



Inclusive Futures

Promoting disability inclusion



Finding and enrolling children with disabilities in schools

Lessons in identification and outreach
from Inclusive Futures' education projects

March 2025



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Executive summary

Outreach and identification can lay the foundation for children with disabilities to be recognised and included in their communities, giving them access to education, and their families access to support services and community groups to help them thrive. Outreach and identification are therefore two of the most vital building blocks of disability inclusive development programming.

Inclusive Futures is UK aid's flagship disability inclusion initiative. Since 2018, we have worked to remove barriers to children with disabilities receiving education, focusing on primary and pre-primary age children in five countries: Bangladesh, Kenya, Nepal, Nigeria and Tanzania. Inclusive Futures is a consortium of partners including development and humanitarian organisations, disability inclusion specialists, and experts working in media, research, and academia. We partner with organisations of people with disabilities (OPDs) to improve the lives of people with disabilities, creating real results, and generating learning about what works, what doesn't, and why.

Through Inclusive Futures, we have trialled different approaches to embed identification and outreach in schools and early-years programming. Our outreach has included activities that generate awareness about disability inclusion, and commitment from parents, leaders, caregivers, government departments and the wider community to include children with disabilities at their local school. This outreach often needs to be responsive and multi-layered, taking our teams and partners – particularly OPDs – to home visits in remote locations, onto radio

shows with mass audiences, into community events with leaders and teachers, and ultimately to each child with a disability to help them start their journey in education.

Identification activities gather the data needed to best support children with disabilities to enrol and learn at school. We worked with government authorities, schools and OPDs, gaining fluency in tools that measure children's difficulties with everyday tasks while considering their early-years development. We overcame barriers to engaging some of the most marginalised families, trialling everything from home visits to pop-up identification events.

Throughout this, we have seen the positive impact of putting people with disabilities, who can tell their own stories about the importance of education, at the centre of this work. We have learnt to not make assumptions about the barriers preventing caregivers from enrolling their children with disabilities in their local school. And we have forged partnerships where the child and their caregivers can be the primary focus as they move through what can be a lengthy process of identification, referrals and registrations.

This learning report shows that it is possible – and essential – to transform current identification and outreach activities in education to be disability inclusive, leading to a world where every child can learn and thrive. **We've developed six practical actions that anyone involved in planning or delivering education projects can take to help find and enrol children with disabilities in schools.**

Secure buy-in from local leaders

Work with local leaders to promote inclusion and address stigma and discrimination. Include and connect to a broad diversity of leaders in the community, including people with disabilities and women, and combine local knowledge about families with children with disabilities with further identification activities to ensure no one is left behind.



Build community support for inclusion

Use community events to build trust in a project, raise awareness about inclusion, and reach both families with children with disabilities and the wider community.



Use mass media to increase your reach

Use mass media to reach a wide audience and help reduce stigma and discrimination. Ensure people with disabilities are part of crafting stories which centre their agency, dignity and the message of inclusive education.



Support parents and caregivers

Conduct home visits to reach isolated families, gather data, and understand barriers for families of children with disabilities. Establish and share disability inclusive safeguarding procedures and combine home visits with other outreach and identification methods to be resource efficient.



Join up support services

Link up services so they are able to work together, keeping families and children at the centre. Support families to access social protection schemes and health care services.

Strengthen data systems

Disability inclusive outreach and identification should strengthen and build on existing systems of data collection. Work with local authorities to collect data using robust tools, and establish data sharing protocols with schools and referral services.



Outreach: Activities to build relationships or raise awareness with people that help to identify out-of-school children with disabilities, such as community events, home visits and media campaigns.

Identification: Finding school-age children with disabilities who are not enrolled in or not attending school, and formally recording their details for use by school and other services.

This learning piece uses programme-specific definitions of outreach and identification, defined by the Inclusive Futures Inclusive Education Working Group to frame their work with out-of school children. Inclusive Futures also used identification within schools with children already enrolled.¹

This learning report is for anyone involved in planning or delivering education projects: humanitarian and education organisations, government and funding bodies, and inclusion-focused organisations – including organisations of people with disabilities – looking to partner with the education sector.

