

# **ANALYSIS OF LOCAL SYSTEMS' CAPACITY FOR THE IMPLEMENTATION OF INCLUSIVE EDUCATION IN GHANA: VIEWS OF COMMUNITY OPINION LEADERS**

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## **Abstract**

This paper presents data from focus group interviews among community opinion leaders from eight purposefully selected districts in Ghana, which formed part of a nation-wide evaluation of local systems' capacity for the implementation of inclusive education. Participants discussed issues relating to disability and traditional and national laws, and the rights children with disabilities. Content and thematic analyses were adopted to analyze the data. The findings revealed that traditional laws were undocumented and largely silent on issues relating to disability, with the exception of executives of the organizations of persons with disabilities, community opinion leaders were ignorant about national laws and policies on the right of children with disabilities. Participants raised concerns about demand-driven issues such as insufficient special needs educators, inadequate special schools, lack of assistive devices, specialized equipment and materials, and inaccessible environments. Additionally, supply-related issues including poverty and negative attitudes were also raised as barriers to education of children with disabilities in participants' communities. The study concluded that there were gaps in local systems' capacity for the implementation of inclusive education. It was therefore recommended among others that measures should be taken to develop the capacities of local systems to facilitate the implementation of inclusive education nation-wide.

**Key words: local system, community opinion leaders, inclusive education, Ghana**

## **Introduction**

Historically, Ghana operated what Pijl and Meijer (1991) have described as “two tracks” of education. The nation maintained parallel but separate policies on general and special education. Special schools were set up solely for the education of children with disabilities while children who did not have disabilities were educated in the mainstream. At the basic education level, Ghana has a total of 13 schools for children with hearing impairments; two for those with visual impairments, and nine for individuals with intellectual disabilities. There is also a centre for individuals with deaf-blindness located in a School for the Deaf. Besides, there are four schools which integrate children with visual impairments and 24 units for children with intellectual disabilities sited within mainstream schools across the country (Hayford, 2013).

The education of children with disabilities in Ghana, like in most countries, has moved through four different stages: exclusion, segregation, integration and inclusion. The exclusion stage, which dates back before independence in 1957, was characterised by no recognition of the right or capacity of children with disabilities to education and consequent denial of access to education in any form (Hayford, 2013). According to authorities in Special Education, for example, Avoke, 2008, Avoke and Hayford, 2017; Gadagbui, 1998; Hayford, 2013, socio-cultural factors such as entrenched beliefs and cultural practices, ignorance, stigmatization and prejudices motivated the exclusion of children with disabilities from education in pre-independence Ghana. However, this writer believes that in addition to the above reasons, economic and security reasons also motivated the exclusion of children with disabilities from education during the period under consideration. Indeed, just as we have modern day ‘mercy killings’ so in traditional Ghanaian society it was uncommon for children with severe disabilities to be poisoned or left in the forest to die. It is also important to add that, children with mild disabilities as well as some forms of physical impairments were allowed to enroll in their community schools. This stage was then followed by segregation, immediately after independence in 1957 and witnessed the establishment of special schools, first for children with deafness, followed by visual impairment and then intellectual disabilities in the nineties.

As observed by Inclusion International (2009), although the benefits of special education were obvious in terms of increased skills, families of children with disabilities remained frustrated. They realised that education in special schools prepared children with disabilities to leave school for lives of segregation and isolation. Such individuals did not learn to get along with others, while other students too did not learn to get along with those with disabilities.

Besides, Ghana could only afford special schools for three main disability categories: Deafness, visual impairments and intellectual disabilities. These special schools, which are largely located at urban communities, became overcrowded over time and also had ‘tall’ waiting lists of young children with disabilities who required school placements (Hayford, 2013). The location of the few special schools in urban centres inadvertently excluded children with disabilities from rural communities whose parents could not afford to send them to the schools. Also, children with other forms of disabilities, including autism, cerebral palsy, did not have access to education because the nation could not extend special schools for them. Like other developing economies, there would never be enough resources to build new schools for all the categories of disabilities that were languishing at home (Inclusion International, 2009). Arguably, there was the need to

search for plausible means to make education accessible to all the remaining children with disabilities in the country; hence the piloting of inclusive education in 2003.

Essentially, inclusive education started with the integration movement, which was characterised by placement of children with disabilities in existing mainstream educational institutions, as long as the child could adjust to fit the standardised requirements of the institutions (Hayford, 2013). Many children with disabilities were put in the mainstream without any professional supports or adaptations to the school environments, curriculum or pedagogies. The consequence was that such learners could not survive in the school system leading to continuous poor general performance, repetition at grade levels and dropout of schools (Boakye-Yiadom, 2011; Hayford 2007; 2008).

