motivations to others. Here after is a confirmation made by one of the surveyed participants:

*“We get help from volunteers who were educated before and whose examples are full of lessons and motivations to the group under support. Once the group has evolved, they willingly accept other members and together they look for something helpful they can do*

*together to generate income instead of living on charity because of their children” (Head teacher)*

Sharing experiences through Psycho-Educational Support Groups provides to parents the needed information for them to raise their level of expectations towards their children with disabilities, know the role they have to play in their children’s lives and schooling. Consequently these groups help parents of CWDs in changing attitudes and commit themselves to the full involvement in IE

#### **4.3.2.3. Inclusive School Feeding**

Health conditions are another area of concern in IE practices. During the empirical study, it was reported that the groups of volunteers (VIGPIEK) has carried out a research on school feeding program and findings revealed the excluding aspect of the current school feeding program. In fact, in most of the cases, children with disability suffer from different illness related to the types of disabilities they have. The idea of carrying out a research on school feeding came on the board when at GS Rosa Mystica a child whose organism accept only fruits was admitted. The school management then got a new area to improve in their endeavors in promoting IE. The school has to feed that child with meals he/she can take, meaning fruits other ways he/she takes nothing, which can lead to drop out. As usual, common meals are served to all learners without taking into account different needs and abilities of enrolled children. Thus, *the current school feeding program is not inclusive” (Head teacher).*

While the research revealed a decline in stigma and discrimination against CWDs, the school feeding program if not adapted to the needs of different learners as it is done for the curriculum, can hinder the education of some learners with particular needs in their nutrition and accordingly the promotion of IE. In fact, *“these children with disabilities need different types of meals to foster their bones, to facilitate their development, in brief they require a regime adapted to the specific health conditions of each of them” (Head teacher).* What would happen if this component is left behind? VGPIEK opened the discussion on another important area of concern in IE practices.

#### 4.3.2.4. “Learning Family School” approach

Considering the economic conditions of the majority of parents having CWDs, in our country, access to education for these children remains a matter of concern. The “Learning Family School” an approach that won the Ministry of Education s’ award in 2015, emphasizes on the community involvement in the promotion of IE. Under this approach efforts are made to bring on board all educational partners for the sake of IE. The school established links between its self and the community where in collaboration with VGPIEK, the school train educational volunteers to provide supports it needs in its endeavors, and that school organizes field visit to closely make a follow up on parents’ involvement in education of their children. During an interview a Head teacher reported these

*“Here at school we provide the child with some best practices and life orientations helpful to him/her. However when the child does not get any support once at home, he can hardly integrated the learnt skills. Therefore, it would be better if we organize meetings with our main educational partners: parents and share with them some knowledge that would be useful to reinforce what the child learnt at school once at home.”* (Head teacher)

Furthermore, this participant reported that sometimes parents willingly ignore their responsibilities because no one has reminded them or because they don’t know. This approach does not only concern children with disability, it also concerns all children given that some of them are living traumatizing family situations like economical challenges, family conflicts, etc. The school’s field visits are made with a regular rhythm in order to meet the child’s family and see together the kind of orientation they have to follow as well as evaluate the progress so far done after orientation was provided and support accorded.

In “Learning Family School” approach children are trained and encouraged to help each other. This culture of helping each other is seen for instance through some practices like assisting peers in wheelchairs while moving around in the school compound or when going back home, doing physical exercises to develop muscles in order to be able to walk, etc.

In addition, some of the greatest life lessons learnt in school are not taught in the classroom, but in the playground, where children interact freely with each other (Ransom, 2009). Under the

“Learning Family School” learners with disability learn some practices from their peers, which could not be learnt elsewhere and through other means. The examples provided here after are mainly for life skills however they are not the only possible; examples can also be given in academics aspects. The story outlined below of a child with physical disability admitted in a school demonstrates how John (nickname) learnt to behave like his peers boys enrolled in the same school:

*“John had problems in articulations and could not seat or elect his head. The center trained her mother to physiotherapy who in return successfully provided services to his son. John was then admitted to school and once he saw his peers walking he refused to seat in wheelchair and learnt to use scratches. That was not the end because currently he is trying to walk without any support. Besides, when John joined the school, he could not go to toilet or communicate his wish in this regard. He was trained and became familiar to the use of toilet for the very young children. One day John noticed that boys do not use such toilet to urinate, he then learnt to do as other boys do. This practice john learnt from his peers could not be taught by any educator” (CEFAPEK leader)*

In accordance with the literature review, peers’ role is important in educating CWDs; ever since the affirmation and acceptance of peers within the community helps build self-esteem (Ransom, 2009). By working together, the circle of friends help CWD succeed in school and breaks down psychological barriers to their full participation in the community (CRS, 2007). The discussion above confirms the role of the so called circle of friends whose positively influence the lives of CWDs and their academic achievements as the example above demonstrated. Thus, according to the Social Affairs of Gacurabwenge sector *“Every child should go to school and be with his/her peers. It is very important for a child to be with peers. It contributes a lot and for him, it shows that he/she is accepted.”*

#### **4.4. Community members’ attitudes and behavior towards inclusive education**

The third and last objective of this research was to find out the current attitudes and behaviors of community towards Inclusive Education. In regards to attitudes and behaviors, researchers reported that children with disabilities and their families face a range of barriers that prevent them from fully participation in their communities (ACPF, 2011). Thus, this research wanted to find out attitudes and behaviors of community members towards inclusive education. Here after,

is discussed the research findings on family, teachers and community attitudes and behaviors towards inclusive education.

#### 4.4.1. Family attitudes and behaviors towards inclusive education practices

Research findings summarized in table no 12 here below displayed, present the current families' attitudes and behaviors linked to the presence of a person with disability in the family.

**Table 13: Family attitudes and behaviors**

*(SD: Strongly Disagree, D: Disagree, SA: Strongly Agree, A: Agree and %: Percentage)*

Family attitudes and behaviors	SD	%	D	%	SA	%	A	%
In a family, disability is a source of shame	17	19.7	37	43.0	5	5.8	13	15.1
Taking CWDs at school is a wastage of resources and time	36	41.8	24	27.9	14	16.2	7	8.1
Family attitudes in regards to CWDs' right to education	9	10.4	5	5.8	51	59.3	17	19.7
Family perceptions of disability influence its contribution to the education of CWDs	7	8.1	17	19.7	19	22	39	45.3
Learners with disability perform well when they are from educated family	5	5.8	14	16.2	33	38.3	27	31.3

Source: primary data (September 2017)

Among surveyed participants 43.0% and 19.7% respectively denied or completely denied the families' feeling of shame due to their children with disability while 15.1% of the surveyed participants confirmed the existence of that feeling of shame in families when there is a case of disability. However as figures talk themselves there is a positive changes in attitudes towards disability even if the stigma and low expectations concerning the child's autonomy once adult is also present but in decline. The persistence of stigma and low expectations among parents was explained in the following terms:

*“Some neighbor and parents still have discrimination against children with disability. There are some parents who keep their children home instead of taking them at school. They consider the child as handicapped one who will never realize something good for himself and for his parents; thus, he has to stay home. (uyu ni ikimuga ntacyo azigezaho nta n'icyo azamfasha reka agume mu rugo)”* (Social affairs at Gacurabwenge).