Our inclusive education projects

Nigeria

- **Support Mainstreaming Inclusion so all Learn Equally (SMILE) in Nigeria**, January 2021 – September 2023

Nepal

- **Strengthening inclusive education in Nepal**, November 2019 – December 2025

Bangladesh

- **Shikhbo Shobai (Everyone Will Learn) project in Bangladesh**, January 2021 – December 2025

Kenya

- **Promoting inclusive early childhood education in Kenya**, February 2020 – December 2023

Tanzania

- **Strengthening inclusive education in Tanzania**, August 2019 – December 2025

Methodology

This learning report is based on practical experiences of delivery, the result of a mixed methods learning review:

- Three-day learning workshop with Inclusive Futures Inclusive Education Working Group including consortium partners, project management teams and OPD representatives (October 2023).
- Comprehensive desk review of external good practice and internal project learning reports, summarised and collated for analysis (December 2023-February 2024).
- 10 reflection discussions with project management and implementing teams and OPD partners, facilitated by an external consultant (April 2024).
- Three-day learning verification workshop with 26 participants from the Inclusive Futures Inclusive Education Working Group (May 2024).
- 13 key informant interviews with OPD partners, government education officials, teachers, and caregivers involved in project delivery (May to August 2024).

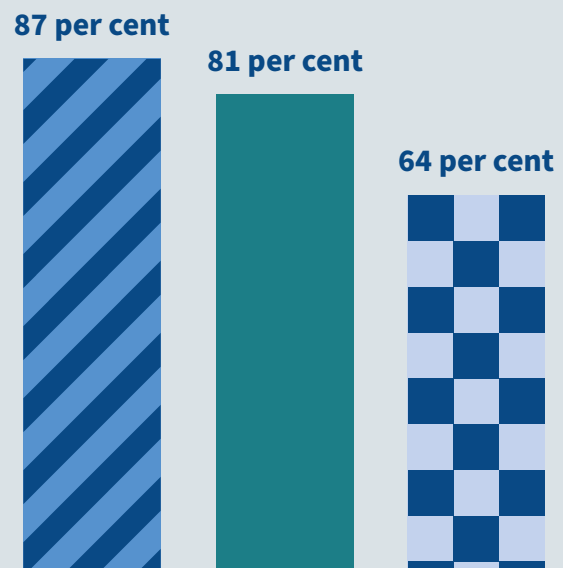
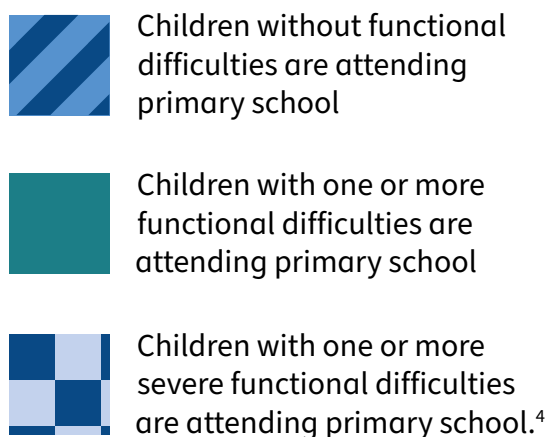


Context

A local primary school should be a welcoming space that opens a world of learning for each child. A primary school should reflect the community it serves and include children with disabilities learning alongside their peers.² However, we know that too many children with disabilities are missing out on an education.

There are nearly 240 million children with disabilities in the world. The latest data shows that children of primary-school age with disabilities are 47 per cent more likely to be out of school than children without disabilities. Rates for not attending school are higher among children with multiple disabilities and highest among children with severe disabilities.³

Global averages of children with and without functional difficulties attending primary school



For each child who doesn't have the opportunity to attend their local primary school, their life is likely to set on a narrow course. They will miss out on friendships and exposure to social environments and lose the opportunity to gain skills that could support them to be personally and financially independent, and an active participant in their society.⁵

Barriers preventing children with disabilities being identified at an early age and enrolled in school include:

- **Lack of early-years health engagement:** including low levels of early-years health screening, and a lack of support for early childhood development programmes, exacerbated by the non-registration of some children's births⁶
- **Poverty:** additional costs associated with disability and education, including specialist transport, assistive devices and learning materials
- **Stigma and discrimination:** based on perceptions that children with

disabilities cannot be educated, or are a lower priority, or will be disruptive in a mainstream classroom⁷

