

SPECIAL EDUCATION IN KENYA EVOLUTION OR REVOLUTION: COMPARISON  
WITH THE BRITISH SYSTEM OF SPECIAL EDUCATION

A Thesis by

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The following faculty members have examined the final copy of this thesis for form and content, and recommended that it be accepted in partial fulfillment of the requirement for the degree of Master of education with a major in Special education

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Frances Clark, Committee Chair

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## DEDICATION

To my parents, my brothers and sister, and my friends for their encouragement

The people who get on in this world are the people who get up and look for the circumstances they want, if they can't get them, they make them. - **George Bernard Shaw**

## ACKNOWLEDGEMENTS

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## ABSTRACT

Disability is not inability. A common phrase used so many times. What are we doing to prove this phrase right? The purpose of this thesis was to examine the plight of children with disabilities in Kenya, what systems have been placed in Kenya to assist students with disabilities and what the government and community has done to help and provide independence to these children with various disabilities in the country. Comparisons were made to the British education systems since Kenya was a British colony, to come up with best practice and offer solutions if any that can be introduced in Kenya, to improve the special education system. The thesis also looked at Nigeria a country in Africa that has one of the best special education systems in Africa, and a former British colony to come up with recommendations to help improve special education in Kenya.

A historical qualitative research method was used to compare these three systems to gather information on how far both Britain and Nigeria have improved their special education system, long after the British set education systems in both Kenya and Nigeria.

It was concluded that inclusive education had proven a success in both Nigeria and Britain in providing independence and transition to adulthood to children with disabilities with minimal assistance where necessary. Kenya has a plan that includes mainstreaming students into the general education classrooms, however, most of this is in draft form, and much must be done for this to be effective. Another important recommendation was public awareness, since there is a lot of ignorance in Kenya in the area of disabilities.

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# CHAPTER 1

## INTRODUCTION

Education in Africa has come a long way from the traditional beliefs in elders and traditional concepts and their teachings, to the introduction of reading, math and science and technology to adjust to the great changes brought about by a globalized world. However, one area that is still far from keeping pace with rapid world changes is the area of special education. Furthermore, little research has been done about special education services in Africa and developing countries, (Kiarie, 2006; Mutua & Dimitrov 2001).

Kenya with a population of about 38 million is situated in East Africa. It lies in a total area of 582,650 square kilometers. It is bordered by Ethiopia to the north, Tanzania to the south, Uganda to the west, Somalia to the north east, and Sudan to the north west. The Indian Ocean also borders it to the south east. Kenya follows an 8-4-4 system of education; that is eight years in primary school, four years in high school and another four years in the university (CIA, 2008b; Kenya, 2004).

According to the United Nations Educational, Scientific, and Cultural Organization (UNESCO, 1994) 10% of Kenya's population have disabilities. About 25% of these citizens with disabilities are children of school age. Out of about 750,000 children, only 90,000 have been assessed and identified. However, only 14,614 identified children are enrolled in schools for students with disabilities, while most go to regular schools (UNESCO, 1994) meaning that over 90 % of school aged students with disabilities are either at home or in regular schools with little or no specialized assistance (Kiarie, 2006).

Very few children with mental retardation receive services. Most of these students have not been identified as yet. Kiarie (2005) characterized these children in Kenya as those with an impaired ability to learn, acquire and generalize concepts, processes, understand and

respond to information, and apply knowledge in various settings such as school and community. He also stated that:

It is also important to note that the learning and social behavioral characteristics of students with mild mental retardation, learning disabilities, and those who are unmotivated low achievers are often so similar to observers that misdiagnosis occurs. In any case, services for students with learning disabilities and mild mental retardation are not yet developed in Kenya and in many cases these children may not be recognized as having a disability (n.p).

To better understand the state of special education in Kenya, it is useful to look at its history from colonial times. Kenya was a British colony beginning in 1885, after the British signed a treaty with the Arabs, releasing the colony from them to the British. The education system was brought in by missionaries at that time. Colonization has played a major role in the structure of education in Kenya.

In the 19<sup>th</sup> century when the British colonized Kenya, Great Britain/ England had institutions for individuals with disabilities that were largely for the deaf and the blind (Heward & Smith 1990). Most of these schools were started by churches including the Church of England and the Roman Catholic Church. As they set up colonies in Kenya, the same education system was set up, by the same missionary organizations.

Another point to note too is that, in Kenya, education access is based on how well the student receiving the education can produce positive economic outcome for the family and the nation in general (Mutua & Dimitrov, 2001). With this in mind, most of the disabilities that are recognized are physical disabilities (Kiarie, 2004).

As stated earlier, little has been done to identify, place and assess students with special needs in education. Some of the things that play a key role in education in Africa include (a) family attitudes, (b) identification, (c) placement, and (d) curriculum.

#### Family Attitudes

In Kenya, like in most parts of Africa, children are viewed as an asset, in that they not only carry on the family name, but they also are expected to assist the family especially their

parents later in life when they have aged (Mungai, 2002; Munyere, 2004). In the past, children who were born sick or with a disability, were left to die, because they were seen as a liability and a shame to their families. In Kenya, it was legal to use euthanasia but this changed in 2001, with the introduction of human rights advocates and education (Munyere, 2004).

There are still beliefs in witchcraft and curses attributed to disability. Kisanji (1995) stated that disability has been attributed to witchcraft and curses resulting from parental violation of traditional norms, or conditions that originate from vengeful ancestral spirits. This results in a feeling of fear that causes parents not to take their children with disabilities to schools or into the community. When this happens, most children with disabilities are left without the basic skills that they can only get in schools (Armstrong, 2002; Kisanji, 1995).

### Identification

In Kenya mental retardation is categorized as a handicap with the continuum of severity moving from mild, moderate, severe or profound, or as educable, trainable, severe and profound. This is measured in terms of IQ (Ministry of Education, 2008a).

A mentally handicapped child is one who has a limited level of intelligence and deficits in adaptive behavior. This condition usually arises between conception and 18 years of age. Mentally handicapped children are usually categorized according to severity of mental impairments as mildly, moderately, severely, or profoundly handicapped; or as educable, trainable, severe, and profound in terms of their measured intelligence scores on IQ tests. (Ministry of Education, 1995, p.6).

Children with severe mental retardation are very easy to identify at a young age, due to developmental delays in both physical and cognitive areas (Ministry of Education, 1995). However, those with mild disabilities are often not identified and go on to schools with their general education peers and participate in nationwide examinations and are rated the same way as their peers in the general education classroom (Kiarie, 2006). In Kenya, the students who are termed as having mental disabilities are those that are easily identified and in most cases have multiple disabilities (Kiarie, 2006; Mutua & Dimitrov 2001).

In most cases, it is difficult to identify mental retardation since IQ tests are not given in school, but instead entrance examinations are given to determine if the student can move to the next class or remain in the same class. Children with mild retardation are hard to identify, and also it is not clearly defined, what IQ is termed intelligent or gifted and what is termed as a mental disability.

In terms of early identification, Kenya has no system of universal screening of newborn babies for disabilities. However, a great deal of emphasis is placed on identification of infants with hearing impairments. This means that infants who are identified following the criteria of the Joint committee on Infant Hearing, and are found to have impairment should receive treatment initiated by six months of age (Joint Committee on Infant Hearing, 1995).

Due to the unique accessibility of many infants in the hospital, screening of all newborns for hearing impairments prior to discharge may heighten adequate diagnostic follow up and treatment. This however does not include infants who are born in the rural areas in Kenya where births do not take place in hospitals and are not registered (Joint Committee on Infant Hearing 1995).

### Placement

In Kenya, there is no evidence that there are assessment strategies in place to identify students with disabilities, which leads to placement. Most students with disabilities, therefore, are educated with their peers in the general education classroom, without any modifications or adaptations to the curriculum (Mwangi, Kerre, Wabuge, & Mugo, 1989).

Those with severe disabilities are put in special schools, residential homes, or institutions for children with mental retardations also known as children's homes (Kiarie 2005; Mutua & Dimitrov, 2001). In these special schools, education is not an essential issue; most of the students are not taught self help skills with the result that these children are dependent most, if not all, of their lives.

These children with severe disabilities are seen as incapable and still have a stigma on them (Munyere, 2004). Most of them are abandoned in these homes by their parents who believe they are a curse in the society. Society also does not accept these children and therefore less is done for them, in terms of placement and provision of special education teachers to teach skills to these children (Ntarangwi, 2003).

### Curriculum

In Kenya, education systems are characterized by entrance examinations. This is a form of standardized examination that is administered to all students in the country who have passed through the Kenyan curriculum (Abagi, 1997; Abagi & Odipo, 1997). Students who do not perform to a passing level remain in the same grade until they pass the examination, or they drop out of school due to frustrations or are too old to remain in the school system (Abilla, 1988).

This examination entrance process is especially disadvantageous to students who have disabilities, as they have not been identified and no alternate assessment is in place for them. Therefore, they have to sit and be assessed using the same entrance examination as the peers in the regular education classrooms. There are also no plans put in place for students who fail to make the cut off point.

### Purpose of the Study

My inspiration to do this type of research for my thesis came after I arrived in the United States to study, and realized how far behind Kenya was in attaining a first class special education system that would meet the needs of its citizens with disabilities. Though the systems are different, a lot can be learned and incorporated into the Kenyan system of education. Comparisons were made to the British system of education which is closest to the Kenyan system. The reason for this comparison was in order for me to get best practice in the

British system of special education that could be adapted to the Kenyan system, to improve the quality of education for children with disabilities in Kenya.

Though emphasis was on the British system of education, comparisons were also made to Nigeria, a country in Africa that has one of the best education systems in place for children with special needs in education. Nigeria was a British colony, like Kenya, and therefore I felt there was a need to understand how the system has advanced in Nigeria, and if there was any lessons to be learned so that they could be incorporated in my recommendations to improve the plight of children with disabilities in Kenya.

In this research I used historical research. This was done to find out more on the history of special education in Kenya from colonial times to the present, and to find out what changes have occurred if any. I looked at the history of special education in Kenya to better understand why the system is established the way it is. I wanted to know whether it was a system that was started by the British colonialists, or whether the system was a completely new one.

I also looked at the history of special education in Britain in the 19<sup>th</sup> century just about the time when they were colonizing Kenya, and their present system, to see what changes have occurred. From those findings, I wanted to develop possible educational changes that Kenya could adopt to better serve Kenyan children with disabilities.

To do my research, I used both primary and secondary sources. Some of the primary sources included literature from government sources in Kenya like the Ministry of Education. Books and Internet sources were some of the secondary sources used. From all this, recommendations for the development of special education in Kenya were developed.

### Guiding Research Questions

From the study I hoped to answer the question, what can Kenya, a former colony of Britain, learn from the British system of special education, and also from Nigeria, another



country in Africa with a highly effective system of special education in place and also a former British colony? Another question that I hoped to answer was what recommendations can be made to improve the education of individuals with disabilities in Kenya, and what best practice issues can be introduced in Kenya to improve the quality of special education services.