Another participant reported the need of continuing mobilization and sensitization sessions targeting mainly parents as a mean of eradicating the stigma of having a child with disability (CEFAPEK). In fact, parents are the first to focus on when it is about children's education; once parents' attitudes are positives the remaining community members will learn from their experiences. Relative to this, 67.3% of participants (with 45.3% admissions and 22% convictions) reported the influence of the family perceptions of disability on their children's education. As highlighted before the school provides counseling service to parents of CWDs to help them to accept the situation they are facing and react positively to it: *“In all the cases we had to handle, we needed first to educate parents and make sure they know and accept that a child with disability is a child as any other child and all children have the same rights.”* (Head teacher)

On that declaration the surveyed added that *“Once parent has changed his/her attitude towards the disability of his/her child and its consequence, he/she provides us real information on the cause of his child disability”* (Head teacher).

Moreover, among participants 41.8% strongly denied the idea of wasting resources and time by taking a disabled child to school while 27.9% other simply denied the idea. These participants confirmed the relevance of taking children with disability to school. One of the surveyed

reported that the applied learning family school approach that combine school activities and monitoring the involvement of all educational members through field visit, help the family and beyond to accept the child. *“He is no longer a thing but a human being, what remove the shame previously felt by the family”* (CEFAPEK).

The issue of income was also discussed during this research. The research findings revealed that most of surveyed people: 38.3% and 31.3% respectively strongly assured and confirmed the existing link between the family income and the CWDs’ successful completion of study. Their argument is based on the fact that access to appropriate assistive devices and support services is really problematic for families with low income; without forgetting the time they are supposed to use taking to and back school their disabled children. The social affairs argued on this issue as follows:

*“There is a need of regular sensitization because for a parent, taking his/her child to school every morning instead of going to work takes him/her a lot of time; which is discouraging for the parents who are struggling to earn their families’ life. Many parents do not know how to deal with that situation”*. (Sector Social Affairs)

Thus, the family attitudes and behaviors towards inclusive education are being improved even though parents still have a lot of challenges to face. As reported by the majority of participants (59.3%), actually families accord the same rights to children with disabilities as they do for their peers without disability.

#### **4.4.2. Teachers attitudes and behaviors towards inclusive education practices**

Teachers are key role players in children’s schooling; their attitudes and behaviors highly influence students’ achievement. Therefore, the research findings sought to know how teachers themselves and the community in general appreciate current teachers’ attitudes and behaviors.

**Table 14: Teachers' attitudes and behaviors***(SD: Strongly Disagree, D: Disagree, SA: Strongly Agree, A: Agree and %: Percentage)*

<b>Teachers' attitudes and behaviors</b>	<b>SD</b>	<b>%</b>	<b>D</b>	<b>%</b>	<b>S A</b>	<b>%</b>	<b>A</b>	<b>%</b>
Children with disabilities are burden in a class	38	<b>44.1</b>	25	<b>29</b>	11	<b>12.7</b>	6	<b>6.9</b>
Children with disabilities can never undertake successfully their study	47	<b>54.6</b>	18	<b>20.9</b>	6	<b>6.9</b>	11	<b>12.7</b>
CWDs should be taught by special educators trained for that purpose	15	<b>17.4</b>	29	<b>32.5</b>	29	<b>32.5</b>	9	<b>10.4</b>
Teaching CWDs together with those without disability enrich the teaching and learning experience	5	<b>5.8</b>	11	<b>12.7</b>	40	<b>46.5</b>	24	<b>27.9</b>

**Source: Primary data (September 2017)**

The big number of surveyed participants (44.1%) refuted with certainty the teachers' consideration of children with disability as burden while 29% of the same group denied it; what confirms teachers' positive attitudes towards CWDs. Indeed, participants reported the experience of teaching CWDs together with those without disability as a great opportunity, rich in teaching and learning experience. As reported, 46.5% of participants were very enthusiastic with the idea and 27.9% recognized the beauty of that experience.

Furthermore, 54.6% of participants highlighted that teachers believe in the capacity of CWDs for undertaking successfully their study depending on the type of disability they have; even though it requires teachers to have some additional knowledge which may lead to the choice of special educators (according to 32.5% of participants) as the most appropriate persons to teach learners with disabilities. However, this idea of appointing special teachers for learners with special educational needs seems to be a subject of controversy, surveyed participants ranged themselves into two groups with a very little difference. In fact, 49.9% of participants were supportive to the idea and opposed to other 42.9% participants who manifested a denial attitude vis a vis the idea of assigning only special educators to the education of children with special needs. Consequently special educators may work in collaboration with their peers involved in general education and hand in hand work towards inclusive education.

Additionally, participants reported teachers' belief in CWDs capacity of learning successfully. Most of the surveyed (54.6%) gave examples of CWDs who improved their ability and knowledge once enrolled in school. Some children came to school unable to use toilet, to seat conveniently, to rise from a chair but now they can. Among those children, some learnt life skills; other went so far and are now performing academically, others are being trained in some professionals such as hairdressing, playing piano (music). In reality, disability is not inability (Salmonsson, 2006) and children with disability are able to perform a variety of activities and learn from life skills to the highest academic level depending to the type of disability they live with. All these experiences help more and more people to develop positive attitudes and behaviors towards CWDs and more importantly they serve as a motivation to those educators who henceforth can see the results of their efforts.

#### **4.4.3. Community attitudes and behaviors towards Inclusive Education**

The societal attitudes are arguably the greatest barrier to social inclusion and access to services. The negative attitudes and discrimination that people with disabilities face are almost always a function of how a given society conceives the cause of disability (Ransom, 2009). In case of misunderstanding of disability issues inclusive education is likely to be impossible; reason why

this research sought to know and understand attitudes and behaviors of community members towards inclusive education.

