Republic of Namibia

EARLY IDENTIFICATION AND INTERVENTION SERVICES FOR YOUNG CHILDREN WITH DEVELOPMENTAL DELAYS AND DISABILITIES IN NAMIBIA

Understanding child disability rights

1

UNITED NATIONS
NAMIBIA

EARLY IDENTIFICATION AND INTERVENTION SERVICES FOR YOUNG CHILDREN WITH DEVELOPMENTAL DELAYS AND DISABILITIES IN NAMIBIA

MANUAL 1:

INTRODUCTION AND OVERVIEW OF CHILD DISABILITY RIGHTS

Republic of Namibia

Namibia Statistics Agency

UNPRPD MPTF

Partnership on the Rights of Persons with Disabilities

CONTENTS

FIGURES AND TABLES

ACKNOWLEDGEMENTS

This set of manuals was developed following recommendations from the regional consultations on the early identification, assessment and referral to services for children with disabilities which were conducted between January and February 2020. They are produced within the framework of the project on Strengthening Integrated Systems to Promote Access to Services for Persons with Disabilities in Namibia.

The project is jointly being implemented by UNDP, UNFPA and UNICEF and supported by the United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD), under the coordination of the Office of the President: Disability Affairs. The United Nations Partnership on the Rights of Persons with Disabilities Multi-Partner Trust Fund (UNPRPD MPTF) is a unique collaboration that brings together UN entities, governments, organizations of persons with disabilities (OPDs), and broader civil society to advance the rights of the Convention on the Rights of Persons with Disabilities (CRPD) and disability inclusive Sustainable Development Goals (SDGs). We thankfully acknowledge the financial contribution of the UNPRPD in supporting Namibia to implement the project which is aimed at strengthening the voices of persons with disabilities.

These manuals were produced by Dr Hetta van Niekerk, Educational Psychologist under the supervision of the UNICEF Namibia Country Office. Inputs were received from individuals, parents, representatives of organizations of persons with disabilities and disability service providers, non-governmental organizations and institutions of higher learning. In addition, the Ministries of Health and Social Services; Education, Arts and Culture, Gender Equality, Poverty Eradication and Social Welfare, Office of the President: Disability Affairs; as well as health experts from both the private and public sectors also contributed.

We would also like to thank UNICEF and UNPRPD Secretariat Disability Focal points from Headquarters and the UNICEF Regional Office for Eastern and Southern Africa for their support. We are also grateful to the following persons for their extensive comments, inputs and suggestions (in alphabetical order by first name. Agnes Ngonyo, Early Childhood Education Specialist Programme Section(UNICEF Nairobi), Arnaud Conchon, ECDiE Consultant, (Regional Services Div (Eastern and Southern Africa Regional Office, Nairobi), Asma Maladwala, Education Specialist (Education Section, UNICEF NYHQ) Aune Victor, Education Specialist, (UNICEF Namibia), Catherine Tiongco, Programme Associate, Adolescence, Development and Participation (UNICEF Namibia), Cynthy K. Haihambo Ya-Otto, Head of Department: Educational Psychology and Inclusive Education (University of Namibia), Heide Beinhauer, Director (Association for Children with Language, Speech and Hearing Impairments of Namibia, CLaSH), Huipie van Wyk, Director (Side by Side Early Intervention Centre, Namibia), Maniza Ntekim (Early Childhood Development Regional Adviser, UNICEF ESARO), Petra Dillmann, Director (Autism Namibia), Rochelle Van Wyk, Programme Associate, Communications (UNICEF Namibia), Rose-Marie De Waldt, Senior Health Programme Officer (Ministry of Health and Social Services, Namibia), Sharnay Botha, Project Coordinator and Kinderkineticist (Namibia Media Holdings), and Sreerupa Mitra, Programme Specialist, (UNPRPD Technical Secretariat, Governance Team, UNDP NYHQ)

The findings, interpretations and conclusions expressed in this document are those of the author and do not necessarily reflect the policies or views of UNICEF or the United Nations.

It is hoped that these manuals will contribute to further enhancing the capacities of individuals, parents and institutions in the early identification, assessment and referral to services of children with disabilities before formal education.

Editing, layout and design by Jo Rogge.

Sen Pang
UN Resident Coordinator in Namibia

FOREWORD

> The essence of our effort is to see that every child has a chance. We must assure each an equal opportunity not to become equal, but to become different – to realize whatever unique potential of body, mind and spirit he or she possesses.
> John Martin Fischer

Namibia has committed to attaining the Sustainable Development Goals (SDGs) by the year 2030. Early childhood development is key to Goal 4 of the SDGs:

"Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all." Similarly, target 4.2 states: *"By 2030 ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education."*

During October 2019, the United Nations Children's Fund (UNICEF) Namibia facilitated an analysis of the scope and quality of currently available global good practice on the early identification and early intervention (IEIE) services for young children with disabilities and developmental delays in Namibia. It also identified the need to a develop a training manual for different service providers. This manual will focus on providing both service providers and parents with practical information on how to identify children with disabilities as early as possible and where to refer them for early assessment and early intervention.

During January-February 2020, extensive focus group discussions were held with a range of stakeholders involved in service provision to children with developmental delays and disabilities in Namibia. Barriers, gaps, as well as strengths, in terms of current service delivery, were identified. Data was also collected by means of an electronic questionnaire from educational institutions, disability organisations and health professionals. The contents of this manual are consistent with broad themes that emerged from consultations with over 200 stakeholders from all 14 regions of Namibia.

Service delivery is organised to be child-centred and family-focused, and if applicable, multidisciplinary in nature. The empowerment of parents and guardians of young children with developmental delays and disabilities, is most important.

Ester Anna Nghipondoka
Minister of Education, Arts and Culture

PREFACE

Early childhood spans the developmental period from conception to eight years of age. The child's first 1000 days - from conception to two years of age - are the most critical in child development as a child's brain develops rapidly during this stage and neural connections are formed.

When a child's brain fails to get what it expects and needs, especially during the most sensitive and rapid periods of development early in life, the amount of effort required to set it back on track later in life is enormous and optimal outcomes are far less likely.

The early years of a child's life provide an important window of opportunity to prepare a solid foundation for health, social well-being, lifelong learning and participation, and to prevent potential delays in development and disabilities. Early identification of disabilities in children is crucial to ensure future access to the appropriate intervention and support needed, to reach their full potential. Appropriate early intervention can remove or reduce the risk of secondary issues related to ongoing developmental difficulties.

Consistent with the UN Convention on the Rights of Persons with Disabilities (UNCRPD), disability is conceptualised as an interaction between the person's impairment and a variety of barriers that may prevent the individual's full enjoyment of life situations to the same extent as others. Moreover, from a human rights perspective, all children – with or without developmental delays and disabilities – should have similar opportunities with a view to optimally developing their potential.

This manual is intended to guide all stakeholders involved with children with developmental delays and disabilities in early childhood. It focuses on the improvement of service delivery in early identification of varied development and disabilities, as well as effective intervention. The manual further provides information for parents and/or guardians about their children's developmental issues, and guidance and support in caring for them.

The Parent and Guardian Manual contains practical and useful information for training purposes. This manual can be used as resource together with additional materials for existing workshops and courses with these caregivers. Manuals 1 to 4 are intended for study and research purposes for all involved with young children with disabilities.

Responsive caregiving of young children with developmental delays or disabilities is approached from an IECD perspective in which the healthcare system, ECD programmes and parents and/or guardians collaborate with one another. Information selected from the theoretical manuals (1 – 4), is concisely presented, practically applied and graphically supported. It is important to point out that stigma and discrimination against children with disabilities and labelling them must be avoided at all costs. Working with young children with disabilities requires a carefully personalised approach. The importance of meaningful parental involvement in their children's early years and ensuring access to early childhood development services for the child with a disability are emphasised.

Alexia Manombe-Ncube
Deputy Minister for Disability Affairs

ACRONYMS & ABBREVIATIONS

AAC	Augmentative and Alternative Communication
ACRWC	African Charter on the Rights and Welfare of the Child
AT	Assistive Technology
AU	African Union
CAST	Centre for Applied Special Technology
CP	Cerebral Palsy
ECD	Early Childhood Development
ECI	Early Childhood Intervention
EMIS	Education Management Information Systems
ESPIE	Education Sector Policy on Inclusive Education
HIC	High Income Country
ID	Intellectual Disability
IECD	Inclusive Early Childhood Development
IEIE	Early Identification and Early Intervention
ICF-CY	International Classification of Functioning, Disability and Health: Child and Youth version
LAMI	Low and Middle Income
MGEPESW	Ministry of Gender Equality, Poverty Eradication and Social Welfare
MKO	More Knowledgeable Others
MLE	Mediated Learning Experience
NCLB	No Child Left Behind
NGO	Non-governmental Organisation
OAU	Organisation of African Unity
OPD	Organisation of Persons with Disabilities
SDGs	Sustainable Development Goals
SES	Socio-economic Status
SCM	Structural Cognitive Modifiability
SGD	Speech-generated Device
UDL	Universal design for learning
UNCRC	UN Convention on the Rights of the Child
UNCRPD	UN Convention on the Rights of Persons with Disabilities
UDL	Universal Design for Learning
UNICEF	United Nations Children's Fund
ZPD	Zone of Proximal Development
WHO	World Health Organisation

GLOSSARY

Accessibility
actions enabling "persons with disabilities to live independently and participate fully in all aspects of life"[1]

Assistive technology
"any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of a child with a disability"[2]

Attachment
the first relational context in which a young child learns strategies for information processing, context representation and protection

Augmentative and alternative communication (AAC)
non-verbal strategies used to aid communication of individuals with little or no functional speech (LNFS), either to supplement speech or as alternative

Cognitive development
process of coming to know and understand the world over time

Development
changes of an adaptive nature that occur in an orderly fashion from conception to death

Developmental delay
significant lag in terms of one or more expected developmental milestone(s)

Developmental disability
noticeable delays in one or more of the developmental domains that have proven to be lasting, and functional limitation associated with the impairment is expected to be present indefinitely

Early childhood
the period from foetal development to eight years of age

Early childhood development
development of a young child's physical, cognitive, emotional and social aspects

Early childhood development
programme to foster young children's developmental capacities

Early childhood intervention
range of services that include enhancement of the development of young children with developmental delays and disabilities, the capabilities of their families and their inclusion in their communities

Impairment
problem with functioning of physiological system or an anatomical body part, e.g. marked deviation or loss

Inclusive early childhood development
development of physical, cognitive, emotional and social domains of young children as a collective, and therefore irrespective of aindividual child's developmental status

Individualised education plan (IEP)
in collaboration with parents and caregivers, the plan that describes reasonable accommodations and tailored support on an ongoing basis for a specific learner

Infancy phase
the first two years of a baby's life

Habilitation
the practice of assisting children with developmental delays or disabilities to strengthen their abilities, and to gain skills and knowledge

Learning
acquisition of knowledge

Legal capacity
has two facets, legal standing and legal agency - all human beings are holders of legal rights, but with age and maturity, their legal standing and legal capacity increase in relation to their evolving capacity for reasoning

Maturation
the action or process of maturing

Pedagogy
teaching practices and methods

Physical development
gradual changes in body structures and body functions

Preschool phase
also called early childhood, from approximately 3 to 6 years of age

Reasonable accommodation
"necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment to exercise on an equal basis with others of all human rights and fundamental freedoms"[3]

Rehabilitation
the process during which a person is assisted to regain abilities, skills and/or knowledge that was lost or compromised as a result of a change in functioning

Scaffolding
the momentary assistance a parent, caregiver or other person who is more skilled gives to a child while the latter is learning a skill or mastering a task

Sensory development
the adaptive changes of the senses over time

Significant others
persons who are influential in a child's life

Social development
changes over time in relatedness to others

Twin-track approach
general and specific processes of social inclusion that run parallel: mainstreaming of disability in society goes hand in hand with addressing impairment-specific issues of the individual

Universal design for learning (UDL)
an approach to teaching that aims to address the diversity of learning needs of learners in an educational setting by minimising barriers to learning and maximising opportunities to learn

1 INTRODUCTION

> "Human rights are rights that all human beings are entitled to, merely by virtue of being human. Such rights do not have to be earned, nor are they dependent on any particular social status."
> (Howard in Kaime 2009: 126)

This manual serves as an introduction to the manuals on early identification, referral and access to intervention services for children with developmental delays and disabilities. These manuals provide information for individuals, parents, organizations of persons with disabilities, health care providers, and training institutions to have an enhanced understanding and appreciation of the United Nations Convention on the Rights of Persons of Disabilities (UNCRPD). They have been developed using an evidence-based approach to early identification of children with disabilities. They contain detailed guidance on access to early intervention services, and support for children with disabilities, in order for them to survive,to be prepared for formal education and to thrive.

Figure 1: Key services associated with child disability rights

Disability rights and child law applicable to the Namibian context, form the backdrop to the contents of this curriculum, and it is suggested that this manual is used in conjunction with the other manuals:

Manual 1	Understanding child disability rights
Manual 2	Early Childhood Development
Manual 4	Introduction to the International Classification of Functioning, Disability and Health: Children & Youth version (ICF-CY)

2 OVERVIEW

Given the critical importance of early childhood development, and, in particular, the first 1000 days in a child's life and the importance of building a strong foundation during the early years, the issue of disability and early identification cannot be ignored. Parents, caregivers and all others involved in supporting young children to survive and thrive must have an improved understanding of the international frameworks on the rights of persons with disabilities and national legislative policies on the rights of children to access early childhood development programmes and education. The main focus is to promote the holistic development and wellbeing of children with disabilities through mutual care, protection and access to inclusive services.

Disability in Namibia

According to World Bank estimates, over one billion people across the world are living with some form of disability, amounting to 15% of the global population. In Namibia, persons with disabilities account for five percent of the population.

This significant percentage of the population is more likely to be excluded from meaningful participation in Namibian society. They may also experience adverse and interrelated socio-economic barriers including stigma and discrimination, limited participation in education and employment and lack of access to adequate health care, infrastructure, transportation, water and sanitation.

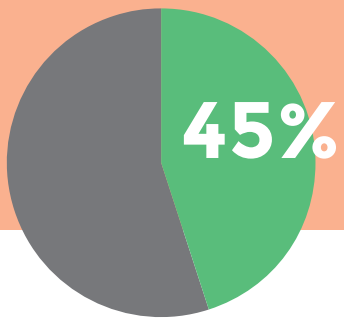
87% of children with disabilities between the ages of 0 - 4 years have never attended ECD programmes

Children with disabilities aged 5 years and above that never attended school are:

82.1% rural | urban 17.9%

WHO and World Bank estimate that **15%** of people in Namibia are living with a disability

37% of males with disability never attended school compared to 15% among those without

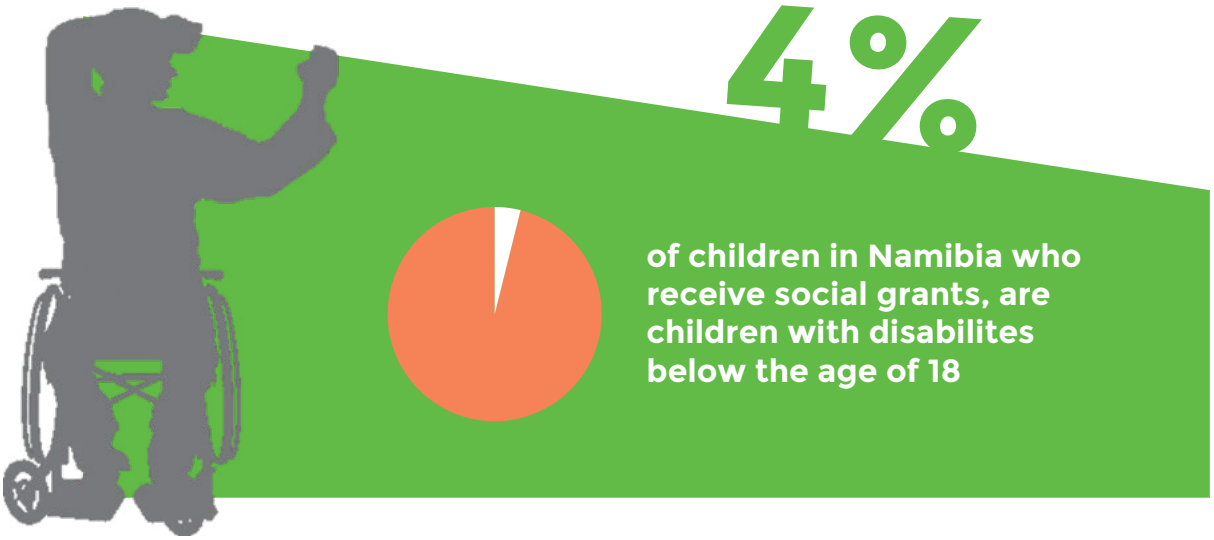


of persons with disabilities aged 15 years and above are economically active

The Namibia 2011 Population and Housing Census (and the specific Disability Census Report) estimated that there were between 85,000 and 100,000 people with disabilities. However, the actual number may be higher. WHO and World Bank estimates are closer to 15%. This discrepancy can be understood in light of the continued stigma, discrimination and cultural prejudices against persons with disabilities in Namibia.

