Facing the challenge of understanding how Northern biases and assumptions impact the research process: Considering the researcher positionality in exploring local practice of disability-inclusive education in Uganda.

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This article presents an understanding of how Ugandan occupational therapists and Special Education teachers make sense of disability-inclusive education. It examines how the lived experience of participants who work in disability-inclusive education in Uganda is understood by the researcher during the interview process. To focus a critical lens on how concepts constructed in the North such as disability-inclusive education are understood and applied meaning in countries in the global South, it is of interest to examine the lived experience of those implementing international policy through their practice. However, the knowledge frameworks that construct education systems globally are predominantly structured by western-centric ideology, conditioned by the local context. Moreover, as the concept of inclusive education migrates southwards, examination is required in varying contexts to understand the unique meaning applied in local practice. In this article, the author focuses on how the participants' descriptions are heard by the researcher as difficulty in policy implementation without disability knowledge at government, community and school level, and the tension of imported knowledge within local contexts. It is the author's understanding that the participants conceive their practice within the context of relationship and community, through practical evidence of the child's ability.

Keywords: disability; inclusive education; interpretation; positionality; Uganda

Introduction

Over the past four decades, there has been a global push for quality, inclusive education for all. Conventions, such as the United Nations Convention on the Rights of the Child (UNCRC) and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), have been ratified by most governments around the world, including Uganda (UNICEF, 2007). However, even though globally these international conventions have led to a dramatic increase in the numbers of primary school-aged children attending classes, little has been done to improve the quality of the education provided, nor the systemic exclusion experienced by

disabled children (Akmal & Pritchett, 2019). The lived reality in the disparity between international policy and implementation in local practice in disability-inclusive education exposes the complexity of the issue and is of interest to the author.

Concepts such as 'disability' within inclusive education have evolved internationally over time, predominantly since the early 1990s. It is argued that 'inclusive education' is a concept embodying contextual realities and dominant discourses from the global North, and therefore, for research to broaden the understanding of disability-inclusive practice, it needs to be culturally sensitive to the local context defining practice (Kamenopoulou, 2020). In practice, both disability and inclusive education are seen to be socially constructed within cultural belief systems and attributed value dependent on local conditions, which may not be easily recognised or articulated by the practitioners themselves (Lalvani, 2013; Bourke & Carrington, 2007). Furthermore, the influence of external ideologies and assumptions when introducing such concepts across different locales cannot be ignored in the understanding reached (Schuelka, 2015).

Moreover, within the process of qualitative research, it is the act of interpretation by the researcher of the meaning applied by participants to the concept of disability-inclusive education that holds validity concerns. The dominance of western thought in much research and the dominant subject-object dichotomy of academic knowledge reproduced through certain methods of inquiry requires critical evaluation (Singal, 2010). It may be argued that those who reside outside of the study's realm hold no legitimacy in seeking to understand and are unable to articulate authentic data. This position is not wholly disputed by the author. However, within their present reality of being a PhD student at a European University, the author aims to scrutinise their own positionality in the interpretations reached. Using a realist phenomenological stance, in the wider study the researcher conducted semi-structured interviews with 20 teachers and occupational therapists who work with disabled children in educational settings, in England and Uganda, to investigate their lived experience during the Covid-19 pandemic. This article focuses on the understanding reached through discussion with six Ugandan participants.

International conceptualisations of inclusion

The rights-based approach of international policy frameworks applied to inclusive education is an expression of the notion of social justice (Thomas, 2013), which is argued as ideologically conceived and based within ethical and moral obligations defined by a just society (Allan, 2005; Armstrong, 2005). However, the understanding of values embedded within these concepts is revealed in place and time (Walton et al., 2020), reflecting local realities, understandings and creating differences in the definitions applied across countries (Kamenopoulou et al., 2016; Smyth et al., 2014).

Barriers identified at the practical level impacting on the day-to-day delivery of inclusive classroom practices are consistently described across countries as a lack of teacher time, insufficient resources, difficulties of behaviour management, inappropriate curricula, and a paucity of specialist support (Hassanein, et al., 2020; Human Rights Watch, 2018; Clough, 2017; Devecchi et al., 2012; Moberg and Savolainen, 2003). However, beyond merely understanding the barriers, questions relating to the systemic factors external to the child that impact on local operationalisation are raised (Schuelka, 2018).

