

Reflections from developing an inclusive set of workshops for parents of children with disabilities in Kenya and applying this to an English context

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This reflective account utilises triple loop learning to draw on experiences from working in Kenya to develop workshops for parents of children with disabilities, and my subsequent application of this learning to an English urban context. This account highlights how much can be learned from working in what initially appears to be a very different context, and using the experience gained to work with parents of children with disabilities in a city in England. There were key elements from developing the workshops in Kenya which allowed parents to be peer supporters, share their thoughts, feelings and knowledge - in terms of content and pedagogical approach, but most importantly a shift in power and relationships. This in turn required the embracing of a stance of cultural humility, which is to take an orientation of openness and learning from another culture, honouring their experiences, values and beliefs.

Keywords: Triple loop learning, disabilities, parents, peer support, cultural humility

Introduction

This paper focuses on the learning taken from the training of service providers to develop workshops, for parents and families of children with disabilities in Kenya. It includes reflections on how I applied my learning, in order to develop work with parent peer-support groups, where the families had children with disabilities, in a city in England.

In Kenya, I worked alongside a colleague with expertise in international inclusive education, Dr Paul Lynch, now at Glasgow University. We had previously delivered training on inclusion and disability, to staff working in early childhood community-based childcare centres in Malawi (Soni et al, 2020). For the Kenyan project, we had been commissioned to develop three four-hour workshops on inclusion and disability for the parents of children with disabilities, alongside a longer five-day course on the same topics, for service providers in early childhood in a district of Kenya. This was delivered through a ‘train the trainers’ event, hosted over two weeks in Kenya during August 2023. During this period the materials that had been pre-written, based on stakeholder meetings, were further refined and developed based on feedback given on the ground.

This paper starts with the rapid literature review undertaken on key issues relating to disability, inclusive education and services for children in early childhood in Kenya. This was summarised into recommendations that were applied to our work in Kenya.

After the literature review, I have drawn on triple loop learning, developed from the work of Argyris and Schön (1996) in the field of organisational learning, in order to support my reflections on translating my learning with

parent groups in Kenya to work in England. I utilised triple loop learning as my reflections within the third loop challenged my assumptions about my approach and the context and in turn changed my perspective. These reflections have helped me learn from and with the global psychology community, and have been highly influential in the work I have undertaken since September 2024, when facilitating and developing materials for two peer support groups, with parents of children with disabilities alongside a community worker, in a city in England. These groups are comprised of mothers from a range of cultural groups, who speak different languages and are from multiple faith groups. They meet in areas of the city where there are high levels of socio-economic deprivation, and many live in temporary housing.

With reference to key terms, I have re-used the terms employed by the original authors of the papers cited. This includes terms less frequently used in England and other high-income countries, aligning with a stance of cultural humility. This is an interpersonal stance that is other-oriented, and therefore open to the other, in relation to aspects of cultural identity, characterised by respect and a lack of superiority (Hook et al., 2013). It is for these reasons that I do not impose words or terms used in my own English context.

Rapid literature review

Articles were searched for using the search engine FinditBham, which includes ERIC and Psychinfo. The key search terms were; Kenya, early childhood development (ECD), inclusive education and disability. Ten relevant articles in English, from 2018 to 2023, were reviewed and additional articles identified through a review of reference

lists. Key information was extracted in order to give contextual background to the training offered in relation to disability and inclusive education, early childhood development and relevant centres or nurseries in Kenya. This process was also used to identify recommendations to shape the training we offered, in terms of content and pedagogy. Some data and research may appear dated; this reflects difficulties in accessing current written information about the Kenyan context, both in the UK and in Kenya.

Disability and inclusive education in Kenya

Kenya is a signatory to the Salamanca Declaration (UNESCO, 1994), Education for All (EFA, UNESCO, 2000) and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) (UN General Assembly, 2006), which was ratified in 2008. In 2009, the Kenyan Ministry of Education, in conjunction with partners, developed the Special Needs Education (SNE) policy framework (Republic of Kenya, 2009). The aim of this framework is to ensure that students with disabilities receive equal access to special education services and boost the country's goal of achieving Education for All (EFA). The New Constitution (Republic of Kenya, 2010) includes a requirement of non-discrimination based on disability, with education and training as core components of Vision 2030, an undertaking to enhance the quality of life for its citizenry.

Kiru (2019) notes that assessment and referral for special education services are processed through Educational and Assessment Resource Centres (EARCs). However, these centres are underfunded and are not easily accessible to all schools in the country, thereby undermining the identification and assessment process (Gelder & Flower, 2016; Nyeris & Koross, 2015). In addition, a scarcity of resources and specialized services for students with disabilities continues to be a pervasive challenge (Chomba et al., 2014; Gathumbi et al., 2015). Bruce and Venkatesh (2014) and Elder (2015) note that in Kenya, negative cultural perceptions toward disabilities keep students with disabilities from receiving access to education or appropriate services, leading to stigma and marginalization. Moreover, in rural areas, Elder et al. (2016) note that lack of advocacy and participation from parents and the community result in reduced awareness about disabilities, leading to further marginalization. Subsequently, many children who need special education services remain unidentified and are out of school, although some may attend early childhood centres alongside younger children.