The majority of persons with disabilities are in the age group 10-24 years, with males (12,075) outnumbering females (10,997). There is a considerable disparity in school attendance, depending on disability status: 41% of females with disability never attended school compared to 17% among those without disability. For males, 37% never attended school among those with disability compared to 15% among those without. Furthermore, 87% of children with disabilities between the ages of 0-4 years have never attended early childhood development (ECD) programmes. It can be safely assumed that children with intellectual disabilities are even less likely to participate in any form of education. At present there are only two schools that cater for persons with intellectual disabilities, and these are both located in Windhoek. With the delay in the implementation of the 2012 Inclusive Education Policy, participation of children with intellectual disabilities in the Namibian education system remains extremely challenging.

Of the persons with disabilities aged five years and above that never attended school, the majority come from rural areas (82.1%) rather than urban areas (17.9%). Furthermore, school attendance among the members of households with disabilities were lower than those with no disabilities; (38.6%), compared to those households without persons with disabilities at 16.2%. Of the 77,915 persons with disabilities aged 15 years and above, 45% are economically active. According to the 2011 census disability report, the unemployment rate of persons with disabilities is 39%, compared to the national unemployment rate of 28%. Of the total of 132,544 children who receive social grants, 5,545 of these are children with disabilities below the age of 18.



Legislative Framework

Child law means 'the legal rules pertaining to children'. Child law takes a holistic approach. It not only spans the conventional sub-disciplines of law, it is also of a multidisciplinary nature It operates dynamically beyond staunch legal rules, involving inter alia, the social and medical sciences and anthropology, with the child and her/his family as the point of focus.

Disability law directs the inclusion of persons with disabilities (including children of all ages) into society by addressing barriers that prevent full enjoyment of their rights as human beings, such as discriminatory practices.

The legal term for children between birth and seven years of age is infantes[4] Although children in early childhood do not yet enjoy every legal right[5], it is important to keep in mind that, children, even as immature as newborns, are the holders of rights. This means that all human rights apply to them to the same extent as they apply to older individuals. While dependency is a function of immature age, it increases the accountability of those on whom young children are dependent. Parents and/or caregivers continuously act on behalf of their children. They also make decisions on behalf of their very young children who on the basis of immature development are still unaware of themselves as legal entities.

A child is embedded within a system, in most cases their family (parents, legal guardians, extended family) who are entrusted to act on their behalf and in their interests. In this respect, a child's family and community wields enormous power in the implementation and realisation of their rights.

With age, children master skills and develop their proficiencies. Their self-sufficiency increases gradually, and they progressively gain independence from parents and/or caregivers. When the majority phase starts, the course of childhood development is considered to have come to an end. At the age of 18 years, majors[6] have developed competency to enjoy all legal rights and they are entitled to act independently of parents and/or legal guardians.

The invisible thread that connects the legal instruments of child law is **the best interest of the child** standard. Article 3(1) of the UN Convention on the Rights of the Child (UNCRC) suggests that the best interests of the child should be given a primary consideration in all actions where children are concerned. This is repeated in Article 7(2) of the UN Convention of Persons with Disabilities (UNCRPD). The Child Care and Protection Act, 2015 (Act No 3 of 2015) has a specific section on what is considered as being in the best interest of the Namibian child.

Moreover, the concern of child legal instruments are premised on four principles (or the 4 P's): **participation, protection, prevention and provision.** From the perspective of disability law, another principle can be added: perception. (Figure 2)

Figure 2: The 5 P's of child disability rights

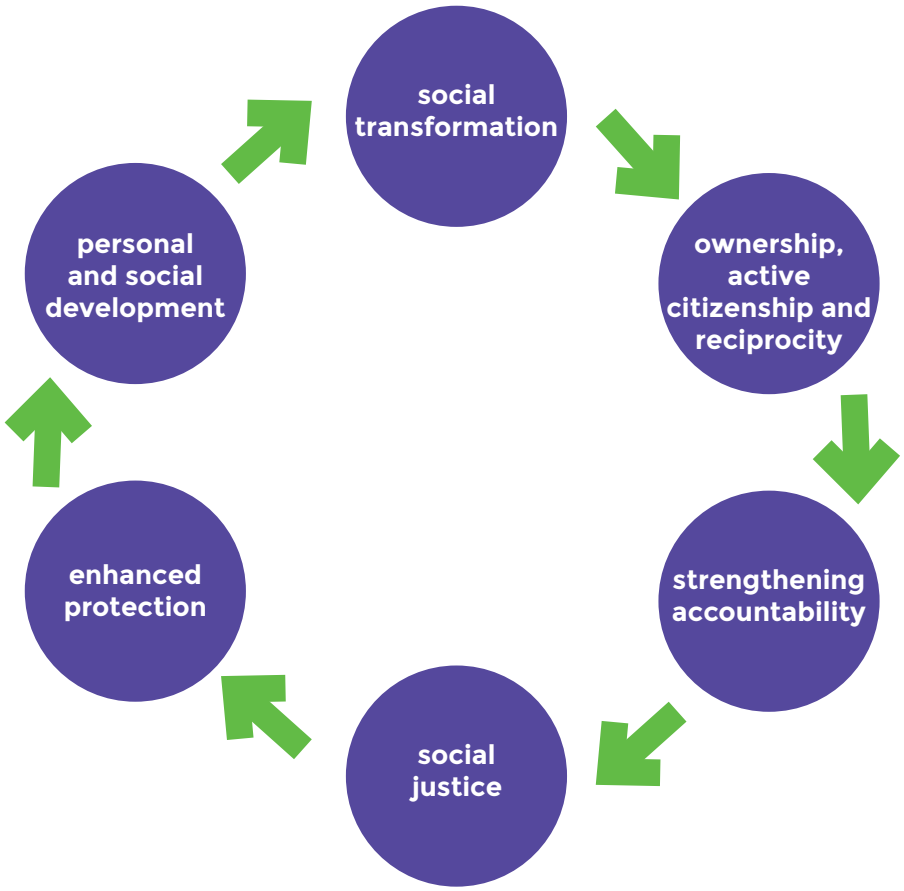
On the basis of the right to self-determination, adults are seen as the authors of their individual lives. As there is no lower age limit to having sensory experiences, even young children are capable of forming impressions and views. For children, **participation** in instances of decision making about their personal lives usually increases with age. The progress made on the developmental course is generally complemented by competency maturation, and therefore the gaining of skills for participation. Young children may need assistance to give expression to their understandings though. The basis of respect for young childrens' equal right to participation lies in realising that, irrespective of age, all children have experience, fears, ideas and concerns that can help contribute to decision-making.

Children with disabilities can experience 'double jeopardy', falling short of non-disablist norms on the one hand, and adult-based norms on the other. In addition, they have often been perceived as lacking the competence and capacity to be 'reliable witnesses' of their own lives and denied the opportunity to participate in decisions affecting them.

Adherence to the basic principle of participation is particularly pertinent in societies in which children's experiences and opinions are commonly overlooked. Moreover, concerning children with disabilities, authorities are obligated to ensure they receive the necessary assistance and support to have their voices heard in matters of concern to them.

Opportunities for participation hold various advantages. (Figure 3) Children's development is boosted – they gain skills, develop their abilities and attain confidence. Their active engagement in their own lives can bring about social transformation, for example, when barriers are identified and addressed, and social inclusion improved.

Figure 3: Benefits of participation



During participation in social activities, children practise prosocial values such as respect, empathy and dialogue. The more children utilise opportunities for social participation, the greater the expectation for authorities to be accountable. When children are empowered to become actively involved in matters that are of personal concern to them, social justice is promoted. Self-expression is a powerful tool for children to assert and protect themselves.

All children should enjoy **protection** from neglect, abuse and other forms of maltreatment, as well as from discrimination. Every child has the right to grow up in a safe and secure physical and social environment. Consequently, the prevention of harm should be prioritised by addressing potential causes of harm. In other words, while the basis for **prevention** is proactive, the basis for protection is reactive. Preventative healthcare systems for children are an example of operationalising protection. As a group, children with disabilities are considered to be more vulnerable to harm, and thus the status of persons with disabilities in society has to be addressed.

Provision has a double meaning from a child disability law perspective. The first obligation is to provide for a child's basic developmental needs. The second obligation concerns providing for the unique developmental needs specific to her/his health condition with a view to facilitating social inclusion.

> Beyond creating opportunities for participation, providing rights, preventing abuse, and protecting children's rights, adults also have a responsibility to teach children to perceive their own inner worth. After all, if all children felt as entitled to the full array of human rights as everyone else, they would accept no less. In this way, children would no longer feel obligated to define their expectations according to the limited imagination of adults, especially those who call themselves professionals. (Melchior in Moore et al 2008: 259)

The fifth P refers to **perception.** A child's self-esteem, i.e., her/his evaluation of personal trait, is mostly developed through comparison to others, and is thus socially defined. Comparison can either be direct, for example a child comparing her/himself to another child in terms of the ability to run, or indirect - a child comparing the attitude of significant others towards her/him and to another child. All children have the right to experiences which allow them to discover their inherent value and worth and to develop a positive self-identity. Claiming an equal stand is associated with personal agency and voice.

3 CHILD AND DISABILITY LAW INSTRUMENTS

Four legal instruments that have decisive significance for young Namibian children with developmental delays or disabilities are discussed in this manual. The order in which they are presented is consistent with the Namibian legal context chronology.

3.1 UN Convention on the Rights of the Child (UNCRC)

The United Nations Children's Fund (UNICEF) was established in 1946 by the United Nations General Assembly and mandated to assist with the well-being of children all over the world. The Declaration on the Rights of the Child that was accepted in 1959 is distinguished for having awarded the child the status of a human rights holder, instead of only regarding a child to be a person who is entitled to some protection and service. After a long process, preceding the celebration of the Year of the Child in 1979, the second draft of a proposed convention for children by the working group of the UN Commission of Human Rights was accepted, and children were declared to be bearers of a full range of rights. In 1989, the UN Convention on the Rights of the Child (UNCRC), a treaty to promote the global protection of children, was adopted by the General Assembly. UNICEF[7] played a key role in its development. Since then, the UNCRC has set the bar for international child law: children are not the possessions of their guardians and, children are children, not 'short adults'. The United States is the only member state that has not ratified the UNCRC. Namibia signed[8] and ratified[9] the UNCRC in 1990.

The UNCRC is based on three principles, namely non-discrimination, the right to be heard and to have the child's views considered, and the best interest of the child. Due to their powerlessness resulting from dependency, young children are at particular risk to be discriminated against:

'Discrimination may take the form of reduced levels of nutrition; inadequate care and attention; restricted opportunities for play, learning and education; or inhibition of free expression of feelings and views. Discrimination may also be expressed through harsh treatment and unreasonable expectations, which may be exploitative or abusive.'

Vulnerable and/or disadvantaged groups are afforded special attention, but non-discrimination is not synonymous to equal treatment. In the words of Chief Justice Langa of South Africa: "Sometimes it is fair to treat people differently", in order to achieve equality of outcomes.

The UNCRC consists of 41 articles, and Article 23 – the article on children with disabilities – is considered as one of the **provision** rights (see Figure 2). Before giving attention to the specific rights associated with children with disabilities according to the UNCRC, it is important to be reminded that this is not to the exclusion of other rights – every other right in terms of the other principles (Participation and Protection/ Prevention) is equally applicable to children with disabilities.

Moreover, the inherent right to life, survival and development according to Article 6, lies at the foundation of each and every right – these concepts are dynamically related to health and development services such as free health care and the establishment of ECD centres and other educational institutions. Systems have to be continuously improved so that every child's needs associated with the various developmental domains are met, to the extent that she or he can enjoy exercising her/his other rights.

Article 23 (Appendix 1) is summarised as follows:

A child with a disability has the right to specialised care, education and training with a view to her/him enjoying a full, decent and dignified life, developing optimally in terms of self-sufficiency and social functioning.

- Circumstances associated with the enjoyment of a full and decent life, are those conditions that promote dignity, develop independence and facilitate active social participation.
- A child with a disability has the right to specialised care. Whereas each child is seen as an individual, the following factors are considered in terms of provision of appropriate assistance to the specific child and her/his parents or caregivers: the nature of the child's health condition, the circumstances of her/his parents or caregivers and the resources available in the public sector.
- A child with a disability not only has to have access to, but also be able to obtain (if required and/or when applicable) services related to early childhood development, education, training, health care, (re)habilitation, employment preparation and recreation. Service provision has a two-fold purpose. On the one hand it fosters the child's overall development, including the cultural and spiritual domains. On the other hand it promotes her/his social inclusion to the greatest extent possible.
- If possible, services rendered to children with disabilities and their families should be free of charge. In this instance, the financial position of parents or caregivers is a valid factor to consider.
- Research and expertise related to the field of disability will be shared among professional stakeholders internationally, particularly with regard to preventative health care, medical and psychological intervention, habilitation / rehabilitation, education and vocational training.

In conclusion, in order to apply the best interest of the child standard appropriately, it should be understood according to the UNCRC (Art 3):

"It is the individual child in her/his unique and specific circumstances that matters." An assessment is required if decision-making regarding her/his best interest is uncertain, and various elements have to be contemplated.

Best interest of the child assessment elements

"The child's views are central in this respect, and the fact that the child is very young, has a disability, belongs to a minority group or is in any other vulnerable situation does not deprive him or her of the right to be heard nor reduce the weight to be given to the child's views. Another important element is the child's identity, including his or her personality and characteristics such as sex, sexual orientation, gender identity, religion and beliefs, and cultural identity. This demonstrates the need for diversity in assessing children's best interests. If the child is in a situation of vulnerability of some kind, such as having a disability, belonging to a minority group, being an asylum seeker, victim of abuse or living in a street situation, this situation should be taken into account. However, even children in such situations should be judged individually. Other elements in the best interests assessment are the possibility of providing care, protection and safety to the child, and preservation of the family environment and maintaining relations. These correspond with the rights emphasized above. The reason why they are also included as part of the best interests assessment is that this assessment has to be undertaken once the various rights do not point in a clear direction. The child's right to health and to education are also elements to be taken into account" (Sandberg 2018: 32).

3.2 The African Charter on the Rights and Welfare of the Child

Extensive discourse has been conducted on the validity of applying a Western idea of children's rights to an African context. Historically, the Declarations of 1924 and 1959 obviously did not fit the context of the African child under colonial rule. At the time of the adoption of the Declaration of Rights and Welfare of the African Child by the Organisation of African Unity (OAU) in 1979, the 1959 UN Declaration was recognised as well. Members of the OAU were in favour of these rights at the commemoration of the International Year of the Child in 1979. Alternatively, the African Children Declaration emphasised children's rights within the socio-political context. The process to develop a document in which African childrens' rights were contextualised to situations particular to the African continent, ran parallel to most African states already having accepted the UNCRC. This was in large part due to the underrepresentation of African countries in developing the UNCRC on the one hand, and on the other hand, the appropriateness of the CRC to the African child was weighted and found somewhat wanting, as follows:

- the circumstances of children living under apartheid were ignored;
- the challenges faced by the female child were not adequately addressed;
- cultural practices of Africa were not explicitly mentioned;
- in Africa the threat to survival is directly associated with socio-economic conditions;
- communities' limited meaningful participation in planning and managing children's programmes was not considered;

- Africa's conceptualisation of responsibilities and duties of communities was disregarded;
- the issue of child soldiers and compulsory minimum age for military service were ignored;
- the question of children in prisons as well as pregnant mothers was not addressed; and
- the role of the (extended) family was undervalued.