- **Intersecting vulnerabilities:** being a girl⁸ or having refugee status,⁹ or living in a rural location,¹⁰ amongst other factors, can increase the likelihood of a child with disabilities not being identified in education outreach
- **Lack of school preparation:** schools might feel under-prepared to welcome learners with disabilities, with many education systems under strain, overcrowded classrooms, teachers with limited available time to attend training, and a lack of budget for accessible and engaging learning¹¹

These hurdles might seem insurmountable, yet the importance of educating each child means they must be overcome. **Through our inclusive education projects, we have shown that it is possible to overcome these barriers by building on and strengthening existing outreach and identification systems for out-of-school children to be disability inclusive.**

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Inclusion is one of the best things that can happen. Later in life when... seeking employment, [communities] will say 'oh we had some [people with disabilities] in school, they were bright, they were intelligent'... Inclusive education will encourage total inclusion.

**David Okon, OPD
representative, Nigeria**

Identification and outreach of children with disabilities is one essential part of the journey towards inclusive education. Schools must also be prepared to welcome children with disabilities, including with inclusive attitudes, safe infrastructure, trained and supported teachers, and effective links to wider services.¹² All these stages need adequate financing, and identifying funding that can be allocated to inclusion is an ongoing requirement. To read Inclusive Futures' other learning in this series, please visit: inclusivefutures.org/including-children-with-disabilities-at-school

Six ways to find and enrol children with disabilities in schools

1 Secure buy-in from local leaders

Outreach and identification activities do not typically engage leaders or activists from local disability groups (organisations of people with disabilities – OPDs, umbrella groups or local self-help groups run by people with disabilities). We brought leaders of local disability groups together with other community leaders, including village leaders, religious leaders, and head teachers. Together, these leaders have the power to mobilise and influence their communities.

This new coalition included leaders who previously had not considered or promoted education for children with disabilities in their local area. To gain their understanding

and support, we held meetings where we co-created and shared key outreach messages. In these meetings, disability leaders and activists provided information about disability rights, and shared their personal experiences. After answering questions, leaders were on board to share outreach messages about inclusive education in their community engagements.

What worked well with this approach?

Localisation: Connecting partners already in the community to collaborate on inclusion maximised local knowledge to help us find children with disabilities. This was particularly helpful in dispersed, rural, indigenous and remote communities. It ensured any outreach carried locally-led messages delivered by trusted sources.

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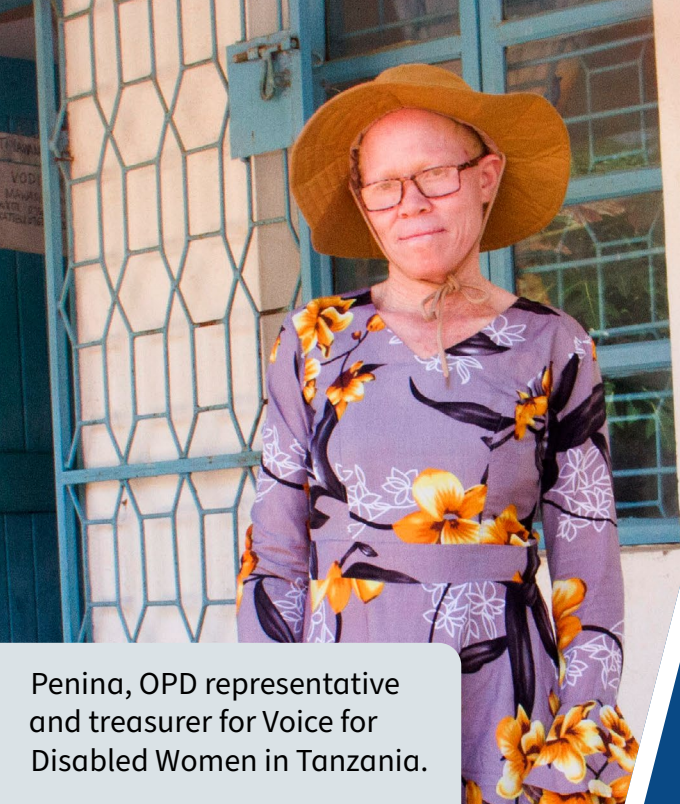
Our OPD is working in rural Shinyanga [district], where most of the challenges of stigma and discrimination are faced by most persons with disabilities, including children. It becomes easy for us to create awareness and advocate for the rights of persons with disabilities, as we are living with the same community, and have lived experience.