**Table 15: Community attitudes and behaviors**

(*SD: Strongly Disagree, D: Disagree, SA: Strongly Agree, A: Agree and %: percentage*)

<b>Community attitudes and behaviors</b>	<b>SD</b>	<b>%</b>	<b>D</b>	<b>%</b>	<b>SA</b>	<b>%</b>	<b>A</b>	<b>%</b>
CWDs are source of insecurity and bring misfortune in the community	45	<b>52.3</b>	20	<b>23.2</b>	13	<b>15.1</b>	7	<b>8.1</b>
CWDs are a source of charges in community	13	<b>15.1</b>	41	<b>47.6</b>	7	<b>8.1</b>	22	<b>25.5</b>
Community always takes care of CWDs	0	<b>0</b>	8	<b>9.3</b>	32	<b>37.2</b>	43	<b>50</b>
Community believes that CWDs can learn and perform academically	0	<b>0</b>	5	<b>5.8</b>	45	<b>52.3</b>	31	<b>36</b>

**Source: Primary data (September 2017)**

The research findings show that majority 75.5% of surveyed people don't see children with disability as source of insecurity and misfortune in the community. Among these participants 52.3% denied it with certainty and 23.2% are those who just denied the idea with hesitation. It was also reported that children with disability are no longer seen as a source of charges. Although the majority (62.7%) of participants confirmed the change in attitudes towards children with disability, those who still believe in that insecurity aspect linked to the presence of CWDs

in the community as well as in their eternal dependence are also there and their presence (23.2%) stands for controversy in attitudes towards inclusive education.

The case of Sophia (name was changed) a child with combined disabilities and who uses wheelchair is here below given to testify both the persistence of stigma even among parents and the community change of attitudes towards disabled people. As reported by a chief of village, Sophia was mistreated by her mother who one day sent her away from their home pretending that Sophia is not recognizing her mother's effort to take care of her. The community approached that mother and convinced her to take Sophia back home. This example supports the research findings as presented in figures. But the good point is that the stigma against disabled people is in decline.

More positively, research findings revealed that efforts were engaged by community members in their activities to support children with disability. Over 88.3% of the surveyed participants believe in the capacity of children with disability to perform academically depending on the type of disability a child has and the community members (87.4%) are ready to always provide their support. A chief of village described the community support to CWDs in the followings terms

*“At the village level, there is a person in charge of social affairs. His duties are to ensure the well being of community members including people with disability. As village we do advocacy at cell level and even beyond. We pay them visits and sometimes we make contribution and provide assistance to those in needs. For example, we paid medical fees for a child with disability and her mother and this happened twice. We are now building a house for a child with mental disability after he destroyed the one they used to live in. Moreover, under collaboration with his siblings we are planning to take him to hospital in coming days” (Chief of Village).*

Similarly CEFAPEK provides support to parents of children with disability through economic capacity building aiming in helping them to be economically independent. It was reported that CEFAPEK help parents of children with disability to create small groups where they are involved in agricultural and livestock activities, trained in saving so that they can be able to raise their children and meet their needs anytime. Additionally, among them volunteers are trained in rehabilitation services with target to become Community Based Rehabilitation volunteers at

village level; they are also provided needed skills to assist children with limited movement to move from one place to another and support educators in class activities.

Community attitudes and behaviors towards inclusive education are being positively changed in Kamonyi District consequent to the mobilization and sensitization activities carried out by CEFAPEK, VGPIEK and Groupe Scolaire Rosa Mystica targeting different type of population. For example;

*“The school organizes a monthly field visit where educators and children all together go to village in one family or in a public place and meet parents for sensitization and mobilization of all. When neighbors notice our presence they start to accept, respect and approach that child and his family”* Reported a Head teacher.

#### **4.5. Experienced barriers to the promotion of Inclusive Education**

Despite the progress made in IE practices at community level as revealed by the research findings, some children with disabilities and their families as well as inclusive schools still facing problems linked to the community involvement. Here below, we discuss some of them.

##### **4.5.1. Community ownership of inclusive education program**

Community ownership of inclusive education practices was unfortunately reported being a challenge till date. Educational partners, mainly those involved in education’s activities on daily basis, reported the lack of significant involvement of the community. Community members are sufficiently informed about IE however their commitment in this regard is in most of the time put among the least priorities. As reported:

*“Everyone knows that people with disability exist, however the community contribution in promoting inclusive education still has not yet attended the necessary level of involvement. When I think about our collaboration with parents, local leaders and community, I feel happy. Sadly, when I look beyond our school and its surrounding community, in the neighbor school for instance or even far from here where we go to provide support through psycho-educational Support Groups, I realize that community*

*has not yet integrated this approach of inclusive education. There are many other programs prioritized by the community rather than inclusive education” (Head Teacher).*

As a matter of fact, the community involvement needs to be improved for the social inclusion of people with disability and consequently for the effective education of children with disability in schools. Research findings on community involvement as discussed in section 4.3.2 prove that community responsibility in inclusive education is at 62.7%, where local leaders’ involvement was reported being at 60.4% and the one for community health workers at 51.1%; moreover the figure provided include both those who strongly supported the idea and those who just recognized it. This brings us to the following conclusion: community ownership of inclusive program is not sufficiently developed and effort are still needed for the community to be effectively and efficiently involved in the promotion of inclusive education.

#### **4.5.2. Financial Constraints**

The source of income of the majority of surveyed parents/caregivers is agriculture and livestock. Those sources are not sufficient given the size of the space where to practice them and sometimes the availability of parents/caregivers to practice those activities. The example of a family with four CWDs shows the economic challenges faced by parents/caregivers of CWDs. Actually, this family has to take his four children, in wheelchairs, at G.S. Rosa Mystica morning and evening go back to take them back home. This meaningful and important exercise is also time consuming economically. The added cost of schooling CWDs is again an added constraint to the economic situation of the family having a child with disability. It was reported that, community members sometimes give contributions in terms of money or labor to assist their neighbors having children with disability or having themselves disabilities, on the other side local leaders, through different government programs supporting vulnerable people, provides assistance to children with disability and their families. More importantly, with the support and guidance of CEFAPEK they learn ways of becoming independents economically. However, till date those efforts are not enough and parents/caregivers of children with disabilities are continuously facing economic problems linked to the particular needs of their children.

## **4.6. Suggested ways forward for the promotion of Inclusive Education**

Participants suggested a set of actions that need to be done to upgrade the current level of community involvement in the promotion of inclusive education. The following sections are presenting the most reported.

### **4.6.1. Early preparation of youth on disability issues**

A vital step in sensitizing and mobilizing young generations to the promotion of IE was reported by the surveyed as mean to familiarize the youth to the disability issues. The discussion presented here after revealed that in most of the cases the population doesn't have knowledge on disability: its causes, consequences and prevention.

*“If we have in our plan to create an inclusive community in future better we start by our youth. These trainings we are providing to parents they should have received them before; maybe they are overloaded by life problems. But if we train our youth on disability issues and ensure that they are informed on the probability of giving birth to a CWD if not their siblings; this would help him in taking care of the child early rather than getting information too late when facing the problem.”* (Head teacher)

Thus, for siblings of CWDs, the GS Rosa Mystica plan to initiate special clubs “Inclusive Education Clubs” aiming in sensitization and mobilization of the youth on the promotion of IE. If parents of children with disabilities, through their different groups, arrange training on disability issue, their first invitees shall be their children without disability. Those children then will learn about disability. The knowledge gained through trainings combined to the lived experiences will make them good ambassadors of IE among their peers through Inclusive Education Clubs.