The ACHPR (or the African Charter) is the 'parent' document that preceded the African Children's Charter. The African Charter was adopted by the OAU in 1981 and came into force in 1986. It was formally adopted by the African Union (AU) (formerly the OAU) in 1990 and came into force 1999. Namibia signed the Charter in 1999, and ratification followed in 2004.

The three key principles of the African Children's Charter are the best interest of the child (Art 4), non-discrimination and addressing harmful cultural practices and customs. The best interests of the child principle is more strongly worded here than in the UNCRC. According to the African Children's Charter, the best interests of the child is regarded as the primary consideration in every matter that concerns the child. It has 31 rights that are categorised in five groups. (Table 1)

Table 1: African Children's Charter categories of rights

CATEGORY	THE RIGHT TO…
Survival	life
Communal	be part of (extended) family as well as broad community
Self-assertion	have a say in proceedings that affect her/him
Protection	be protected due to being vulnerable or as a result of specific needs
Development	have conditions conducive to and opportunities for developmental potential to unfold

Article 13 of the African Children's Charter specifically deals with children with disabilities. As is the case with the UNCRC, every article also applies to a child with a disability. The articles on development (Art 5), education (Art 9), health and health services (Art 14), and protection against harmful social and cultural practices have particular relevance here. (Appendix 2)

05

- The survival and development of children is prioritised.

09

- Children have to be afforded educational opportunities to develop their potential optimally.
- Female, gifted and disadvantaged children should have equal access to education in all sectors of the community.

13

- Special provision should be made for children with disabilities to be protected in relation to their physical and moral needs, in circumstances that guarantee their dignity, promote self-sufficiency as well as active participation.
- Children with disabilities and their caregivers should be given access to resources that are available.
- They should have access to training, employment preparation and opportunities for recreation. This is important for maximum social inclusion and individual development, including in the cultural and moral domains.
- Available state resources should be channelled to providing children with disabilities physical access to main routes, buildings and other places.

14

- Measures have to be taken to decrease the infant / child mortality rate.
- Primary health care should be available to all children, especially with a view to addressing malnutrition and disease.
- Provision of sufficient nutrition and safe drinking water has to be ensured.
- Pregnant and breast-feeding mothers have to receive adequate health care .
- Information pertaining to child health, nutrition, breastfeeding, hygiene, sanitation and prevention of household / other accidents should be widely disseminated in communities.

21

- All harmful social and cultural practices have to end, including those that threaten the health or life of a child and those that are of a discriminatory nature.

The African Children's Charter: "Primacy over culture"

In Africa children often form part of a rural, traditional setting where customs rather than formal law prevail. However, in an ambitious leap, the African Children's Charter asserts its own primacy above culture and customs that are prejudicial to the health or life of a child and discriminatory to the child on the basis of sex or other status. There are numerous instances of such practices in traditional African society, such as female genital mutilation, killing of baby twins, arranged marriages, male primogeniture and child marriages. Although many of these practices are not dealt with explicitly, they may be addressed with reference to the general prohibition against harmful cultural practices. The African Children's Charter makes an exception of child marriages by explicitly outlawing 'the betrothal of girls and boys', adding that the minimum marriage age should be fixed at eighteen years and that marriages should compulsorily be registered in an official registry. (Viljoen 2009: 337).

3.3 The UN Convention on the Rights of Persons with Disabilities (UNCRPD)

At the end of 2001 an ad hoc Committee was established by the UN General Assembly to develop an international convention to protect the dignity and rights of persons with disabilities. The final draft of the Convention on the Rights of Persons with Disabilities and its Optional Protocol (UNCRPD) was adopted in 2006 by the General Assembly and by Namibia at the end of 2007.

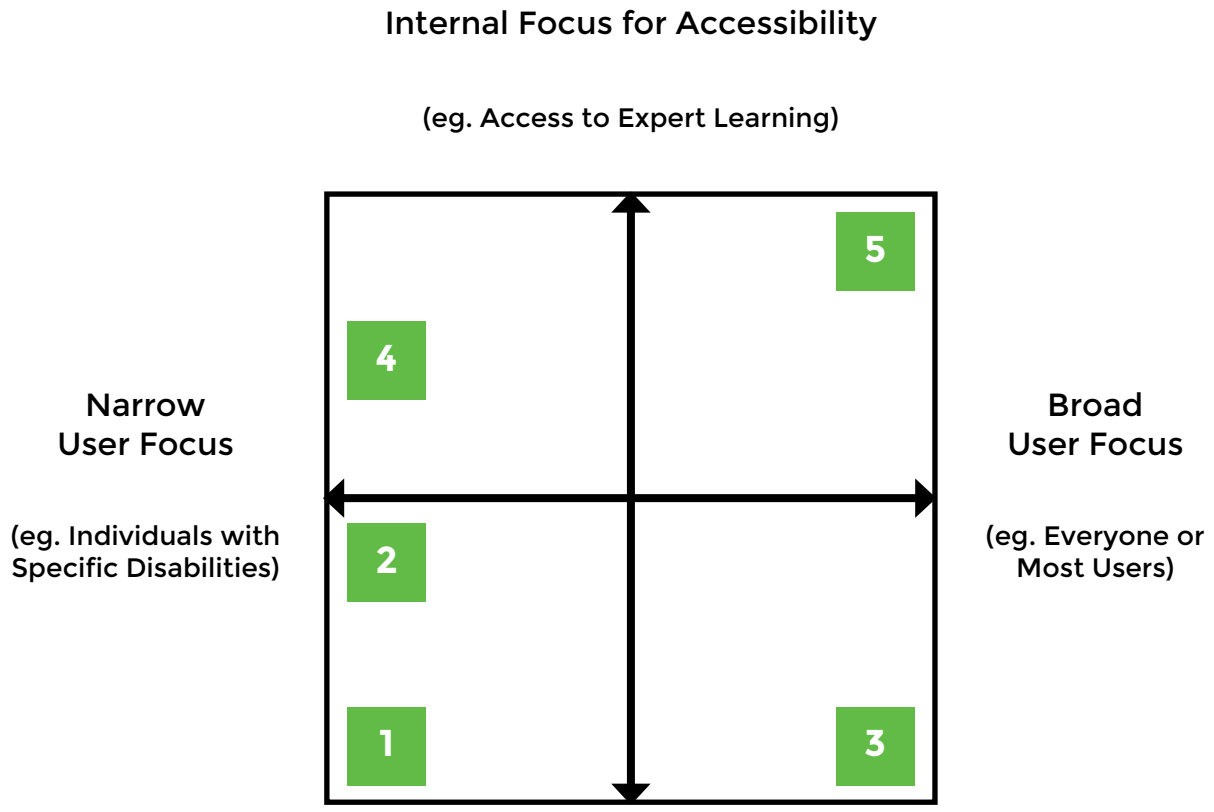
In **Article 1** persons with disabilities are described as **"those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others."** Disability is viewed as the interaction between impairment and socially constructed barriers that results in a hindrance to the person with the impairment to share a meaningful life with peers.

One of the eight general principles of the UNCRPD is accessibility (Art 3(f)):
Accessibility can be defined as the enablement of **"persons with disabilities to live independently and participate fully in all aspects of life."** It is a multi-dimensional construct that considers the barriers faced by persons with disabilities which may exclude them from full participation in society. (Figure 4)

This is reflected in the definition of "universal design" according to the UNCRPD (Art 2):
"Universal design" means the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. "Universal design" shall not exclude assistive devices for particular groups of persons with disabilities where this is needed.

External accessibility relates to physical access to products, environments, programmes and services. **Internal accessibility** means, access to cognition and learning.

Figure 4: Dimensions of accessibility



Examples:	1. Wheelchair lift 2. Assistive technolgy (eg. reading pen) 3. Elevators 4. Individual Tutor 5. UDL-based assessments

https://oit.utk.edu/learning/udl-accessibility-whats-the-difference/

Article 3(h) refers specifically to children with disabilities and the need for: **"Respect for the evolving capacities** of children with disabilities and their **identities**." **The specific rights of children with disabilities are spelled out in Article 7.** (Appendix 3) The right to have their best interests considered as a primary consideration in all actions as well as their right, if required, to be assisted to give expression to their views on an equal basis with other children is also linked to having legal capacity to be recognised as equal before the law.

As with children without disabilities, age and maturity are the factors that determine the weight that will be prescribed to views of children with disabilities as bearers of legal rights in matters that are of concern to them at a particular time junction (Art 7(3)) (para 2). Maturity and experience are associated with the ability to judge, and children with or without disabilities are protected from potential consequences of their personal immaturity and lack of or limited experience. Immature *infantes* with lack of experience are holders of legal rights, but have limited legal standing and do not yet have personal legal agency. Conversely, minors have increased legal standing and legal capacity to act in comparison to *infantes.* With age, minors attain greater legal competency – consistent with the evolving capability for evaluation and decision-making.

Legal capacity

According to Paragraph 14 of General comment No. 1 on Article 12: Equal recognition before the law (UNCRPD 2014: 3),

[l]egal capacity is an inherent right accorded to all people, including persons with disabilities (…) and it consists of two strands. The first is legal standing to hold rights and to be recognized as a legal person before the law. This may include, for example, having a birth certificate, seeking medical assistance, registering to be on the electoral role or applying for a passport.

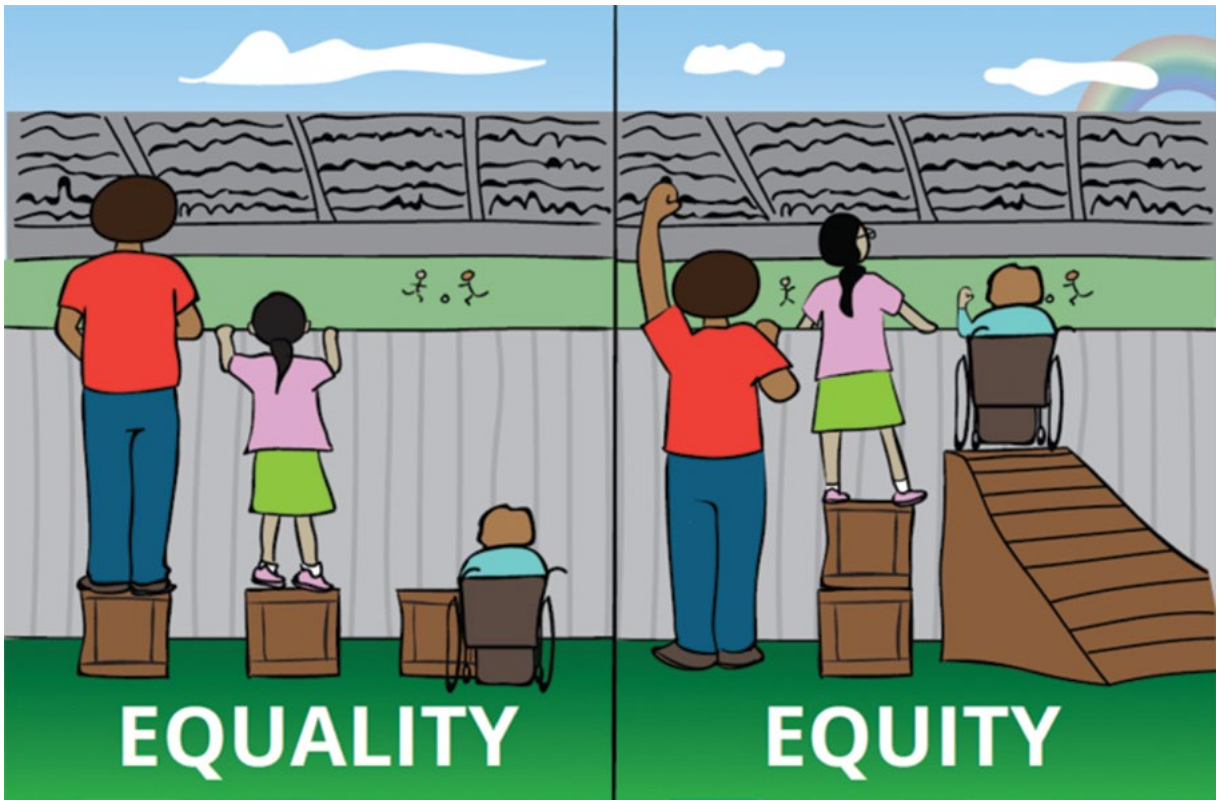
The second is legal agency to act on those rights and to have those actions recognized by the law. It is this component that is frequently denied or diminished for persons with disabilities. For example, laws may allow persons with disabilities to own property, but may not always respect the actions taken by them in terms of buying and selling property. Legal capacity means that all people, including persons with disabilities, have legal standing and legal capacity by virtue of being human. Therefore, both strands of legal capacity must be recognized for the right to legal capacity to be fulfilled, they cannot be separated.

The notion of equality is primary to the rights of persons with disabilities. While the source of the equality principle is quite easily understood, its application is not always straightforward.

Equality is described as a moral ideal founded in the belief that people who find themselves in similar situations should be treated similarly; and in the same way, people who find themselves in different situations should be treated differently. The standard of equality creates a realm of rights to protect the equal worth of people and it secures the right to equal and full enjoyment of life. In reality however, valid reasons to differentiate (for that matter, discriminate) between individuals and to treat them dissimilarly do occur.

Equity is the consequence of legitimate differentiation and it follows that unequal treatment is motivated by valid reasons. Disability, for example, can be a basis and reason for fair discrimination.

Figure 5: Difference between equality and equity



www.equitytool.org

The right to inclusive education encompasses a transformation in culture, policy, and practice in all formal and informal educational environments to accommodate differing requirements and identities of individual students, together with a commitment to remove the barriers that impede that possibility. It involves strengthening the capacity of the education system to reach out to all learners. It focuses on the full and effective participation, accessibility, attendance and achievement of all students, especially those who, for different reasons, are excluded or at risk of being marginalized. Inclusion involves access to and progress in high-quality formal and informal education without discrimination.

It seeks to enable communities, systems and structures to combat discrimination, including harmful stereotypes, recognize diversity, promote participation and overcome barriers to learning and participation for all by focusing on well-being and success of students with disabilities. It requires an in-depth transformation of education systems in legislation, policy, and the mechanisms for financing, administration, design, delivery and monitoring of education.

In Article 24, the right of children with disabilities to **inclusive education** is addressed. Inclusive education aims at the optimal development of each individual's potential through her/his participation in quality education. The standard of education allows that the child's specific social and academic needs are accommodated and her/his potential developed to the fullest. (Appendix 3)

The following groups are at a greater risk to be excluded from education:

- persons with intellectual disabilities (ID),
- persons on the autism spectrum, (ASD)
- persons with multiple disabilities or who are deaf blind, and
- persons with disabilities during humanitarian emergencies.

Equality is treating everyone the same. **Equity** is giving everyone what they need to be successful. **Equality** aims to promote **fairness,** but it can only work if everyone starts from the same place and needs the same help.

The principle of equity as it relates to disability is applied by:

1. Equal access:
Accessibility is about introducing actions which enable learners with disabilities to function as independently as possible and participate optimally in the learning environment. Access to

equal opportunities in education is related to the diversity of children's abilities and potential. The education system should facilitate learning opportunities for each individual child in order for him/her to develop his/her full potential.

2. Reasonable accommodation:
This concept is defined by the UNCRPD as: "the necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms."

Equal participation with others, for children with disabilities, should be safeguarded by making appropriate changes and adjustments to the system. Modification required for specific situations is subject to contextual factors. The factors that need to be considered are: accommodation as an appropriate counter to discrimination, its relevance, effectiveness and affordability, as well as the availability of resources.