Of those attending school, Kiru (2019) identifies that most students with mild learning difficulties are integrated in general education classrooms. In comparison, students with physical disabilities, intellectual disabilities, and visual

and hearing impairments largely receive instruction in special schools or special units in the general education schools, although there are a few cases of integration into general education schools (Elder et al., 2016). In 2011, there were 114 special schools serving about 24000 children (Office for High Commission on Human Rights, 2011) and in 2012, 1,341 special units in the country serving approximately 82,000 students (the population of Kenya at the time was approximately 44 million, of which over half were children. Approximately 11% of these children had a disability which is around 2 million).

Kiru (2019) summarises that although policies are in place to enable students with disabilities to receive an appropriate education, the quality of free primary education is questionable, with low enrolments and poor outcomes for those with disabilities. Limited access to appropriate education services persists, due to inadequate teacher training, geographic location, limited resources, cultural perceptions, underdeveloped identification and assessment procedures by the EARCs and a lack of accountability measures.

Provision for children in early childhood development centres in Kenya

Abboah-Offei et al. (2023) note there have been achievements with the establishment and expansion of early childhood development (ECD) centres in Kenya. Based on national survey data, Abboah-Offei et al. (2023) state that UNICEF estimates that 46% of children now participate in organised learning in Kenya one year before the official school starting age, which is six. This is similar to neighbouring countries (Ethiopia 43%, Tanzania 56%, Uganda 34%). However, this rapid growth of private ECD centres has led to concerns about quality, particularly in terms of a trained workforce and facilities (Black et al., 2017), as well as ratios; although the recommendation is 1 adult to 25 children, the average is 1 to 47. The Kenya Institute of Education (KIE) (2005) notes that a large percentage of the teachers in early childhood classrooms are untrained.

Abboah-Offei et al. (2023) highlight that priority is given to nutrition, water, sanitation and hygiene, contrasting this with the limited coverage, particularly in terms of budget, given to responsive caregiving and opportunities for early learning. This reflects the historical focus on child health in both policy, practice and research rather than on care and education, despite the fact that Kenya has had an integrated ECD Policy Framework since 2006. However, this does reflect the global situation across many low- and middle-income countries, where early childhood care and education is still an emerging area. Mwoma et al. (2018) found that whilst the Kenyan government has issued guidelines and minimum standards, preschools in informal

settlements are experiencing a myriad of challenges which impact negatively on children's learning. Among these challenges are poor infrastructure, a lack of play space and play equipment, congested classrooms and a lack of fencing around school compounds.

Key information for training programmes and workshops on disability and inclusion within early childhood, in low-income countries

For parent workshops, Salomone et al. (2019) recommended core sessions with a focus on promoting joint engagement, using spoken and nonverbal communication to request and share attention (with particular consideration for children with minimal spoken language), teaching skills for daily living, and promoting well-being for caregivers. Salomone et al. (2019) highlighted that effective family programs that included behaviour management techniques and strategies to improve coping were more effective. They also considered issues such as stigma, the heterogeneity of children's development and drawing on more prevalent health profiles. Stories and role plays were utilised to enable further tailoring of the content to the needs and priorities of families.

Tekola et al. (2019) explored the adaptation of the WHO caregiver skills training programme targeted at children with autism for a low-resource, low-literacy setting in Ethiopia, in consultation with community stakeholders. Adaptations included the modification of activities that required writing, the simplification of provider demonstrations and participant booklets, additional information on addressing expectations of a cure, the discouraging of physical punishment, and an increased emphasis on the use of gestures.

Hamdani (2017) also explored how the WHO caregiver skills program was adapted for delivery by family volunteers in rural Pakistan, using a tablet-based application. The key messages and strategies were incorporated into "real-life" narratives of the lives of three local children with developmental disorders, their family members, and other supporting characters, images were used to represent each character, which are used to voice narrative scripts.