### **4.6.2. Strategies for community sensitization and mobilization**

Introduction of community mobilization and sensitization on disability issues and the promotion of inclusive education through community meeting after monthly community work, publicity spots, parents training, youth sensitization, etc. were reported being some strategies to put in place for community involvement improvement.

#### **4.7. Conclusion**

This fourth chapter presented and discussed the research findings. The results presented were gathered using quantitative and qualitative methods. Quantitative data were collected from parents of both children with and without disability from different schools and teachers of GS Rosa Mystica while qualitative ones were collected from interviews and focus group discussion organized for head teacher, SEO, Social Affairs, community leaders, community health workers, religious representatives and CEFAPEK. The current community involvement and its impact in the promotion of IE in Kamonyi district was drawn from research findings, innovative practices, experienced barriers by the community and schools; and ends with some suggested way forwards to the promotion of IE.

## **CHAPTER FIVE**

### **SUMMARY, CONCLUSION AND RECOMMENDATIONS**

#### **5.0. Introduction**

This chapter will present the summary of the research, its conclusions, and recommendations founded on the research findings.

#### **5.1. Summary**

The ultimate motivation of carrying out a study on impact of community involvement in promoting inclusive education in Rwanda was the persistent discriminatory, marginalizing, and stigmatizing attitudes and behaviors of community members towards PWDs in general and mostly CWDs' education; despite the effort of the government of Rwanda in addressing the problem. The main objective was to evaluate the impact of community involvement in promoting inclusive education in Rwanda; through the determination of community members' involvement in promoting inclusive education at local level, identification of the impact of community involvement in inclusive education at local level and finally to find out the current attitudes and behaviors of community towards inclusive education. To achieve our goal, we used of mixed methods, thus the use of both quantitative and qualitative methods to collect data. A questionnaire was administered to parents of children with and without disability from inclusive schools of Gacurabwenge sector, as well as to teachers at G.S. Rosa Mysitca for them to provide information on community involvement and its impact in IE; interviews were arranged with the SEO and Social Affairs at Gacurabwenge sector, the Head teacher at Rosa Mystica and CEFAPEK representative while focus group discussion were conducted with local leaders (Cells and Village levels), Community Health Workers (Village level) and religious representatives. Data collected from the field was edited using SPSS (Statistical Package for the Social Sciences)

to analyse information gathered using questionnaires followed by a deep analysis of information collected through interview and focus group.

The research findings concluded that community members, through their different categories, are involved in the promotion of inclusive education program at local level. This research revealed that community members are involved in school activities such as cleaning the school compound, creating teaching tools and rehabilitative devices, cleaning and feeding new children, etc., creating and making operational rehabilitation centers at village level by skilled mother assisted by a professional one day per week, community volunteering activities at school and within the community, community assistance to CWDs and their families (building new houses, availing funds to take a CWD in need to see a doctor).

This participation of community members in the promotion of IE changed a lot the usual school teaching and learning process. As revealed by this research, at local level the community involvement generated creative ideas mainly focused on ways and means to use to educate children with particular needs along with their peers in an inclusive environment. Under the support of CEFAPEK and Groupe Scolaire Rosa Mystica, children with disability are receiving support services they deserve such as rehabilitation services (eg. physiotherapy at early age, kinesytherapy, etc.) provided by skilled community members, school guidance of newly enrolled CWDs, parents associations through which they enhance their economic capacities and save for their CWDs, further studies by VGIPIEK on the a variety of concerns linked to education of CWDs like the inclusive aspect of the school feeding program, etc.

Furthermore, the research findings highlighted the positive change in attitudes and behaviors of community members towards children with disabilities and their education. CWDs are no longer seen as a community burden and most likely each and everyone is ready to assist them wherever he/she meet (at school as well as in the community). For the time being, community members believe that “Disability is not inability” (Salmonsson, 2006) and engage themselves in supporting CWDs to learn something that can help them to be independent such as volunteering at school, providing support in rehabilitation centres at village. The progress so far done demonstrates positive change in attitudes and behaviors within the community even though there is still a way to go. Actually some members are not yet really convinced of children’s ability of

learning and gaining some skills no matter how small they can be. For instance, they haven't yet captured the achievement aspect of being clean for a child who usually could not use toilet. Community members finally made some suggestions on solutions they think can help them to be more active in the promotion of inclusive education program.

## **5.2. Conclusion**

The conclusion section will discuss the research outcomes through the lens of objectives that guided this scientific work.

The first objective of this study was to determine the community members' involvement in promoting IE at local level. This was successfully accomplished. The research findings concluded that community members are carrying out a variety of activities, at both community and school levels, aiming in providing support to children with disability. Evidences show that, in Kamonyi district community members participate in school activities, provide support to people with disability and most importantly are concerned with education of children with disability. In fact, community members voluntarily offer their support services to the school one day per week to either produce teaching materials, clean the school, play, clean and feed CWDs, etc. Thus, community has its place and role to play in the promotion of IE and it is currently playing it part.

The second objective was to identify the impact of community involvement in promoting IE at local level. The study concluded that the community involvement contributed a lot in the promotion of IE through consequent developed partnerships between school, parents and community members. The created partnership made possible the provision of rehabilitation services such as physiotherapy, reflexology and kinesytherapy to CWDs mostly without taking them out of their villages, improved the quality of education in inclusive schools through the developed mutual support in teaching CWDs. Currently, almost every educational partner in Kamonyi district has at least basic knowledge on disability issue and how to educate children with disabilities. Moreover, local leaders are getting interest in IE and consequently sensitize and

mobilize community members in this regards. Briefly, this second objective was also attained with success. It revealed positive changes in the provision of education to CWDs and their increased number in schools.

The third and last objective of the study was to find out current attitudes and behaviors of community towards IE. Under this third objective the study concluded that the school' approach of visiting children in their villages on a monthly basis, as developed by GS. Rosa Mystica influenced a lot the change of community attitudes and behaviors on disability issues; as a result those parents who used to hide their children in back rooms of their houses because of disability, took them to school and in public places. Moreover, the raised community awareness during the last two years up to date (2015-2017) led community members to the proactive reaction in case there is a CWD mistreated or who doesn't attend school. Their immediate reaction is to inform local leaders and the school; in other words to advocate for the child in need. More positively all parents (those for children with and without disability) together support teachers in school activities (as listed in the second paragraph discussing about the first objective) and assist learners everywhere. They have now positive attitudes towards CWDs and willingly participate in activities aiming in promoting IE

To evaluate the impact of community involvement in promoting inclusive education in Rwanda was the overall objective of this study and was successfully attained as demonstrated in the discussion above. Community is now involved and its impact is seen even though it still needs more efforts and actions.