Moshi Bucheyeki Enos, Treasurer, AMANI Mwalukwa OPD and Headteacher, Tanzania

A portrait of Moshi at his OPD's offices in Shinyanga, Tanzania.



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Penina, OPD representative and treasurer for Voice for Disabled Women in Tanzania.

Finding a diversity of leaders:

We took effort to identify women in respected roles in the community, and leaders from different disability clusters, to create and deliver inclusive messages. We formalised this effort by creating an Expression of Interest (EoI) for different clusters of OPDs to apply to be part of the project.¹³ These EOIs asked questions including the number of people with disabilities on the Board, and the representation of people of different genders and disabilities in their membership.

What was challenging?

Identifying children with complex, multiple or invisible disabilities: To kick-start identification, we set up informal referral systems so if local leaders knew of children with disabilities in their community, they passed on this information to the project

team. This supported early identification efforts, but identification approaches that do not screen every child are likely to miss some children with invisible disabilities. To address this, we combined local leaders' engagement with further identification activities, including using a targeted data collection tool such as the Washington Group Child Functioning Module.¹⁴

Hidden children: Due to fear of stigma and discrimination, some caregivers of children with disabilities, including with multiple and complex disabilities, hide their child from the community. These children would not be identified if we relied solely on local knowledge. A combination of door-to-door engagement alongside community events and outreach campaigns to address stigma and discrimination were needed.



Nasiru, a new pupil with his Dad, Abdullahi, photographed after enrolment.

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If it were not for SMILE [Nigeria inclusive education] project, the children living with disability, where would they have been now? They would have been in their homes. They would have not been seen because their parent would be hiding them even when visitors come. They do not want a visitor to know that they have such a pupil in their home.

Josephine Paul Dembo, inclusive education desk officer in Jema’a local government, Nigeria

Case study: Engaging political and religious leaders in Tanzania

In Tanzania, 97 per cent of the population identifies as Christian (63 per cent) or Muslim (34 per cent). Taking an inter-faith approach, we engaged religious leaders from churches and mosques, alongside local political leaders, in community outreach.¹⁵

We connected religious and political leaders with disability activists and OPD members at consultation meetings, to discuss the inclusive education project and hear their thoughts, ideas and concerns.

After the meetings we tailored training for the religious and political leaders, covering not just disability policies and rights, but also conscious and unconscious stigma or discrimination. After the training we encouraged each attendee to tailor inclusive education messages for their community, bringing in local language(s) and referencing cultural norms.

Working with religious leaders offered the opportunity to integrate inclusion messages as part of religious guidance and potentially helped to counter stigma and discrimination about disability. These religious leaders are seen as trusted guides in the communities, and partnering with them enabled us to reach significant numbers of faith communities with

inclusion messages.¹⁶ Using this approach, we identified 458 out-of-school children with disabilities in one year across two districts: Shinyanga and Misungwi.



Local political and religious leaders, including respected elders during a training session at a Village Disability Committee meeting in Tanzania.

Key learning: Work with local leaders to promote inclusion and address stigma and discrimination. Include and connect to a broad diversity of leaders in the community, including people with disabilities and women, and combine local knowledge about families with children with disabilities with further identification activities to ensure no one is left behind.

2 Build community support for inclusion

We used events to meet with or bring together different members of the community as part of outreach and identification, raising awareness of our inclusive education projects and promoting messages about inclusion.¹⁷ Through attending locally-led events and meetings, and being visible in community spaces, we aimed to build trust in projects and create an easy way for families to connect if they wanted more information. These events provided a casual entry point to connecting with families of children with disabilities, who we could follow up with directly. These also contributed to addressing stigma and discrimination across the wider community and building understanding and support, not only for inclusive education, but also for families and children with disabilities.

What worked well with this approach?

Generating commitments at events:

In Tanzania, we co-created events during important national days, including International Day of the African Child, International Day of People with Disabilities and International Women's Day. We supported OPDs to attend these events often as speakers, relating the topic back to inclusive education.

They took note of any commitments made by local and national representatives in attendance and used these as part of ongoing advocacy about inclusive education.