While developing inclusive education training for teachers in Kenya, Damiani et al. (2021) highlight key strategies they used that had relevance for maintaining engagement of parents and carers:

- Regular 'loop arounds' – including an ice breaker so that each participant had a brief, structured opportunity to introduce themselves. These included voluntary response strategies e.g. "Who are you? Tell us one interesting fact about you." Through having an introductory example, participants had a

guiding prompt with built-in wait time, to support them while forming their responses rather than the traditional call and response approach;

- Using the principle of education as a right, highlighted by disability statistics from UNICEF or the World Bank, and relevant frameworks - such as the United Nations Convention on Rights of People with Disabilities (UNCRPD) (2006) as well as the Kenyan constitution - leading to a discussion on how policy can become practice.
- Collaborative brainstorming in small groups to co-construct definitions, and then add words to those definitions e.g. inclusion, then inclusive education;
- The use of inclusive community-building strategies, including morning meetings in a circle in order to share ideas, group rules, the use of local song and dance, and the sharing of artifacts that represent their culture;
- Inclusive academic strategies, such as choral response with wait-time and a signal for response, thumbs up when you know, think-pair-share, give one-get one (give a fact in response to a question and receive one), regrouping and asking for collaboration, jigsaw groups where each group prepares on one topic, and then shares with the others; and
- Having gaps between the workshops, in order to practice the identified strategies.

The literature review has highlighted some innovative ways sensitively to co-develop early childhood development workshops for parents, that account for indigenous knowledge and cultural practices practised by children at home and within their communities. Given the resource constraints, it highlighted the value of parent workshops with specific content on behaviour, communication as well as the heterogenous nature of child development, but also the importance of addressing harmful discrimination and stigma of disability. Also taken into account are the specific educational and care needs of children with disabilities in Kenya.

Reflection on the application of Kenyan learning for use in England using triple loop learning (Argyris and Schön, 1996)

I selected the triple loop learning framework for reflection, as it is intended to create transformational change and includes issues of power within relationships (Flood & Romm, 2017). I have taken each loop in turn to reflect on what I had experienced when transferring from Kenya to England in terms of my learning from working with parents of children with disabilities.

Single loop learning – are we doing things right?

In this first loop, my reflections focus on what is done and the actions undertaken. Since this area was positioned as a minor stage in the tweaking in the model, I focused on the content of the workshops. As is often done, the content was guided by our previous experience of undertaking similar work in Malawi (Soni et al., 2020), the literature review detailed above, the stakeholder meetings held beforehand, as well as those matters considered key by the commissioner. Therefore, it was agreed that the parent workshops should include sessions on creating a community and establishing group rules, understanding disability and rights (Damiani et al, 2021), managing behaviour (Tekola et al, 2019), stigma, resilience and child development and communication (Salamone et al., 2019), as well as identifying and sharing local resources for parents, inclusive education and transition to school.

In terms of translating this content into parent workshops in the English context, I gained new ideas from this experience on content. For example, when working with parent groups I had not previously shared information on disability, its national or international prevalence across different groups such as ages or genders, its definition or inclusive education as a practice. Instead, I had relied on either 'off the shelf' packages or asking parents what they felt would be helpful; the latter often led to differing opinions that I struggled to sort through and manage, or a focus on behaviour management.

In addition, while I may have undertaken activities to support group cohesion, I often felt uncomfortable in creating group rules or a group agreement. My fresh learning in Kenya left me with the certainty that it was important that everyone understood how we were working together. The experience in Kenya gave me new stimulus on potential content for workshops for parents of children with disabilities.

Double loop learning – are we doing the right things?

In the second loop, where the frame of action is the focus, I considered the systems, assumptions and values that underpinned the workshops - in other words the pedagogical approach. Based on the literature review as well as previous experience, it was clear that the pedagogical approach to the workshops should focus on active learning including role play (Salamone et al., 2019), stories (Hamdani, 2017) and limited use of written materials (Tekola et al., 2019).

However, as we had experienced previously in Malawi (Soni et al., 2020), there was some conflict with the commissioners, since the approach considered was not what they typically employed when delivering workshops. This is echoed within young children's education and care; in England, child-led play within age groups is privileged and

the dominant pedagogical approach for young children is based on experience. This is not the same in sub-Saharan Africa, where there tends to be a focus on adult-directed learning. However, Pence and Nsamenang (2008) suggests drawing on an 'indigenous pedagogy' that permits young children to learn in participatory ways in contexts such as the home, community, religious services, and through 'work-play' activities such as eating, preparing food and other domestic activities, with little to no explicit didactic support.

While this applied to children's learning, in parallel with this experience and discussions with the commissioner indicated that adult learning in Kenya was likely to be highly didactic, possibly reflecting experiences in school, with participants being passive recipients of information. This in turn meant that the Kenyan trainers anticipated being presented with information via PowerPoint presentations, and being highly adult-directed (UNESCO, 2013), rather than being participant-led. Instead, as noted by Damiani et al. (2021) and based on experience in other sub-Saharan African countries such as Malawi, we decided to encourage active engagement from the participants through approaches such as discussion, role play, and stories. A decision was taken not to use PowerPoint slides in the 'train-the-trainer' sessions. Interestingly, while the trainers enjoyed this and commented positively, they felt the need to create PowerPoint slides when they in turn planned their delivery of the workshops to parents.