## CHAPTER 2

### METHODOLOGY

#### 2.1 Definition of Historical Research

According to Fraenkel and Wallen (2003), historical research is the systematic collection, objective location, evaluation and synthesis of evidence of data to describe, explain and thereby understand actions or events that occurred sometime in the past. In this there is no manipulation of variables as in the case of experimental research.

In education, historical research is essential as it can yield insights into some educational problems that could not be achieved by any other means. It also helps us understand how our present system of education has developed (Cohen & Manion, 1994; Fraenkel & Wallen, 2003). It enables educationalists to use former practices to evaluate newer, emerging ones that are the focus of this study.

Since historical research aims to look at the past, one is able to reconstruct what happened during that time as accurately as possible by looking at documents of that period, interviewing individuals who lived in the specific time, and examining relics (Fraenkel & Wallen, 2003; Merriam, 1998).

Historical research is helpful as it makes one aware of what happened in the past so that we can learn from past failures and successes (Cohen & Manion, 1994). In this study, historical research was used to identify education systems during colonization and after in order to understand whether the changes in the systems of education have led to the success or failure of education for individuals with disabilities in Kenya today.

The researcher is also able learn how things were done in the past to see if they might be applicable to present day problems and concerns. This allows the researcher to find out if a proposed innovation has not been tried before (Cohen & Manion, 1994; Fraenkel & Wallen, 2003). In this study, I looked at how education systems were established in Kenya and Britain

and how they functioned and compared them to the British and Nigerian systems of special education. Changes in the three systems after colonization were compared to find out new successful innovations used that could be applied to the Kenyan system to assist in changing the education system for the better.

Historical research also assists in prediction, especially if an idea has been tried previously. Even under a somewhat different circumstance, past results may offer policymakers some ideas about how present plans may turn out (Fraenkel & Wallen, 2003). For example in the case of special education, if inclusion of children with special needs in the regular education classrooms has been a success in the United States and in Britain, then it may be evident that if it tried in Kenya, it too, might be a success.

Another reason that historical research is important in this study is that it can be used to test hypotheses concerning relationships or trends (Merriam, 1998). Historical research can lead to the confirmation or rejection of relational hypotheses as well. For example, it is believed that special education in Kenya is not as advanced because unlike Britain and Nigeria no policies are in place for children with special needs in Kenya. Historical research might prove the hypothesis to be true or not.

Finally, historical research will assist in understanding present day educational practices and policies fully. Many of the current practices in education are by no means new, and past researchers have used research to aid in coming up with ideas for new educational strategies (Cohen & Manion, 1994; Fraenkel & Wallen, 2003; Merriam, 1998), e.g. the use of Azrin and Foxx technique, in teaching toilet training to children with mental retardation.

In historical research, just as in experimental research, there are four essential steps that include: (1) defining the problem or question to be investigated, (2) locating relevant information or sources, (3) summarizing and evaluating the information obtained from the sources, and (4) presenting and interpreting the information as it relates to the problem or

question that originated the study (Cohen & Manion, 1994; Merriam, 1998). In this thesis all these steps were followed resulting in recommendations from the research that can contribute in the development of special education services in Kenya.

## **2.2 Sources of Research**

As earlier stated, sources for this research were primary and secondary sources. Primary sources included research reports, government sources, relevant laws, official publications, some journal articles, numerical records, budgets and test scores in some areas, census reports and recordings. Secondary sources included books, magazines, journal articles, Internet documents, and maps.

In order to triangulate data, historical research requires that researchers obtain data from multiple sources. In this research to triangulate data, at least three types of information were used: (1) primary sources, (2) secondary sources, and (3) expert opinion (personal consultation).

Using documents as data can be compared to using interviews or observations since every book or magazine represents at least a person who is equivalent to the anthropologist's information or interviewee. Using documents in this study was beneficial because they offered greater objectivity and stability, unlike interviewing and observations in which the presence of the investigator may alter what is being studied (Merriam, 1998).

Documentary data also can ground an investigation in the context of the problem being investigated. The main aim of historical data is to employ the past to predict the future (Cohen & Manion 1994); this was essential in my study as I had to look at the history of special education in Kenya, to learn of progress that has been made and also to make recommendations that are informed by the history.

## **2.3 Evaluation and authenticity of the sources:**

Both internal and external criticism was used to evaluate and authenticate the sources. This helped determine the genuineness and accuracy of historical sources (Cohen & Manion, 1994).

### **2.3.1 External Criticism**

External criticism refers to the genuineness of all documents the researcher uses. In order to establish external criticism, questions asked in historical research include: (a) Who wrote the document? (b) Was the author living at that time? (c) For what purpose was the document written, and (d) for whom was it intended and why? (e) When and where was the document written, (f) is the date on the document accurate and could the details described have actually happened during this time? (g) Under what circumstance was the document written? And (h) is there any possibility that the document writing might have been coerced? Another thing to keep in mind is whether there are different forms or versions of the document, indicating that one might be a forgery (Fraenkel & Wallen, 2003; Merriam, 1998).

### **2.3.2 Internal Criticism**

Internal criticism follows external criticism. For internal criticism, the researcher needs to find out if the contents of the document are accurate. Both the accuracy and the truthfulness of the information need to be evaluated. Internal criticism looks at what the document is saying and tries to ensure that what the author says is what really happened (Fraenkel & Wallen, 2003; Merriam, 1998).

As in external criticism, internal criticism has questions that need to be answered. With regard to the author of the document, questions asked included; was the author present at the event he or she is describing? In other words is it a primary or secondary source? (Cohen & Manion, 1994).

Primary sources are preferred over secondary sources as they are in most cases more accurate. Was the author a participant in or an observer of the event? Was the author competent to describe the event? This refers to qualifications of the author. Was the author emotionally involved in the event? Did the author have any vested interest in the outcomes of the event? (Merriam, 1998).

With regard to the contents of the document, questions that may arise include :( a) do the contents make sense? ;(b) could the event described have occurred at that time?;(c) would people have behaved as described?; (d)does the language of the document suggest a bias of any sort?;(e) do other versions of the event exist?; and (f) if so, do they present a different description of what happened? All this was considered when looking for sources that would best answer my research question.

## CHAPTER 3

### IMPORTANCE OF COMPARING BOTH THE BRITISH AND KENYAN SYSTEMS OF EDUCATION

#### 3.1 Setting Systems at Home and Abroad

As mentioned earlier, Kenya followed a British system of education after being colonized by them. The missionaries brought in their system of education after finding primitive methods being practiced by the indigenous people living in Kenya. Prior to British colonization, there were Islamic and traditional education systems practiced (Mungai, 2002).

Traditional education systems in Kenya were based on actual life experiences, moral values and skills necessary for life, and were seen as an experience for life. These systems conserved and transmitted knowledge and wisdom from one generation to another (Mungai, 2002; Sheffield, 1975).

Education before the British set colony in Kenya, did not take place in a classroom and was informal in nature (King, 2007). It was mainly by imitation both inside and outside the home, and was incidental in nature. Training in specific skills was by apprenticeship. The whole community was involved in the education of the individual (Armstrong, 2002).

To better understand the present Kenyan system, I looked at the way the British education system was set up just before they colonized Kenya. This enabled me get a clear picture of whether there was a replication of the British system in Kenya, or not.

### **3.1.1 Education System in Britain before Colonization of Kenya**

Special education in Britain originated from three developments during the Victorian period. First, there were a small number of voluntary schools for children with physical disabilities, and more schools for children who were deaf and blind. This led to the establishment of schools like Worcester College for the blind in 1866, by Reverends William Taylor and Hugh Blair (Armstrong, 2002; Heward & Lloyd-Smith, 1990).

The second development was the introduction of compulsory school attendance after the 1870, 1876, and 1880 education acts. All children had to go to school. Government grants to school boards and voluntary bodies depended on results measured by school attendance and attainment in the annual oral examination conducted by Her Majesty's Inspector (HMI) (Heward & Lloyd-Smith, 1990). This mandatory schooling resulted in overcrowding of classes, poorly educated and poorly paid teachers, and discipline issues in schools that teachers could not control.

It also led to some larger schools segregating varied groups of students who did not learn in these conditions. This segregation led to some students being alienated from class, in particular the students who were termed handicapped. By the 19<sup>th</sup> century, the disabilities that had been recognized were deafness and blindness (Heward et al., 1990). Although the terms, idiots, imbeciles and feeble-minded were used, there were no clear distinction among these terms (Jackson, 2006).

Thirdly, the Poor Law authorities were involved in the care and training of children with disabilities. Many children with physical and mental disabilities with no parental support were sent to workhouses, where only the fittest could survive. As the 19<sup>th</sup> century was coming to an end, certain Poor Law unions came together and formed a foundation of colonies for the children who were termed unintelligent (Armstrong, 2002; Heward & Lloyd-Smith, 1990).



By the end of the 19<sup>th</sup> century, the costs of both the Poor Law and education were rising, and the difficulties of dealing with a variety of disabilities within the strict moral and political economy became more persistent (Heward & Lloyd-Smith, 1990).

The first inquiry into the education of children with disabilities was made by the Egerton Commission formed in 1888. Its main purpose was to investigate the education of children who were blind, deaf and those with mental retardation, at the suggestion of the Cross Commission, investigating the working of Elementary Education Acts between 1884 and 1888 (Armstrong, 2002; Dyson, 1995). The Egerton Commission drew a difference among the disabilities they were investigating. Each disability was treated differently depending on the sympathy and understanding of it (Armstrong, 2002).

Children who were blind were viewed to suffer most due to the social attitudes, and the moral and political economy at the basis of Victorian institutions. The second issue was the distinction between clearly defined physical and sensory disabilities and the difficulty in identifying the different categories of mental retardation, which they termed “idiots, imbeciles and the feebleminded” (Heward & Lloyd-Smith, 1990).

The third issue was the establishment of grants and resources. The Egerton Commission recommended that children who were blind should be educated from the age of five to sixteen while those individuals who were deaf should be receive a free education from ages seven to sixteen (Armstrong, 2002; Heward & Lloyd-Smith, 1990).

Children with mental retardation, who were educable, were also to receive a free education. At this time education was compulsory from age five to ten years, but it was not free (Jackson, 2006). The Egerton Commission’s decision was therefore seen as expensive, considering the public’s view of individuals with disabilities during this period. The Egerton commission’s investigation was followed by an education act in 1896, providing education of

children who were deaf, blind and epileptic through special grants. No provision was made for children with other types of disabilities (Armstrong, 2002).

The 1944 Education Act was a major turning point in the development of special education. Financial difficulties were no longer a major issue in determining the education of children with special needs. Their education was in the main part of Clause 17 dealing with primary and secondary education. Though members of Parliament were aware that the education of children with special needs was of relatively minor significance (Callahan, 1978), they were determined to enable them to experience new horizons through education.