### **5.3. Recommendations and Suggestions**

Based on the successful impact of community involvement in the promotion of inclusive education in Kamonyi district as denoted by the research findings; the main recommendation is to polish and adopt this model of inclusive education, and it goes to the Government of Rwanda. However, as mentioned above, the program needs to be polished thus; there are areas that need to be improved. For this purpose the following particular recommendations are addressed to:

## **Government of Rwanda**

- To allocate special budget to the Inclusive Education Programs at all levels; mainly at community and school levels to create a direct and efficient system that can respond to the urgent needs of learners with special educational needs;
- Through all government programs (life insurance, school feeding, public transport, etc.), to always take into account exceptionalities of children with disabilities' health conditions and the particular attention needed to address them;
- To train all educators (Primary, secondary and university levels) in inclusive education and special needs education.

## **Local leaders**

- Activity plan on local level should include a period for local leaders to sensitize and mobilize communities on inclusive education and its benefits. At least, in the first years of the program implementation, everyone at grassroots level should be aware of IE and have basic knowledge on education of children with particular needs;
- During public event such as monthly meeting after community work (umuganda) or any other community meeting, Local Leaders should urge their population to support IE program and contribute to its promotion;

## **Educators**

- To build among them strong synergy that can enhance their mutual support and facilitate experience sharing as well as mutual training on inclusive education issues;
- Create and sustain the values of acceptance, team work and mutual collaboration among young generation to build strong inclusive schools and society;

## **Parents**

- To take the lead in preventing disability causes, educating young generation on disability issues and accepting children with disability when it happen to have them in the family or community;
- To advocate for children with special educational needs' education and be actively involved in school program that facilitates the teaching and learning activities.

## **Non Government Organizations (NGO)**

- To ensure that their programs are inclusive enough to enable all interested community members to take part into those programs;
- To support local initiatives developed in order to promote Inclusive Education.

## **5.4. Strength and limitation of the study**

The research findings of this research are based on the information gathered from almost all categories of educational partners at grassroots level up to the sector; therefore reflect the real situation of inclusive education and the impact of community involvement in its promotion.

Unfortunately, this research does not only have strength but also limitations. During the research, we limited our sample on the piloted school and its surrounding community for interviews, focus group discussion and questionnaire for educators while parents had students in different schools of Kamonyi district. We wanted to evaluate the impact of community in the promotion of IE where community members are mostly involved, to shade a light on further community initiatives in this area.

The researcher wanted to make comparison between the inclusive education practices as done by the prominent school and its surrounding community and any other inclusive school where practices are not very developed; but could not ever since the time and budget could not allow it.

## **5.5. Conclusion of the chapter**

Chapter five presented the research summary, conclusions on the research findings with regards to the defined research objectives, formulated the recommendations based on what was reported and observed when carrying the empirical research. Finally the chapter presented the strength and limitations encountered during the whole exercise.

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## **APPENDICES**

## Appendix 1: QUESTIONNAIRE FOR PARENTS

### Research Title:

**“Impact of Community Involvement in Promoting Inclusive Education in Rwanda. Case of Kamonyi District”**

**INSTRUCTIONS TO RESPONDENTS:** You are requested to **answer all the questions** of this research. Your responses will be strictly confidential and will be used only for the purpose of this study. The information provided will not be forwarded or employed by any other individual or organization. There is no right or wrong answers. What is important is your personal input(s) to each and all the question(s). Please read all the questions as carefully as you can before giving your honest response.

### SECTION I: IDENTIFICATION OF THE PARENT/CAREGIVER

1. Name of the school of your child/children:

2. **Your gender:**

Male

Female

3. **Highest Level of Education**

- Basic/Primary Education

- High school certificate (A2)

- Diploma (A1)

- Bachelor Degree (A0)

- Masters

4. How long your child/children has/have been in this school?

5. Do you have a child living with disability?

**SECTION II: UNDERSTANDING OF INCLUSIVE EDUCATION**

1. Have you ever heard about Inclusive Education? Yes  No

2. If yes, Please give a brief description of Inclusive Education as you understand it?

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.....  
.....  
.....

**SECTION III: COMMUNITY INVOLVEMENT IN PROMOTING INCLUSIVE EDUCATION**

Education of children with disability is a concern of not only their families and the school where they are enrolled; but also it is a concern of the community they belong to, thus it needs a combined and coordinated effort and commitments.

*Please indicate on the scale from 1 to 4 (1-strongly disagree 4-agree) how much you value these statements.*

**1. The role of families in education of their children with disabilities in a least restrictive environment**

	<b>Strongly Disagree (1)</b>	<b>Disagree (2)</b>	<b>Strongly agree (3)</b>	<b>Agree (4)</b>
The child's education starts within a family where parents/caregivers are the first and important educators				
All family members introduce CWDs to the life out of the family through their high influence on children's emotional, social and cognitive growth				
The more parents/caregivers are closely involved in education of their children with disability on a daily basis the better those children perform well at school				

**2. The role of communities in educating its young children living with disabilities**

	<b>Strongly Disagree (1)</b>	<b>Disagree (2)</b>	<b>Strongly agree (3)</b>	<b>Agree (4)</b>
Communities have a large number of responsibilities towards its members living with disabilities and most importantly education of learners with disability as they are community members to				

Community leaders, community health workers, community opinion leaders and any other community members with an influential position are mainly concerned with the education of CWDs. Their support is paramount in CWDs' education				
Community Health Workers are a golden help for CWDs and their families. They strongly contribute to the improvement of CWDs conditions for better schooling				
Community Health Workers connect different families of CWDs among them and to other people/organs of their interests				
Mobilization and sensitization meetings are organized on regular basis in a community for the benefits of improving lives of CWDs				
Through regular meetings and public events community members not only share ideas on different types of support they are in position to provide to CWDs and their families but also they plan for related activities				

**SECTION IV: IMPACT OF COMMUNITY INVOLVEMENT IN PROMOTING INCLUSIVE EDUCATION**

Partnership among different educational stakeholders living in the community contributed to the better schooling of children with disabilities

**A. Impact of collaboration between my family and the community we live in**

	<b>Strongly Disagree (1)</b>	<b>Disagree (2)</b>	<b>Strongly agree (3)</b>	<b>Agree (4)</b>
We have information on available community resources that can be useful to our children				
Together with other community members we provide support to our CWDs in attending school and get access to clean water				

everywhere				
The number of CWDs in school aged years who attend schools increased				
Regular community works to clean and improve the quality of community roads to enable our children to move around safely are organized				
Community provides a resource directory for parents and students with information on community agencies, programs, and services.				