In a 2018 Rapid Evidence Assessment, Kuper et al. (2018) recommend further research to understand 'what works?', to advance educational outcomes for people with disabilities, specifically in Low- and Middle-Income Countries (LMICs) due to the scarcity of services in these settings. It is the effect of the context in which inclusive education is defined, interpreted, and implemented that is relevant to the understanding of how the education environments constructed, either promote or inhibit inclusion. However, the unique and localised meanings applied are often lost in the internationally prescribed structures around disability-inclusive education emanating from the global North (Schuelka & Johnson, 2012). Within the process of examination, it remains problematic to authentically lay bare the experiences lived as they result from a specific mixture of time and place (Grech, 2015).

UNESCO (2017) describes core principles in inclusive education, from recognising the value of pupil diversity and the need to evaluate barriers to participation, to developing supportive learning environments. However, the cut and paste model of Northern policy to the global South is criticised as ineffective in enabling real change, since cultural and traditional beliefs influence interpretation and inform local practices (Hassanein, et al., 2020). It can be argued that the broad terms written by UNESCO may effectively describe in text the international perspective of the notion of inclusion, but questions arise as to how they are translated within different local operational contexts.

The international philosophy of education for children has progressively adopted a rights-based approach. The recognition of education as a human right for all children is stated in the 1948 Universal Declaration of Human Rights (Article 26) and was reaffirmed as a fundamental right to education for every child in the Salamanca Statement and Framework for Action on Special Needs Education (Ainscow and Cesar, 2006). Recent research has found that teachers and other practitioners in LMICs consistently express inclusive education as a human right (Kamenopoulou and Dukpa, 2018; Kamenopoulou et al., 2016). Schuelka (2015) further argues that the development of the social model of disability reflects this rights-based conceptualisation of disability and emphasises social justice in respecting diversity and modifying the environment, rather than changing the individual. Moreover, the international definition of inclusive education reflects a broader conceptualisation concerning the right to education, participation and learning of all pupils, and not only those with disabilities

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(Norwich, 2008). Stubbs (2008) argues the definition has evolved, shifting from focusing on the characteristics of a particular group to overcoming environmental and systemic barriers to inclusion. However, in understanding how inclusive education is implemented locally, an active debate is required on whether these international concepts are achievable or even relevant for the education of disabled children in LMIC (Wapling, 2016).

Meekosha (2011) suggests that the concept of human rights may be irrelevant to those in situations where basic survival is a priority. A social justice driven, rights-based approach to disability emphasising international and national commitments to human rights, has little value if resources are not allocated equitably (Groce, 2019). Inequitable access to resources locally, leads to poverty and poor health outcomes for the marginalised groups initially targeted as the beneficiaries to international standards, and therefore, understanding local context is fundamental to effective delivery of education for disabled children.

Understanding local conditions

Uganda is a signatory to several international commitments with the ratification of the UNCRC in 1990, a Universal Primary Education (UPE) policy in 1997 and the later UNCRPD in 2008. In its constitution (amended in 2005), is written an obligation of the State to provide education as a fundamental right of all persons without discrimination on the grounds of disability.

The local conditions in Uganda influencing disability-inclusive education, further lie within the structure of the Ugandan education system, which is constructed through the policy of UPE, but which is heavily reliant on non-state actors and the private sector for provision. In Uganda, 39% of primary schools are owned by third-party organisations, rising to 66% in secondary education provision (UNESCO, 2021). This structure has implications for disability-inclusion due to high numbers of students in government schools receiving inequitable access to specialist services. Furthermore, the drafted policy on inclusive education is delayed due to limited data, weak policy framework, poor teacher training and insufficient funding to meet the implementation challenges (BMAU, 2018).

Data from 2019 categorise schools for disabled children in Uganda as either special schools, special units in a mainstream primary school, or as inclusive schools (ISER, 2020). A situational analysis by UNICEF in 2015 found that of the estimated 2.5 million children and young people experiencing disability in Uganda, 5% access education in inclusive schools, 10% in special schools, and 58% have never been to school or have received less than 4 years education in total (ISER, 2020). The participants in this study provided further clarification, adding that some settings that are classified as Rehabilitation Centres, which often provide class-like sessions for disabled children in their locality, were unlikely to be included in official education data; and that the 'Inclusion School', which is likely a school that receives third party international donations, affords to employ qualified specialists, such as an occupational

therapist, which is not the case in public-funded mainstream primary schools (interview dated 7-11-2021).

The inequity in specialist provision experienced by disabled children and their families in Uganda is further exacerbated by limited access to resources and services. Universal, free, primary education in Uganda still requires parental contribution to pay for transport, uniform, food, materials, etc. Therefore, prioritisation of resources for disabled children to attend schools where teachers struggle to provide quality education (Nyende, 2012), due to limited support and training (Arbeiter and Hartley, 2002), especially for those with a disability categorised as greater than a mild level of impairment (Andrews, et al., 2019), is problematic for many families. Furthermore, a lack of infrastructure in rural settings results in limited public transport and fewer specialist services available locally.