Inclusive education

The right to inclusive education encompasses a transformation in culture, policy, and practice in all formal and informal educational environments to accommodate differing requirements and identities of individual students, together with a commitment to remove the barriers that impede that possibility. It involves strengthening the capacity of the education system to reach out to all learners. It focuses on the full and effective participation, accessibility, attendance and achievement of all students, especially those who, for different reasons, are excluded or at risk of being marginalized.

Inclusion involves access to and progress in high-quality formal and informal education without discrimination. It seeks to enable communities, systems and structures to combat discrimination, including harmful stereotypes, recognize diversity, promote participation and overcome barriers to learning and participation for all by focusing on well-being and success of students with disabilities. It requires an in-depth transformation of education systems in legislation, policy, and the mechanisms for financing, administration, design, delivery and monitoring of education.

In essence, a policy of inclusive education is implemented through a system of mainstream schools that are inclusive of all children with limited hours spent in a resource room. The current school system in Namibia reflects some elements of the policy of inclusion. It represents a hybrid system ranging from segregated instruction to inclusive classroom learning.

Resource schools provide education to children with disabilities who require high levels of support as their specific educational needs do not readily allow for them to receive tuition in regular classrooms together with a diverse group of children. The staff of resource schools possess expertise in early screening and identification of delays and disabilities. They should also be equipped to provide professional support to colleagues in other classrooms and/or at other schools.

Inclusive schools cater to children with diverse educational needs, irrespective of the level of support required, and when necessary, the didactic approach and/or curriculum is adjusted to individual requirements of learners.

Mainstream schools with learning support classes accommodate children requiring medium to high levels of support in separate classes with a flow between mainstream and inclusive classes.

www.theirworld.org

The **health** rights of persons with disabilities are discussed in **Article 25** (Appendix 3). Of specific relevance is the provision of early identification and intervention services. These services should be accessible and located as close as possible to communities. Identification can happen in various ways . Data collected by national censuses, the Education Management Information Systems (EMIS) and other surveys serve a valuable purpose in this regard. Community-based facilities such as healthcare clinics and hospitals, organisations for persons with disabilities (OPD's), and non-governmental organisations (NGO's) with specific services aimed at children, can play a role in terms of awareness raising, and assistance with screening and support when further assessment is required. A protocol for early identification of children with disabilities should be developed with a view to enable them to "flourish in inclusive learning environments."

Early identification and intervention services hold the advantage of limiting or even preventing further disability in some instances. Early intervention services for children with disabilities facilitate optimal development of potential. The multidisciplinary services of assessment and intervention should be rendered as early as possible in a child's life. Early intervention allows for an individualised education plan to be developed (Art 24(2)(e), in advance of formal school entry.

Establishing functional inclusive early childhood development and education services will greatly support the inclusion of children with disabilities into mainstream schools and the progressive realization of an inclusive education system. Paragraph 66 of General Comment 4 on Inclusive Education (UNCRPD 2016), puts emphasis on collecting disaggregated data on the incidence of persons with different impairments, and their access to and accommodation within the educational system.

Three factors specifically hinder access to inclusive early childhood development services:

- absence of birth registration,
- parents' disinclination to acknowledge their children's developmental delay or disability, and
- the inconspicuousness of children who are institutionalised.

Early identification and intervention

States parties must take effective measures, to provide habilitation and rehabilitation services within the education system, including healthcare, occupational, physical, social, counselling and other services (article 26). Such services must begin at the earliest stage possible, adopt a multidisciplinary assessment of a student's strengths, and support maximum independence, autonomy, respect of dignity, full physical, mental, social and vocational ability and inclusion and participation in all aspects of life. The Committee stresses the significance of supporting the development of community-based rehabilitation, that addresses early identification, and peer support. (UNCRPD 2016: para 53)

Early childhood interventions can be particularly valuable for children with disabilities, serving to strengthen their capacity to benefit from education and promoting their enrolment and attendance. All such interventions must guarantee respect for the dignity and autonomy of the child. In line with SDG 4, and the 2030 Agenda for Sustainable Development, States parties are urged to ensure access to quality early childhood development, care and pre-primary education, together with the provision of support and training to parents and caregivers of young children with disabilities. If identified and supported early, young children with disabilities are more likely to transit smoothly into pre-primary and primary inclusive education settings. States parties must ensure coordination between all relevant ministries, authorities and bodies as well as OPDs and other NGO partners.

Inclusive education is an ambitious and far-reaching notion that is, theoretically, concerned with all students. The concept focuses on the transformation of school cultures to:

1. increase access (or presence) of all students (not only marginalized or vulnerable groups),
2. enhance the school personnel's and students' acceptance of all students,
3. maximize student participation in various domains of activity, and
4. increase the achievement of all students.

Inclusive education is an ambitious and far-reaching notion that is, theoretically, concerned with all students. The concept focuses on the transformation of school cultures to (1) increase access (or presence) of all students (not only marginalized or vulnerable groups), (2) enhance the school personnel's and students' acceptance of all students, (3) maximize student participation in various domains of activity, and (4) increase the achievement of all students. (Artiles et al 2006: 67) [emphasis added]

In the rest of the Convention, the following issues specifically pertain to children, including very young children:

Children with disabilities and their parents have the right of privacy in terms of personal information, health records and intervention reports.[10]

Birth registration should be done immediately.[11] A child's birth certificate confirms her/his identity as well as her/his right to protection by the state.

Children with disabilities should have access to cultural activities and events, with a view to enjoying participation in the cultural life of communities.[15]

Children with hearing disabilities are particularly singled out to enjoy their expression of identity, for example by communicating with sign language.[16]

Disability education is encouraged by way of information dissemination and support with a view to promoting the best interests of the child within the family system.[12]

Some families of children with disabilities have the right to social protection by means of financial assistance.[13]

Children with disabilities have the right to play and by implication, the "right" to behave like typical children. They should also have the opportunity to participate in sport activities and other forms of leisure.[17]

It is in the best interest of every person with a disability that she or he functions as independently as possible.[14] Applied to children, consistent with developmental expectations, every child should be encouraged to function as self-reliantly as possible.

3.4 Child Care and Protection 2015, (Act No 3 of 2015)

The legal instrument that prescribes decision-making pertaining to the overall wellbeing of children in Namibia, is the Child Care and Protection Act. The Convention on the Rights of the Child and the African Children's Charter serve as its 'gravitational force,' grounding it as a legal instrument in international law. The Child Care and Protection 2015, (Act No 3 of 2015) came into force on 30 January 2019.

A key section in the Child Care and Protection Act is on children's 'best interests', that is, the manner in which their optimal development and wellbeing will be promoted through care, safety and security. Section 3 of the Act is intended as a guideline for any formal decision that is to be made about a Namibian child.

Section 3: Child Care and Protection Act, 2015 (Act No 3 of 2015)

Best interests of the child

3. (1) This Act must be interpreted and applied so that in all matters concerning the care, protection and well-being of a child arising under this Act or under any proceedings, actions and decisions by an organ of state in any matter concerning a child or children in general, the best interests of the child concerned is the paramount consideration.
(2) All proceedings, actions or decisions in matters concerning a child must -
(a) respect, protect, promote and fulfil the children's fundamental rights and freedoms set out in the Namibian Constitution, the best interests of the child standard set out in section 3 and the rights and principles set out in this Act, subject to any lawful limitation;
(b) respect the child's inherent dignity;
(c) treat the child fairly and equitably;
(d) protect the child from direct or indirect discrimination on grounds of -
(i) the race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, age, disability, religion, conscience, belief, culture, language or birth of the child or of his or her parents, guardian, care-giver or any other family member of the child; or
(ii) the family status, health status, socio-economic status, HIV-status, residence status or nationality of the child or of his or her parents, guardian, care-giver or of any of his or her family members; and decisions by an organ of state in any matter concerning a child or children in general, the best interests of the child concerned is the paramount consideration.

According to the Act, children with disabilities should not be discriminated against. The specific section on children with disabilities is Section 9, which gives emphasis to their right to dignity, as well as their right to having access to education and services with a view to their optimal development and integrated functioning within society. The section on services for prevention and/or early interventionis detailed, with specific regulations for young children with developmental delays and disabilities. (Appendix 4)

Services pertaining to child nutrition, care and stimulation are linked to the prevention of developmental delays. Early intervention services for children with developmental disabilities consist of (re)habilitation, therapy and psychological programmes.

Article 30(5)(d): With a view to enabling persons with disabilities to participate on an equal basis with others in recreational, leisure and sporting activities, States Parties shall take appropriate measures to ensure that children with disabilities have equal access with other children to participate in play, recreation and leisure and sporting activities, including those activities in the school system.

Section 9: Child Care and Protection Act, 2015 (Act No 3 of 2015)

Children with disabilities

9. (1) Every person, authority, institution or body must treat a child with disabilities in a manner which respects the child's dignity.
(2) A child with disabilities is entitled to appropriate care and protection and must have effective access, insofar as reasonably possible and in the best interests of the child, to inclusive and non-discriminatory education, training, health care services, support services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to enabling the child to achieve the fullest possible social integration and individual development, ensuring his or her dignity and promoting his or her self-reliance and active participation in the community.

The importance of the family system and the competency of parents regarding caregiving is stressed. Birth registration is specifically mentioned as an instance of a parent safeguarding the best interest of her/his child, and provision should be made for children with chronic health conditions or developmental disabilities to be cared for by competent and sufficiently skilled parents. Empowering parents through providing them with specific information is

key to prevention and early intervention.
Concerning young children with compromised development, participation in ECD programmes is prioritised. If necessary, families of children who are at risk developmentally or who have disabilities should receive assistance and support to strengthen their caregiving capacity. When families are unable to provide for the basic needs of their children, they should be assisted to apply for financial assistance. Section 241 of the Act regulates allocation of child disability grants.

The following persons are eligible to apply for a child disability grant:

- the parent, guardian or formally-appointed kinship caregiver of the child,
- the child heading or the adult supervising the child-headed household, and
- a foster parent or a child care facility.

Role of parents and caregivers

Parents and caregivers can play positive and negative roles in the lives of children with disabilities. With a view to encouraging parents' involvement with their children, and supporting their children's social inclusion, it is helpful to be aware of these roles:

- Parents are experts on their own children. Parents know their children best and they are therefore an ideal source of information to be utilised when it comes to making decisions in their children's best interest.

- Parents have the capacity to facilitate change. Apart from being influential advocates for children with disabilities, they can create opportunities for skills acquisition and reinforcement within or without the home.

- Parents may be uninformed about basic principles of child development. Some parents hamper their children's optimal development and consequently also their later adjustment and independent functioning. As a result of ignorance or stereotyping, these parents fail to recognise their children's potential to learn and subsequently do not prioritise their children's active participation in developmentally appropriate activities.

- Parents can act overprotectively. Due to general increased vulnerability for abuse, bullying and other perceived risks associated with varied development, parents can be reluctant to provide their children with the necessary opportunities to explore their environment, and develop basic skills and their personal competencies.

According to the Child Care Act, **an ECD centre** is described as: "a facility used to care for children from birth to the age of formal schooling and which offers a structured set of learning activities." An ECD centre has to be formally registered and managed. ECD centres are administrated by the Ministry of Education.

Taking into account the standards of the surrounding community, an ECD centre has to comply with the following minimum standards for registration:

- ✔ safe play area
- ✔ safe drinking water
- ✔ sufficient space and ventilation
- ✔ hygienic and adequate toilet facilities
- ✔ adequate means of disposal of the centre's refuse
- ✔ hygienic area for food preparation
- ✔ the necessary first aid supplies.

Upon registration with the Ministry, a certificate is issued that is valid for a period of five years. Registered ECD centres are eligible to receive state funding. Unfortunately, **most ECD centres in Namibia are not registered with the Ministry of Gender Equality Poverty Eradication and Social Welfare (MGEPESW)** and are consequently not funded by the state. These centres have been established by communities and usually do not function within the operational structure of minimum standards as a requirement for formal registration.

3.5 Summary

The passing of legislation and ratification of conventions are important steps in the recognition of children's rights. The symbolic value of these actions should not be underestimated, but true recognition of children's rights requires implementation in practice.

Rights are implemented through service provision, although rendering of services cannot happen without resources. Fundamental to the implementation of children's rights, is the availability and allocation of resources. Moreover, children are developing human beings with self-sufficiency typically unfolding progressively from birth to young adulthood. Consequently, the relationship between dependency and autonomy during each developmental stage informs decisions on putting their rights into practice. At any given time, children should neither be underestimated nor overestimated in terms of competency.

SOCIAL INCLUSION

4.1 Conceptualisation of disability

The theory of disability has evolved over time. Initially, disability was explained as a misfortune to which the response was either sympathy or blame (charity model). A paradigm shift to the medical model sought to define disability as a medically-related condition which could be cured by some form of treatment. (Table 2)

Presently, disability is aligned to the social model and is understood as follows:

The extent to which an impairment 'disables' an individual, depends on the physical, informational and communicational barriers and perspectives of the community in which she or he functions. Societal barriers keep individuals with impairments from enjoying meaningful lives. Alternatively, in a society in which impairments are accepted as an expression of human diversity, optimal functioning of persons with impairments is facilitated.

The social model is linked to the human rights associated with disability. Although the medical model is challenged inter alia on the basis of the disempowerment inherent in doctor - patient (expert - novice) dynamics, it is important not to confuse issues and simultaneously reject the potential constructive role and function of professionals in healthcare and allied disciplines in the disability field.

People with disabilities have rights including the right to health and to access medical habilitation and rehabilitation services. Medical and health professionals play an important role in advising and providing specialist support that can optimise disabled people's choices and opportunities to participate. Ultimately, the decisions that people with disabilities make regarding their bodies and which medical and health options they engage with, if any, remain an individual choice and is not for the judgement or imposition of others.

The input of relevant stakeholders in child development and disability is a potential asset when a holistic approach to serving the best interests of children with disabilities is followed.

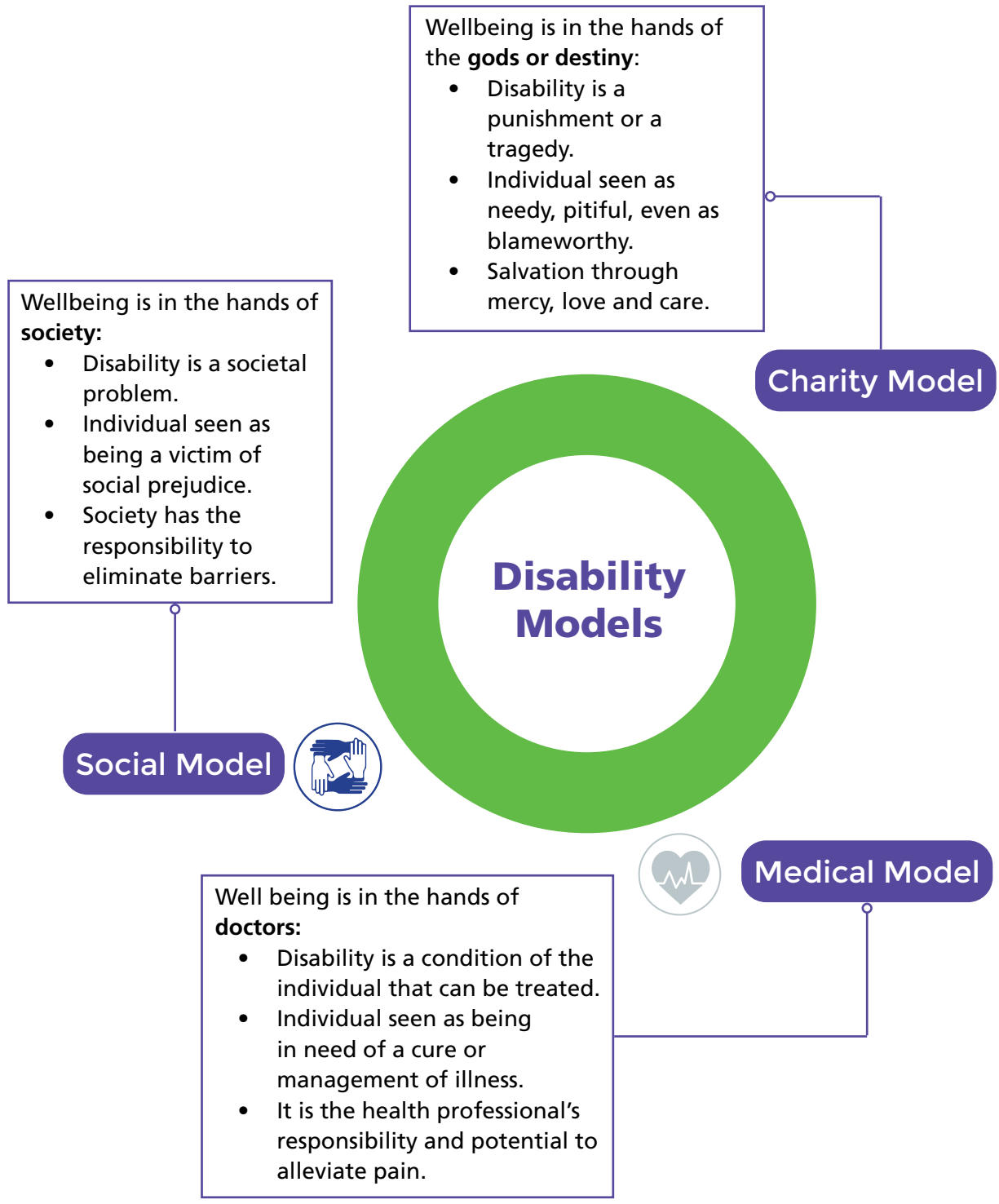

Wellbeing is in the hands of the **gods or destiny**:
• Disability is a punishment or a tragedy.
• Individual seen as needy, pitiful, even as blameworthy.
• Salvation through mercy, love and care.
Charity Model
Wellbeing is in the hands of **society:**
• Disability is a societal problem.
• Individual seen as being a victim of social prejudice.
• Society has the responsibility to eliminate barriers.
Disability Models
Social Model
Medical Model
Well being is in the hands of **doctors:**
• Disability is a condition of the individual that can be treated.
• Individual seen as being in need of a cure or management of illness.
• It is the health professional's responsibility and potential to alleviate pain.