Earlier in 2002, the National Education Strategic Plan, while promoting integrated education, also suggested Social Inclusion Principle. It postulated that learners with mild to moderate disabilities could be educated in regular schools by 2015 and those with severe disabilities by 2020 (GES, 2004). That vision did not occur in a vacuum; rather it was an endorsement of the 1994 Salamanca Accord, which also recommended for an alternative role for special schools. Hence, special schools in their newfound identity would become a far more flexible resource, by working in partnership with and creating a response to special needs, not only in the alternative form of provision and intervention, but within the mainstream classroom, curricula, and pedagogies (UNESCO, 1994; Hayford 2013).

Inclusion is a process of systemic reform embodying changes and modifications in content, teaching methods, approaches, structures and strategies in education to overcome barriers. It serves to provide all students of the relevant age range with an equitable and participatory learning experience and environment that best corresponds to their needs and preferences (MOE 2017). Placing students with disabilities within mainstream classes without accompanying structural changes to, organisation, curriculum and teaching and learning strategies, does not constitute inclusion. The education of children with disabilities in Ghana is now recognised as an integral part of the educational system, hence, the policies and programmes which will be adopted in future have to take cognisance of this belief (MOE, 2017).

### **Current national and international policy environments**

Traditionally regarded as recipients of welfare, children with disabilities are now recognized under national and international laws as right holders, with the right to education without discrimination and on the basis of equal opportunities (Hayford, 2013). In 2015, the Government of Ghana endorsed an Inclusive Education Policy which defines the strategic path of the government for the education of all children including those with disabilities and special educational needs. This policy builds upon legislations and policies such as the 1992 Constitution, the National Development Agenda including Ghana Poverty Reduction Strategy (2006-2009), Persons with Disability Law (2006), Vision 2020, and the Education Strategic Plan (2003-2015); (2011-2015), (2010-2020) (Hayford, 2013), which are aligned to international commitments. The United Nations Convention on the Rights of the Child (CRC, 1989), the World declaration on education for All (1990), the United Nations Standards Rule for the

Equalisation of Opportunities for Persons with Disabilities (1993), and the Salamanca Declaration and Framework for Action (1994) all embody measures that testify to the growing awareness on the part of the international community to a greater understanding of the right of persons with disabilities to education (Ibid, 2013).

Recognition of inclusion as a major contributing factor in achieving the right to education has also strengthened over the past three decades. The Office of the United Nations High Commissioner for Human Rights (OHCHR) (2013) has affirmed that only inclusive education can provide both quality education and social development for children with disabilities; the office further argues that, it is the most appropriate modality for States to guarantee universality and non-discrimination in the right to education (A/HRC/25/29 par 3). Similarly, the Convention on the Right of Persons with Disabilities, the first internationally legal binding instrument, contain an explicit reference to the concept of quality inclusive education (art. 24. CRPD). Inclusive quality equitable education has also been affirmed as a key goal in the 2030 Agenda for Sustainable Development, namely Goal 4 (Sustainable Development Goals, n/d). It can be defined as a process of continuing a pro-active commitment to eliminate barriers and progressively build access to promote the right to education, together with changes to culture, policy and practice of regular schools and school communities to accommodate and effectively include all students (OHCHR, 2013).

Providing access to quality education for children with disabilities in Ghana has been affected by an array of supply-related issues. These issues relate to early childhood education programmes, access to and within schools, adapted learning materials and equipment, adapted curriculum, specialist support, and the capacity and practices of teachers (GES, 2017) and non-availability of related service providers. The Ministry argued that systematic analysis of these elements, in collaboration with key community opinion leaders including organisations of persons with disabilities help to complement the diagnosis of the situation of children with disabilities with respect to education and feed into future policy discussions on measures needed to create accessible inclusive learning environments (ibid, 2017). The Business Dictionary (n/d) sees opinion leaders as influential members of a community, group, or society to whom others turn for advice, opinions and views. All key community opinion leaders have a prominent status in their own communities and their opinions were valued and listened to.

Additionally, demand-side issues can also affect parents' willingness and ability to send their children with disabilities to school. Demand issues include attitudes and beliefs towards children with disabilities, and particularly their education, financial challenges, that may be expensive in the case of families of children with disabilities, and the existence or not of a broader network of non-state partners supportive of children with disabilities (MOE, 2017).