As a result, boarding schools were introduced for students with disabilities, which brought about a sense of independence among these children. However, it also brought about the issue of segregation. Consequently, this brought about the introduction of students with disabilities being educated with normal students after a plea by John Chuter Ede. He voiced the need for students with disabilities to go to schools with other regular students and to have teachers trained to cope with the different disabilities (Heward & Lloyd-Smith, 1990; Jackson, 2006).

Eleven categories of disabilities were also identified with the introduction of the 1944 Education Act. These categories included children who were blind, partially deaf, partially sighted, deaf, delicate, diabetic, educationally subnormal, epileptic, maladjusted, physically handicapped and pupils suffering from speech defects (Armstrong, 2002).

All children with blindness, deafness, physical disabilities, epilepsy and speech impairments were to be educated in special schools. Individuals who were blind or deaf were enrolled in boarding schools. All the other children with disabilities were enrolled in regular schools (Dyson, 1995).

The Education Act of 1944 also expanded the definition of mental disability with the phrase 'educationally subnormal'. It was based on the belief that general ability and

temperament were determined at birth, and that intelligence could not be improved. The prevailing social attitudes toward disabilities and the lack of understanding of IQ served to support the expansion of segregated schooling. The act advocated for the removal of all students with IQs less than 55 from regular schools (Armstrong, 2002; Jackson, 2006). The removal of these students left other students also categorized as educationally subnormal. Students, who had an IQ between 55 and 70, were enrolled in boarding schools, and also segregated from ordinary schools. This was seen as an act to shield them from the harmful effects of feeling inferior in ordinary schools (Jackson, 2006).

Those with lesser educational problems went to ordinary schools but had special education treatment in the classes. Children in the most severe category were taken to special day schools. Just like children who were deaf, blind and epileptic, children with low intellectual ability were segregated from ordinary classes. Students with behavior issues attended child guidance centers and stayed in their regular schools (Heward & Lloyd-Smith, 1990).

As the years progressed, an increase in knowledge about disabilities led to an increase in schools for children with disabilities as well as training of more teachers to meet their needs. These changes occurred mainly in the ten years after the 1944 Act (Armstrong, 2002; Heward & Lloyd-Smith, 1990). Training for teachers involved, full-time coursework in 'The teaching of handicapped children,' and teachers received a one-year diploma. The first university to offer this course was London University in 1950, followed by Birmingham University in 1954. Other universities followed suit with the number of courses at various universities continuing to grow through the 1960s and 1970s (Callahan, 1978).

In July of 1976, Clause 17 in the Education bill of 1944 was debated for the first time in the House of Commons. The aim of the clause was to change the education of 'handicapped' children from special schools and integrate them to regular schools. There was

confusion among MPs in the house as to the relation between a handicap and integration. Those who were in favor of integration only looked at it from the point of view of the child and adult with a physical disability (Jackson, 2006).

This clause however never reached a third reading due to the fact that there were some doubts about the costs of implementing a policy of integration (Heward & Lloyd-Smith, 1990; Jackson, 2006). One group of MPs advocated for the integration of students with physical disabilities into regular schools and the other group sought to assess the practicality of the proposal.

The British Under Secretary of State for Education and Science at the time stated that the clause was not essential. She also doubted the necessity of a legal requirement to integrate, since she believed that integration could be achieved without further legislation and therefore, Clause 17 was withdrawn (Jackson, 2006; Thomas & Petrie, 1991).

Numerous discussions concerning education were brought into Parliament, however on the 7<sup>th</sup> of October 1976, whilst the house was discussing the introduction of school milk. Baroness Phillips introduced Clause 10, which argued that integration of students with disabilities into regular schools, did not involve greater changes to the system of education that would in turn be costly or alter the system of education completely in regular schools.

This time the clause had some Lords in favor. The clause was discussed in Parliament, with many MPs opposing and others in favor of the clause. The debate was resolved by Baroness Phillips who argued that the inclusion of Clause 10 should not be considered revolutionary, as some MPs had suggested, and subsequently, the clause was passed (Heward & Lloyd-Smith, 1990; Jackson, 2006). Despite a few changes, Clause 10 was a replica of Clause 17 (Jackson, 2006).

With the introduction and acceptance of Clause 10, it became evident that the interests of children with both physical and intellectual disabilities were being considered. This

became a plan in the government, the Department of Education and Science and most of the professional organizations and led to the introduction of integration of children with disabilities into regular schools in Britain.

As the British were improving special education systems in Britain, they were also setting up their colony in Kenya. The next section looks at the education system in Kenya, during colonization, to create a clear understanding of whether the education set up at this time in Kenya was a replica of what was in Britain at the same time or not.

### **3.1.2 Kenyan System of Education under Colonialism.**

Formal education was introduced to Kenya in the 19<sup>th</sup> century, with the introduction of prayer houses by the missionaries when they came to Kenya. This was done mainly along the Kenyan coast (Sheffield, 1975). The first missionaries started a school in Rabai near Mombasa in 1846 (Mungai, 2002).

The primary purpose of the prayer houses and schools was to promote Christian evangelism. At first they did not enter the interior of Kenya due to the fact that there were no roads. This changed after the construction of the Uganda railroad. By 1910, thirty-five mission schools had been founded.

However, when colonialism was introduced, schools became places to learn technical training and skilled labor for white settler farms and clerks for the colonial administration rather than to promote Christianity (Bogonko, 1992; Mungai 2002). Mission schools did not offer education beyond the fourth year of elementary education.

In 1908, the missionaries formed a joint committee on education that later became the Missionary Board of Education. This board represented all the Protestant missions in the British protectorate (King, 2007). In 1909, the British government established an education board with Henry Scott of the Church of Scotland serving as the chair. The establishment of

the education board occurred at the same time that the Fraser and Giroud Commissions were put in place (Sheffield, 1975).

The Fraser and Giroud commissions called for racial consideration in developing the British protectorate, meaning that there were designated areas for the British to settle, and separate areas for the Africans. The recommendations included a push for industrial development, technical education, and the teaching of religion as a moral foundation. The import of expensive labor from India to help build the Kenya-Uganda railway was discouraged. Professor Fraser also recommended the establishment of a Department of Education (King, 2007; Sheffield, 1975).

By the 1920s, education was well established in Kenya with separate schools for the whites, Asians, Arabs and Africans. This was also known as the three-tier system. The "Fraser Report of 1909" proposed that separate educational systems should be maintained for Europeans, (African Studies Center, 2007). In the African schools, education was more on technical training, like housekeeping, carpentry and farming in order for Africans to efficiently work in the white settler farms.

After the First World War, the British saw a need to develop their African colonies. This development initiative led to a reexamination and reevaluation of education in the African territories. In 1923 the British Secretary of State established a committee chaired by the Parliamentary Under-Secretary of State to advise on the educational affairs of the African-Kenyans.

After Kenyan independence was achieved in 1964, the three-tier system developed into three types of schools: Government schools, which were initially schools for the Europeans, became entry schools for children who had a high IQ and had performed above average in the entrance examinations at secondary level. These schools provided extensive education. Private and/or missionary schools were turned into provincial schools for children

who had performed at an average level in the entrance examinations, and harambee (a grass-root movement of self-help schools) that were for students who had performed below average on the examinations. Emphasis in these harambee schools was on technical training (Kenya, 2004). The government schools, formerly reserved for whites, and the private schools were the best equipped.

The missionary schools continued to exist, although some were converted into government schools. The quality of harambee schools, which were geared towards increasing education for Africans, depended on the economy of the region where the school was located (Kenya, 2004; King, 2007).

Little is known on the development of special education in Kenya at this time. To better understand whether special education systems were set up the same in other African colonies, I looked at the history of education in Nigeria also a former British colony and a country that has one of the best special education systems in Africa.

## CHAPTER 4

### ESTABLISHMENT OF THE BRITISH SYSTEM OF SPECIAL EDUCATION IN NIGERIA, ANOTHER AFRICAN COLONY

#### **Nigeria**

Nigeria is among the developed countries in Africa. To better understand the education system that the British set up, one has to look first at a brief history of Nigeria.

Nigeria, also known as the Federal Republic of Nigeria, is located in West Africa. It is made up of thirty six states and borders the Republic of Benin to the west, Chad and Cameroon to the east, and Niger to the north (CIA, 2008a).

Its coast lies on the Gulf of Guinea, a part of the Atlantic Ocean, in the south. Abuja is the capital city. It is a commonwealth nation with the economy projected as one of the fastest growing in the world with a growth of 9% in 2008 as projected by the International Monetary Fund (CIA, 2008a; Infoplease, 2008).

The name Nigeria was created from a portmanteau of the words Niger and Area, taken from the River Niger running through Nigeria. This name was coined by the future wife of the Baron Lugard, a British colonial administrator, during the early 20th century.

Nigeria is the most populous country in Africa and the eighth most populous in the world, with a population of over 140 million, therefore making it the most populous black country in the world (Alade, 2004). According to UNESCO, (1991), 10% of the 140 million people are disabled. With this in mind, Nigeria has about hundred and thirty institutions for persons with disabilities.

Nigeria was first inhabited by the Portuguese, for the purpose of trade. In 1885, however, the British came to Nigeria in the early 1900s and colonized it, under Sir George Taubman Goldie. On October 1<sup>st</sup> 1960, Nigeria attained its independence from the British (Infoplease, 2008).



Formal education in Nigeria was brought in by the missionaries after 1842. They taught only the people they saw as intelligent to read and write. As in all cases of missionary schools, they were started to indoctrinate people to the Christian faith (Kisanji, 1993; Shown, 1984).

The missionaries started special education in Nigeria also. Emphasis was on education for individuals with physical disabilities. They mostly concentrated on the people who were blind. They were taught to read the bible using Braille and they were taught to be self reliant (Olubukola, 2007).

Initial attempts were made to teach people with leprosy. This was because they were isolated from the general public. This was started when a Leprosy settlement was established by the Methodist missionaries in 1945. A school was also started in this settlement with a focus on simple crafts and farming (Abang, 1992; Shown, 1984).

The first organized school for individuals with disabilities was established in 1953, in a town called Gindiri, a small town in Plateau state. It was a school for the blind. It was started by another mission group, the Sudan United Mission. It had an enrolment of five students, but now has an enrolment of a hundred students in its elementary grade (Obiakor, 1986).

The Pacelli School for the blind was started in 1962, by Catholic missionaries. In the same year, Wesley School for the Deaf was started by a combined effort of religious organizations, voluntary groups and philanthropic individuals. Soon after its inception, the Methodist Church of Nigeria took over its administration. Since then more schools for individuals with disabilities have been started in the twenty one states of Nigeria (Shown, 1984).

In 1965, Elizabeth Torrey, a missionary and devoted educationalist from America, was the first to start education for individuals with intellectual disabilities in Nigeria. She

spent most of her life in East Africa. In Nigeria, she established a child placement treatment school at Appa in Lagos (Olubukola, 2007).

Since 1965, education for individuals with mental disabilities in Nigeria has experienced much growth. Schools were started to cater to their needs. Special units within the regular schools were started for them and they were also integrated in schools with other students who had physical disabilities. The students were taught subjects like English, mathematics, Elementary Science, Family Living, Arts and other basic school subjects (Olubukola, 2007). Emphasis was on these subjects rather than on practical and vocational subjects (Obiakor, 1998). This was because most of the time, once they were done with school, they were left to develop skills on jobs they found in the job market, which may have not made them independent.