Table 2: Medical model vs social model paradigm

Medical Model	Social Model
Person with a disability is faulty	Person with a disability is valued
Diagnosis is made	Barriers are identified and addressed
Stereotyping / labelling	Profiling of needs and strengths developed by self and others
Focus on impairment	Focus on participation in life activities
Assessment, monitoring, therapy imposed	Outcome-based programme designed
Segregation and alternative services	Collaboration of person with disability, family system and service providers
Ordinary needs put on hold	Relationships nurtured
Static society: embraces "normality"	Dynamic society: embraces diversity

4.2 Twin-track approach

Authentic inclusion of persons with disabilities in society runs on two parallel tracks. The one track is general in nature, and the other specific. While the general track is disability rights-based, the specific track is individualised and impairment-specific. When the twin-track approach is followed, systemic transformation addresses the needs of all people – people with disabilities as well as those without.

The twin-track approach acknowledges the ordinary needs of children with disabilities and their families, access to mainstream programmes and services required in this regard, as well as their specific needs that require targeted services. Instead of erecting separate and/or parallel service structures for children with disabilities, existing health and education services for all children are extended.

The twin-track can be compared to a bicycle. The two wheels are inseparably linked and work interdependently. The equal status and full participation in society of the person with a disability is represented by the destination.

The front wheel represents society. When disability is mainstreamed, persons with

disabilities are acknowledged as equal members of society. The back wheel represents the person with a disability her/himself. By addressing her/his impairment specific issues, her/his autonomy is strengthened through optimal functioning.

Universal design, including **Assistive Technology (AT)** facilitates access to and participation in society.

The most powerful and cost-effective solutions are ones that integrate these two approaches, yielding universal designs that are aware of the requirements of AT (e.g., buildings whose ramps have corners and inclines that are accessible to power wheelchairs) and AT that are aware of the affordances of universally designed buildings (e.g., wheelchairs that incorporate infrared switches to activate universally designed door and elevator buttons). Such integrated designs are not only more economical and ecological, they reflect the fact that disabilities are defined by the interaction between the environment and the individual.

The distinction between **Universal Design for Learning (UDL)** and AT pertinently clarifies the twin-track approach as applied to learning systems. (Table 3) UDL and AT are considered to be the two sides of a coin. In terms of universal accessibility, AT and UDL function on a continuum of barrier reduction:

At one end of the continuum, UDL seeks to reduce barriers for everyone. At the other end of the continuum, AT is used to reduce barriers for individuals with disabilities. However, in the middle, the interactions of the two interventions merge in a way that prevents clear demarcation of where one ends and the other begins.

In keeping with the bicycle comparison, UDL is the front wheel and AT the wheel at the back.

For people without disabilities, technology makes things easier. For people with disabilities, technology makes things possible.
(IBM Training Manual, 1991)

Table 3: Comparison of Assistive Technology (AT) and Universal Design for Learning (UDL)

ASSISTIVE TECHNOLOGY (AT)	UNIVERSAL DESIGN FOR LEARNING (UDL)
Focus on child	Focus on learning environment
Needs driven	Values driven
Responsive: help overcome existing barriers in environment and curriculum, and increase opportunities for functional independence through careful engineering and customised adaptation	Proactive: remove / reduce potential learning barriers in environment and curriculum, and increase opportunities for widest range of learners through creative design
Support	Accommodation
Specific	General
Specialised	Generic
Cater for individuality: exclusive	Cater for diversity: inclusive

Appropriate services can have a substantial impact on the outcomes of using assistive technology. **The following services are linked to provision of AT to children with disabilities:**

- referral by relevant stakeholder,
- assessment,
- prescription,
- funding,
- ordering,
- product manufacture,
- fitting and adjusting,
- training of the child and family,
- follow-up,
- product maintenance and
- repairs.

The procedures required can vary from product to product. The selection of appropriate procedures relies on the expertise of the relevant service providers and the participation of the patient and their family.

Case Study: Namibia

The Ponseti method[17] is used to correct club foot in Namibia. Seven days after the first casting, the young child has to return for the next step in the correction process. The process is delayed and extended if the child does not turn up for the fitting appointment. It is even possible that the child can have a relapse if the casting is not attended to within time. Moreover, if the shoes are not regularly checked and adjusted according to the growth of the child's feet, she or he can develop scoliosis.[18]

AT can lessen or remove the barriers between the impairment of a child and her/his environment and which hinder her/his participation in typical childhood activities. However, the actual availability (and therefore usefulness) of AT is dependant on the following factors:

1. Parents or caregivers are aware of suitable products and services available that will benefit their individual children's functioning.

2. The provision of AT has high priority in terms of national legislation and policies.

3. Service delivery is adequate and non-discriminatory. AT services are not concentrated in particular geographical regions and/or their focus on specific disabilities. With regard to equity, children are often less likely than adults to access assistive technology.

4. AT products are available. Unavailability due to manufacture in another country or only produced on a limited scale. The cost involved in the import of AT also contributes to limited / no availability.

5. Environments have to be physically or cognitively accessible. Inaccessible transport and/or facilities can prevent children with disabilities from obtaining the AT products and related services they require. Further, regardless of the cost or availability of a wheelchair, a child will not be able to use it in an inaccessible house, road or school. Cognitive accessibility refers to products that are user-friendly with clear and simple operating instructions.

6. A sufficient number of service providers are properly trained in producing, adapting and supplying AT.

7. The cost involved in procuring, maintaining and replacing AT products and the associated services is a specific factor where children with disabilities are concerned. Children, as opposed to adults, need to have assistive equipment adjusted and exchanged in relation to their physical growth or evolving developmental needs.

4.3 Inclusive education

The participation of children with disabilities in typical childhood life events is especially promoted by the implementation of the inclusion policy in education. The traditional approach (medical model) is substituted with the inclusive approach (social model). (Table 4)

> Inclusion is seen as a process of addressing and responding to the diversity of needs of all learners through increasing participation in learning, cultures and communities, and reducing exclusion within and from education. It involves changes and modifications in content, approaches, structures and strategies, with a common vision which covers all children of the appropriate age range and a conviction that it is the responsibility of the regular system to educate all children. (UNESCO 2005: 13)

The concept of inclusion applies to all children. In theory, all children, irrespective of personal background, cultural grouping or marginalised status, should feel welcome in one educational system due to their individual characteristics that are respected and the diversity of their unique developmental needs being accommodated. In principle, all children should benefit equally from the learning opportunities provided in the same classroom. (Appendix 5)

barb daly

Table 4: Traditional vs inclusive approach

TRADITIONAL APPROACH (MEDICAL MODEL)	INCLUSIVE APPROACH (SOCIAL MODEL)
Focus on learner	Focus on classroom
Needs of learner	Rights of learner
Learner assessment by specialist	Learning / teaching factors examined
Diagnostic / prescriptive programme	Collaborative and consultation approach
Placement in appropriate programme	Teachers equipped with strategies
Emphasis on needs of "special" learners	Emphasis on typical classroom environment being adaptable and supportive
Learner has to change	School has to change
Formal support is given by specialist	Mainstream teachers have expertise to support all learners and adapt to different learning needs and styles
Specialised programmes / therapeutic intervention to learners who need it	Every learner receives quality teaching

When its principles have not been historically and culturally contextualised, the implementation of the inclusive education policy can be challenging. For example, keeping the poverty-disability cycle in mind, schools in low and middle income (LAMI) countries are often met with various **challenges** to provide for learners' varied educational needs:

1. Human and technical resources are limited. Schools may not be accessible. Teachers are not trained to address a spectrum of educational needs, and do not have learning materials and other educational tools at their disposal for effective teaching. The number of learners per class and teachers' workload do not allow for child-centred teaching.

2. School leadership may act contrary to the ethos of inclusion.

3. Children's rights are not advanced on the level of public policy and/or financial constraints prevent policies from being implemented.

4. Medical model thinking is applied to implementing inclusive education. Educators underestimate their competence as they are under the impression that children with and without disabilities differ to such an extent that they cannot be educated similarly.

5. Social exclusion mediates the poverty-disability cycle. Social inequality correlates with educational inequality: access to education for children in impoverished households is compromised at every level (preschool, primary and secondary education). Quality of education varies. The resources and financial contribution of impoverished families are limited. (Figure 6)

Inclusive education is characterised by four components:

access

participation

acceptance

achievement

In an inclusive educational setting, every child:

1. has access to a developmentally appropriate learning environment.
2. feels accepted by the staff and her/his peers.
3. can participate in the learning activities offered.
4. has accomplishments to show in affirmation of her/him actualising her/his learning potential.

Figure 6: Poverty - disability cycle

Disability contributes to poverty due to discrimination and institutional and attitudinal barriers. Persons with disabilities are less likely to have access to rehabilitation, education, skills training, and employment opportunities.

Extreme poverty negatively impacts on disability through lack of adequate nutrition, preventative and curative health care, and access to clean water, sanitation and safe working conditions.

Inclusive education is guided by two principles. Educational systems acknowledge and value human diversity by providing opportunities to access education to children with various educational needs. Further, children with diverse educational needs are provided with opportunities to meaningfully participate in all activities of learning.

Whereas the social justice principle of equity underpins inclusion, it is not a question of simply 'dumping' children with developmental disabilities into the educational system. As is the case with all human beings, children with disabilities cannot be approached as a homogeneous group with similar characteristics and developmental needs. Also, children with the same kind of impairment remain unique individuals and decision making with regards to educational and/or vocational planning should be made on an individual basis.

This may not be straightforward, especially when child disability rights compete with one another. For example, focusing on the right to protection can have unintended consequences. When children with disabilities with specialised needs are allocated to 'special schools', they are inadvertently isolated from their peers in public schools as the following case study from Tanzania shows.

Case Study: Tanzania

The government removed children with albinism from their families and placed them in special educational facilities as an act of protection against extremely harmful cultural practices in that country. The right of these children, to equality and non-discrimination, was overlooked in this case. Further, their right to 'being', i.e., to psychological wellbeing, as a perception right was disregarded. The right to development also includes developing a healthy self-esteem.

The right to provision of education (and subsequently providing equal access), may be confused with the right of participation in education. Learners with severe disabilities require both the general and specialised skills of teachers to become optimally involved in the learning environment. If the focus is on developing identities, that is, looking holistically at education that also forms character and self-esteem, children with disabilities are entitled to the need to feel accepted. From the definition of participation as: "a feeling of belonging and engagement, experienced by the individual in relation to being active in a certain context," the link between the values of perception and participation becomes apparent.

In the inclusive educational context, the feeling of belonging in the classroom, for the child with a disability, primarily relates to two sets of perceived attitudes: the attitudes of teachers and her/his peers without disabilities towards them. Children with disabilities who do not feel accepted (and supported) at school may drop out of the system as a result.

The link between access to and participation in a learning environment is decisive, although actual participation means involvement. Participation starts with children's physical presence in the inclusive classroom, but learners' sufficient engagement with learning materials is necessary for the development of their individual learning potential.

Pertaining to inclusive education, the AT-UDL relation holds two implications. If no one is to be left behind, including children with severe impairments, UDL alone is usually not sufficient to promote their full participation in life activities. Prerequisite to many children with severe impairments' participation in the learning environment is AT support. Secondly, collaboration among relevant service providers is crucial. The younger the child and/or the more severe the

disability, the more decisive the enabling role of educators becomes in terms of support in the learning environment. The following case study from South Africa shows the importance of AT support.

Case Study: South Africa

Speech Generated Devices (SGDs) were procured for learners on the autism spectrum at selected rural schools in South Africa, to augment their communication proficiency in the educational setting. Their teachers however were unable to assist them in maximising this benefitbecause no training was provided on the use of the equipment and learner support. Moreover, the learners were not allowed to remove their communication devices from the school premises. While the provision of SGDs technically addressed the barrier to communication in the classroom, their social participation remained restricted due to severe communication barriers at home and in their communities.

4.3.1 Universal design for learning (UDL)

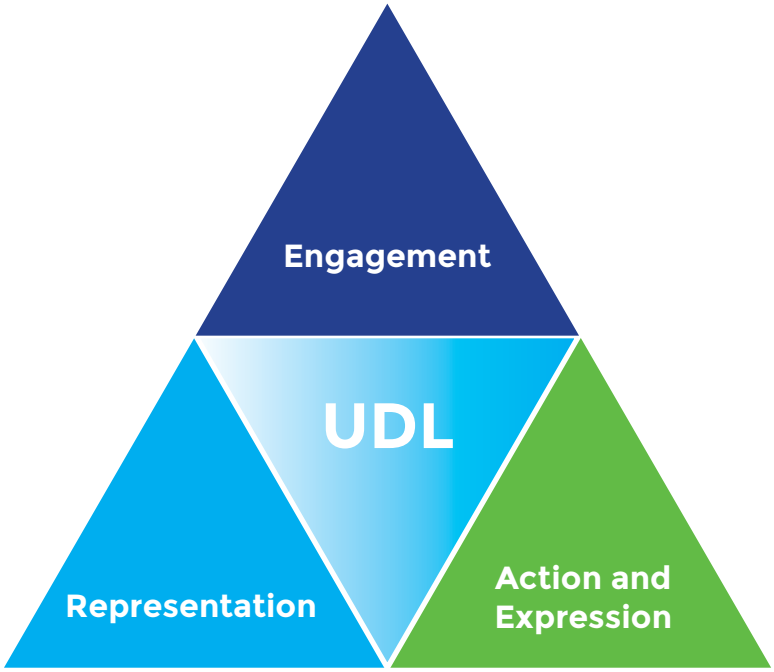
Universal Design for Learning (UDL) ensures access to learning skills for everyone.

UDL breaks the 'one-size-fits-all' mould and expands opportunities for learning for all students with learning differences. Recognizing and responding to diversity is a core motivation for engaging in UDL practices. Finally, the expectations associated with No Child Left Behind (NCLB) makes UDL an important and timely strategy for enhancing student academic achievement.