The inserted international concept of the right of the child to education lays immiscibly among structural barriers locally, but also traditional concepts of family, kinship, and community. Outside of a global North understanding of rights, the child may not be presumed to hold the capacity as an adult and therefore, may not merit separate and equal consideration, nor do they exist as an individual entity without connection to broader social networks resulting in a rhetoric unrepresentative of the local context (ISER, 2020; Goodley & Swartz, 2016). It is this juxtaposition between international policy and local implementation, and how it is understood in practice that is of interest to the broader study. However, the interpretation of the lived experiences of Ugandan teachers and therapists needs to be understood from the position of those who are interpreting, which is further explored in this article.

Researcher's positionality and reflexivity

The reflexive nature of the study seeks to describe the positioning of the researcher so that their own biases are clearly examined as an integral part of the understanding reached. The author qualified as an Occupational Therapist (OT) in the UK and has worked in countries of the global South as an OT, a development worker, and an educator. They have a master's degree in Special Education from an Australian university. These experiences create the lens through which they view the world.

Examining the perceptions and beliefs of participants requires this researcher to be cognisant of their own preconceptions and bias brought to the research process from the conception of the research question, through data collection, to analysis, and write up (Reeves et al., 2008). The researcher is influenced not only by their socio-cultural norms of a Northern culture, but also by their professional background and their frame of reference applied when examining human behaviour. Evaluating the positioning of this researcher provides the reader with an understanding of how interpretations are applied and conclusions reached.

As an occupational therapist

Within the professional frameworks of occupational therapy, there are key concepts constructed through the dominant and pervasive ideology of the minority world view (Hammell, 2009). The construct most evident in the profession's theoretical models is the categorisation of daily activities into Self-care, Productivity (commonly understood as work, particularly paid employment), and Leisure (a concept culturally constructed in the global North as the 'antithesis' of work). This division, applied to activities of daily living, has a historical context and one which continues to serve a particular purpose in a distinct society. Previously, theorists regarded these categories as universal. However, this construction is now being questioned by exploring the meaningfulness of wide ranging and broad occupations experienced by humans daily around the globe (Hammell, 2009).

Furthermore, within the dominant practice models of occupational therapy, the assumption of individualism is present. The idea of being independent in personal activities of daily living (PADLs), particularly washing, dressing, and toileting is paramount in Northern practice. This notion is extended to the belief that health action is the responsibility of the individual and that it depends on their level of willingness to engage in health promoting occupations (Hammell & Murthi, 2020). However, this further reflects the medical model of disability, which aims to separate and nomalise people with disabilities, creating a fragmented provision of services for the person, where inequitable access to healthcare is evident for marginalised groups (Nicholls et al., 2016).

As an OT starting their career in the National Health Service in England, working in Acute Stroke Assessment, the author's primary role was to assess the independence of people in PADLs to determine their fitness to return home or the potential benefit of in-patient rehabilitation. This role fit well with what had been taught at OT school and the principles of medicine engulfing practice. It felt 'right' to mend the sick and return them to a 'natural' ability. Twenty years on, even if a theoretical evolution occurred with the development of the social model of disability, little shifted in the delivery of health services (Nicholls et al., 2016). The restriction to occupational therapy practice is experienced through the globalisation of health and education structures that implant the medical model onto local understanding and graft professional frameworks onto practice in the global South (Galvaan, 2021).

In observing human behaviour from diverse countries (Australia, Burkina Faso, Egypt, Uganda and the UK), the author is open to a deeper understanding of the complexity of engagement in daily occupation. For example, in a rural village in Burkina Faso, they observe the importance for a teenage girl with spasticity in all four limbs to go out and meet women in the village to have her hair plaited, and a man with motor neurone disease to be able to safely hold his first grandchild in a 'welcoming' ceremony; more than independence, each activity holds personal, symbolic, and cultural meaning. Entwined through the fingers of the women plaiting is the day-

to-day information of who is marrying who, how to find a husband, who has had a baby. This enables the girl connection and a feeling of belonging within her community. At the welcoming ceremony, the man maintains his status as the elder of the family; one of respect and importance.

Formed in the author's understanding is a broadening of the dominant Northern-born narrow interpretation of human occupation to one where engagement occurs within the dynamic social structure of complex human interaction and the culturally constructed worlds inhabited, revealing the interconnectivity of all aspects of being human.