Attitudes and beliefs exert significant influence on provision of education for children with disabilities and in particular, inclusion of such children in the mainstream of education. Until the attitudes and beliefs of government officials, professionals and stakeholders including community opinion leaders change, very little change if any, will occur in the lives of children

with disabilities. Ignorance of the nature and causes of impairments, invisibility of children with disabilities, underestimation of potentials of children with disabilities, and other impediments to equal opportunity and treatment constitute major barriers to the education of children with disabilities and conspire to silence and marginalise these children and exclude them from education (MOE, 2017). Studies on the analysis of the nature of attitude and prejudices towards children with disabilities is a critical step in the process of promoting awareness and challenging ignorance about the nature of disability, and with it, recognition of the right of children with disabilities to education and of their capacities to benefit from it. It is also necessary to recognize intersectional discrimination, in which overlapping factors such as sex disability and ethnicity can serve to compound and intensify experiences of exclusion and unequal treatment (Ibid, 2017).

Different stakeholders may have different concerns and fears. These can be identified and analysed using data from different sources including a new survey delivered to a small (non-representative) sample of individuals or focus groups (MOE, 2017), and organisations of persons with disabilities have been identified as valuable resource, hence the inclusion in the sample of this current national survey. The researcher argues that the inclusion of executives of organisation of persons with disabilities as well as other significant stakeholders such as executives of Parent-Teacher-Associations and School Management Committees, traditional rulers and their linguists, religious leaders as well as local council representatives such as presiding members and other assembly members would yield an invaluable data for the purpose of understanding the status of implementation of inclusive education in the country.

Besides, for many families in many communities across the country, in addition to attitudinal and social factors, the failure to send a child with disability to school can be economical (MOE, 2017). In many cases, the costs associated with caring for a child with disability are significantly higher than those for children without disabilities. Families are therefore, disproportionately likely to experience economic hardship, hence making it more difficult for them to meet even the ordinary costs of education for children, including any school fees, uniforms, education materials, standard transportation costs, or even canteen/school lunches (ibid, 2017). While the government of Ghana has absorbed many of these costs, parents still experience some nuisance expenses in educating children with disabilities. In reality, costs of sending a child to school may be increased if the child has specific needs associated for example with transportation or the need for a special equipment. It is observed that students using wheelchairs in some communities in the country are discriminated against by taxi drivers, who either refuse to pick them or charge extra fee to convey their wheelchairs.

Understandably, analysis of the nature and scale of these factors will also assist in helping shape the policy priorities in promoting inclusive education in the country. Effective implementation of inclusive education will involve many additional actors beyond the government itself. Different actors can provide significant added value to the development and delivery of inclusive education. Services for children with disabilities are delivered by a range of government and non-governmental institutions, subsequently, appropriate multi-sectoral coordination including

the involvement of family members would help to avoid gaps in provision (MOE, 2017). On the basis of this reason, the researcher isolated data from key community opinion leaders, who command authority by virtue of their status, which were part of data collected from different stakeholders to evaluate local systems' capacity for the implementation of inclusive education in Ghana.

### **Social model of disability**

The national survey was situated within the framework of the social model of disability, the tenets of which shifts the focus from viewing the problem in the person and their permanent impairment to examining the barriers of attitude, organisation and environment that deny persons with disabilities access to an ordinary life in the culture and society in which they live (Rieser, 2012). It is important to recognise that medical interventions or support to rehabilitate people's impairments are not dismissed in the social model perspective: instead, they are built upon. The emphasis changes from focusing on the person with impairment, and how to fit them into a society that does not accommodate them, to how to challenge and change the barriers that disable those with impairments. This perspective both empowers persons with disabilities and provides the basis for a transformative paradigm shift in the way disability is viewed (Rieser, 2012).

Rieser (2012) argues that the medical model approach leaves schools and society unchanged and disabled people excluded or at a disadvantage. Tenets of the social model allow administrators, teachers and parents to examine their thinking and practices to identify and dismantle barriers and become allies of children with disabilities. In this way they can help children to maximize their social and academic achievements, and in the process, lead subsequently to change in society. According to Rieser (2012), the social model approach recognises the need to:

- change people's thinking about people with disabilities;
- alter the environment to make it accessible;
- transform organizations and their policies, practices and -procedures;
- urgently counter low self-esteem and poor self-attitude by empowering people with disabilities to insist upon their rights (p. 48).

The social model of disability focuses on barriers and shows the disablement of the person with impairments due to barriers of attitude, environment and organisation. This thinking is at the heart of the UN Convention on the Rights of Persons with Disabilities. Its preamble states:

Recognising that disability is an evolving concept and that disability results from the interaction of persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others (Rieser, 2012, p. 48).