> "Good design for people with disabilities benefits everyone," provides a powerful rationale for exploring the large-scale application of UDL in education. (Edyburn 2005: 28)

The Centre for Universal Design and the Centre for Applied Special Technology (CAST) developed the UDL pedagogical framework. The UDL facilitates general access to the learning environment by means of a flexible curriculum. Three neurological networks are operationalised, applying three complimentary didactic principles for learner-centred teaching. (Figure 7 and Appendix 6)

Figure 7: UDL didactic principles



The resemblance of UDL to basic models of cognitive information processing is obvious.

Why?

The motivational principle of **Engagement** is related to the Affective network and associated with the cingulate areas of brain.

What?

The perceptual principle of **Representation** is related to the Recognition networks and associated with the sensory processing areas of the brain – the occipital, temporal and parietal lobes.

How?

The processing principle of **Action and Expression** is related to the Strategic networks and associated with the brain area in which the cognitive and executive functions are located – the frontal lobe.

The application of the full UDL-model requires extensive preparation from teachers. Lessons are planned according to three levels of instruction and need for support. Learners are provided with a spectrum of options to choose from in all three domains with a view to facilitating optimal engagement with learning material as well asrecognition, processing and expression of the material, thereby leveraging the learning environment to their advantage. The increased focus on appropriate teacher training, curriculum development and classroom set up supports implementation.

4.2.2 Assistive Technology (AT)

Assistive technology is technology that increases, improves, or maintains the functional capabilities of learners with disabilities. Direct reference to AT is made in the UNCRPD on several occasions in various articles.

There is a vast range of assistive technology from low tech to high tech catering to different developmental needs. Low tech AT does not usually require a power source. High tech AT uses digital technology and is associated with significant functional impairment. (Table 5)

Table 5: Examples of low (L) and high (H) tech AT products

AT CATEGORY		EXAMPLES
Vision	L ↓ H	• Spectacles, magnifier, magnifying software for computer • White cane, GPS-based navigation device • Braille systems for reading and writing, screen reader for computer, talking book player, audio recorder and player • Braille chess, balls that emit sound
Hearing		• Headphone, hearing aid • Amplified telephone, hearing loop
Mobility		• Walking stick, crutch, walking frame, manual and powered wheelchair, tricycle • Artificial leg or hand, leg or hand splint, clubfoot brace • Corner chair, supportive seat, standing frame • Adapted cutlery and cooking utensils, dressing stick, shower seat, toilet seat, toilet frame, feeding robot
Communication		• Communication cards with texts, communication board with letters, symbols or pictures • Electronic communication device with recorded or synthetic speech
Cognition	L ↓ H	• Task lists, picture schedule and calendar, picture based instructions • Timer, manual or automatic reminder, smartphone with adapted task lists, schedule

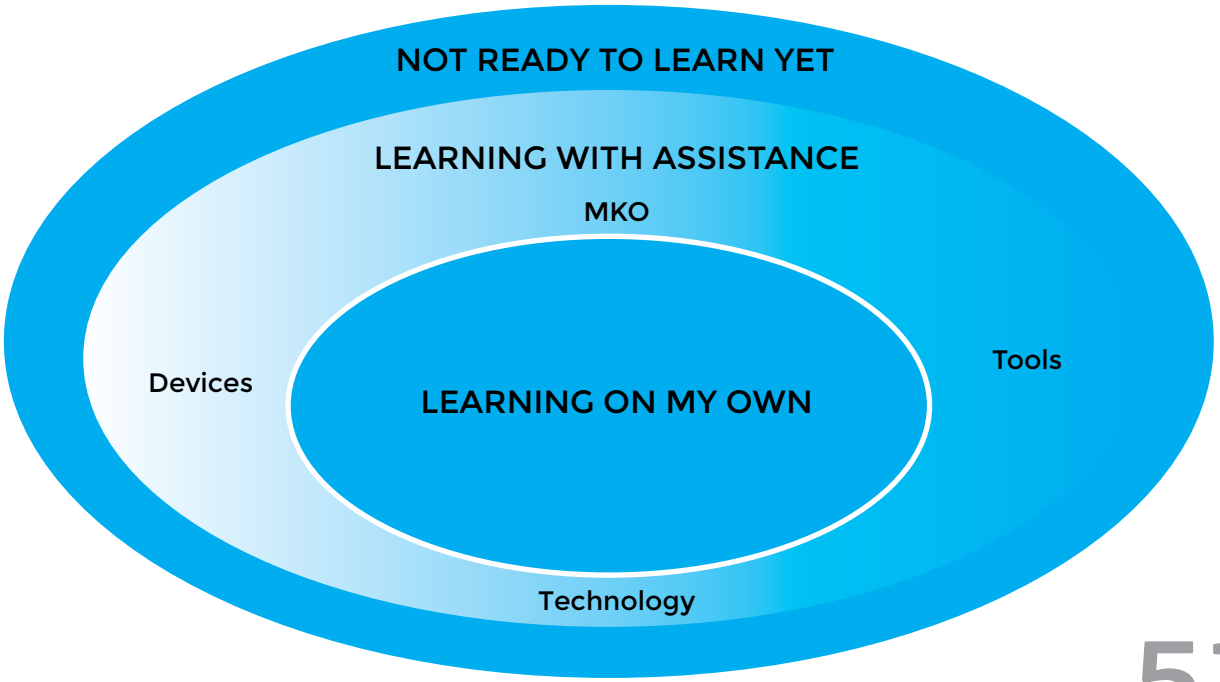
When early childhood development is supported by the use of AT, it reduces costs in the long run. AT sustains optimal independent functioning and can prevent various physical harms, further impairments and untimely deaths in children with disabilities. Appropriate AT may reduce the need for formal support services and also release families of children with disabilities in terms of the extent of caregiving duties.

4.3.3 Zone of proximal development (ZPD)

The Russian psychologist Lev Vygotsky developed the socio-cultural theory on cognitive development. Where previously the sensorimotor abilities of infants were recognised as the 'tools' for cognitive development, Vygotsky suggested that they already have the basic mental functions of sensation, perception, attention and memory at a young age.

According to his theory, a child's cultural setting during the developmental years has great significance. In particular, More Knowledgeable Others (MKO) play an important role in the developing child's mastery of skills and gaining of knowledge. Adults or peers who are more knowledgeable, skilled or experienced than the child in terms of the learning task at hand, qualify to be a MKO. Technology, educational tools and assistive devices can also serve this function during guided learning. Learning guided by the MKO takes place in the Zone of Proximal Development (ZPD) – the area in which the child is not only ready to take the next step, but is led to master a skill or complete a learning activity that she or he would not have been able to do on her/his own. Fundamental to guided participation is a belief in the child's potential for cognitive growth. (Figure 8)

Figure 8: Zone of proximal development



The ZPD construct is a particularly well-known concept in developmental psychology, parent guidance and training, and education. The ZPD refers to the set of competencies that are emerging for a given individual at a specific moment in time. It reflects the unique variation in what each individual is ready to learn next.

Scaffolding is a similar approach in which the learner's ZPD is fundamental to the learning experience and is described as an essential characteristic of UDL.

4.3.4 Mediated learning

The Israeli psychologist Reuven Feuerstein (1921-2014), who is credited with developing the theory of Structural Cognitive Modifiability (SCM) and Mediated Learning Experience (MLE), had a grandson with Down syndrome and his theories came to fruition in an unforeseen personal way.

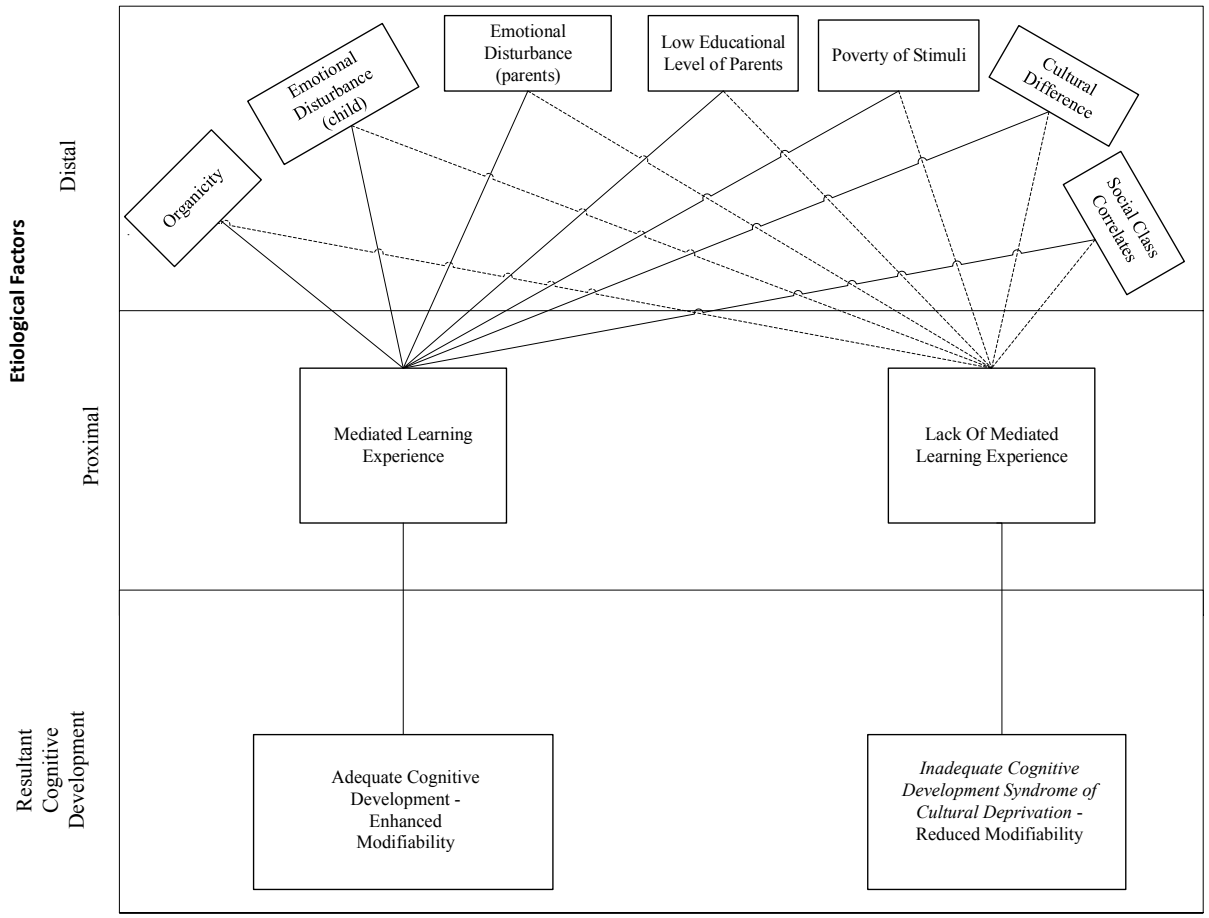
Learning can be described as the process of acquiring new information, including knowledge and skills. It relies on the processing of information from the moment it is received by one or more of the senses until it is stored in the memory system, and is accessible for use during functioning in life settings and to adapt to new situations.

There are two groups of learners. The first group has little difficulty with information processing in direct exposure to sensory information. For this group the learning process usually occurs effortlessly. However, this is not the case for the other group. Various factors can pose barriers to their efficient information processing and learning. A distinction is made between distal and proximal factors that can play a role in the varied cognitive development of children. Examples of distal factors that frequently compromise cognitive development to different degrees are genetic conditions, low socio-economic status

Scaffolding refers to temporary assistance provided by one person to a less-skilled person when learning a new task. Adults provide assistance just slightly beyond the child's current competence, thus stimulating the child to reach a new level. To give the support (or scaffold) necessary for the child to accomplish the task, the adult or teacher may define the activity, demonstrate skills or provide direct guidance. As the child begins to learn the task, the adult or teacher provides less instruction. The defining characteristic of scaffolding – giving help but not more than is needed – promotes learning.

(SES), lack of stimulation, educational neglect, emotional difficulties, cultural differences and developmental delays. All distal factors, that is, all barriers to learning can be addressed by providing the learner with MLE, and in this way cognitive dysfunction is overturned. (Figure 9)

Figure 9: Distal and proximal factors in differential cognitive development



(Adapted from Feuerstein and Rand, 1974

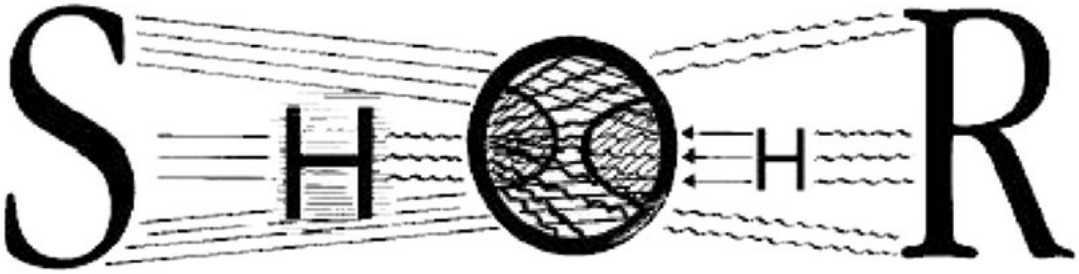
Most children with developmental delays and disabilities fall in this second group. The learner is assisted to process information until such time that she or he is able to apply learning functions and skills her/himself, learn independently and therefore actualise her/his potential. According to Vygotsky, guided participation is required and according to Feuerstein, MLE is most important. As a consequence, the learner's cognitive structures are altered and cognitive functioning enhanced.

The process of MLE – as presented in Figure 10 – is explained as follows:

In a mediated learning experience, the organism (O) exposed directly to stimuli (S), receives and responds (R) competently and fully to them only after features have been selected, framed, modified, by the adult human mediator. In MLE, things to be learned are subjected to an order imposed by the adult mediator, who assures that relations between certain stimuli will be experienced in a certain way. The order of appearance, the intensity of given stimuli, the changes that occur in all these are grasped by the child through the intentional behaviour of the mediator. The reasons for the observed changes that occur become the object of examination by the mediator, who points to the crucial events and their critical aspects. By the same token, the H (Human) interposes himself between the organism and his responses to the perceived reality, shaping the responses so that they will have a cognitive and social meaning and rejecting those that fail to communicate adequately or to adapt themselves to the particularities of the experienced stimulus.

The mediation process therefore has specific characteristics, of which mediation of intentionality and reciprocity, mediation of transcendence and mediation of meaning are central.

Figure10: Mediated Learning Experience (MLE)



SCM refers to the structural neurodevelopmental changes that take place when a child participates in mediated learning. Cognitive modifiability does not refer to remediation of specific skills, it refers to changes of a structural nature that alter the course and direction of cognitive development. These structural modifications are permanent and will have a positive impact on the child's cognitive functioning in future:

When we use the term 'cognitive modifiability,' we refer to structural changes, or to changes to the state of the organism, brought about by a deliberate program of intervention that will facilitate the generation of continuous growth by rendering the organism receptive and sensitive to internal and external sources of stimulation.

Mediated learning can already be applied during early childhood. In the discovery of her/his learning potential, the child is empowered to develop into an independent thinker.

4.4 Inclusive Early Childhood Development (IECD)

An ECD centre is **"a facility that provides education and care to children in the temporary absence of their parents in a holistic manner by tending to their health, nutrition, education, psychological development and other needs."** This is in keeping with the philosophy underlying Inclusive Early Childhood Development (IECD) - inclusive education being practised holistically. All young children – with or without developmental delays and disabilities – are supposed to enjoy the years preceding formal schooling by utilising opportunities for mastery of developmental skills and early learning related to the various developmental domains. The advantages of attending ECD programmes are numerous and well documented.

Pre-schoolers enjoy better health due to immunization and nutrition systems that are often linked to the programme. Their socio-emotional development is fostered through play and interaction with peers and caregivers. Cognitive development is enhanced by engagement in age-appropriate stimulating activities. There is a connection between pre-schoolers attending ECD programmes and those who enrol at primary school. Further, there is also an association between ECD attendance and grade promotion (as opposed to repetition), as well as enrolment (as opposed to dropout) during the primary school years.

The inclusion of very young children with disabilities in the ECD system has been challenging. Physical access to spaces of learning is required, as well as developmentally appropriate accommodation within the learning environment to ensure their active participation.