As a researcher

Throughout the research process, expressed in a reflective diary, the author attends to how their position creates dynamics, which shape and direct the research interaction through forces distant from the participants' direct lived experience. This reflection illuminates where the researcher stands, and the lens through which they look, and its influence on the experiences recalled and expressed by participants.

> - 16 July 2021 – who am I? (in the midst of data collection)
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> *Regardless of the different economic context of the two countries, people working in education with disabled children experience the same frustrations. Or is this just what I am hearing due to my own previous frustrations experienced? I come to this research with this belief. My research question reflects this. I want to know how colleagues in Uganda experience their practice and whether it resonates with what I have experienced as a practitioner. Am I able to hear something different in what is told to me?*

Through articulation of the conceptual lens by which the interpretation is made, the reader is able to make sense of how the researcher's understanding comes into being. The researcher needs to be 'open to new ideas' and reflect upon their assumptions made about the world (King et al., 2019; Willig, 2017). Critical reflexivity creates appreciation of the motivation and purpose of research and challenges the idea of universality and hegemonic practices with an openness to changing the dominant knowledge base on disability practices (Galvaan, 2021) and universal solutions (Rao & Kalyanpur, 2020). Acknowledging the positionality of the researcher, their knowledge framework and bias, present within the interpretation of the stories told, provides a contextual understanding of the results reached (King et al., 2019).

This process demands a scrutiny of how social reality is constructed and of the beliefs and ideologies represented, not only by the participants but also by those asking the questions. Furthermore, the reality understood by those in the studied realm provides a unique perspective on the phenomenon, as reality is created within the unique context giving rise to it (Yuksel &

Yildirim, 2015; Baghramian & Carter, 2020). This is seen in the moment of the event happening, and in its re-telling.

The process of interviewing is a dynamic connection, born through particular power differentials between interviewer and interviewee (Tufford & Newman, 2012). The power relations enacted during the interview process perpetrate potential positions of privilege and disadvantage. Attending to diverse perspectives and relinquishing power through the interview reduces one effect of the inequality experienced by many in the global South through research.

> - 23 August 2021 - Notebook post-interview reflection
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> *I try to hold back, to listen, but the interview is stalling. 'You get it?' is asked every sentence. I ask for examples. I probe and prod with more questions on how they experience this or ask for an example of that … but I reflect and I remember. They want more from me. They do not recognise me. Who are they telling their stories to? There is a relationship to be built. I share who I am to reveal my understanding. I retell what is told to convey a camaraderie, a shared, common knowledge. I recognise what they are telling me.*

The relationship experienced during the research process between the interviewer and interviewee is not just one of asking 'do you have any questions for me?' but through interaction, understanding, and relativity, a common understanding is shared of a lived experience. Participants reflect on this at the end of the interview:

> The interview was great, and I like it was two way. You don't only ask questions but also you go on to give me a picture of what we're looking at. I like this question survey, unlike other research questions where you either say yes or no. This is more interactive (OT 4).

The author further acknowledges that using a non-native language to describe the lived experience, full of abstract concepts and expression of self, is limiting. The author relinquishes the role of investigator to become illustrator. Through their own practice experience, they offer a mirror to the initial sketch, revealing a complex 3D imagery. Exploring what is said from different angles, illuminating with a shared palette, provides clarity and depth. It is the duality experienced as practitioner-researcher that provides understanding to the research (Arber, 2006). The reflexive nature of the research is experienced by a participant in the study:

> If someone knows some of the challenges faced in a given area … probably they can be, like I never thought about it, but when you asked me that question, I could sit down, think about it and I see how I've been doing it (OT 1).

Methodology

Semi-structured interviews were conducted remotely with four Ugandan occupational therapists and two special needs education teachers from central and western regions, as part of a larger study of 20 participants in England and Uganda. Each participant was interviewed twice for an hour to better understand the concepts described and the unique meanings applied. The second round of interviews enabled the researcher to check with the participants across contexts their interpretation of the data received and to further explore the participants' stories and how they understood their practice.

Identification of participants invited to this study was through purposeful sampling of professionals working in the field of disability-inclusive education and contact was through professional networks. Information sheets and consent forms were sent out, with 51% of those contacted successfully recruited to the study. Ethical clearance was provided by my University's Research Ethics Committee. All interviews took place between April and November 2021.

Thematic analysis was used to organise what was said during interview into a pattern of meaning (Clarke & Braun, 2017). Transcriptions from the interviews were initially coded manually by the author to clearly hear what was said by participants, before using NVivo for further analysis. Pseudo-anonymised transcripts were securely stored for analysis and a coded ID applied to the data set.