**B. Impact of family and school collaboration on the effective education of children with disabilities**

	<b>Strongly Disagree (1)</b>	<b>Disagree (2)</b>	<b>Strongly agree (3)</b>	<b>Agree (4)</b>
Sharing information on the child’s educational ability and challenges as well as any other particular life conditions influencing the schooling of CWDs led to the best provision of support services				
Collaboratively designing the educational plan and identifying supportive activities that can meet special educational needs of my child				
Parents/ caregivers are provided with essential knowledge on how to develop a supportive home learning environment and assist CWDs in their home work,				

**C. The impact of collaborate and mutual support between the school and our community in educating our CWDs**

*Please indicate on the scale from 1 to 4 (1-Never; 4-Often) how often the activities in the below statements happened.*

	<b>Never (1)</b>	<b>Rarely (2)</b>	<b>Sometimes (3)</b>	<b>Often (4)</b>
CWDs get better assistance and disability cases among new born are prevented by community consequent to training we received from the school.				
CWDs move safely at school in areas such as playground, toilet, lunchroom, etc. after community members volunteered at school to make it accessible				
Community members provide first health assistance, and Community serves as a bridge on which CWDs and their families pass to reach other educational organs for support and advocacy				
Local leaders made Inclusive Education their concern and always take a pro-active reaction when education of a disabled child is hindered				

**SECTION V: ATTITUDES AND BEHAVIORS OF COMMUNITY MEMBERS  
TOWARDS INCLUSIVE EDUCATION**

*Please indicate on the scale from 1 to 4 (1-strongly disagree 4-agree) how much you view these statements.*

**a. Family attitudes and behaviors towards children with disabilities**

	<b>Strongly Disagree (1)</b>	<b>Disagree (2)</b>	<b>Strongly agree (3)</b>	<b>Agree (4)</b>
Having a child living with disability is a shame for the family				
CWDs are useless and taking them to school is a wastage of time and resources; I would rather take there the able bodied siblings				
CWDs are like any other children and can academically perform if they are adequately supported by family members				
Family perceptions determine the type of contribution they bring to the education of their disabled children				
Having a child with disability does not change anything to the fact that he/she is my child and I have to care for him/her				
Learners with disabilities are performing well when they come from educated families				

**b. Teachers attitudes and behaviors towards children with disabilities**

	<b>Strongly Disagree (1)</b>	<b>Disagree (2)</b>	<b>Strongly agree (3)</b>	<b>Agree (4)</b>
For teachers children with disabilities are burden in their classes and the only thing they bring where they are, is additional and unnecessary responsibilities				
CWDs create extra work that teacher is not either prepared or paid for				

Teachers confirm that education of children with disabilities should be assigned to special educators who were trained for that purpose				
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**c. Community attitudes and behaviors towards children with disabilities**

	<b>Strongly Disagree (1)</b>	<b>Disagree (2)</b>	<b>Strongly agree (3)</b>	<b>Agree (4)</b>
My neighbors are avoiding having any relation with my family because of my child who is living with disability				
A CWD is considered by my community as a source of charges. For my community that child will never socially and economically contribute to the community life				
CWDs are our children, siblings or friends, they have ability to perform academically and my neighbors always provide their support to my family				

**SECTION VI. OTHER OPEN ENDED QUESTIONS**

1. Have you ever been involved in activities undertaken to support children with disabilities in their education? Briefly discuss those activities.

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2. Are there any developed partnership between your family, community and the school located in your community?

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**3.** Did your community ever organize any activities at school to provide support to learners with disabilities? Give examples.

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.....

## Appendix 2: QUESTIONNAIRE FOR TEACHERS

### Research Title:

**“Impact of Community Involvement in Promoting Inclusive Education in Rwanda. Case of Kamonyi District”**

**INSTRUCTIONS TO RESPONDENTS:** You are requested to **answer all the questions** of this research. Your responses will be strictly confidential and will be used only for the purpose of this study. The information provided will not be forwarded or employed by any other individual or organization.

There is no right or wrong answers. What is important is your personal answer(s) for each and all the question(s). Please read all the questions as carefully as you can before giving your honest response.

### SECTION I: IDENTIFICATION OF THE TEACHER

1. **School Name:**

2. **Gender of the respondent:**

Male

Female

3. **Number of year in teaching carrier**

4. **Highest Level of Education**

- High school certificate (A2)

- Diploma (A1)

- Bachelor Degree (A0)

- Masters

5. For how long are you a teacher in this school?

6. Do you have a child living with disability in your class? Yes

No

7. Have you been trained in special educational (education of learners with particular educational needs)

Yes  No

8. For how long the training did it last? Please tick your answer with  $\surd$  in the corresponding box

- Less than 5 days
- A week (days)
- Two weeks
- A month
- Other (Please indicate)

**SECTION II: UNDERSTANDING OF INCLUSIVE EDUCATION**

1. In your understanding what is Inclusive Education?

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2. Whom you think are concerned with Inclusive Education?

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3. - Do you think communities have its roles to play in Inclusive Education programs of your school?

Yes  No

- Give a brief explanation of your response

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.....

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**SECTION III: COMMUNITY INVOLVEMENT IN PROMOTING INCLUSIVE EDUCATION**

Education of children with disability in a least restrictive environment concerns not only their families and the school where they are enrolled; but also it is a concern of the community they belong to, thus it needs a combined and coordinated effort and commitments.

*Please indicate on the scale from 1 to 4 (1-strongly disagree 4-agree) how much you view these statements.*

**1. The role of families in education of their children with disabilities**

	<b>Strongly Disagree (1)</b>	<b>Disagree (2)</b>	<b>Strongly agree (3)</b>	<b>Agree (4)</b>
Parents/caregivers and siblings highly influence children’s emotional, social and cognitive growth				
The better parents/caregivers are involved in education of its youngest the better children perform at school				
Families are a key role players in formal education of children in general and more importantly when a child has disability				
Parents/ caregivers of CWDs has to be actively involved in their children’s education at home as well as at school				

## 2. The role of communities in educating its young children living with disabilities

	<b>Strongly Disagree (1)</b>	<b>Disagree (2)</b>	<b>Strongly agree (3)</b>	<b>Agree (4)</b>
Young generations are educated within communities and community role is of a great significance in the preparation of future pupils as well as their schooling process to its completion.				
Community leaders, community health workers, community opinion leaders and any other community members with an influential position can successfully contribute to the education of CWDs				
Community leaders' support to CWDs' education is a paramount contribution to the successful promotion of Inclusive Education				
Community Health Workers are a golden help for CWDs both at home and at school. They contribute to the development and sustainability of CWDs well being				
Community mobilization and sensitization meetings are organized by the school on regular basis for the benefits of improving lives of CWDs				
Through regular meetings and public events community members and school administration not only share ideas on different types of support they are in position to provide to CWDs and their families but also they plan for related activities				

### **SECTION IV: IMPACT OF COMMUNITY INVOLVEMENT IN PROMOTING INCLUSIVE EDUCATION.**

Partnership among different educational stakeholders living in the community contributed to the better schooling of children with disabilities.