Placement of these students was based on Intelligence Quotient (IQ). Among those children with lower IQs, those with a higher IQ were left to study in the general schools, while those with lower IQs, were enrolled in special schools (Abang, 1992). By 1975, the study shows that some research had been done in the area of special education in Nigeria (Ogbue, 1981; Obiakor, 1990).

Findings from the research showed that 27% of the teachers who were teaching special education were trained specialists, meaning that more training was needed for many other teachers. Five categories of disabilities had been identified and were being provided an education, including children who were blind and partially sighted, deaf and partially hearing, physically disabled, “mentally handicapped” and the hospitalized.

Grants to support special education needs came from individuals, local and international organizations and voluntary agencies while annual grants came from the ministries. There were also no facilities to purchase technical equipment and teaching aid that could be used in the special education classrooms.

In September of 1976, Nigeria introduced Universal Primary Education with the intention of eradicating illiteracy, ignorance and superstition, meaning that children with disabilities were going to school with their non disabled peers (Obiakor, 1985). This led to the introduction of section 8, a section of the national policy on education, with the aim of providing equal education opportunities to children who were gifted and those with disabilities (Federal Ministry of Education, 1977; Obiakor, 1991). Its fundamental goals included:

1. Give concrete meaning to the idea of equalizing educational opportunities for all children, their physical, emotional disabilities notwithstanding
2. Provide adequate education for all children with disabilities and adults in order that they may fully play their roles in the development of the nation.
3. Provide opportunities for exceptionally gifted children to develop at their own pace in the interest of the nation's economic and technological development. (p.1)

Section 8 saw the role of children with disabilities in social, economic and technological developments in the country (Obiakor, 1990). It therefore required the Federal Ministry of Education to set up a committee to conduct special education activities in conjunction with other ministries like the Ministry of Health, Local Labor and Welfare. It also required a census be taken of all citizens who were disabled, their sex, locality and type of disability. All teacher-training colleges in Nigeria were to provide general and basic education courses to prospective teachers who were to teach regular schools but also required knowledge to identify and teach children with disabilities. The Ministry of Education in Nigeria was also required to provide in-service training to teachers of children with disabilities. Section 8 advocated for free education of children with disabilities at all levels, and the integration of students with disabilities into the regular education classrooms.

Despite the Section 8 policy, Obiakor (1990) stated that there are still problems in implementing the policy brought about by the large population in the country. Most citizens in Nigeria live in the rural areas, therefore not receiving public awareness on disability policies put forth by the government. Another major problem is the transition of governments

in Nigeria, which has made it difficult to solidify education policies and programs that are not extensively politicized. Other setbacks include poor organization, poor financing, and less emphasis on rural education.

In conclusion, there has been an increase in the number of qualified teaching personnel in the field of special education in Nigeria; however, student enrollment is not proportionate with teacher preparation. There is also a lack of consistent enforcements in policy implementation and a lack of specialized consultants and qualified personnel in certain areas.

## CHAPTER 5

### KENYA'S SYSTEM OF SPECIAL EDUCATION IN POST COLONIAL ERA

#### 5.1 Education System: Early Independence

Since 1985, Kenya has followed the 8-4-4 system of education. Before independence, the British introduced their system of education which followed the 7-6-3 curriculum (Abagi, 1997). This was seven years in primary school, then four years in junior high school, or O-Level, after the fourth year, one had to sit for an entrance exam, and if you passed this, you went on to A-Level, which was basically Form five and six. After this, one sat for another entrance exam and then joined the university, which was three years.

After attaining its independence in 1963, Kenya continued with the 7-6-3 system until the 1980s, when with the help of the Ministry of Education and the Kenya Institute of Education, which writes the curriculum, changed to an 8-4-4 system (Abagi, 1997; Kenya, 2004). However there have been a lot of controversies that have made the system lose prestige. Because of government funding and corruption, government schools have failed, and in its place, private schools were started (Kiarie, 2006).

These private schools are expensive schools that offer quality education to students. The education policies in these schools are extensive, meaning that children receive better tutoring in classrooms to enable them to pass final entrance examinations, and therefore most parents opted to get their students from government schools and into private schools. Qualified teachers also moved to these private schools, due to better pay, leaving unqualified teachers in government schools.

The government in 2000 changed the policies in their education system and made education free for all primary school students (Abilla, 1988; Kenya, 2004). Because primary school education was now free, many students who had been staying at home, enrolled in these schools, resulting in overcrowding of classes. The teachers were still unqualified, and

because no assessments were done, these classes were filled with children with a wide range of abilities from those who might have been termed gifted as well as those who could have had a form of mental retardation.

Kenya has always linked its system of education to the labor market. Kenyan policy makers since 1964 after forming its first education commission, were concerned with the plight of the school leaver, asking questions such as would they be absorbed into the workforce after school (King, 2007). Their concern was to provide an education that would enable one to be absorbed by the labor market once they had completed school.

Another policy priority was to try making the curriculum of schools and colleges explicitly for the anticipation of the world of work. This policy was evident in the introduction of vocational, agricultural or technical courses in the 1960s and 1970s (Abilla, 1988; Sheffield, 1975).

In 1984, after the first Education Commission was established and its policies adopted, the goals of schooling were linked to economic growth. These views became very popular with the World Bank who sought to make the connection between years in primary education and agricultural productivity, as well as greater productivity in the employment sector and self employment in the urban areas (King, 2007; Ministry of Education, Science and Technology, 2004).

However in contrast, the Kenyan thinkers linked to the commission saw the national development and growth as the keys to the eradication of disease, poverty and ignorance. According to King (2007), there was no particular level of education linked to poverty eradication in the policy.

By the time that Kenya was set to make the whole of its primary and secondary school education systems more relevant to employment and self employment in urban and rural areas in 1984, the external consensus about the value of what were called diversified schools

had dramatically changed (King, 2003). Kenyan policy makers found they were on their own. They had no external support for what had once been a donor priority. In arguing for the link between education and the labor market, Kenyan policy makers had also accepted the thinking by the International Labor Office employment mission to Kenya in 1972 that internationalized the notion of the informal sector or self employment. Kenyans however did not see this as a restriction in the urban areas, but moved education for self employment to the rural areas too (King, 2007).

This led to self employment opportunities in both urban and rural areas, and education systems emphasizing more on teaching courses that led to self reliance and independence as opposed to acquiring general knowledge in reading, writing and arithmetic.

## **5.2 Growth and Development of Special education in Kenya**

Although education for individuals with disabilities in Kenya started as early as 1940 by the missionaries, only in recent years has attention been given to their needs (Mutua & Dimitrov, 2001). The National Development Plan emphasized that greater attention be placed on special education, especially in expansion of existing educational opportunities and manpower training institutions for individuals with disabilities, and provision of higher learning in preparation for the job market (ILO, 1997)

In Kenya, special education is a subsection of the general education, and is defined as: ‘Education which provides appropriate modification in Curriculum, teaching methods, educational resource, medium of communication or the learning environment in order to cater for individual differences in learning.’ (Ministry of Education, 2008)

The mission statement for special education in Kenya is to facilitate and co-ordinate the provision of quality education and training to learners with special needs at pre-primary, primary, secondary, technical/vocational and teacher training levels by enhancing access, retention, completion, transition and creation of awareness, and its vision is to provide conducive learning environments for all learners with special needs (Abilla, 1998; Ministry of Education, 2008a; Ntarangwi, 2003).

The year of the Child (1970), and the National year of the Disabled (1980) which were both international and national events, helped to focus individuals and societies to the needs of the disabled. Kenya took into account the needs of the disabled by starting schools and special units for the disabled. They also established educational assessment and resource centers that have given education a boost and created demand for more services and facilities (Abilla, 1988).

Kenya attained its independence in 1963, and became a republic in 1964. As early as 1964, it was evident to the Kenya Government that a coordinated service in education was needed to avoid duplication (King, 2007; Mungai, 2002). The government appointed a committee in 1968, and the committee in turn recommended a creation of a body under the

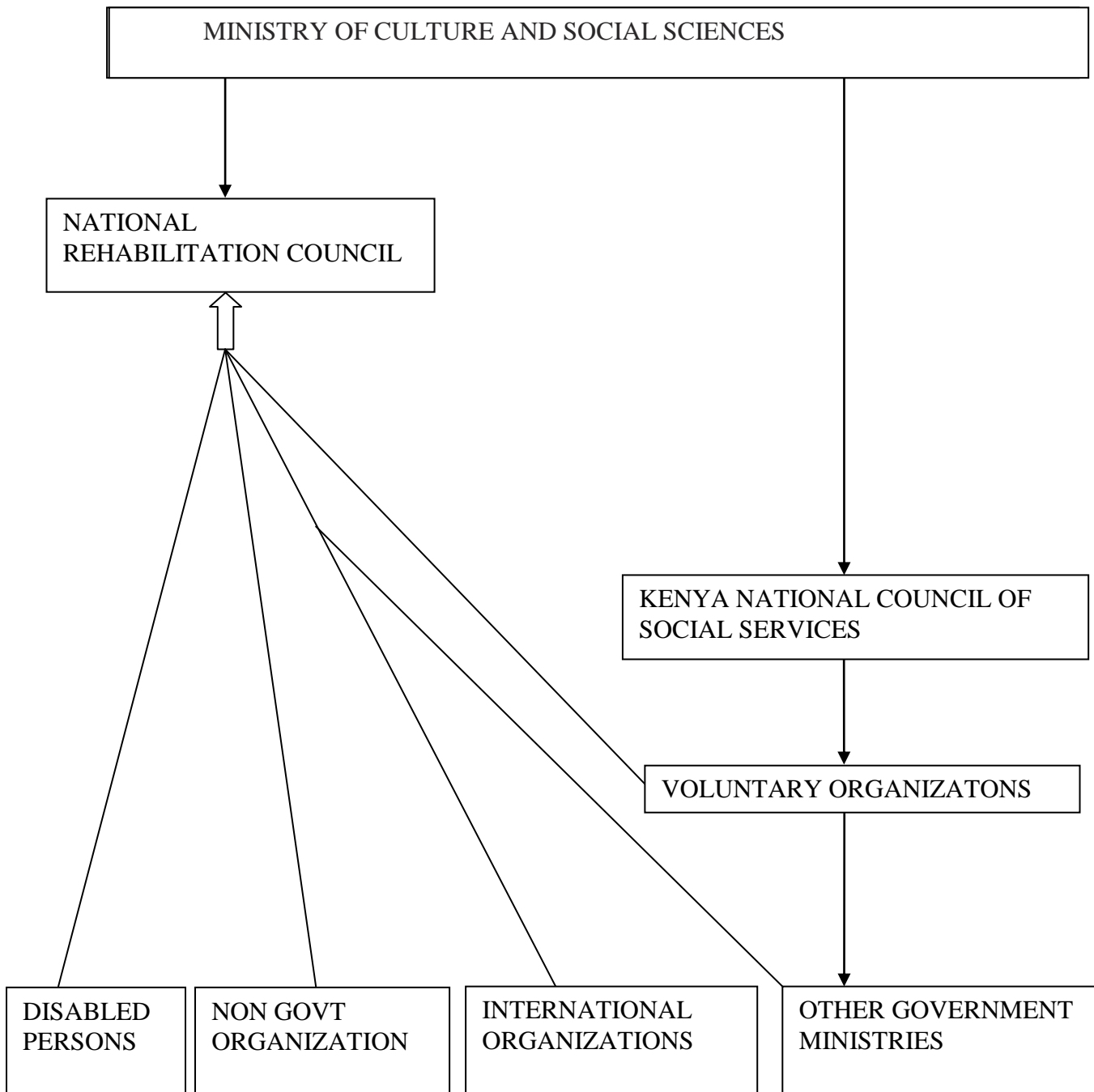


Ministry of Culture and Social services to co-ordinate rehabilitation services which were mainly the responsibility of various agencies and organizations (Abilla, 1988).