Findings: what was said and understood

Broadening the definition of inclusive education

The notion of education as a human right for children was expressed by participants. Their descriptions placed inclusive education as a concept concerning the accommodation of all children's individual learning needs in the regular classroom:

> Everyone has the right to go to school. Everyone's about it, but it's not easy… But then when I got the knowledge [training], I know that it's possible. Whenever I get a chance to identify someone, I talk about what can be done, and take a step to get into a school setting. Oh yeah, we can get this child into that school. And I talk to administration. I talk to the teachers and I explain to them the abilities of this [child] and what we expect them to do (OT 1).

> Inclusion is addressing all individual needs, in a normal setting without segregating. For example, in a typical classroom we find those kids of different abilities. Those with disabilities, severe maybe or typical learning differences and then those who can easily

grasp the content so by addressing all [needs], using the available resources to achieve the desired goal (Teacher 2).

What was heard within the text was that while there is an acknowledgement of the diverse needs of all children, participants understand the concept of inclusive education as an action or the practical application of a designated programme and not necessarily an ideological shift in education provision:

> Inclusive education, I would describe it as a programme which allows everyone to get equal opportunities in attaining education (OT 1).

The descriptions provided by the Ugandan participants embodied the core principles expressed in international conventions. This ranged from access to equal opportunities to meeting individual needs in the local school. However, there was a contradiction expressed in their understanding of education for disabled children, seeking to 'normalise' that which is seen as defective, while professing action to meet individual need:

> We are looking at [how] other children are performing. But ideally you may not look at this child performing exactly as a normal child, but you're hoping they'd at least try to perform to be independent in activities of daily living. It might not be as a normal child who attained the developmental milestones, but you [aim for] some level near (OT 2).

What was interpreted by the researcher is that within everything that is defined by the term inclusive education, there is a complexity lived by the participants that incorporates international concepts of human rights within a historical understanding of disability as something to be fixed.

Understanding the role of community and culture

There was a further component to the concept of inclusive education described by participants, i.e. the notion of community. Conversely to that heard in the narrower definition of inclusive education applied internationally, which focuses primarily on the rights of every child to access school through the related specialist provision, the fuller definition evoked by participants involved those adults, outside of the school, who also formed the child's learning environment. This broader understanding of the concept of inclusion holds an appreciation of the importance of others to facilitate participation and the need for disability awareness at community level. In the following extract, one participant expounded on this complex interaction:

> So as an occupational therapist [I] make sure that we balance work, self-care, and leisure. The child is at school, this child needs to play… then there's that time for self-care where the child has to try to bath himself and also, we let them [the community] know that they

[the child] are also capable of doing something in their own way, which is equally important to the community
(OT 4).

There existed a juxtaposition of imported professional knowledge against that which was known locally, which was the involvement of the child as part of the community, necessary for inclusion to be realised.

As an adjunct to the participants' professional framework, there was an understanding of the importance of community sensitisation around the disabled child applied to their role. Furthermore, it suggested that the understanding expressed when providing the human-rights definition of inclusive education is in fact not a true or complete articulation of the meaning located in the participants' lived experience.

What is of interest, is the further dimension superimposed onto the initial contrast heard from participants. Ugandan teachers and occupational therapists interviewed saw their role as advocates, raising awareness of the people around the disabled child, to facilitate disability-inclusive education. They introduced the concept of community around the child and the need to change others' attitudes to and knowledge of disability to gain inclusion:

> People actually don't know that these children can go to school and learn. I [see] my role is to raise awareness and also advocate for the rights of children with special needs (OT 4).

However, this involved marrying the imported knowledge of the participants' professional education with the local context and challenging their own traditional beliefs on disability:

> Everything was OK until this child all of a sudden could not talk. As a therapist, you got your old ways of thinking… like what could have happened… you want to attach it to the spirits, but again, you know anything can happen as a child is growing so you get conflicting ideas… through training comes the evidence. You have a lot of books to read [and] there are practical skills that eventually you get to know how. And you are convinced (OT 4).

There was a tension experienced by the professionals interviewed in the study between traditional knowledge and scientific evidence. When faced with children experiencing atypical development, the power of 'scientific' knowledge was present in the professionals' lived experience. However, what was not lost in adopting the 'new' knowledge is the importance of meaning gained through interactions with family and community relationships in everyday activities:

> In the community they see few children [with] special needs as they segregate, they isolate them. But when you sensitise, they understand, and doors open. So, you tell them the causes, the signs and symptoms …but also, how to live with them. So, sensitisation is key. We do that to reduce neglect by parents … those who are hiding their children at home will bring out their children to the community without fear (OT 3).