Pre-primary education is related to school readiness as well as the transition between preschool and foundational education. For at-risk children or children with disabilities, there is a double benefit associated with attending an ECD facility. Firstly, children enjoy the typical benefits of early skills mastery associated with developing school readiness. Additionally, existing barriers are addressed timeously within the window of opportunity for children to benefit optimally from formal schooling.

4.5 Conclusion

> "**Good programs** might be child-centered or family-focused. **Great programs** are child-centered, family-focused, and community-based in an integrated and inclusive fashion."

This manual provides an overview of the disability rights and the importance of understanding the different national and international instruments on the rights of persons with disabilities. It is crucial for the respective Ministries, organizations of persons with disabilities, disability service providers and institutions of higher education to have an informed understanding of these instruments and to contextual them when conducting trainings and providing information to parents, caregivers, and communities to support persons with disabilities and to advocate for their rights through addressing negative cultural practices including stigma and discrimination.

By working systematically through the practical manual stakeholders will be able to put in place practices and processes needed not only to create a safe and supportive environment for the early identification of disabilities, but also to ensure that young children are supported and are receiving the necessary services to improve their health and wellbeing. Stakeholders working with children with disabilities are encouraged to coordinate and collaborate with one another and to seek help and guidance from the service providers, as well as from supporting ministries, development partners, NGOs and influential individuals in their communities to create inclusive communities where no child feels left behind.

REFERENCES

Ainscow, M. 2007. Taking an inclusive turn. *Journal in Research in Special Educational Needs* 7(1): 3-7. doi: 10.1111/j.1471-3802.2007.00075.

Al-Azawei, A., Serenelli, F. & Lundqvist, K. 2016. Universal Design for Learning (UDL): A Content Analysis of Peer-Reviewed Journal Papers from 2012 to 2015. *Journal of the Scholarship of Teaching and Learning* 16(3): 39-56. doi: 10.14434/josotl.v16i3.19295

Alnahdi, G. 2014. *Assistive Technology in Special Education and the Universal Design for Learning.* The Turkish Online Journal of Educational Technology 13(2):18-23.

Artiles, A.J., Kozleski, E.B., Dorn, S. & Christensen, C. 2006. *Learning in Inclusive Education Research: Re-mediating Theory and Methods with a Transformative Agenda.* Review of Research in Education 30: 65-108.

Boezaart, T. 2009. *Child Law, the Child and South African Private Law.* In Boezaart, T. (Ed.) Child Law in South Africa. Cape Town: JUTA.

Brand, S.T. & Dalton, E.M. 2012. *Universal Design for Learning: Cognitive Theory into Practice for Facilitating Comprehension in Early Literacy.* Forum on Public Policy. https://files.eric.ed.gov/fulltext/EJ979433.pdf

Byrne, B. 2012. *Minding the Gap? Children with Disabilities and the United Nations Convention on the Rights of Persons with Disabilities.* In Freeman, M. Law and Childhood Studies: Current Legal Issues Vol 14. Oxford Scholarship Online. doi: 10.1093/acprof:oso/9780199652501.003.0024

CAST. 2018. *Universal Design for Learning Guidelines* version 2.2. http://udlguidelines.cast.org

CBM (Christian Blind Mission). 2017. *Disability Inclusive Development Toolkit.* CRPD influencing everything we do. Benstein, Germany: CBM. https://www.cbm.org/fileadmin/user_upload/Publications/CBM-DID-TOOLKIT-accessible.pdf

Chataika, T., Mckenzie, J.A., Swart, E. & Lyner-Cleophas, M. 2012. *Access to education in Africa: responding to the Unitied Nations Convention on the Rights of Persons with Disabilities.* Disability & Society (27)3: 385-398. doi: 10.1080/09687599.2012.654989

Chua, B.L., Tan, O-S. & Chng, P.S.W. 2017. Mediated Learning Experience: Questions to Enhance Cognitive Development of Young Children. *Journal of Cognitive Education and Psychology* 16(2): 178-192.

Collins, P.Y., Pringle, B., Alexander, C., Darmstadt, G.L., Heymann, J., Huebner, G., Kutlesic, V., Polk, C., Sherr, L., Shih, A., Stretenov, D. & Zindel, M. 2017. *Global services and support for children with developmental delays and disabilities: Bridging research and policy gaps.* PLoS Med 14(9): e1002393 doi: 10.1371/journal. pmed.1002393

Courey, S.J., Tappe, P., Siker, J. & LePage, P. 2012. *Improved Lesson Planning With Universal Design for Learning (UDL).* Teacher Education and Special Education 36(1): 7-27. doi: 10.1177/0888406412446178

Coyne, P., Pisha, B., Dalton, B., Zeph, L.A. & Smith, N.C. 2010. *Literacy by Design: A Universal Design for Learning Approach for Students with Significant Intellectual Disabilities.* Remedial and Special Education Online doi: 10.1177/0741932510381651

Crittenden, P.M. 2016. *Raising Parents.* Attachment, representation, and treatment. Second Edition. New York: Routledge.

Croft, A. 2013. Promoting access to education for disabled children in low-income countries: Do we need to know how many disabled children there are? International *Journal of Educational Development* 33: 233-243. doi: 10.1016/j.ijedudev.2012.08.005

Currie, I. & De Waal, J. 2013. *The Bill of Rights Handbook Sixth Edition.* Cape Town: JUTA.

Dalton, E.M. & Brand, S.T. 2012. *The Assessment of Young Children Through the Lens of Universal Design for Learning (UDL).* Forum on Public Policy. https://files.eric.ed.gov/fulltext/EJ979436.pdf

Department of Economic and Social Affairs (DESA). 2015. *Global Status Report on Disability and Development.* Prototype 2015. Unedited version. New York: United Nations.
Department Basic Education, South Africa. 2014. *Policy on Screening, Identification, Assessment and Support.* Pretoria: Department Basic Education.
Edyburn, D.L. 2005. *Universal Design for Learning.* Special Education Technology Practice November / December: 16-22. doi: 10.1177/016264340101600208
Engelbrecht, P. & Artiles, A.J. 2016. *Inclusive Education: Contextualizing the History of a Global Movement.* In Werning, R., Artiles, A.J., Engelbrecht, P., Hummel, M., Caballeros, M. & Rothe, A. Keeping the promise? Contextualizing inclusive education in developing countries. Bad Heilbrunn: Verlag Julius Klinkhardt.
https://www.pedocs.de/volltexte/2016/12353/pdf/Werning_et_al_2016_Keeping_the_promise.pdf
Eriksson, L. & Granlund, M. 2004. Perceived participation. A comparison of students with disabilities and students without disabilities. *Scandinavian Journal of Disability Research* 6(3): 206-224.
Feuerstein, R., Rand, Y. & Hoffman, M.B. 1979. *The Dynamic Assessment of Retarded Performers.* The Learning Potential Assessment Device, Theory, Instruments, and Techniques. Glenview, Illinois: Scott, Foresman and Company.
Feuerstein, R., Rand, Y., Hoffman, M.B. & Miller, R. 1980. *Instrumental Enrichment. An Intervention Program for Cognitive Modifiability.* Glenview, Illinois: Scott, Foresman and Company.
Feuerstein, R., Rand, Y. & Rynders, J.E. 1988. *Don't accept me as I am. Helping "Retarded" People to Excel.* New York: Plenum.
Franklin, A., Lund, P., Bradbury-Jones, C. & Taylor, J. 2018. *Children with albinism in African regions: their rights to 'being' and 'doing'.* BMC International Health and Human Rights 18(2): 1-8. doi: 10.1186/s12914-018-0144-8
Hamilton, C. 1999. *Implementing children's rights in a transitional society.* In Davel, C.J. (Ed.) Children's rights in a transitional society. Pretoria: Protea.
Hammarberg, T. 1990. *The UN Convention on the Rights of the Child – And How to Make It Work.* Human Rights Quarterly 12(1): 97-105.
Human, S. 2009. *The Theory of Children's Rights.* In Boezaart, T. (Ed.) Child Law in South Africa. Cape Town: JUTA.
Kaime, T. 2009. The Foundation of Rights in the African Charter on the Rights and Welfare of the Child: A Historical and Philosophical Account. *African Journal of Legal Studies* 3: 120-136.
Kamara, E.N., Kasanda, C. & Van Rooy, G. 2018. *Provision of Integrated Childhood in Namibia: Are We on the Right Track?* Education Sciences 8(117): 1-12. doi: 10.3390/educsci8030117
Khasnabis, C., Heinicke Motsch, K. & Achu, K. (Eds.) 2010. *Early childhood care and education.* In Community-Based Rehabilitation: CBR Guidelines. Geneva: World Health Organization. https://www.ncbi.nlm.nih.gov/books/NBK310942
Lee, Y. & Kim, S. 2018. *Child Maltreatment in the Context of Child Rights: Obligations Under the UN Convention on the Rights of the Child.* In Klika, J.B. & Conte, J.R. (Eds.) The APSAC Handbook on Child Maltreatment Fourth Edition. Los Angeles: SAGE.
Louw, A. & Louw, D. 2014. *Early Childhood.* In Louw, D. & Louw, A. (Eds.) Child and Adolescent Development Second Edition. Bloemfontein: Psychology Publications.
Louw, D., Louw, A. & Kail, R. 2014. *Basic Concepts of Child and Adolescent Development.* In Louw, D. & Louw, A. (Eds.) Child and Adolescent Development Second Edition. Bloemfontein: Psychology Publications.

Lynch, P. & Lund, P. 2011. *Education of children and young people with albinism in Malawi.* Field Report for the Commonwealth Secretariat.
http://www.birmingham.ac.uk/research/activity/education/projects/albinism-in-malawi.aspx
Mahery, P. 2009. *The United Nations Convention on the Rights of the Child: Maintaining its Value in International and South African Child Law.* In Boezaart, T. (Ed.) Child Law in South Africa. Cape Town: JUTA.
Malherbe, R. 2009a. *Education Rights.* In Boezaart, T. (Ed.) Child Law in South Africa. Cape Town: JUTA.
Malherbe, R. 2009b. *The Impact of Constitutional Rights on Education*. In Boezaart, T. (Ed.) Child Law in South Africa. Cape Town: JUTA.
McLeod, S.A. 2012. Zone of proximal development. Simply Psychology.
https://www.simplypsychology.org/Zone-of-Proximal-Development.html
McLeod, S.A. 2018. Lev Vygotsky. Simply Psychology.
https://www.simplypsychology.org/vygotsky.html
Ministry of Education, Arts and Culture. 2018. *Assessing Inclusive Education in Practice in Namibia. Challenges and opportunities in leaving no child behind.* Windhoek MoEAC.
Ministry of Gender Equality and Child Welfare. 2013. *Curriculum Framwork for children in Namibia Aged 3 and 4 Years.* Windhoek MGECW.
Mitchell, R. 2017. *Inclusive education in sub-Saharan Africa.* In Sarton, E., Smith, M., Mitchell, R. & Were, D. *Inclusive education in Uganda: examples of best practice.* Wolverhampton, UK: Enable-Ed.
Moore, S.A, Melchior, L. & Davis, J.M. 2008. 'Me and the 5 P's': Negotiating Rights-Based Critical Disabilities Studies and Social Inclusion. *International Journal of Children's Rights* 16: 249-262.
Mudau, S.P. 2020. The role of special school teachers in enhancing communication of learners with Autism Spectrum Disorder in rural areas. Paper presented at 5th National Autism & SA-ACAPAP Symposium (Online) Step Ahead on Emotional Regulation. 27 June.
Naanda, A, 2005. The development of an inclusive approach in early childhood education in Namibia. Dissertation submitted in partial fulfilment of the requirements for the Degree of Doctor philosophiae in Education (Specialized Education), University of Stellenbosch
Office of Information Technology (OIT). 2019. *UDL & Accessibility: What's the Difference?* Learning Blog 04 January. https://oit.utk.edu/learning/udl-accessibility-whats-the-difference/
Phasha, M. & Moichela, K.Z. 2011. I*nclusive Education in South Africa.* In Nsamenang, A.B. & Tchombe, T.M.S. (Eds.) Handbook of African Educational Theories and Practices: A Generative Teacher Education Curriculum. Bamenda, Cameroon: Human Development Resource Centre.
Pinilla-Roncancio, M. 2015. *Disability and poverty: two related conditions.* A review of the literature. Rev Fac Med 63(Supl 1): s113-s123. doi: 10.15446/revfacmed.v63n3sup.50132
Porter, G. 1995. *Organization of schooling: achieving access and quality through inclusion.* Prospects 25(2): 299-309.
Rieser, R., Stubbs, S., Myers, J., Lewis, I. & Kumar, K. 2013. *Teacher Education for Children with Disabilities* Literature Review. Paper for UNICEF REAP Project.
Rose, D.H., Hasselbring, T.S., Stahl, S. & Zabala, J. 2005. *Assistive Technology and Universal Design for Learning: Two Sides of the Same Coin.* In Edyburn, D., Higgins, K. & Boone, R. (Eds.) Handbook of Special Education Technology Research and Practice. Whitefish Bay, WI: Knowledge by Design.

Sandberg, K. 2018. *Children's Right to Protection Under the CRC.* In Falch-Eriksen, A. & Backe-Hansen, E. (Eds.) Human Rights in Child Protection Implications for Professional Practice and Policy. Cham, Switzerland: Palgrave Macmillan. https://doi.org/10.1007/978-3-319-94800-3_2

Sjöman, M., Granlund, M. & Almqvist, L. 2016. *Interaction processes as a mediating factor between children's externalised behaviour difficulties and engagement in preschool.* Early Child Development and Care (online). doi: 10.1080/03004430.2015.1121251

Smith, S.J. & Lowrey, K.A. 2017. *Applying the Universal Design for Learning Framework for Individuals With Intellectual Disability: The Future Must Be Now.* Intellectual and Developmental Disabilities 55(1): 48-51. doi: 10.1352/1934-9556-55.1.48

Truter, S. 2016. *Memory & Learning in Children. A Workshop of Applied Neuropsychology.* Somerset West. 21 June.

Tzuriel, D. 2014. Reuven Feuerstein: A Giant in Cognitive Psychology. *Journal of Cognitive Education and Psychology* 13(3): 289-291.

United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). 2014. General comment No. 1, Article 12: Equal recognition before the law. CRPD/C/GC/1.

UNCRPD. 2016. General comment No 4, Article 24: Right to Inclusive Education. CRPD/C/GC/4.

United Nations Children's Fund (UNICEF). 2006. General comments of the Committee on the Rights of the Child. Florence, Italy: UNICEF Innocenti Research Centre.

UNICEF. 2009. Using the human rights framework to promote the rights of children with disabilities: A discussion paper. An analysis of the synergies between CRC, CRPD and CEDAW. New York: UNICEF.

UNICEF. 2013. *Take Us Seriously! Engaging Children with Disabilities in Decisions Affecting their Lives.* New York: UNICEF.

UNICEF. 2014. *Conceptualizing Inclusive Education and Contextualizing it within the UNICEF Mission*. Webinar 1 Companion Technical Booklet. New York: UNICEF.

UNICEF. 2014. *Definition and Classification of Disability.* Webinar 2 Companion Technical Booklet. New York: UNICEF.

UNICEF & WHO. 2015. Assistive Technology for Children with Disabilities: Creating Opportunities for Education, Inclusion and Participation A discussion paper. Geneva: WHO.

United Nations Educational, Scientific and Cultural Organization (UNESCO). 2005. G*uidelines for inclusion: Ensuring access to education for all.* Paris: UNESCO.

Van Bueren, G. 2000. *The United Nations Convention on the Rights of the Child: An Evolutionary Revolution.* In Davel, C.J. (Ed.) Introduction to Child Law in South Africa. Cape Town: JUTA.

Varadan, S. 2017. *Why are children's rights not just like any other human right?* https://www.embode.co/news/why-are-childrens-rights-not-other-hu

Vargas-Barón, E., Small, J., Wertlieb, D., Hix-Small, H., Gómez Botero, R., Diehl, K., Vergara, P. & Lynch, P. 2019. *Global Survey of Inclusive Early Childhood Development and Early Childhood Intervention Programs.* Washington, DC: RISE Institute.