A National rehabilitation committee was created in 1968 with the assistant minister for culture and Social services as chairman. Membership was drawn from various relevant Government ministries and voluntary services as shown in Figure 1.

FIGURE 1:

MEMBERSHIP STRUCTURE OF THE NATIONAL REHABILITATION COMMITTEE IN KENYA IN 1968



In May of 1964, the Kenya Government formed a committee to coordinate rehabilitation services for individuals with disabilities. The committee created a paper entitled “Care and Rehabilitation of the Disabled “in 1968:

1. To make an assessment of the numbers and types of disabilities in Kenya.
2. Investigate existing facilities for the education, training, settlement/employment of persons with disabilities.
3. Formulate a broad program of training and placement of the disabled involving community care designed to assist the economic independence of many disabled persons as possible.
4. Examine and make a report on the existing machinery for the co-ordination of services to disabled persons (p. 5).

This session paper was one of the earliest government undertakings, and the government proposed, under the recommendations of the report of the Committee of the Care and the rehabilitation of the Disabled, that all chiefs and sub chiefs make a count of all persons with disability throughout their districts (Abilla, 1988).

The Committee recommended a prevention awareness campaign, whereby people were to be enlightened on the different types of disabilities and how to prevent them. This is in cases of physical disabilities, which were the main areas of concern at the time (Abilla, 1988; Ministry of Education, 2008b; Kiarie, 2004b).

In order to do this, the campaign asked the public to be vaccinated against diseases like tuberculosis, leprosy and polio. The campaign also made an effort to enlighten the public on the implications of the different disabilities on the people who had them.

Mobile clinics operated by the Kenya Society for the Blind and the African Medical and Research Foundations, were to be handed over to the government eventually and other clinics were to be put in the field. In addition, an effort was to be made to integrate students who were blind and deaf in the regular schools (Kiarie, 2004).

Transportation was to be provided to students with orthopedic disabilities, so that they could attend school. Transportation was to be provided by voluntary efforts in conjunction with local authorities. The Government was also to examine schools already in existence that

catered for the needs of the students with severe physical disabilities and determine if they were necessary or not (Abilla, 1988; Ministry of Education, 2008b; Ntarangwi, 2003)

In urban areas, an experiment was to be set out to evaluate the effectiveness of starting special units for students with mental retardation in regular schools. All schools that provided services for students with all forms of disabilities were to be treated as special schools and receive funding accordingly. There was also the question of fees charged at special schools (Kiarie, 2006). Training in better farming methods was to be examined, when teaching especially for individuals who were blind and those with orthopedic disabilities. Special farms were established for students with mental disabilities who were leaving schools (Abilla, 1988; Kiarie, 2004).

The Committee of the Care and the Rehabilitation of the Disabled recommended that due to the high demand, schools should be established to train personnel. There was one physiotherapist appointed by the government and a physiotherapy school existed. The following institutions were also to be established: Rehabilitation and vocational training centers, sheltered workshops and homes for the aged (Abilla, 1988).

Trade tests were also to be taken by trained persons with disabilities and a placement officer would be appointed. People with disabilities were also to be considered during employment and factories were also to cater to their needs (Abilla, 1988; ILO, 1997)

Orthopedic workshops were also to be established in all provinces, starting with the major towns like Nairobi, Kisumu and Mombasa. The plight of the beggars was also to be looked into by the government, and legislation was to be drafted to deal with the problem, involving rehabilitation schemes for people with disabilities and the beggars (Abilla, 1988; Ministry of Education, 1995)

A gazette committee rather than a statutory board was to be formed with a chairman appointed by the ministry responsible for Social services and comprised of officers from the

ministries concerned, voluntary organizations and commercial institutions catering to the needs of people with disabilities and advocating for services for persons with disabilities (Abilla, 1988; Government, 1968). A social welfare officer responsible to the director of social services was to be appointed. He/she was to be responsible for all matters connected with the rehabilitation of the disabled, and would act as executive officer to the gazetted committee (Ministry of Education, 2008b; Kenya Government, 1968).

The central government would be responsible for the provision and maintenance of services for the disabled. However local authorities were to be consulted on matters concerning the disabled, and they were also to be encouraged to share the expenses with government according to their ability (Abagi & Odipo, 1997; Government, 1968).

Although existing voluntary organizations were to receive increased financial support, their activities and citing of special education schools and overall projects were to fall within the national plan for the care and rehabilitation of the disabled (Government, 1968). The Committee also recommended that an inspector of special schools be appointed, and that the aid of voluntary welfare agencies be enlisted in the care and rehabilitation of individuals with disabilities (Abilla, 1988).

The Government accepted the report in session 10 in a meeting of the 'African Socialism and its application to planning in Kenya', saying that its long term objective was to improve general welfare. The Government stated that to achieve such an objective, the full development of Kenya's economic potential would be necessary (Ministry of Education, 2008a).

Short term objective was to make sure that major expenditures be confined to projects that would provide for rapid expansion of the economy. As far as future plans were concerned, the government was determined to lay a foundation of a state based on the principle of African socialism that would benefit all Kenyans.

The implementation of the recommendations was slow, and went parallel with the existing regular education system and other services, and was not until the early 1980s that some of the recommendation started receiving attention, particularly in the field of education (Ministry of Education, 2008a; Kenya Government, 1968).

Kenya is one of the few countries in Africa with a policy document in special education. However, the document is still in draft form, completed in 1980. It has yet to receive government approval for implementation. According to Abilla, (1988), it is one of the most comprehensive works Kenya has in the field and it touches on all aspects crucial to the development and improvement of education for all children.

### 5.3 Special Education in Kenya: Present day

Before December 2004, special needs issues were handled by a section in the Ministry of Education namely The Special Education Section headed by an officer in the rank of Assistant Director of Education. After the reorganization of the Ministry, the section was upgraded to a full division and renamed Special Needs Education Division headed by a Deputy Director of Education assisted by other officers (Ministry of Education, 2008a).

These include a Senior Assistant Director of Education, an Assistant Director of Education, two senior education officers and two education officers. There is little reliable data indicating comprehensively the number of children with disabilities in Kenya. This has made it difficult to plan effectively for their education (Muuya, 2002). Table 2 shows an estimation of the number of students in special schools as predicted by the Ministry of education in 2005.

TABLE 2

ENROLLMENT DATA OF CHILDREN WITH SPECIAL EDUCATION NEEDS  
IN KENYAN SCHOOLS IN 2005

Enrollment	Boys	Girls	Total
Special Primary	13,353	10,106	23,459
Special Secondary	6,490	536	7,026
Special Technical/vocational	1,114	986	2,100
Vocational Institutions	172	128	300
Total	21,129	11,756	32,885

This table shows the low enrollment of students with disabilities especially at the secondary level (Education, 2008). One thing to note is that education at primary level is free in Kenya, but it is not mandatory (Abagi & Odipo, 1997). Meaning that the state has the obligation of providing educational services to all children, where facilities and resources are

available (Abagi & Odipo 1997; Mutua & Dimitrov 2001). However, the cause of the low enrolment has been associated with inadequate public awareness and sensitization and of late, the introduction of cost-sharing in education (Oloo, 2006).

In Kenya, collaboration among the different ministries, such as the Ministry of Education and other ministries, as well as international, nongovernmental and voluntary organizations is evident in the planning and implementation of programs for the general public as well as for people with disabilities (MarsgroupKenya, 2008). The government has a major role in the implementation of services and laws related to children with disabilities. All children have a right to an education and the government through the Ministry of Culture and Social Services provides adult education and rehabilitation programs to adults from ages sixteen to forty five years (Abagi, 1997).

The Vocational Rehabilitation Program assists people with disabilities become independent people in the community (ILO, 1997). Centers designed to teach students with disabilities to become self reliant have been established by the Ministry of Culture and Social Services. These centers by teaching skills to students with disabilities that will enable them make money in the job market (Ministry of Education, 2008b).

The Ministry of Health also plays a major role in providing preventive and curative measures, by teaching mothers how to eat healthy while pregnant and also identifying disabilities early (Mutua & Dimitrov, 2001). Nongovernmental organizations like IMPACT (The International Initiative against Avoidable Disablement) and KEPI (Kenya Extended Programs on Immunizations) were launched in Kenya to assist and expand health services like immunization programs and enlightenment in order to reduce avoidable disabilities (Abilla, 1988).

The Ministry of Home Affairs is responsible for providing programs for juveniles and destitute children. They have built homes and approved schools for children with emotional



and psychological problems. Education for these children and is the responsibility of the Ministry of Education (MarsgroupKenya, 2008).

The Kenyan Ministry of Education has created establishments, such as The Kenya National Examination Council to assist in meeting the goals of its ministry (Kenya, 2004). The Kenya National Examination Council is responsible for developing and administering national examinations and awarding certificates to graduates including those graduates who have disabilities (Education, 2008; Ntarangwi, 2003). Examinations are adapted for candidates who have visual disabilities and extra time is given to students with special needs in education when taking examinations. Examinations are also set using Braille (Kiarie, 2004).

However, the Kenya National Examination Council does not have personnel trained in setting final examination for Special needs Education; therefore it uses the services of contracted professionals and subject specialists to provide these services for special needs education (Ministry of Education, 2008b).

The Teacher's Service Commission's main responsibility is to employ teachers and also to give promotions and remunerations in the teaching profession. They also issue teaching licensures to teachers in Kenya (MarsgroupKenya, 2008; TSC, 2004).

In Kenya both regular education and Special Needs Education (SNE) use a centralized curriculum. This means that all learners go through the same learning experiences, without taking into account their diverse conditions. Learners with special needs are therefore disadvantaged to such curriculum provision (Ntarangwi, 2003). This brought about the introduction of The Kenya Institute of Education

The Kenya Institute of Education (KIE) develops curriculum and relevant curriculum support materials at all levels of education and training except at the university level (Ministry of Education, Science and Technology, 2004). A special needs division was

established at KIE in 1978. Its aim was to develop curricula and curricula support materials for special needs programs such as, curricula for the individuals with physical impairments, hearing impairments, physical disabilities, communication disorders, individuals who differ intellectually or psychologically and individuals with multiple disabilities. In addition, they were directed to develop curricula for training special education teachers (Kenya, 2004; KIE, 2009).