For the participants, there was an implicit power to this imported knowledge, which superseded the local understanding. Although the traditional narrative of disability remained visible throughout the sensitisation process, the participants saw their role as one of convincing others in their community to increase disability awareness. The importance of acceptance within the child's community was seen by the participants as essential for inclusion to happen, with changes to the school setting being a secondary factor.

Engaging with diverse concepts of disability

The tension experienced by participants between the pre-existing socio-cultural constructions of disability and that which was imported from the global North through professional training programmes demonstrated the complexity of the translation of inclusive education theory to practice locally. It was this multidimensional discourse that shaped the way in which inclusion and disability were understood by the Ugandan participants whose experience arose from the traditional societal beliefs on disability. They described the disabled child kept inside, hidden away from their community, due to fear or the notion of shame from sin:

> [They] think maybe this family has committed something, like they did something not right for them to give us a child with this disability. Or maybe it's witchcraft. Or maybe a curse from God, all those false stuff like they're still believing that until we go around […] (Teacher 2).

Moreover, the participants experienced this tension within their heterogeneous society, where they expressed the difference between the perspectives on disability of urban, literate people from those in rural settings who were perceived as holding more traditional views. The improved access to primary education for many was seen by participants as having an impact:

> There has been change in the last 30-40 [years] due to improved education. The people [are] now literate… actually they have gone [to school] … so when you tell them something because they're literate they understand quicker than before. We previously [were] in the African tradition so it's easier to teach or explain something to a literate person, they know it's biology… it's easier to explain them than before (OT 3).

Participants experienced the juxtaposition of scientific knowledge received through education

and belonging to those outside of the local context, with the traditional knowledge surrounding disability in their community. Some resolution came through the practical intervention applied:

> I go back and try to read the books; you guys are talking about different conditions and as this is happening really you can never let the parent know that you have conflicting ideas. You just stick to the medical side. You tell the parents that some conditions are idiopathic, they come, but we don't know the real cause … you share the information with the parent but also to convince this parent you must do something which is visible, and this is when the parent will actually believe you. They know that what you're telling them will actually work (OT 4).

Here, the participant expressed the need for parents to see progress in their child for them to believe the specialist. There was the understanding of practical evidence superseding the canon of theoretical discourse at the local or familial level.

Policy implementation without leadership

Participants acknowledged the need for greater disability awareness at governmental level, as well as in the community. In Uganda, since the implementation of UPE policy in 1997, school enrolment increased by 58% in the first year (Uganda Ministry of Education and Sports, 1999). Participants in this study continued to experience the tension of the international discourse on providing education for every child that resulted in over-crowded and time-poor classrooms:

> I taught a class of 147… the time you step in a class you're just writing, and the kids are just copying … then you ask any questions and then they will shout [the] answer … if you have a number of 147, trust me some children will go back home without learning anything (Teacher 2).

The inequity of provision in education in Uganda continued to determine disability-inclusion by the nature of the disability:

> [A child] with a *little* learning disability are easily included into the education system but most of them [are] seen as too different by the education system (OT 1; *emphasis added)*.

It was through a perceived lack of understanding or desire from governments to shift the structural priorities to aid disability-inclusion in schools that participants made sense of their local conditions. This was conveyed in their experience of the impracticality of education for disabled children within schools, with the lack of disability knowledge at government level, resulting in a limited number of trained personnel:

> The government policy [has] done enough to help these kids get to school and then apart

from that [there's] no knowledge on how to help these kids be integrated into the school … it's lacking leadership from the government… where they have an occupational therapist, it's at 80 [children] to 1 therapist … that's so much workload you can't cover that (OT 1).

The participants witnessed the difficulties experienced by families, where economic and structural inequalities further compounded access to education for certain children:

[X] has got Cerebral Palsy and he needs a wheelchair. The issue of money comes in. The parent needs to buy a wheelchair for this child which might be expensive, then there's transport from home to school… the fees [and] other expenses are going to be high, the school needs to be ramped, the road is pot-holed, so this parent may end up giving up on that kid [saying] this child should stay here. Let these others go to school (Teacher 1).

The structural inequalities experienced by participants were reflected in their concern for the disabled child after their primary schooling, where without strong leadership to engage the wider community in disability acceptance, employing local understanding, the disabled young adult remained excluded:

I always ask, if they work so hard, these children with disabilities, after their primary what do they do? … they're just left to try their level best to fit in with the societal public. If they don't, that's 'tough on them (Teacher 2).