Thus, the social model shifts the focus from persons with disabilities to all the factors that limit them, such as deep-rooted cultural beliefs, attitudes, prejudices, institutional discrimination, inaccessible public buildings and transport systems, and barriers that have been created by economic and political structures (Oliver, 2013; Nketsia, 2016). From this perspective, the objectives that were formulated to guide the study were to:

- explore how disability related issues are addressed in existing traditional laws.

- examine opinion leaders' knowledge and awareness of the Disability Law and the National Policy on Inclusive Education.
- discuss community opinion leaders' contributions towards education of youth with disabilities.
- outline strategies for promoting rights of children with disabilities at the community level.

## Methods

The country (Ghana) was zoned into three namely: Northern, Middle and Coastal zones. The Northern Zone comprised the Northern, Upper East, Upper West Regions; Middle Zone consisted of Ashanti, Brong Ahafo and Eastern Regions; and the Coastal Zone comprised Western, Central, Greater Accra and Volta Regions. Three districts were purposefully selected from each of the three zones. The districts were selected according to the level of support they had received with respect to the implementation of Inclusive Education. Subsequently, the districts were categorised as (high, middle or low) in terms of implementation of inclusive education. High means the selected districts started receiving support for the implementation of inclusion education in 2012, middle level started receiving support after 2014, while the low-level districts are yet to receive any form of support. Additionally, districts were considered in terms of whether they had focal persons for Inclusive Education. The data from Dormaa West District were excluded from the analysis because the district did not have a focal person for inclusive education. From the criteria described above Table 1 provides details of selected districts from the three zones.

Region	District	Status	Focus Group Number
<u>Northern Zone</u>			
Upper East	Builsa North	Middle	FG1
Upper West	Jirapa	Low	FG2
Northern	Savelugu	High	FG3
<u>Middle Zone</u>			
<u>Brong Ahafo</u>			
Ashanti	Asokore Mampong	Middle	FG5
Eastern	Affram Plains North	High	FG6
<u>Coastal Zone</u>			
Central	Cape Coast	Middle	FG7
Central	KEEA	High	FG8
Volta	North Dayi	Low	FG9

Due to some administrative challenges two districts were selected from the Central Region. KEEA in the table refers to the district called Komenda, Edina, Eguafu and Abrim.

The sample was drawn from opinion leaders, who represent well established and recognised institutions within each of the districts in the country. The opinion leaders represented the chieftain, clergy, organizations of persons with disabilities, local council or authority, and school governing councils at the basic education level. Specifically, from each of the eight districts the chairman and secretary of a nominated basic school PTA/SMC, (school was nominated by the District inclusive education focal person); two executive members of the Association of Persons with Disabilities, including the chairman; two assembly members one of whom was the presiding member; a pastor and an imam; as well as the recognised traditional ruler and his linguist. Each focus group comprised 10 members, two from each of the institutions mentioned earlier. A total of eight focus groups of 80 key community opinion leaders were purposefully selected to collect data to address the questions raised to guide the study.

In terms of access, as explained by Creswell (2005), gaining access involves obtaining permission to access sites and individuals as well as establishing who can facilitate admission to the sites. A permission letter from the Director of Special Education Division, Headquarters in Accra, explaining the purpose of the study was sent two weeks earlier to the Directors of Education (GES) in the eight district offices to seek permission for the study. The letter also directed the District Special Education Coordinators to identify the key opinion leaders in their communities and solicit their support to participate in the study. Eight data collection assistants were trained to conduct the focus group interviews; each of the eight districts had three data collection assistants one of whom was appointed as a team leader. A duration of one week was spent in the field for the focus group interviews of selected key stakeholders. The interview guide was part of tools that were designed by local and international experts who were involved in the national survey to assess the implementation of inclusive education policy (ESA Report, 2018).

After the fieldwork, the team leaders were guided to transcribe and type all the tapes. Copies of the transcriptions were reviewed and authenticate by the national and international experts. The researcher collected the transcripts of community opinion leaders and subjected them to content analysis. Thus, steps were taken to ensure trustworthiness (confirmability, transferability, credibility and dependability). Further content and thematic analyses extracted from the data (Kumar, 2005). The use of verbatim quotations was integrated into the report. The researcher combined the three approaches as suggested by Morgan (1995) cited in Morgan (1997) to enrich the analyses.

## **Results**

From the analysis of the data from the community opinion leaders, the following major themes were extracted: traditional and national laws; awareness of the rights of children with disabilities; inclusive education policy; attitudes and other related factors.