To cater to the diverse needs of all students, the regular education curriculum is adopted and adapted. To date, the Kenya Institute of Education has completed adaptations for learners with physical, visual and hearing impairments.

The Jomo Kenyatta Foundation and the Kenya Literature Bureau (KLB) publish books, maps and other educational materials that are used in schools. They also have professionals, who coordinate the development of curricula and syllabi needed in special education schools and units (Abilla, 1988; MarsgroupKenya, 2008).

The National Council for Science and Technology conducts educational research and research related to science and technology and special needs education. They report their findings to the government and assist in policy matters (Ministry of Education, 2008b).

The Science Equipment Production Unit makes laboratory equipment and visual aids used in schools for science projects. The Kenya Education Staff Institute provides in service training and workshops to educational administrators, school principals and inspectors to improve the quality of education in schools in both regular and special education schools (Abilla, 1988; HELB, 2008).

The Higher Education Loans Board and Commission for Higher Education finances loans to needy students who have been accepted to institutions of higher learning. This assists students who are enrolled in special education courses at university level that cannot afford to pay the fee. The history of the Higher Education Loans Board goes back to 1952 when the

British colonial government awarded loans under the Higher Education Loans Fund (HELF) to Kenyans pursuing university education in universities outside East Africa like Britain, USA, former USSR now Russia, India and South Africa (HELB, 2008).

The Kenya Institute of Special Education is the body under the Ministry of Education that provides training to teachers in special education at diploma level, using both distance learning and residential learning modes. This institute was established in conjunction with Danish Development Aid (DANIDA) in 1986 to spearhead the development of Special Education in Kenya (Education, 2008). The residential course takes two years, while the distance learning course takes three. Recruitment for the residential course is done by the Special Needs Education division, while the distance learning is done by KISE. Certificate courses and in service courses are also offered by KISE. Degree courses are also offered at both Maseno and Kenyatta Universities both of which are publicly owned (Ministry of Education 2008b; Ministry of Education, Science and Technology, 2004).

A pre-service training program for teachers of individuals with visual impairments was initiated by the Kenya government in collaboration with Christoffel Blinden Mission (CBM) in 1980. Between 1980 and 1986, forty-five teachers had been trained at Highridge Teachers Training College. Between 1986 and 1995, eighty-one teachers had received pre-service training at Kenya Institute of Special Education (KISE) (Ministry of education 2008a; Kiarie, 2004a; Odhiambo, 2008).

Up-to-date the program has been limited to an average of 15 trainees in the area of visual impairments biannually. However, this number has been inadequate in view of the increasing demand for special education services for this area (Kiarie, 2004). A number of schools have been started for children with disabilities in the country. Table 3 to 5 gives a rough estimate of special education schools in the country to date.

TABLE 3

## NUMBER OF SPECIAL EDUCATION PRIMARY SCHOOLS IN KENYA IN 2008

<b>Institutions</b>	<b>Number</b>
Hearing impaired	41
Visually impaired	10
Mentally handicapped	38
Physically handicapped	9
Total	98

Notes: Data shows number of primary schools for children with disabilities in Kenya. Point to note is that, there are separate schools for children with specific disabilities.

TABLE 4

## NUMBER OF SPECIAL EDUCATION SECONDARY SCHOOLS IN KENYA IN 2008

Institutions	Number
Visually impaired	1
Physically handicapped	3
Hearing impaired	3
Total	7

Notes: Data shows number of schools for children with disabilities at secondary level in Kenya, with separate schools for children with specific disabilities

TABLE 5

## NUMBER OF SPECIAL EDUCATION TERTIARY INSTITUTIONS IN KENYA IN 2008

Technical/vocational institutes	4
Resource center for the blind	1
Schools with special units	1100
Educational assessments and resource centers	73
Provincial assessment and resource workshops	7
District under Kenya integrated education program	34
Educational Assessment & Resource Centers supported by VSO	10

Notes: Table shows enrollment in tertiary institutions/vocational institutes and resource centers

From these data, it can be concluded that there are a number of schools in the primary section, however, this number reduces at the secondary or high school level, and there are also no schools set up for children with mental disabilities at secondary level. The next section looks at funding of special education in Kenya.

#### **5.4 Funding Special Needs Education Programs in Kenya**

The government through the Ministry of Education allocates funds through grants in aid to special institutions to support staff salaries in primary, secondary and technical institutes (Abagi, 1997). Free primary education grants which is money given to schools to add up to what they already have, is also provided since education in public primary schools is free and every child is allocated 1,020 Kenya shillings per year which is approximately thirteen dollars, for his/her learning needs. In addition to this, every student with special needs in special units and special primary schools also receives a top up fund to cater for specific teaching/learning needs (Abagi & Odipo, 1997).

According to the Ministry of Education (2008), in the Past, top up funding has been allocated as follows:

2003/2004 financial year; every child with special needs in units and special primary schools was allocated Kshs. 2000/= approximately twenty-five dollars.

2004/2005 financial year; every special primary school and units with an enrolment of more than six pupils was allocated Kshs. 153,660/= while those units with less than five pupils were allocated Kshs. 17,400/=

In 2004/2005 financial year, all public primary schools in Kenya were given Kshs.10,000/= to modify their environment in readiness for Inclusive Education.

Due to recent drought and food shortage in Kenya, in 2009, the money allocated for free primary education, may not be available as it has been diverted to import maize, due to hunger in the country. The government had allocated ten billion Kenya shillings to the free education program and pays fees for 8.2 million students in primary school and another 1.3 million enrolled in secondary schools (Siringi, 2009).

Each of the 1.3 million students in secondary school is allocated Kshs. 10,265 under the free day school learning program each portion is sent out per term. Parents are responsible for school uniforms, lunch and expansion projects (Abagi, 1997; Siringi, 2009).

Due to food shortage in the country however, government funding has affected the education sector. In his speech, the Minister of education said (Siringi, 2009).

Rising costs of living occasioned by both global recessionary trends and increased costs of production, especially in the food sector, have trickled down to institutions of learning, thus creating a negative impact on government funding for free primary and free day secondary education (n.p).

The minister said the KSh117.5 billion allocated for education in the budget, was not enough. However, he acknowledged there was stiff competition for government resources by other important sectors. Problems for the education sector will be further compounded by the fact that a partnership program, the Fast Track Initiative, provides cash for education is about to end. As a result, said Prof Ongeru, the country is “likely to experience huge financial gaps” (Siringi, 2009). Special education also receives funding from nongovernmental organizations and international organizations through partnerships and linkages.

## **5.5 Partnerships and Linkages**

According to the Ministry of Education (2008), since the commencement of Special Education in 1940, education is funded in partnership between the Kenya Government, donor agencies, religious and non-governmental organizations and individuals. Some of the partners that have greatly contributed to special education in Kenya include:

The Salvation Army

Sight Savers International (SSI)

ChristoffelBlinden Mission (CBM)

DANIDA

Swedish Organization of the Handicapped International Aid Foundation (SHIA)

Voluntary Services Overseas

Catholic Church

Methodist Church of Kenya

Lutheran Church

Anglican Church

Presbyterian Church of East Africa (PCEA)

Kenya Society for the Deaf Children (KSDC)

Kenya National Association of the Deaf (KNAD)

Kenya Society for the Mentally Handicapped (KSMH)

Kenya Society for the Blind (KSB)

Kenya Union of the Blind (KUB)

Association of the Physically Disabled of Kenya (APDK)

Union of the Persons with Disabilities of Kenya (UPDK)



## **5.6 Educational Assessment and Resource Services**

Educational assessment and resource services are available in all districts in Kenya offered in centers known as Education Assessment and Resource Centers (EARCS) (Kenya, 2004; Mutua & Dimitrov, 2001). Currently every district apart from Nairobi has one Assessment Centre attached to a District Education Office. Nairobi province has three such centers namely KISE (Kasarani), St. Annes Primary School (Eastlands) and Kenyatta National Hospital premises. Large districts like Mombasa and Makueni have established sub centers for easy access (Ministry of Education, 2008).

Educational Assessment and Resource Centers provide the following services:

Identification and assessment, guidance and counseling to parents of children with special needs, through running courses for parents of children with Special Needs, establishment of special needs units (special class) in regular schools, and making referrals of children with special needs to special schools, units, integrated programs or for medical examination and treatment (Wamocho, Karugu, & Nwoye, 2008).

The Educational Assessment and Resource Centers also provide seminars to teachers handling children with special needs, field officers, local administrators, health and social workers. The EARCs also provide hearing aids and collect information that forms the basis for central planning and special needs education. They conduct surveys and research and administer provincial education assessment and resources workshops (Muuya, 2002).

There are eight provincial workshops in the country located in the provincial headquarters of the eight provinces in Kenya. Each workshop is staffed with technically trained personnel whose duty is to produce teaching/learning material, assistive devices and other support facilities required in the provision of special needs education (Education, 2008).

Many changes have been made to the system of special education in Kenya, from colonial times to the present day. However to better answer the research question, what can

Kenya learn from special education in present day Britain, to improve the education of children with disabilities. I looked at special education in Britain at present, to find out how they have improved special education services, and laws that have been enacted more recently.

## **CHAPTER 6**

### **SPECIAL EDUCATION IN PRESENT DAY BRITAIN**

Special education in Britain is protected under the Special Education Needs code of practice. This code gives guidelines to all practitioners such as the local authorities, government bodies in schools, and settings receiving government funding to provide early childhood education, and also provide nursery education to children with special needs (Teachernet, 2008a).

The main aim of the code is that, through its policies and guidelines, children with special needs in education meet their full potential from childhood and later transitioning into adulthood (Directgov, 2009a). It also emphasizes the importance of involving the children and parents in all areas of decision making, just like in IDEA.

Children with special educational needs have learning difficulties or disabilities that make it harder for them to learn than most children of the same age (Callahan, 1978; Row, 2004). These children may need extra or different help from that given to other children of the same age group.

The law also states that children whose first language is not English, do not have a learning disability, however some of these children may have some difficulty in school. Children who are slower to progress than their peers may be given extra tutoring to help them succeed in the different areas in which they are weak (Directgov, 2009a).

The National Literacy and Numeracy Strategies is an organization in Britain that provides assistance to children to enable them to learn to read and write, and understand mathematics and numbers. Schools and other organizations can help most children overcome the barriers their difficulties present quickly and easily. But a few children will need extra help for some or all of their time in school (Dyson, 1995; Teachernet, 2008b).