Participants clearly called on their leaders to understand the issues they experienced in the inequity of provision for disabled children in education in Uganda so that local solutions to the problems experienced may be found.

Discussion

Four themes evolved through the interpretation of the lived experience of the Ugandan teachers and occupational therapists interviewed. The understanding of inclusive education broadened to include a community dimension, in which sensitisation and sharing of disability knowledge through advocacy and practical evidence was seen as fundamental to acceptance and inclusion. However, it was also experienced through the tension of imported 'scientific' knowledge and that of the local context, and highlighted the need to improve disability knowledge at the governmental level to find understanding specific to the Ugandan context.

Broadening the definition of inclusive education

It is understood that inclusive education is a complex concept, possessing different realities for

many. This resonates with findings of an earlier study of teaching professionals from diverse countries whose definitions included strategies to normalise the disabled child by applying the appropriate specialist knowledge, and the belief that education is a right of every child (Kamenopoulou et al., 2016). Moreover, the broad description of inclusive education is seen to reflect the adoption of western models and global North-led international conventions without due consideration of the particular needs of the local context (Kamenopoulou, 2018), and the hegemonic belief that the concept of disability is universal (Rao & Kalyanpur, 2020).

The understanding reached by this study's researcher suggests the complexity lived by the Ugandan participants incorporated the international concepts of human rights within a local, historical understanding of disability, mixed with a societal notion of interconnectivity. This complexity in definition incorporates multiple dimensions of inclusion and aligns with other distinct African understandings of inclusion as a reciprocal responsibility or obligation to one-another (Onazi, 2014) but one that may still not be applied to all groups equally (Goodley & Swartz, 2016). It is through a broadening of disability awareness and the deepening of knowledge at community level that the Ugandan participants identified the seeds of disability-inclusive education.

Understanding the role of community and culture

The interpretation applied in this study is that participants viewed a wide acceptance within the community in which the child lives as paramount to disability-inclusion, with perhaps changes in the school setting being contingent on this approval. This held tension for the participants in how it is achieved. Ravindran and Myers (2012) in their review of the cultural influences on perceptions of health, illness and disability argue that disabled people do not exist in a vacuum. Therefore, descriptors used are embedded within family systems and the wider socio-cultural context. Furthermore, parents' beliefs on the cause of their child's disability influences their treatment seeking behaviour, the expectations held, where they seek support, and the relationships formed with health professionals (Ravindran & Myers, 2012).

As in a previous study, it is understood here that if a community views disability as caused by divine intervention or negative supernatural forces, there is less willingness to spend limited resources on seeking treatment for the disabled child from health professionals (Johnson et al., 2020). This study's participants expressed their own shift in understanding through training and the conflict experienced in gaining 'scientific' knowledge in relation to their traditional beliefs. They determined the sensitisation of the community as vital for inclusion to be successful and they saw their role as one of advocate through the practical demonstration of the child's ability to learn.

Engaging with diverse concepts of disability

The tension experienced in knowledge received from books and that expressed through traditional beliefs in the community, is not easily resolved purely through the imposition of differing ideas (Marshall & Wickenden, 2018). The conflict of exogenous knowledge in traditional societies is often disregarded, with an understanding of 'science' being the potent belief system (Dorji & Schuelka 2016; Rao & Kalyanpur, 2020). In this study, it was experienced by participants in their interaction with parents, where the perspectives of those living in cities who have attended school were seen to be more accepting of intervention than those in rural, traditional settings.

Previous research findings on the social constructions of disability in Bhutan (Schuelka 2015; Dukpa & Kamenopoulou, 2018) and on cultural beliefs on disability in Indonesia (Riany et al., 2016) indicate that models of disability may overlap and enhance understanding within the community so that religious or philosophical understandings of disability offer a means to gain acceptance within the wider community. The value of listening to traditional beliefs, alternate from Northern perspectives and philosophical principles, enables a broader, diverse understanding to be applied to disability and inclusion in the local context. Furthermore, critically engaging with diverse belief systems in a way that provides deeper cultural awareness and guards against repeating injustices based on notions of 'modernisation' (Gebrekidan, 2021) increases cultural sensitivity and informs a culturally sensitive understanding of inclusive education in under-researched global South places (Kamenopoulou, 2020).

It is interpreted in this study that the participants experienced the tension between the 'scientific' training received and the necessity to link with the community's traditional beliefs. The conflict experienced between the different types of knowledge was resolved by participants through the shared practical evidence of the child's ability to participate in family, and to the benefit of their community. It was the practical participation of the child that held essential interconnectivity with others and enabled inclusion.