## **Legal context**



As argued elsewhere, for better understanding of the current context with respect to the status of inclusive education in the country, an analysis of the existing legislation, regulations, policies and frameworks in place at national and community levels were critical. Consequently, the community opinion leaders' views concerning traditional laws and national policies on disability were sought. The analysis overwhelmingly revealed the non-existing traditional laws, which covered persons with disabilities in the areas which were included in the study. From the viewpoints of the chiefs and linguists only one out of the eight focus groups stated that traditional laws covered persons with disabilities:

*'...yes, there are laws to protect and prevent discrimination against persons with disabilities but they are not documented' (chief).*

*'...just as my chief mentioned we work hand in hand to ensure they enjoy and benefit from all services available in the community' (linguist). (FG1)*

Contextually, the remark from the linguist, "...just as my chief mentioned..." carries so much weight. In traditional settings chiefs or kings are highly revered and are not contradicted publicly. Such reverence also requires traditional rulers to hold themselves above reproach and be circumspect in their pronouncements in public. Indeed, as part of the oath usually sworn by traditional rulers during their installation, they are expected to speak 'nothing but the truth' at all times and circumstances. Consequently, public statements from traditional rulers are respected and complied with.

The other focus groups (7) revealed non-existence of traditional laws to safeguard the rights of persons with disabilities.

*No, there are no documented traditional laws on disability, we rely on the children's act which is the laws of the State. Yes, we've heard about the Act and it's about the rights of Persons with Disabilities. (FG7)*

*No. Tradition does not impose any such laws to discriminate. (FG8)*

In some of the traditional areas the responsibility of ensuring the safety or rights of children with disabilities reside largely with the parents:

*No, there are no traditional laws on disability but each parent is obliged by conscience to ensure the welfare of their child with disability; in this community it's only the parents of children with disability that take care of them. (FG9)*

*No, not a responsibility; there are no laws in this community which guarantee the rights of children with disabilities but elders in the district can talk on their behalf when a person is discriminated against. (FG6)*

Furthermore, some communities demonstrated less tolerance to persons with disabilities. For instance, in the district of FG5 the following statement was extracted:

*No, it is a taboo to be discussed. In fact, our traditional laws go against persons with disabilities. For instance, persons with disabilities can't become traditional rulers or leaders of their clans. (FG5)*

There were nuances in the responses of participants with respect to awareness and knowledge of the national legislation on the rights of children/persons with disabilities. From the data, apart from the executives of organizations for persons with disabilities, majority of the opinion leaders did not know and were also not aware of the Disability Law or the National Inclusive Education Policy.

*There are no such laws because even in the Bible, there are no specific laws for children/ persons with disabilities (FG6)*

*Yes. The act seeks for the rights of children/persons with disabilities to be recognized and to involve them socially. (FG1)*

*It is persons with disability Act, 2006, Act 715 which spells out the rights of persons with disabilities including employment, education, transportation health care and facilities etc. (FG3)*

Also, the PTA/SMC executives from two of the eight districts stated:

*We heard of a bill of that sort being push by the association of people living with disabilities. (FG3)*

*Yes, we've heard about the Disability Act (Law), it's about the rights of persons with disabilities. For the National Inclusive Education Policy, we have no idea about such document. (FG 7)*

On the basis of focus groups, comparatively, only focus group seven (FG7) was knowledgeable and informed about the national policy. Evidence from the transcriptions revealed that FG7 showed more tolerance to issues relating to children with disabilities than the other seven focus groups. The transcripts of two other focus groups (FG5 & FG6) revealed that they were less tolerant to issues relating to disability in general and the rights of children with disabilities in particular. This was understandable, historically, communities in those districts had been extremely hostile to children with disabilities (Avoke, 2008; Avoke & Hayford, 2017).

### **Barriers**

A catalogue of barriers to inclusion of children with disabilities was identified by the various focus groups. These factors reflect demand and supply related issues. For example, issues such as discrimination, attitude, accessibility, stigmatization, traditional beliefs, ignorance, poverty, poor self-image and lack of professionals were consistently mentioned in the interviews. According to the participants, the greatest barrier that individuals with disabilities encounter within the various communities was inaccessible environments and facilities. In fact, six of the eight focus groups reportedly mentioned inaccessible environments and/or facilities among other barriers in their statements:

*Lack trained professionals to help them; lack of suitable teaching and learning materials for persons with disabilities; lack of rehabilitation centres; most facilities are not disability friendly (FG1)*

*Inadequate conducive environment; that is, accessibility problems, most service centers are not accessible. Also, there are problems with inadequate support, materials and negative attitude towards children with disabilities (FG1)*

*The barriers we see have to do with the construction of our buildings. Sometimes little provision is made for children/persons living with disabilities to have access (FG3)*