Special education in Britain is guided by the following principle: All children with special education needs should have their needs met, in mainstream early education settings and school settings (Terzi, 2008). The views of the parent and the child should be taken into account, and the parent has a vital role in the development and progress of the child's education (Directgov, 2009a; Tomlinson, 1982). Children with special education needs should have a broad, well-balanced education, to include the foundation-based curriculum offered to children aged three to five and the National Curriculum for children aged five to sixteen (Teachernet, 2008b).

In the early foundation stage, the government has identified early learning goals at the foundation stage of education for children from ages three to five years. These goals specify what children should be able to do by the end of school year. The National Curriculum for children from five to sixteen years also sets out what most children will learn at each stage of their education (Terzi, 2008).

In Britain, a lot of emphasis is placed on early childhood, as they believe it is at this stage that it is easy to catch a disability in a child (Copeland, 2000). Just as in America, there are procedures and guidelines to be followed before a child can receive special education services.

## **6.1 Meeting Special Education Needs**

The British SEN Code of practice recommends that schools and early education settings follow a step-by-step graduated approach to provide services to children with special needs. The graduated approach requires that, schools and other early education settings take into account that since students learn at different levels, teachers with the help of specialist expertise, use step by step or task analysis to help with the difficult areas that a child could be facing (Teachernet, 2008a).

Parental participation and consent are required prior to use of the approach. The use of small groups or classroom modifications to fit the needs of the child may be used in a graduated approach. In early education settings, this is known as Early Years Action, while in schools, it is known as School Action. The teacher has the responsibility of finding different approaches to assist the child in attaining his or her education goals, and an individualized Education Plan (IEP) is written to show the plan that the teacher has for the child (Barnes, 2008 ).

The IEP shows what special help the child is receiving, how often the child will receive this help, who will provide the help, what targets have been set forth for the child, how and when the child's progress will be checked, and what help the parent can give the child at home. The teacher should discuss the IEP with the parent and the child if possible. In most cases, the IEP is linked to areas such as language, literacy, mathematics, behavior and social skills (Directgov, 2009a).

The teacher can omit writing an IEP and instead, document progress of the child to discuss with the parent. This can be in the form of lesson plans and recordings done during the inception of the lesson. In cases where an IEP is not written, the parent should receive an explanation why (Teachernet, 2008a).

If in the process of the graduated approach, the child makes progress, he or she joins the other students in the regular education classroom. If the child does not make progress, the teacher or (Special Education Needs Coordinator (SENCO) who is the person in the school or preschool who coordinates help for children with special education needs), talks to the parent about alternative help from outside the school (Barnes, 2008 ).

Outside assistance may include visiting a specialist teacher, educational psychologist, a speech and language therapist, or other health professionals. The parent has the role of deciding what services their child will receive (Copeland, 2000).

If the child is found to have a disability, then special needs services will be recommended by the school, or the SENCO. If the parent does not agree with the setting or the school, she or he has the authority to appeal this through the Local Authority or a local parent partnership service. The local parent partnership service provides support and advice to parents, whose children have special education needs. This is done after all mediations between the parent and the school have failed (Barnes, 2008 ; Copeland, 2000).

The local authority will then carry out a detailed assessment of child, if he or she still needs extra help, or if he or she needs special education services. The child's school can also request the local authority to carry out an assessment which is a detailed assessment given to a child to find out exactly what type of special needs service he or she requires and what special needs he or she has. This is only done if the school or early education setting cannot provide for all the education needs the child has (Directgov, 2009a).

The local authority has up to six weeks to make a decision whether they will provide the assessment or not. They closely look at the student's progress in school, the views of the parents, the child's school, the child's special education needs and more importantly the SEN Code of practice. The schools will also inform the Local Authority (LA) of the services they are already providing for the child (Teachernet, 2008b). Once the LA receives this, they will inform the parent within six weeks, if they will conduct an assessment and how they will do it. They will also inform the parent how long it will take to do the assessment, normally around six months and the name of the person who will be the point of contact (Directgov, 2009a; Teachernet, 2008b).

The Local Authority (LA) provides the parent with a local parent partnership service where they will be able to receive independent advice and support. The LA will also ask the parent questions concerning his or her wants for the child and if he or she has a dispute concerning the services the child is receiving (Barnes, 2008; Directgov, 2009a).

If the LA carries out the assessment, they will ask for extra services from other professionals like the child's school and early education settings, school psychologists, doctor, social services, and any persons concerned with the child's needs. The parent has the right to be present at any interview (Copeland, 2000).

However, the LA may request that the parent not be present in some of the interviews so that they do not hinder the outcome of the interviews, as some children may behave differently if the parent is present. Parental views and advice is also requested at this time, in terms of services the child is receiving (Teachernet, 2008b).

Once the assessment is done, the Local Authority (LA) develops a statement of education needs, also known as a statement. The LA informs the parent within twelve weeks of beginning the assessment, if they will be writing a statement (Directgov, 2009a).

## **6.2 Statement of Education Needs**

The statement will describe all the child's special education needs, and the help he or she should receive. The LA will also write a statement if they decide that the help the child needs cannot be provided in the school setting in which he or she is currently enrolled. This statement will include information about monetary resources, staff and equipment (Copeland, 2000). The statement is similar to the IEP in the USA. The statement has the child's demographics (name, address, date of birth, religion and home language). It also has all the advice the LA received as part of the assessment. The second part has the Special education needs of the child as identified in the statutory assessment (Copeland, 2000; Teachernet, 2008a).

The third part describes all the services recommended by the LA for the child to meet his or her identified needs, and the long term objectives and arrangements for setting short term objectives. It also states how the progress will be monitored and how the goals will be reviewed (Directgov, 2009a; Teachernet, 2008a).

The fourth part identifies the school the child will attend to receive the special education services set out in part three, and if there will be any extra arrangements for after school hours, or out of school premises. Part five explains any non-educational needs the child may need as agreed between the LA and the health services, social services and any other health agencies (Teachernet, 2008b).

Part six explains how the child will receive the non-educational services described in part five. The LA sends the statement, with copies of all the advice they received from the parents and the agencies during the assessment to the parent and the school (Florian, 2008).

If the LA decides not to assess the child, they explain to the parent and the school, why they are not carrying out the assessment. The parent should then talk to the school and ask if there are any extra services they can provide for the child. The school may ask for a different arrangement or outside help (Barnes, 2008).

The parent can also appeal the LA decision not to provide statutory assessment. This is done through the First Tier Tribunal which is a new law court established by Parliament under the Tribunals, Courts and Enforcement Act 2007. The First Tier Tribunal's main function is to hear appeals against decisions of the Government where the tribunal has been given jurisdiction. It has jurisdiction throughout the United Kingdom for some purposes like Special Education Needs and Disability. The LA has the responsibility of telling the parent this and also telling them informal ways of resolving the dispute and the time limits of appealing (Florian, 2008).

#### *Procedures to follow after preparation of the statement*

A draft of a written statement is sent to the parents before a final statement is written. All the parts of the statement are included except the fourth part. A letter is also sent to the parents asking them to provide views on the proposed statement before it is finalized. The parent has the right to state which state school they want their child to attend, either in a



mainstream school or special school (Visser & Sheridan, 2003). The LA must agree with the parent's preferences as long as the school is age appropriate, provides services suitable for the child's ability, skills and special education needs, the presence of the child in school does not interfere with the learning of other students and there are enough funds and resources for the child.

The parent can also request that the child receive services in a non maintained special school, or an independent school that can meet the child's needs (Row, 2004). The LA may consider the wishes of the parent; however, if there is a state school that can provide the same services, the LA has no legal obligation to spend public funds on placement in a non-maintained school or independent school (Florian, 2008).

The LA has to consult the school before making the final decision, and naming it on the statement. However this has to be a mutual understanding between the parent and the LA. When the parent receives the draft, they have fifteen days to comment on all parts of the statement and to state which school they have chosen for their child (Directgov, 2009a; Terzi, 2008).

A meeting between the LA and parents can be arranged. The parent has another fifteen days to request more meetings with the LA. Within fifteen days of the last meeting, the parent can provide any other information they have found out to the LA and this will be considered before making the final statement (Row, 2004).

The LA will make a final statement, usually within eight weeks of the draft statement. A copy of the statement is sent to the parents and the schools provided in part four of the final statement. The statement is applicable immediately, and the LA will then provide resources necessary for the child in the school named. The school governors/principals have the responsibility of ensuring that the needs of the child are met in the school as set out in the statement (Teachernet, 2008b).

### **6.3 Conflict Resolution**

If the parent disagrees with the statement, the parent should seek advice from the named officer in the LA's office for an explanation. Consultation with the local parent partnership is also recommended (NPPN, 2009). If the parent is not happy still, they can appeal through the First Tier Tribunal, and indicate the part of the statement with which they disagree. Attention to the time limit must be followed, since if the parent appeals after the limit, the case will not be considered (Sendist, 2009; Teachernet, 2008b).

If the parents are moving, they should tell the previous child's school and the LA. They should also talk to the present LA about the needs of the child and the best way to ensure that the students needs will continue to be met (Teachernet, 2008a). The old LA will send the child's statement to the new LA and the old school will do the same.

The new LA then makes sure that the child gets all the special education needs as set out in the statement. Within six weeks, the new LA must inform the parent of the plan, either to continue using the same statement or if they are planning to administer a new statutory assessment (Row, 2004; Teachernet, 2008a).

### **6.4 Annual Statement Review**

It is the duty of the LA to check with the school about the progress of the child, and make sure the statement continues to meet the needs of the child. The LA reviews the child's statement at least once a year (Florian, 2008). The annual review is in four parts, namely, the collection of information; the annual review meeting; the head teacher's report of the annual review meeting to the LA; and the LA's review of the statement. The school reports to the parent telling them the date of the review meeting and invites them to attend. Before this, the school sends the parent a letter asking for views on the student's progress over the past year (Barnes, 2008 ).

The school may also ask for views from other professionals who are working with the child. Copies of the written views are sent to the parent. Goals set by the teachers are written in the statement (IEP), and during the meeting, all present will look at the child's progress toward the goals, and set out new goals for the coming year. Changes to the statement are also done at this time, if any is required (Row, 2004; Teachernet, 2008b).

The review meeting is normally held in the child's school, the parents have the right to bring any extra person they want, and the child is also an important person in the meeting, as their views are also needed. After the meeting within ten working days of the annual review meeting or by the end of the term, whichever comes first, the head teacher sends a report to the LA stating any changes made on the statement during the meeting (Copeland, 2000).

Once the LA receives the review, a decision to accept or change the review will be made. A letter will then be sent to the parent, school and professionals involved in the annual review will be notified by the LA of acceptance of the review, notification of changes the LA feels should be made and the reasons why, and the parents will be asked for their views. A meeting can be requested by the parent within fifteen days of the hearing and before a final statement is made (Copeland, 2000; Teachernet, 2008a).

The LA must inform the parent within eight weeks of any changes made to the statement, and this may include any changes to the child's needs, if a different service is added, and if the child is to move to a different school. If this is the case, the same procedure for selecting a school is followed again. The LA must change part four of the statement by February the fifteenth in the year the child is due to change schools. If the parent disagrees with the decision, the same procedure for disagreement is followed (Row, 2004).