Emphasising social inclusion: In our project in Bangladesh, we collaborated with teachers to run inclusive school sports events and fun days to demonstrate successful inclusion in action. At these events, children with and without disabilities would play together, compete, and practise their skills. These events sought to increase community awareness of the social connections between children with and without disabilities in school and encourage more families of children with disabilities who weren't in school to come forward for identification.

What was challenging?

A single event is unlikely to be sufficient:

One outreach event alone cannot change every negative attitude or reach every family and child with a disability. We took a repeated approach to running events alongside more tailored follow up. This considered families in more rural and dispersed areas who were less likely to attend an event, families with working parents or in poverty who could not afford to take time out to attend an event, or families still concerned about stigma and discrimination who were hesitant to engage.

Children take part in an activity with parents, teachers and organisations of people with disabilities for Children's Day in Nigeria.



Case study: Building inclusion into school enrolment campaigns in Nepal

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The Inclusive education project has taken this issue out [into the public domain] and motivated the local government to prioritise it, which is the biggest achievement of this project.

Aananda Raj Sapkota, Secondary school head teacher, Nepal



In Nepal, schools were already set to run outreach activities as part of national school enrolment campaigns. However, our team noted that often these don't explicitly include children with disabilities, particularly those with multiple or complex disabilities.

To address this, we collaborated with local municipalities and local education units to develop and execute an inclusive school enrolment campaign. The campaign planned to engage schools and local committees, emphasising the importance of inclusive education and reaching children with disabilities not yet identified.

For this to be a success, we needed to get information about the campaign to leaders in each ward or district of a municipality. More than this, we needed their support in the inclusive enrolment campaign. To gather support, the municipality circulated a letter to each ward detailing

the campaign, which they then circulated to different decision-making levels within their ward. We were confident that relevant leaders were now informed of the wider inclusive intention, and we were able to begin to discuss details.

With each ward we set a date, time, and venue, where leaders, including OPDs, and parents and caregivers were invited to attend the event. Alongside sharing information about disability rights, the right to education, and the National Disability Act, the campaign shared positive stories about children with multiple and complex disabilities who had enrolled in primary schools. The event included information about the extra educational support available (known as resource classes) through the project for children with multiple and complex disabilities.

Embedding inclusion into existing education processes such as enrolment campaigns, with collaboration with the local municipality, offers the opportunity for sustainability. Integrating into the national campaign made the identification and outreach approach achievable at scale.



A school enrolment campaign in Nepal.

Key learning: Use community events to build trust in a project, raise awareness about inclusion, and reach both families with children with disabilities and the wider community.



3 Use mass media to increase your reach

We used media for mass communications with two outreach intentions: (1) to reach a broader population with convincing messages about inclusive education and (2) to provide specific details to parents and caregivers about how they could register their children with disabilities with relevant government and support services. We trialled public service announcements (PSAs) on television and radio, social media campaigns, targeted text messages, radio shows, newspaper interviews, and journalist coverage of events.

What worked well with this approach?

Facilitating people with disabilities to tell their story: We invited newspaper journalists and radio station reporters to attend our outreach events. We prepared briefs to help them accurately report about inclusive education, presenting education as a social equaliser, and featuring stories of people with disabilities in respected roles.

In Nepal, we created radio and television PSAs, to coincide with the start of the school year. The PSAs featured children with disabilities and their caregivers, telling success stories about their education. Each PSA represented a child with a different impairment type, and the team sought to balance gender representation to ensure girls with disabilities were represented as well as boys.

What was challenging?

Finding the right medium: In Kenya, our least successful outreach was through social media. Much of the target population, particularly in Kakuma refugee camp, either had no smart phone, limited access to data, or limited use of social media platforms. When we trialled sending outreach messages via SMS to accommodate the target audience's simpler phones, we found that these phones could not tolerate messages with many characters, cutting the messages short. Fortunately, we piloted these approaches on a small scale alongside more successful radio shows.