*Most of our buildings are not disability friendly, families of children with disabilities experience poverty, many of them cannot afford services of guides to assist their children to move from place to place (FG8)*

Apart from environmental barriers, attitudinal barrier was also mentioned by the participants:

*There is no barrier to persons with disability other than the attitude of persons without disability towards them. Another barrier is the mindset of persons with disabilities. There are no special centres for children/persons with disabilities in the community (FG6)*

On the demand side, poverty, and traditional beliefs were mentioned by the participants:

*Challenges families and children with disabilities face in the community are poverty, lack of financial support, entrenched traditional beliefs and prejudices (FG5)*

*For persons with mobility disabilities, they might not be able to attend school as successful as those without disability; they might not be effective in school activities as well as other activities in society (FG6)*

*Societal influence and the family; barrier created by the community; inferiority complex exhibited particularly by those with autism and intellectual disabilities (FG7)*

Furthermore, the participants argued that the barriers were in turn caused by entrenched customs and belief systems of the various communities. (Avoke & Hayford, 2017):

*In the olden days traditional people used to eliminate (kill) children born with some disabilities tagging them as having come with bad luck. Thank God, even though the practice still goes on in some remote areas but we do not condone them in our community any longer. So yes, traditional beliefs use to be one of the factors that caused the barriers (FG3)*

*Belief systems; some of the parents think people with disability are cursed so they dispose of them. (FG5)*

*Different traditional beliefs, poverty, and ignorance; some people may refer to children with disabilities, particularly those with micro-cephalic heads, as children from the gods. (FG6)*

*Traditional beliefs; for example, children born with some forms of disabilities are considered to be cursed and therefore were not accepted to partake in certain social activities and gathering (FG7)*

*Mostly societal, the society discriminates when it comes to people with disability (FG8)*

Additionally, the opinion leaders complained about lack of professionals to support children/persons with disabilities to access services at the community:

*We do not actually have such professional in most of our public places to provide service or support persons living with disability in this community except the assemble and NGOs. (FG3)*

*No. There is no such profession who involve children with disabilities, let alone providing support for them. The only support is from Social welfare. (FG6)*

*There's none, because there's nothing instituted for them. No, because we have not thought of that. (FG8)*

*No. Inadequate trained personnel at hospitals, banks and the assembly. FG1)*

When questioned on the steps they would take to improve and promote the rights of children/persons with disabilities, the community opinion leaders outlined various activities they had already initiated in their communities to mitigate the effects of entrenched traditional beliefs and prejudices on children with disabilities and their families. Some of the activities have been encapsulated below:

*We have held meetings on several occasions to educate community members on how to be friendly to persons with disabilities. In addition, we have organized radio talks on several occasions to help in the sensitization of the community on the rights of children/with disabilities (FG1)*

*We are doing a lot on our part to discourage people who see children born with disabilities as bad luck to their families and therefore plan to eliminate (kill). We advise them to desist from that practices, and warn that when they are caught in such acts, they would receive severe punishment including expulsion from the community. (FG3)*

*We have established a resource centre for persons with disabilities in the community, where we render a lot of services including counselling and education, we also move into the communities (villages and towns) to meet parents and educate them about the*

*financial assistance available for them (1% of the common fund), and how to access it to support their children (FG2)*

From the interactions the opinion leaders realized the need for them to intensify their involvement in sensitization of the public to promote the rights of children/persons with disabilities. They mentioned the use of local radio stations, home visits, as well as the use of the churches and mosques:

*We shall counsel parents to send their children with disabilities to nearby (community) schools or even send them to special schools. We shall also organize regular visits to homes of families of children with disabilities so that they will know they're not neglected (FG6)*

*The role that I can play is to give them a platform in the church for them to educate our congregation to understand that it's a tragedy but not a curse for individuals to have disabilities. We shall step up sensitization with heads of churches. (FG7)*

*Though we are not doing much as we should have been done in our position as religious leaders, this is a wake call in our sermons on Fridays and Sundays we will make more provision for children/persons with disabilities. (FG3)*

Beside government's support through agencies like the district assemblies and Social Welfare Department, some politicians also provide different forms of support to children with disabilities in their communities:

*Yes. The Member of Parliament and the social welfare department in the assembly have been supporting them both with financial and equipment. I support them on many occasions with feeding fee, buying stationery items to school (FG6)*

However, unlike many years ago when communities which did not have special schools excluded children with disabilities from schooling; currently, there seems to be a positive change whereby communities without special schools are allowing such children to enrol in available regular schools:

*Regular schools, we don't want to make them feel discriminated against; they all attend the regular schools. That helps them better. Also, regular schools are mostly patronized due to their nearness and lack finance (FG1)*

*No, only regular schools; they (children with disabilities) enroll in the regular school because that is the only one available. (FG8)*

Importantly, it was evident that the growing support towards enrolment of children with disabilities in their neighbourhood schools was not the consequence of knowledge about the Disability Law or the National Inclusive Education Policy. It was rather the result of inner conviction of participants in the study, change of heart (mind). This was the case because from

the study the majority of the participants were ignorant of the Disability Act and the National Inclusive Education Policy.