The statement can be in use for a whole school career or for just part of it. If in the course of the school year, the child makes progress and moves to the regular classroom, the

LA can stop the statement. This will be a mutual understanding between the parent and the LA (Directgov, 2009a). The statement is used and is most important when the student is transiting to adult life. The next section looks at the transition plan.

## **6.5 Transition plan**

Education for children with special needs in Britain does not end at age sixteen. Depending on the child's interests, strengths and abilities, the child can continue on in the ordinary school or special school, or he can move on to a college or into vocational training (Copeland, 2000).

In Britain, the year nine annual review is the most important in the preparation for children with special needs to receive for transition to adulthood and college life. At this point, vocational rehabilitation services use reviews in the statement of special education need to place the students in programs depending on their strengths. One of these is the local social service department and The Connexions service (Service that helps all individuals aged thirteen to nineteen prepare for the transition to adulthood) (Connexions-direct, 2009; Teachernet, 2008b).

The review among other things places concerns on the child's transition to adulthood. The head teacher with the help of a Connexions personal adviser helps the child to write a personal action plan for discussion at the review meeting. The transition plan must be completed by the head teacher after the meeting. It can be discussed and changed at a later date if necessary (Connexions-direct, 2009; Directgov, 2009a).

If a child wants to leave school at the end of Year Eleven to join an institution of higher learning, and he has a statement, the Connexions service will do another assessment of the child and use this information to give to institutions of higher learning and training providers to ensure that the child receives the help he or she needs (Directgov, 2009b; Teachernet, 2008a).

## CHAPTER 7

### RESULTS

#### 7.1 Comparison of Special Education between the British and Kenya

After reviewing both the Kenyan and British systems of special education, there were some similarities and differences that I found. This section reports those similarities and differences, to provide a basis for the recommendations that would improve special education in Kenya.

##### Similarities and Differences

Parental involvement. In the British system of special education, parents are greatly involved in the decision making related to their child's special needs. In Kenya, however, this is not the case. The child is sent to school and the responsibility for the child's education is left to the teacher.

Categories of special education. The British system of special education provides services for all students with disabilities. In Kenya, the system concentrates more on those students with physical disabilities. This is evident from the number of schools established in the country and also that most of the finished curricular provided by the KIE, is for children who are blind or deaf.

The system of education in place. Kenya has an advanced plan for the system of education in place; however, this plan is in draft form and has not been implemented. The system talks about the implementation of mainstreaming, as in the British system of education. However, in Kenya, this is only possible for the children with physical disabilities, who sit for the same entrance examination as their regular education peers; the difference being that the examination is modified to fit their needs, either by having more time added for them to complete the test or the provision of Braille for children who are blind.

In Kenya, students with mental retardation are enrolled in special units as shown in Table 1. It is not clear what they are taught in these schools, however, one thing that is taught is self-reliance and absorption in the job market.

Identification of children with disabilities. Kenya like Britain has a set process of identification related to children with disabilities. However, it is not clear what assessment strategy or criteria are used or what recommendations are given to the child; only that there is placement to special schools and units. In Britain there is the statutory assessment that is used by the Local Authority before setting goals for the child.

Government involvement. In both systems, the government is greatly involved in setting up systems to meet the needs of the child with special needs. The law in both countries has set up divisions for special needs, and set up modifications for these students.

Individualized Education Plan. Regarding an individualized education plan, the difference between the two systems is the presence of an individualized education plan in the British system and the lack of one in Kenya. The British system has realized that different children with disabilities have different needs and to meet their goals, one has to look at the strengths and work on the weaknesses.

In Kenya however, this is not the case and students who are in special schools, still go through the same curriculum and sit for the same examination without any form of individualized plan, however, modifications to the curriculum are allowed. When joining institutions of higher learning, the cutoff point placed by the government, is the same across all spectrums, and therefore a major disadvantage to students with disabilities who do not attain the set standard.

## **7.2 Problems Arising from the Kenyan System of Education**

From the research, I identified problems in the Kenyan system that impede the progress of special education in Kenya. One of these is the lack of specially trained teachers and professionals (Ministry of education, 2008b). With the help of KISE, teachers are able to be trained to meet the standards of students with disabilities; however, much remains to be done.

Lack of parental participation in the education of the child is another major problem facing Kenya (Abilla, 1988). Children are taken to school and left in the care of the teachers who are so overwhelmed by the large number of children in the classes, that they do not pay much attention to the child with disabilities.

Proper assessment strategies for initial evaluation. Kenya does not have identified assessment strategies that can be used to evaluate the needs of children with mild retardation or disabilities that are not visible (Kiarie, 2006; Mutua & Dimitrov, 2001).

Lack of funds, and poor technology, are other problems facing the educational system in Kenya, just as in many other developing countries. Corruption in developing countries is a major problem that is also affecting the field of education. Funds that are set aside for education are being squandered by politicians and therefore not reaching the schools (Siringi, 2009), and parents are forced to pay some fee for their children's education, which is sometimes impossible due to the level of poverty.

In Britain and America, lack of the English language, is not used as a sign to show disability (Sendist, 2009). Kenya, being a British colony, uses English as a medium of instruction and also as the official language. However, there are 46 dialects in Kenya, and most students join school with little knowledge of the English language. Limited proficiency in the English language, in most cases hinders the ability of children as they are assessed using the English language. If a child does not master English, they fail in the national



examinations, and are either forced to repeat a class to make the points or they have to leave school altogether. This is a major problem, since in the end; Kenya has many unemployed youth.

Children with disabilities should be treated individually depending on their strengths and weaknesses, and an IEP system and system of services introduced in the country to provide for their needs. These systems do not exist in Kenya, and therefore, children with disabilities in Kenya do not have their individual needs met. Without systems for identification, assessment of strengths and weaknesses, and an array of services, teachers are limited in assisting the individual child with disabilities to achieve self-reliance and independence.

### 7.3 Recommendations

Based on the information presented above, the Kenyan system of special education needs both long and short-term changes from the grass root level to the government level. Much can be learned from the British, who, after setting up their systems of education in Kenya, continued to improve services for students with special education needs in their own country. A comparison with Nigeria, another country in Africa also colonized by the British, shows that improvements in the system of special education can be made in African countries. By following some of the improvements in Britain and Nigeria, Kenyans also can enhance special education services to provide independence of children with special needs.

From the research, the aim of special education in Britain is to enable children with special needs in education to meet their full potential from childhood to adulthood. With this in mind, the British have set up their system in such a way that it is child centered (Teachernet, 2008a). This has helped improve the education of children with special needs in Britain. Parents are greatly involved in their children's education and participate in decision-making (Directgov, 2009a; Terzi, 2008). It can be concluded that there is public awareness in terms of what has been put in place for children who have disabilities.

After comparing the Kenyan system to both the British and Nigerian systems of education, which have both proven to be successful, I concluded that the following steps are highly recommended to improve the education of children with disabilities in Kenya, and preparing those children with disabilities to live independently.

Public awareness should be the number step in offering solutions to the problem. From the research, it is evident that there are educational resources and assessment centers in the country (Ministry of Education, 2008b). However, the public is not aware of its existence or how it can assist citizens with disabilities in the country. In Britain, there is a lot of public awareness and aid from Local Authorities. This is not the case in Kenya. Campaigns should

be run in both rural and urban areas that educate the public on the different types of disabilities in the country, what causes them, and where to go for help in case one has a child with a disability. Training and awareness workshops should be done in districts, so that parents can learn more about the different disabilities that exist and also that the child has a right to go to school. This has proven successful in Nigeria, where there was an introduction in universal primary education to eradicate illiteracy, ignorance and superstition (Obiakor, 1985).

Children in regular education schools, should also be taught the same to eradicate ignorance, that is present not only in schools but in the community. Things like witchcraft should not be used as a source to inflict fear in parents and children. This will bring about a lot of self-esteem issues in students with disabilities and their parents. There should also be change in the public attitude towards people with disabilities from rejection to acceptance and understanding.

More funds should be allotted so that special education schools can be equipped with technological assistive equipment. Schools in Kenya do not have advanced technology to ease the lives of students with disabilities (Abilla, 1988). In addition, adequate budgets for educational services, administrative costs, other welfare services, research and adequate remuneration for all special education personnel would improve the services available for students with disabilities. Legislative provisions making education of children with disabilities free at all levels would benefit children with disabilities and their families throughout the country. In addition, the introduction of support teams to assist the child in school, before he or she can receive special education services would be helpful to teachers and students.

Resources such as Braille and wheelchairs are already available for children with physical disabilities. A lot still needs to be done to assist students with communication

disorders to enable them to communicate their needs. Both high technology devices, such as big macks, switches and voice output devices, and low technology resources, such as symbol systems and conversation books, can be used with students with communication disorders. Switches not only aid in communication, but also assist individuals in completing tasks that may seem difficult to do, due to lack of mobility.

Teachers should be trained to cope with the needs of the child with special needs. At the moment, Kenya has a lot of unqualified staff to meet these needs (Ministry of Education, 2008b). Increased training opportunities should also be available for all special education personnel, both locally and abroad. In addition, these teachers need curriculum designed to address the individual needs of children with disabilities. Degree courses in special education should be introduced in all public universities, other than in only two of the five public universities.

More research should be conducted in all areas of special education. These include areas like the psychological effects of each disability, medical needs of children with disabilities, the sociological adjustments in the community, vocational needs and employment in the community and independence strategies.

Parental involvement should be made compulsory. Parents should be actively involved in the decision making related to their child's future. Parent teacher conferences, should be introduced in schools, and parents invited to come in and assist in the decision making of their child's progress in school.

IEPs should also be introduced and the child involved in creating realistic goals for them. Children who have mental retardation should be taught self help skills that will enable them be independent people in the community. Introduction of assessment tests and criteria for eligibility are also needed in Kenya.

Transition plans need to be developed to assist the individual in preparing to move beyond the school setting. In Kenya, after high school when students fail the national examination, they are left to fend for themselves, and they often end up being beggars in the streets (Abilla, 1988; Ministry of Education, 1995). One common spectacle one will see in Kenya is the large number of people with disabilities begging in the streets. Transition plans will be one way to reduce this menace in the streets in Kenya, since, students with disabilities will have an opportunity to improve their skills in vocational training institutes or tertiary institutions based on their abilities and transition plans, once they are done with high school.

Initial evaluation and assessment strategies, should also be improved. Screening services should not only be provided for the physical disabilities, but also for mental retardation, and disabilities like autism, ADHD, traumatic brain injury, and severe mental retardation and emotional disturbances. These are disabilities rarely talked about in Kenya because little is known about them. Children with autism have also been left out, and from my research, there is little evidence in Kenya that even recognizes its existence.

Mainstreaming should not only be in draft form but should be implemented. Teachers should be trained on how to co-operate with each other in the general education classroom, so that students with disabilities can be integrated in the general education classrooms and education take place with minimal interruptions. The best way to educate children with disabilities is by placing them in the general community where they are expected to take their place.

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