Policy implementation without leadership

Although there is a large amount of international policy on disability-inclusive education, its interpretation locally continues to be defined by the contextual understanding applied to ability, educational need, and how best to meet identified needs within available resources (Miles & Singal, 2010). Education systems are seen to be influenced by the policy position taken and the dominant socio-political ideology of a specific time and place (Norwich, 2010), which may not interpret rights of the person in the same way as the international development community, whether this be due to limitations in the definitions used or the assumed universality of rights (Soldatic & Grech, 2014). Participants in this study reflected on the lack of leadership in promoting disability-inclusive education due to limited disability awareness at all levels.

The international discourse promoting inclusion is potentially distinct from the beliefs and daily practices that are conditioned by local realities. Within this discrepency appears an accepted rhetoric that disability-inclusive education is too complicated and expensive to achieve, not only in the global South, but also in the North. For example, in England, particularly for children with significant learning needs, an increasing number are seen to attend special schools (DfE, 2019). Furthermore, studies conducted in England suggest a reluctance of teachers to include certain groups of children who are perceived as having significant needs, because they are perceived as too complex for the daily management of the mainstream classroom (Croll & Moses, 2000; Avramidis & Norwich, 2002; Hutton, 2008).

Similarly, in Uganda, the continued segregation and exclusion of disabled children is still determined by the nature of the impairment (Nyende, 2012). This is in line with findings of another study in Uganda, where only those children categorised as having a mild level of impairment, able to walk and talk, were included in government schools (Andrews et al., 2019). It is this conceptual dichotomy between a child's right to be included in school and the perceived problematic implementation within available resources, that continues to see the exclusion of disabled children from local, 'typical' schools, globally.

Within this context, there is the call for improved teacher education for successful disability-inclusive education (Cologon, 2012; Boyle et al., 2013; Cameron & Jortveit, 2014). However, teacher training alone is not seen to alter post-training practice behaviour (Carew et al., 2019) suggesting transformative structural changes to education systems are necessary to induce change in practice, which includes embedding specialist knowledge at school level (Hutton, 2008; Shaw, 2017). Participants in this study reflected on the shift in disability understanding following their professional training but perceived the structural restraints on their practice, such as over-crowded classrooms and a paucity of salaried posts for specialists in mainstream settings, as limiting factors in implementing disability-inclusive education.

The social, structural, and systemic factors external to the child experienced by participants in this study impacted local operationalisation. Rather than solely the child's impairment level, successful implementation was influenced by the various belief systems locally understood and socio-economically situated (Schuelka, 2018; Gebrekidan, 2021). The problems experienced in implementing disability-inclusive education are not unique to the Ugandan context. However, the solutions found, need to be. The promotion of effective inclusion in schools and beyond, is dependent on trusted leadership that is informed by and responsive to distinct local conditions.

Conclusion

In exploring the challenges faced in translating international policies into local practice, the

biases and assumptions of those asking the questions come into focus. It is not just what is said of the experience lived that requires understanding, but the context in which it is spoken. Through the lens of the researcher, specific understandings are suggested, wrapped in their distinct positionality. It is a perception, laden with inescapable interpretation that suggests the participants meet the challenges faced in practice within the context of relationship and community, through shared knowledge and understanding, but this interpretation is one in a diverse landscape.

The descriptions provided by the Ugandan participants were understood through a complex interconnectivity of convention, power, and day-to-day reality. They embodied, within their professionalism, exogenous concepts that became encased in local understandings, born of culture and community. It was not a duality of traditional and modern, of old and new, of industrial and developing, or medical and social, but a seeking of deeper, wider, diverse understandings of how disabled children could be best included in school and their community.

This article afforded a snapshot of the understanding reached during the research process and offered suggestions of how inclusion and disability were experienced by those living differently to the researcher. The same gap between policy and practice was seen by both the researcher-practitioner and the participants in the study but experienced day-to-day differently. The importance of adopting an interconnecting framework around the child was stressed. However, implementation arrives from differing directions. Moreover, what is important in the understanding reached is that the concept of disability-inclusive education may acquire meaning in the global South other than that created in the North. Contentious in possessing unidimensional responses to the challenges experienced in implementing disability-inclusive education is the silencing of alternative voices in how it is achieved and what it may look like in practice (Rao & Kalyanpur, 2020). Therefore, future research should engage with a greater number of diverse peoples to better understand the shared problem of disability-inclusive education implementation within different contexts, with an aim to find diverse solutions, compatible with distinct local understandings.

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