And in spite of the growing wind of change, one of the eight focus groups still stood by the 'old' notion that children with disabilities should enroll in special school:

*There are both regular and special schools. We agree with the special schools for children with disabilities (FG7)*

### **Concern about out of school youths with disabilities**

Based on the premise that children with disabilities had been excluded (Avoke & Hayford, 2017), the researcher wanted to know if there were youth with disabilities who never went to school or had dropped out of school, and the current situation of such individuals in the communities. The opinion leaders overwhelmingly reported of lack of provision for out-of-school youth with disabilities in their communities. They blamed that occurrence on various factors including lack of funds, failure of policy makers and lack of recognition of person with disabilities:

*No, no funds. The big men (politicians) are not playing their part to help bring these things under control (FG1).*

*No, it has not been considered. Lack of interest and financial support. Our attention has not been drawn to that. Besides, people with disabilities are too few to be considered (FG6)*

*People with disability are not recognized (FG5)*

*No, the community is not financially sound unless the government. There is no funding for such project so there is none (FG7)*

Further analyses revealed that poverty was a contributing factor to community opinion leaders' inability to provide facilities for youth with disabilities. The leaders however, expressed their willingness to provide parcels of land for projects to educate children and youth with disabilities:

*The community is always ready to support with land while, the government and NGO should support with money. We (community members) are always ready to provide land and communal labour (FG1)*

*Yes, the chiefs provide free land for school projects (FG5)*

*There's no such resource, however, the community is ever ready to assist in case the need arises. But if the need arises, the community will come in to help (FG6)*

In terms of funding, it was revealed that only the government and some non-governmental organizations (NGOs) were supportive of persons with disabilities:

*There is none. Funds are largely cash donations from the assembly to the association of people with disabilities. (FG7)*

*All the help comes from the NGOs or the government. The community does not contribute everything; it is the responsibility of the district assembly and NGOs. (FG8)*

*Government helps with working tools. NGOs also come to the community to assist persons with disabilities with tools like sewing machines. When government interventions like free uniforms and other logistics are available, we make sure children with disabilities also get their share of (FG9)*

From the analysis, two broad interconnected themes, namely; accommodating and non-accommodating factors were extracted to describe the level of local systems' capacity for the implementation of inclusive education in the country. The accommodating factors are efforts and initiatives which would promote the implementation of inclusive education in the communities and the country as a whole, and non-accommodating factors are challenges and problems which are likely to hinder the implementation of inclusive education.

### **Accommodating factors**

The accommodating factors are further categorized into two sub-themes namely active engagement and placement in neighbourhood schools.

#### *Active Engagement*

The theme active engagement connotes three key intentions and/or initiatives of the community opinion leaders, who were involved in the study. These intentions and initiatives are readiness to actively engage in public education and advocacy, provision of plots of land for the construction of facilities for the training of out-of-school youth with disabilities, and also the readiness to accept and enroll children with disabilities into regular schools in the communities. Literature has highlighted the prominence of awareness creation in the promotion of the rights of persons with disabilities. For example, the UN Standards Rules for the Equalization of Opportunities for Persons with Disabilities, has documented the importance of awareness creation in reduction of discrimination against individuals with disabilities and the promotion of their participation (Hayford, 2013). Through public education and sensitization, the opinion leaders can gradually help their constituents to address entrenched beliefs and prejudices about disability. Key opinion leaders, particularly the traditional rulers among the groups have greater influence on their constituents. Their acceptance of the rights of children/persons with disabilities was very crucial as these traditional rulers would lead the 'crusade' to review the undocumented traditional laws to include issues relating to persons with disabilities. Besides, as discussed earlier in the methodology section, by the oaths they swear, traditional rulers not only exercise power and authority over their constituents but pronouncement from rulers are regarded as laws and policies which are difficult and sometimes impossible to reserve. Consequently, their readiness to support with the education and awareness raising as explained below are perceived as positive factors that would facilitate the implementation of inclusive education.