Rogoff (2003) emphasises 'cultural regularities' to help make sense of the cultural aspects of early childhood development, and this too applies to work with parents. She argues that researchers should avoid using an imposed etic approach, making general statements or assumptions across communities and countries based on a culturally inappropriate misunderstanding. Rather, she states the need for a 'derived etic approach', which focuses on the situated meaning of what is happening in a country, such as Kenya. Drawing on the work of Rogoff (2003), Wadende (2016) encourages more indigenous practices and increased community participation.

In drawing on these experiences when working in England, I took a similar pedagogical approach of active engagement. I utilised the ideas suggested by Damiani et al. (2021), such as using regular loop rounds where parents introduced themselves and shared different information. This would sometimes relate to the focus of discussion; for example, if the focus was on siblings, this would centre upon guessing how many siblings each person had, and where in the family they were positioned. At other times, there would be a more open discussion about aspects of the self, such as favourite foods. I also utilised other approaches such as think-pair-share, where the parents talked together in pairs first and then shared with the group. I continued to

avoid the use of materials that contained a lot of writing (Tekola et al., 2019), and instead used pictures as a stimulus for discussion, as well as role play (Salomone et al., 2019) or collaborative discussion - even though there could be some initial reticence. This initial reticence from parents to get up and be active, for example to stand in the order of how many siblings each had, at times led me to feel tempted to fill the space with information. However, I learned to hold my nerve and instead simply encourage and model active participation.

Triple loop learning - How do we decide what is right?

This is considered the most transformational loop, as it shifts to radical new perspectives, and creates something new. In this piece of work the radical new perspective I experienced was a shift in the relationship between myself and those I work with - namely the parents. Although I considered that I worked in a collaborative manner, I realised that during this work I moved from an instructional - albeit active and participatory - approach, to being led by those I worked with, and thereby co-constructing new understanding. This reflected a change in the power between us, where I let go of power over, or domination of (Flood & Romm, 2018).

In Kenya, while working with the trainers, we quickly found that they experienced disability in their daily lives, some having a child or partner with a disability, and some disclosing their own hidden disabilities. It was noticeable that most of the participants had not previously shared this information with each other. Realistically, this reality should be anticipated; global figures on disability by WHO (2022) note that an estimated 1.3 billion people (about 16% of the global population worldwide, and 10% of all children) experience a significant disability, with over a half of these being children in sub-Saharan Africa and South Asia (Olusanya et al., 2022). These personal discussions of experiences with disability began on the first day, and initially were sparked by looking at the statistics on disability.

This reflection on the importance of trusting participants in the training and their position within this profoundly affected me, moving to a position of giving 'power to' in order to transform relationships between us (Flood & Romm, 2018). This seemed even more relevant when considering parent workshops. I realised that I had to trust the process of discussion and leave space for reflection, in order to enable construction of the right type of training for the specific context that I was working in. It is this belief and value that I took into the parent workshops in England. I moved away from being highly prepared, with content and knowledge that I intended to share, to having provocations for discussion and trusting that fruitful discussions would follow. This was a position of cultural humility (Hook et al.,

2013), moving away from a focus on myself, being more self-aware and having greater openness, and prioritising the values and perspectives of the parents.

For instance, when engaging in parent workshops in England, rather than starting sessions by sharing information, I would instead ask for the parents to reflect on their experiences or expectations about the topic that they had identified in the previous session. For example, during the session on disability, a way to enable this was to ask parents to talk in pairs and then share (Damiani et al., 2021) their estimations of the number of disabled people in England, in which demographic was prevalence was more likely, and why they thought this was so. This facilitated a discussion where all views were valued, seeking to draw in those who were naturally quieter, if they wanted to participate.

This approach felt challenging. I often felt under-prepared and, as a result, anxious before engaging in and facilitating - rather than leading - the workshops. However, this approach led to fruitful discussions and learning for all who participated. Often, wide-ranging topics that I had hoped to discuss would be touched upon and debated at length. An example of such a topic was the question of how girls with disabilities would manage their periods, with parents each sharing diverse experiences and values. It also led to my own sharing of personal experiences of disability, something I had avoided previously as I felt that it led to a reduction in my professionalism. As noted by Flood & Room (2018), I became aware that I moved from a focus on "power over", where power is used for domination, to "power to" -where power is used to transform our relationships with each other.

Conclusion

The experience of reflecting on, and transferring, learning from Kenya to England has been transformational. It has highlighted that there are many universalities to parents' experiences of disability, inclusion and participation, in terms of stigma, discrimination and fear. However, in order to best support each other, experiences, values and perspectives are best shared through peer support. Therefore, I was better placed to work with an attitude of cultural humility, as a co-constructor, facilitating these discussions through the use of provocations or conversation starters, and move from a position of "power over" to "power to".



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