Viljoen, F. 2000. *The African Charter on the Rights and Welfare of the Child.* In Davel, C.J. (Ed.) Introduction to Child Law in South Africa. Cape Town: JUTA.

Viljoen, F. 2009. *The African Charter on the Rights and Welfare of the Child*. In Boezaart, T. (Ed.) Child Law in South Africa. Cape Town: JUTA.

Werning, R., Artiles, A.J., Engelbrecht, P., Hummel, M., Caballeros, M. & Rothe, A. 2016. *Keeping the promise? Contextualizing inclusive education in developing countries.* Bad Heilbrunn: Verlag Julius Klinkhardt.

https://www.pedocs.de/volltexte/2016/12353/pdf/Werning_et_al_2016_Keeping_the_promise.pdf
Wertlieb, D. 2018. *Inclusive Early Childhood Development Ensuring the Rights and Well-Being of Infants and Toddlers With Disabilities and Their Families.* Zero to Three March: 22-30. https://hiltonfoundation.org/wp-content/uploads/2019/10/ZTT_journal_global_issue-3.pdf
World Health Organisation (WHO). 2007. *International Classification of Functioning, Disability and Health: Children & Youth version (ICF-CY).* Geneva: WHO.
WHO & UNICEF. 2012. Early childhood development and disability: A discussion paper. Geneva: WHO.
Yuan, H., Rippetoe, J., Ding, L., West, S.G., Kang, Z. & R.L. 2017. *Universal Design for Learning in the Framework of Neuroscience-based Education and Neuro imaging based Assessment.*
https://coetthp.org/wp-content/uploads/HF001-UDL-in-the-framework-of-neuroscience-based-education-and-neuroimaging-based-assessment.pdf

APPENDIX 1

UN CONVENTION ON THE RIGHTS OF THE CHILD ARTICLE 23

Article 23

1. States Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.

2. States Parties recognize the right of the disabled child to special care and shall encourage and ensure the extension, subject to available resources, to the eligible child and those responsible for his or her care, of assistance for which application is made and which is appropriate to the child's condition and to the circumstances of the parents or others caring for the child.

3. Recognizing the special needs of a disabled child, assistance extended in accordance with paragraph 2 of the present article shall be provided free of charge, whenever possible, taking into account the financial resources of the parents or others caring for the child, and shall be designed to ensure that the disabled child has effective access to and receives education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development, including his or her cultural and spiritual development.

4. States Parties shall promote, in the spirit of international cooperation, the exchange of appropriate information in the field of preventive health care and of medical, psychological and functional treatment of disabled children, including dissemination of and access to information concerning methods of rehabilitation, education and vocational services, with the aim of enabling States Parties to improve their capabilities and skills and to widen their experience in these areas. In this regard, particular account shall be taken of the needs of developing countries.

APPENDIX 2

THE AFRICAN CHARTER ON THE RIGHTS AND WELFARE OF THE CHILD

Article 13: Handicapped Children

1. Every child who is mentally or physically disabled shall have the right to special measures of protection in keeping with his physical and moral needs and under conditions which ensure his dignity, promote his self-reliance and active participation in the community.

2. States Parties to the present Charter shall ensure, subject to available resources, to a disabled child and to those responsible for his care, assistance for which application is made and which is appropriate to the child's condition and in particular shall ensure that the disabled child has effective access to training, preparation for employment and recreation opportunities in a manner conducive to the child achieving the fullest possible social integration, individual development and his/her cultural and moral development.

3. The States Parties to the present Charter shall use their available resources with a view to achieving progressively the full convenience of the mentally and physically disabled person to movement and access to public highway buildings and other places to which the disabled may legitimately want to have access to.

APPENDIX 3

UN CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES

Article 7: Children with Disabilities

1. States Parties shall take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children.

2. In all actions concerning children with disabilities, the best interests of the child shall be a primary consideration.

3. States Parties shall ensure that children with disabilities have the right to express their views freely on all matters affecting them, their views being given due weight in accordance with their age and maturity, on an equal basis with other children, and to be provided with disability and age-appropriate assistance to realise that right.

Article 24: Education

1. State Parties recognize the right of persons with disabilities to education. With a view to realizing this right without discrimination and on the basis of equal opportunity, States Parties shall ensure an inclusive education system at all levels and lifelong learning directed to:
   (a) The full development of human potential and sense of dignity and self-worth, and the strengthening of respect for human rights, fundamental freedoms and human diversity;
   (b) The development by persons with disabilities of their personality, talents and creativity, as well as their mental and physical abilities, to their fullest potential;
   (c) Enabling persons with disabilities to participate effectively in a free society.

2. In realizing this right, States Parties shall ensure that:
   (a) Persons with disabilities are not excluded from the general education system on the basis of disability, and that children with disabilities are not excluded from free and compulsory primary education, or from secondary education, on the basis of disability;
   (b) Persons with disabilities can access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live;
   (c) Reasonable accommodation of the individual's requirements is provided;
   (d) Persons with disabilities receive the support required, within the general education system, to facilitate their effective education;
   (e) Effective individualized support measures are provided in environments that maximize academic and social development, consistent with the goal of full inclusion.

3. States Parties shall enable persons with disabilities to learn life and social development skills to facilitate their full and equal participation in education and as members of the community. To this end, States Parties shall take appropriate measures, including:

   (a) Facilitating the learning of Braille, alternative script, augmentative and alternative modes, means and formats of communication and orientation and mobility skills, and facilitating peer support and monitoring;

   (b) Facilitating the learning of sign language and the promotion of the linguistic identity of the deaf community;

   (c) Ensuring that the education of persons, and particular children, who are blind, deaf or deafblind, is delivered in the most appropriate languages and modes and means of communication for the individual, and in environments which maximize academic and social development.

4. In order to help ensure the realization of this right, States Parties shall take appropriate measures to employ teachers, including teachers with disabilities, who are qualified in sign language and/or Braille, and to train professionals and staff to work at all levels of education. Such training shall incorporate disability awareness and the use of appropriate augmentative and alternative modes, means and formats of communication, educational techniques and materials to support persons with disabilities.

5. States Parties shall ensure that persons with disabilities are able to access general tertiary education, vocational training, adult education and lifelong learning without discrimination and on an equal basis with others. To this end, States Parties shall ensure that reasonable accommodation is provided to persons with disabilities.

Article 25: Health

States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation. In particular, States Parties shall:

(a) Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes;

(b) Provide those health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services to minimize and prevent further disabilities, including among children and older persons;

(c) Provide these health services as close as possible to people's own communities, including in rural areas;

(d) Require health professionals to provide care of the same quality to persons with

disabilities as to others, including on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of persons with disabilities through training and the promulgation of ethical standards for public and private health care;
(e) Prohibit discrimination against persons with disabilities in the provision of health insurance, and life insurance where such insurance is permitted by national law, which shall be provided in a fair and reasonable manner;
(f) Prevent discriminatory denial of health care or health services or food and fluids on the basis of disability.

APPENDIX 4

CHILD CARE AND PROTECTION ACT (3 OF 2015)

Prevention and early intervention services

130. (1) Prevention services means services -

(a) designed to serve the purposes mentioned in subsection (3); and

(b) provided to families in order to strengthen and build their capacity and self-reliance to address problems in the family.

(2) Early intervention services means services -

(a) designed to serve the purposes mentioned in subsection (3); and

(b) provided to families with children identified as being vulnerable to or at risk of harm or removal into alternative care.

(3) Prevention and early intervention services must be aimed at one or more of the following objectives -

(a) preserving a child's family structure;

(b) developing appropriate parenting skills and the capacity of parents and care-givers to safeguard the well-being and best interests of their children, including but not limited to the promotion of positive, non-violent forms of discipline and raising awareness about the procedure to be followed in the registration of births and the importance of such registration;

(c) developing appropriate parenting skills and the capacity of parents and care-givers to safeguard the well-being and best interests of children with disabilities and chronic illnesses;

(d) establishing appropriate interpersonal relationships within the family;

(e) providing psychological, rehabilitation and therapeutic programmes for children;

(f) preventing the neglect, abuse or inadequate supervision of children and preventing other failures to meet children's needs in the family environment;

(g) preventing the recurrence of problems in the family environment that may harm children or adversely affect their development;

(h) preventing developmental delays in young children due to inadequate or inconsistent nutrition, stimulation, physical and emotional care;

(i) preventing criminal activities by children and diverting children away from the criminal justice system; or

(j) avoiding the removal of a child from the family environment.

(4) Prevention and early intervention programmes may include one or more of the following components:

(a) assisting families to obtain the basic necessities of life, including assisting them with an application for a state maintenance grant contemplated in Chapter 16 or empowering them to obtain basic necessities of life for themselves and their children;

(b) providing families with information to enable them to access services;

(c) providing families with information about the dangers of alcohol and other drugs and assisting them to address abuse of alcohol or drugs by any family member;

(d) providing families with information about gambling addiction and assisting them

to address such addiction of any family member;

(e) supporting and assisting families with a chronically ill or terminally ill family member;

(f) assisting families to provide or access appropriate early childhood development opportunities for children who have not attained the school starting age;

(g) addressing specific issues affecting or potentially affecting families in the community, such as gender-based violence, health and nutrition issues, reproductive and sexual health issues, child labour, child trafficking or child behaviour problems;

(h) providing families with information regarding the resolution of disputes at a family meeting; and

(i) promoting the well-being of children and the realisation of their full potential.

(5) Prevention and early intervention programmes must involve and promote the participation of families, parents, care-givers and children in identifying and seeking solutions to their problems.

(6) Prevention and early intervention programmes must involve and promote the participation of traditional leaders where this is appropriate to the community or the family in question.

(7) A children's court may make an order regarding the provision of prevention and early intervention services, summarily, in terms of section 140(3) or after a child protection hearing in terms of section 145 or 146(b).

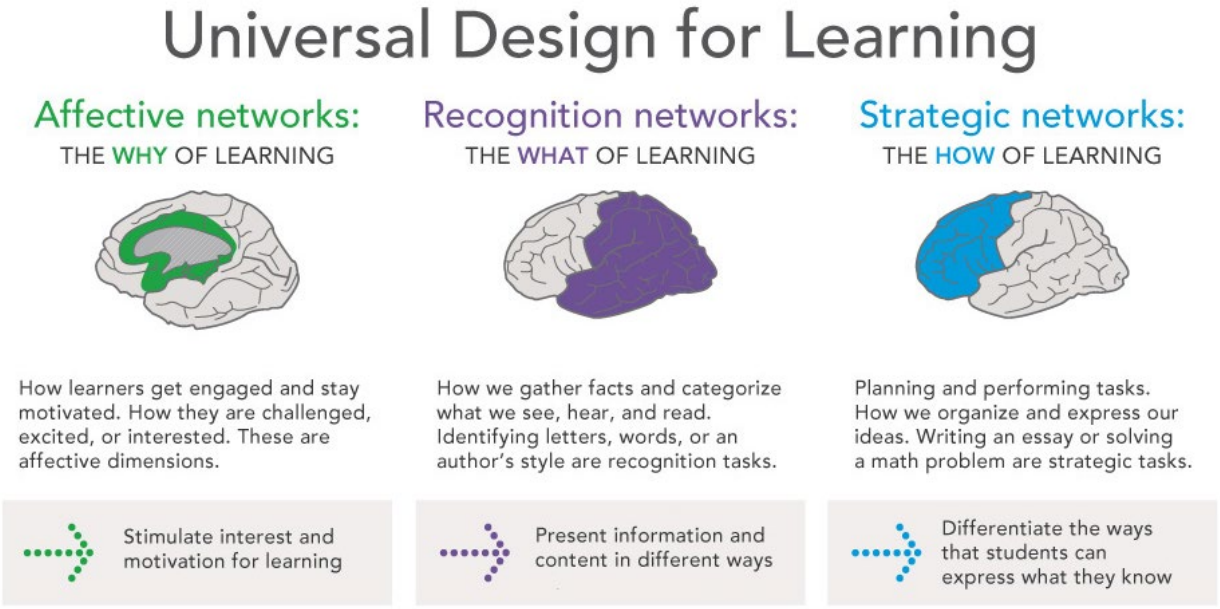
APPENDIX 5

EXAMPLE OF TWIN-TRACK APPROACH (Adapted from Rieser et al 2013: 125, UNICEF & WHO 2015: 11)

DISABILITY	Visual disability	Hearing disability	Speech and communication	Intellectual disability (ID)	Autism Spectrum Conditions (ASC)
TRACK					
General	Universal Design for Learning (UDL) Valuing difference Differentiation Collaborative learning Peer support Anti-bias curriculum Zone of Proximal Development (ZPD) / Scaffolding				
Specific	AAC: Braille, Tactile Maps, Tapes, Screen reader and Text to Talk Mobility Training Large Print, Magnification Orientation Auditory Environment	AAC: Sign language Oral/Finger spelling Hearing Aid, Amplification Visual Environment	AAC: Communication boards Speech generated devices	AAC: Pictograms, Makaton Symbols Information Grids Small Steps Curriculum Easy Read Concrete	AAC: Visual schedules Sensory diet / modulation Ear muffs Differentiated behaviour policy Safe space for regulation

APPENDIX 6

UNIVERSAL DESIGN FOR LEARNING



END NOTES

[1]UNCRPD Art 9(1)
[2] https://ectacenter.org/topics/atech/definitions.asp
[3] UNCRPD Art 2
[4] The age group between eight and 18 years of age is known as minors, and the age group from 18 years is known as majors.
[5] For instance, because the infant does not have capacity to act, she or he cannot come to an agreement or sign a contract.
[6] Since 1954 the acronym stands for United Nations Children's Fund.
[7] Signing a treaty indicates a country's intention of examining how it can be applied domestically and subsequently ratifying it.
[8] Ratifying a treaty means that the treaty was accepted into internal policies and that the country is bound to it.
[9] Article 22(2): States Parties shall protect the privacy of personal, health and rehabilitation information of persons with disabilities on an equal basis with others.
[10] Article 18(2): Children with disabilities shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and, as far as possible, the right to know and be cared for by their parents.
[11] Article 23(3): States Parties shall ensure that children with disabilities have equal rights with respect to family life. With a view to realizing these rights, and to prevent concealment, abandonment, neglect and segregation of children with disabilities, States Parties shall undertake to provide early and comprehensive information, services and support to children with disabilities and their families.
[12] Article 28(2)(c): State parties … shall take appropriate steps to safeguard and promote the realization of this right, including measures (t)o ensure access by persons with disabilities and their families living in situations of poverty to assistance from the State with disability-related expenses, including adequate training, counselling, financial assistance and respite care.
[13] Article 20:
States Parties shall take effective measures to ensure personal mobility with the greatest possible independence for persons with disabilities, including by
(a) Facilitating the personal mobility of persons with disabilities in the manner and at the time of their choice, and at affordable cost;
(b) Facilitating access by person with disabilities to quality mobility aids, devices, assistive technologies and forms of live assistance and intermediaries, including by making them available at affordable cost;
[14] Article 30:
1. States Parties recognize the right of persons with disabilities to take part on an equal basis with others in cultural life, and shall take all appropriate measures to ensure that persons with disabilities:
(a) Enjoy access to cultural materials in accessible formats;
(b) Enjoy access to television programmes, films, theatre and other cultural activities, in accessible formats;
(c) Enjoy access to places for cultural performances or services, such as theatres, museums cinemas, libraries and tourism services, and, as far as possible, enjoy access to monuments and sites of national cultural importance.
[15] Article 30(4): Persons with disabilities shall be entitled, on an equal basis with others, to recognition and support of their specific cultural and linguistic identity, including sign languages and deaf culture.
[16] Article 30(5)(d): With a view to enabling persons with disabilities to participate on an equal basis with others in recreational, leisure and sporting activities, States Parties shall take appropriate measures to ensure that children with disabilities have equal access with other children to participate in play, recreation and leisure and sporting activities, including those activities in the school system.
[17] https://www.physio-pedia.com/Ponseti_method
[18] Scoliosis is described as a structural sideways curve of the spine.

Republic of Namibia

Namibia Statistics Agency