Additionally, it was not surprising that traditional rulers in the study expressed their readiness to provide parcels of land for projects to train youth with disabilities. Historically, traditional rulers or elders, who are the custodians of the land, had generously released land for community projects such as schools and training centres. Parcels of land have usually been leased at no cost to the government and serve as the traditional authorities' contributions towards the development of their areas and specifically, towards the education for the younger generations. The goodwill of traditional rulers has often been complemented by NGOs, which provide structures, specialized equipment and materials, other essential supplies, medicines, as well as funds for surgeries and the purchase of assistive devices for youth and children with disabilities. Many assistive devices are not affordable to families of children with disabilities due to poverty. In fact, NGOs have played significant role in the provisions for the education of children with disabilities in the country. NGOs have supported many individuals with disabilities, who otherwise would not have been educated due to poverty, to become educated (MOE, 2017).

It is refreshing that participants (opinion leaders) are reportedly willing to pay regular visits to families of children with disabilities. Visits from such high-profile members in the communities are invaluable since that will demonstrate acceptance and empathy and will go a long way to counter the stigma and discrimination, which are endemic in many communities across the country. Also, although, only one out of the eight focus groups reported the support of their member of parliament to children with disabilities, it is worth mentioning that few politicians in the country have been very generously and supportive to children with disabilities. Arguably, apart from cash donations to individuals with disabilities, these disability-friendly politicians played significant role in the enactment of the Disability Law in 2006 and the endorsement of the National Inclusive Education Policy in 2015.

Also, the use of the churches, mosques and the local radio stations within the communities for public education and awareness creation, is an acceptable and cost-effective way to reach out to the public. In fact, churches and mosques have witnessed significant increases in attendance in recent years, and they can serve as reliable and dependable sources for dissemination of key national policies.

Basically, while the majority of the participants, with the exception of the executives of organizations for persons with disabilities, reportedly were ignorant of the Persons with Disability Law (2006) and the National Inclusive Education Policy, they largely agreed to the notion about the enrolment of children with disabilities in schools within the communities. Granting that many communities in the country had historically been intolerant and hostile towards children with disabilities, and consequently excluded such children from education (Hayford, 2013; MOE, 2017); it is welcoming that the majority of the participants, particularly those from areas which do not have special schools, expressed the willingness to encourage the enrolment of children with disabilities in their neighbourhood schools. Thus, there were factors that were supportive and would promote the implementation of inclusive education.



### **Non-accommodating factors**

The non-accommodating issues bothered on demand and supply. For example, lack of provisions for persons with disabilities in traditional laws, ignorance of the legal framework, hostile attitudes towards persons with disabilities, inaccessible environment and facilities, poverty, lack of professionals, denial and call for maintenance of segregation. It is noteworthy, while some of the issues were general and cross-cutting, others were unique and specific to the communities. Also, and more importantly, these barriers are all surmountable.

Arguably, with the acceptance of the participants of their ignorance of the law and policy and their readiness to actively engage in promoting the rights of persons with disabilities in their communities, it can be speculated that the opinion leaders will first and foremost search for copies of the Disability Law and the Inclusive Education Policy to educate themselves before they move to participate in public education.

Also, knowledge from the law and policy will enable them to rethink about existing traditional laws and how to include issues relating to persons with disabilities. In this process, other barriers in the form of access to facilities and services will gradually but aggressively be tackled and addressed. Indeed, once opinion leaders get actively involved in championing the course of children and/or persons with disabilities, there will radical movement towards the implementation of policies relating to disabilities including inclusive education across the country.

### **Conclusions**

The researcher concluded that since majority of the opinion leaders were either not aware of the legislation on disability or inclusive education policy, the level of their capacity to support the implementation of inclusive education in their districts was weak. However, the level of willingness and commitments to actively engage in activities to promote the rights of children and/or persons with disabilities as well as contribute towards the education of children with disabilities, offer great potentials for successful implementation of the policy in the future.

### **Recommendations**

From the findings the researcher recommended that an abridged user-friendly version of the Disability Law and the National Inclusive Education Policy should be produced by relevant institutions and distributed to identifiable institutions include House of Chiefs, local churches and mosques, and the district assemblies. These bodies can develop activities and programmes to disseminate the contents of the law and policy among their members and the community at large.

Also, traditional leaders should be encouraged to include disability related issues in existing traditional laws. The district assemblies should assist traditional rulers in their efforts to participate in public education and advocacy for persons with disabilities. Finally, the Ministry of Education and the Ghana Education Service should intensify the recruitment and postings of professionals to various communities to support schools to include children with disabilities; and since there are differences in the needs of districts, there should be a mechanism to identify and adopt measures to address barriers to inclusive education on district by district basis.

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