**A. Impact of collaboration between the school and the family of each CWD**

	<b>Strongly Disagree (1)</b>	<b>Disagree (2)</b>	<b>Strongly agree (3)</b>	<b>Agree (4)</b>
Sharing information on the child’s educational ability, challenges and any other life conditions that can hinder his/her schooling positively contribute to his/her education				
Collaborative activities of designing an educational plan that can meet special educational needs of children living with disability improved the quality of teaching and learning for CWDs				
Knowledgeable parents/ caregivers on how to develop a supportive home learning environment and assist CWDs in their home work,				
The number of CWDs in school aged years who attend schools increased				

**B. Impact of collaboration and mutual support between school and community**

*Please indicate on the scale from 1 to 4 (1-Never; 4-Often) how often the activities in the below statements happened.*

	<b>Never (1)</b>	<b>Rarely (2)</b>	<b>Sometimes (3)</b>	<b>Often (4)</b>
CWDs get better assistance and disability cases among new born are prevented by community consequent to training community members receive from the school.				
CWDs move safely at school in areas such as playground, toilet, lunchroom, etc. after community members volunteered at school to				

make it accessible				
Community members provide first health assistance, in terms of life conditions assessment and transfer, to CWDs				
Community serves as a bridge on which the school pass to reach sensitization and mobilization families of CWDs and other educational partners for enrollment and provision of support to CWDs.				
Information on community activities that link to learning skills and talents is provided				
Local leaders made Inclusive Education their concern and always take a pro-active reaction when the school need their intervention for the benefit of CWDs				
Joint provision of educational support services to CWDs				
Provision of Information on community activities that link to learning skills and talents				
Children with and without disability are grouped into small teams of children of the same area and class to support each other in class and outside school activities				

**SECTION V: ATTITUDES AND BEHAVIORS OF COMMUNITY MEMBERS  
TOWARDS INCLUSIVE EDUCATION**

*Please indicate on the scale from 1 to 4 (1-strongly disagree 4-agree) how much you view these statements.*

**a. Family attitudes and behaviors towards children with disabilities**

	<b>Strongly Disagree (1)</b>	<b>Disagree (2)</b>	<b>Strongly agree (3)</b>	<b>Agree (4)</b>
Families are ashamed of having a child living with disability				

Families see their CWDs as a burden and take them as heavy responsibility they will never be released from; they prefer to keep them home rather than wasting their time and resources in CWDs' schooling				
Some few families value their CWDs, they believe that CWDs are like any other children and can academically perform if they are adequately supported by family members				
Parents/caregivers think that learners with disabilities who perform well at school are those coming from educated and wealthy families				

**b. Teachers attitudes and behaviors towards children with disabilities**

	<b>Strongly Disagree (1)</b>	<b>Disagree (2)</b>	<b>Strongly agree (3)</b>	<b>Agree (4)</b>
Children with disabilities are burden in a schools and mostly in a class, the only thing they bring there is additional responsibilities				
Having CWDs in a class is a pointless challenge, they can never undertake successfully studies				
Education of children with disabilities should be assigned to special teachers who were trained for that purpose				
CWDs can perform well in classes if they are supported and provided an educational plan related to their abilities				
Teaching children with and without disability in the same class is challenging but most importantly fruitful. It contributes to the enrichment of both learners and teacher with real life and				

abilities of CWDs as well as CWDs' social integration				
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**c. Community attitudes and behaviors towards children with disabilities**

	<b>Strongly Disagree (1)</b>	<b>Disagree (2)</b>	<b>Strongly agree (3)</b>	<b>Agree (4)</b>
For community PWDs are a source of insecurity and they bring misfortune in the community. They are under control of supra natural forces				
For the Community sees CWDs in terms of only responsibilities and socially as well as economically unable of any contribution				
The community surrounding our school always take care of CWDs				
Community knows that educating CWDs contribute to their empowerment as well as to the one of their families and community. Thus always avails its support to strengthen the ability of those children to live an independent life to				

**SECTION VI. OTHER OPEN ENDED QUESTIONS**

1. Do the school and its surroundings collaborate in educational related matters? What are those matters?

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.....

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.....

2. Did this school ever involve its surrounding communities in any activity undertaken to support children with disabilities in their education? Give example of the most important activity that influenced the practice of IE in this school.

.....  
.....  
.....  
.....

3. Did your school organize any activity to provide support to its surrounding community to help this one become more supportive and participative in inclusive programs of the school? Give examples and indicate the frequencies.

.....  
.....  
.....

### Appendix 3: INTERVIEW GUIDE FOR HEAD TEACHER

#### Research Title:

**“Impact of Community Involvement in Promoting Inclusive Education in Rwanda. Case of Kamonyi District”**

Thank you for according me this precious time for discussion on the community involvement in promoting Inclusive Education in Rwanda a research undertaken in partial fulfillment of a master degree. Your responses will be strictly confidential and will be used only for the purpose of this study. The information provided will not be forwarded or employed by any other individual or organization. There is no right or wrong answers. The important thing is your personal view on each and all the question(s) we are going to discuss. Please give your honest responses to the questions

#### IDENTIFICATION OF THE HEAD TEACHER

1. School Name:

2. Gender of the respondent:

Male  Female

3. Number of year passed as a Head teacher

4. Highest Level of Education

- High school certificate (A2)
- Diploma (A1)
- Bachelor Degree (A0)
- Masters

5. What is your specialization?

- General education teacher

- Special education teacher

6. For how long have you been a Head teacher of this school?

7. Do you have any child living with disability in your School? Yes  No

8. Have you been trained in special educational (education of learners with particular educational needs)

Yes  No

9. For how long the training did it last?

*Please tick your answer with ✓ in the corresponding box*

- Less than 5 days

- A week (days)

- Two weeks

- A month

- Other (Please indicate

## GUIDING QUESTIONS FOR INTERVIEW

1. Briefly discuss the Inclusive Education practices in your school?
2. What types of disabilities are mainly seen in school?
3. How is the academic achievement of children with disabilities enrolled in this school?
4. Children are born in a family and raised in a larger context that is the community. According to you, can these two levels of society contribute in children's education? If yes, how is their contribution in your school?
5. What do you think about involving families of CWDs and their communities in school activities dedicated to the effective education of learners with special educational needs? Is their contribution needed?
6. Has your school developed particular partnership with CWDs families and community in regard to the effective implementation and promotion of IE?

7. How do you see the current contribution of families of CWDs, community and teachers to inclusive education?
8. Is there anything that would be accorded much attention by the community, in the future, to effectively contribute to Inclusive Education?

**Appendix 4: INTERVIEW GUIDE FOR SECTOR EDUCATION OFFICER & SOCIAL AFFAIRS**

**Research Title:**

**“Impact of Community Involvement in Promoting Inclusive Education in Rwanda. Case of Kamonyi District”**

Thank you for according me this precious time to discuss with you on the impact of community involvement in promoting Inclusive Education in Rwanda, a research undertaken in partial fulfillment of a master degree. Your responses will be strictly confidential and will be used only for the purpose of this study. The information provided will not be forwarded or employed by any other individual or organization. There is no right or wrong reaction on a question. The important thing is your personal view on each and all the question(s) we are going to discuss. Please give your honest responses to the questions.

**IDENTIFICATION OF THE SECTOR EDUCATION OFFICER/ SOCIAL AFFAIRS OFFICER**

**1. Name of the Sector::**

**2. Gender of the respondent:**

Male  Female

**3. Number of year passed in the post**

**4. Highest Level of Education**

- High school certificate (A2)
- Diploma (A1)
- Bachelor Degree (A0)
- Masters

**5. For how long have you been on the current post in this sector? .....**

## **GUIDING QUESTIONS FOR INTERVIEW**

1. Do you have, in this sector, children living with disabilities in school age?
2. What is the status (using the figures) of their enrollment? And which types of disabilities are frequently seen among them?
3. Which kinds of schools are often welcoming CWDs? And how is the academic achievement of CWDs?
4. Could you discuss about the practice of inclusive education in this sector? For how long is it in place and who are involved?
5. Children are born in a family and raised in a larger context that is the community. In this regards what do you think about involving communities in school activities designed to support learners with special educational needs? Is their contribution possible and needed?
6. Briefly discuss the community perceptions and attitudes towards PWDs and education of CWDs in the last two years (2015 -2016).
7. Please tell me about Inclusive practice in this sector for the last 2 years (2015 and 2016) up to date (community participation, existing collaborations etc.)
8. Is there anything that would be accorded much attention by the community, in the future, to effectively contribute to Inclusive Education? What are your projections?

## **Appendix 5: Focus group discussion Guide**

**(Focus group was be organized with, local leaders and community health workers at cell level, religious and CEFAPEK representatives)**

### **Research Title:**

**“Impact of Community Involvement in Promoting Inclusive Education in Rwanda. Case of Kamonyi District”**

Thank you for accepting my invitation. As you have been informed, I would like to have a brief discussion with you to share ideas and practices your community in promoting Inclusive Education in this sector. This will help me to undertake my research in partial fulfillment of a master degree. The opinion of everyone here will be strictly confidential and will be used only for the purpose of this study. The information provided will not be forwarded or employed by any other individual or organization. There is no right or wrong reaction on themes we are going to discuss. The important thing is your personal view on each and all the question(s) we are going to discuss. Please give freely your contribution; it may help in promoting education of children with disabilities in a least restrictive environment.

***Children with disabilities are like any able bodied children; they deserve community attention and effective community involvement for them to perform academically and beyond.***

1. Do you have children with disabilities in your cells/sector? What types of disabilities do they have?
2. What do you think about taking children with disabilities at school?
3. Do all CWDs in school age attend schools?
4. Does community have a role in education of children living with disability? How?
5. As opinion leaders, what would be your role in creating a conducive environment for learners with disabilities within the community as well as at school?
6. How the community could plays its role in making sustainable the education of CWDs in inclusive settings?
7. Based on examples, who is taking part of IE from your community?
8. How do you see your participation and what else would be done to promote IE?

## **Appendix 6: Introduction letter**

**Irakunda Gérardine**

University of Rwanda-College of Education  
School of Inclusive and Special Needs education  
Master Program  
Mob: 0788423403  
Email:irage2003@yahoo.fr

**Date:** 7<sup>th</sup> September, 2017

Dear Respondent (Parents, Head teachers, Teachers),

I am a postgraduate student carrying out a research as a partial requirement for the award of the degree of Masters of Education in Inclusive and Special Needs Education at the University of Rwanda- College of Education.

The questionnaire you are going to respond to is designed to collect data for the research project entitled “**The Impact of Community involvement in the promotion of Inclusive Education in Rwanda: Case of Kamonyi District**”.

You are requested to kindly complete the questionnaire. Your contribution will only be used for this research purpose with maximum confidentiality.

Thank you for your cooperation!

Yours sincerely

**Irakunda Gérardine**

## Appendix 7: Consent form

### PARENTS/CAREGIVERS/HEAD OF SCHOOL/SCHOOL TEACHER

You are invited to participate in a research study on “*The impact of Community involvement in promoting inclusive education in Rwanda*”. This research aim is to evaluate the contribution of community in promoting inclusive education in Rwanda in terms of supports provided to children with disabilities and attitudes of the community members towards these learners that can or contribute to the schooling in inclusive settings. The research is conducted in Kamonyi District and is being carried out by Irankunda Gerardine, a master student at the University of Rwanda- College of Education in the School of Inclusive and Special Needs Education

I wish to learn about the community members’ contribution on Learners with disabilities academic achievement. You were selected as a possible participant in this study because you are involved in one or other ways in education of the concerned learners and belong to the one or more of the following categories

- parents/caregiver of CWDs or without disability,
- teachers/head teacher of CWDs
- Local leaders
- Sector Education Officer
- Social affairs of the Sector
- Opinion leader at the village and cell level

If you decide to participate in this research it will take you some few minutes to respond to the questionnaire or discuss with the researcher individually or through a group discussion. This research does not have any risk or inconvenience to you as long as our purpose is to identify the contribution that can be made by community members to the successful education of children with disabilities.

Any information that is obtained in connection with this study will remain confidential and will be disclosed only with your permission or as required by law. Respondent’s identities will be kept confidential by using coding to safeguard the respondent’s information provided (data).

Your participation is voluntary. Your decision whether or not you will participate will not affect your or your child's/student relationship with anyone related to this research. If you decide to participate, you are free to withdraw your consent and discontinue participation at any time without penalty.

I agree that I/my school will take part in the above study.

Name of Participant (code)	Date	Signature
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**IRANKUNDA Gérardine**

Name of Researcher	Date 10 <sup>th</sup> /8/ 2017	Signature
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## Appendix 8: Authorization for field data collection issued by UR-CE



### TO WHOM IT MAY CONCERN

Dear Sir/Madam,



### **Re: Irankunda Gérardine**

The School of Inclusive and Special Needs Education offers a Masters Degree in Special Needs Education. As part of the academic requirements students must write their dissertation on a topic of their choice after conducting a research study.

In order to facilitate them complete their studies we seek for your cooperation in allowing the above named student conduct his research on the topic: " **Impact of Community Involvement in Promoting Inclusive Education in Rwanda. Case of Kamonyi District**" to collect data in your Institution /Organization. This will enable the student to write his dissertation.

In case you may require any other information regarding this exercise you are welcome to contact the School of Inclusive and Special Needs Education.

Thank you for your cooperation

Sincerely yours

Done at UR-CE on 1<sup>st</sup> /08/2017

Signed.....

Dr. Evariste KARANGWA  
Dean, School of Inclusive and Special Needs Education  
Email: karangwa28@gmail.com  
Tel: 0785489767/ 0739140377

Appendix 9: The administrative map of Kamonyi district