Case study: Taking to the Nigerian airwaves on International Day of Education

In Nigeria, we centred our mass media outreach around times when there were relevant days, topics or events that could integrate messages about the rights of children with disabilities to an education, and the value of them accessing this through their local mainstream school. We created an opportunity on International Day of Education where OPDs attended a call-in radio show with supportive hosts who had been pre-briefed about inclusive education. Radio has a wide coverage in certain parts of Nigeria, is accessible to a wide audience including people with low literacy, and is popular through its use of multiple formats (stories, interviews, dramas, phone-ins, etc). OPD members tailored their messages and answers for the listeners, and the radio show provided a space where community members could call in to give their view on the inclusive education project, building interest and engagement. This format facilitated a non-confrontational and non-personal way to openly explore and address people's stigma, negative stereotyping and discrimination.

While the radio shows worked well for target audiences in Kaduna where signal and coverage were good, they didn't reach additional target audiences in Jema'a. This points again to outreach activities not being 'one-size-fits-all' and the need to employ several different strategies or stages to reach different parts of the community as well as individual families.

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A lot of parents were not confident that there was any use in educating people with disabilities. But outreach, with personal stories from OPD persons who were there, convinced them, so there was excitement. In the first year we saw the number [quantity] of enrolments [of children with disabilities], it was something we didn't expect, it was that successful.

David Okon, OPD representative, Nigeria



A mother enrolling her child at school in Kaduna, Nigeria.

Key learning: Use mass media to reach a wide audience and help reduce stigma and discrimination. Ensure people with disabilities are part of crafting stories which centre their agency, dignity and the message of inclusive education.

4 Support parents and caregivers



Parents hold up copies of a new parent support guide, produced in partnership with OPDs by our education project in Nigeria.

A fourth approach to making outreach and identification disability inclusive builds on existing good practice in education by directly engaging parents and caregivers.¹⁸ We didn't always know the specific barrier preventing a caregiver from bringing their child forward for identification. We needed to get to know different caregivers' situations and respond in tailored and appropriate ways. This often meant we went through several stages of engagement with a caregiver before they felt they could fully support their child's education, and be confident in understanding the next steps.

What worked well with this approach?

Addressing safeguarding concerns through personal contact: Our outreach work with parents and caregivers created the space for them to raise concerns that were preventing them from enrolling their children with disabilities in their local school. In many cases these included concerns about the child's physical and emotional safety: a lack of safe access in the classroom, around the school and to washrooms, and fears about bullying, discrimination and physical harm from peers and the wider community.

In response, we were proactive and transparent about our disability inclusive safeguarding approach. We integrated safeguarding messages into our outreach campaigns and events. We shared specific examples from schools about how students with disabilities had been welcomed, and how the school environment had been prepared to be safe and accessible.¹⁹ We also linked parents with schools so that teachers could provide updates on their child's progress after they had enrolled, and we encouraged parents to reach out to teachers about their child if they had any questions or concerns.

Connecting parents: We established parent support groups so parents could discuss concerns, share peer-to-peer advice, and access help with economic or medical needs, once their child had been identified and enrolled in their local primary school. Through this, we found that caregivers became advocates for inclusive education and encouraged other parents to come forward for identification. This suggests that actively investing in parent groups may help to encourage further identification of children with disabilities through informal networks.



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Sometimes parents come to me and start explaining the issues that their child with a disability has, they lose hope about what to do with them. I'm usually keen to encourage them to take their child for assessment – either through [Inclusive Futures] or to take them to the nearest Education Resource and Assessment Centre so that the level of their disability is known, and they can be placed in school.

Dinadi, parent of a girl with a disability, Kakuma, Kenya

What was challenging?

Visiting every household: While door-to-door visits in a community might ensure no child is missed, we chose to undertake selective household visits only, combined with a mix of other outreach and identification methods, for several reasons:

- Door-to-door data collection without any form of outreach is unlikely to address the negative stereotyping, stigma and discrimination that often needs to be overcome to effectively engage families on a longer journey in inclusive education

- Home visits always require a minimum of two staff, plus the transport to access rural, dispersed areas, and time spent traveling to and from each family's home, making it resource intensive for a project

To maximise the effectiveness of home visits without creating an undue burden on time and resources, we first conducted broader outreach activities to identify families, before targeted follow up with phone calls and then home visits if necessary.

Case study: Reaching children with multiple and complex disabilities through home visits in Bangladesh



A home visit as part of our inclusive education project in Bangladesh.

In our project in Bangladesh, we concentrated our home visits on families of children with severe or multiple disabilities who were less likely to reach community meetings. These home visits served several purposes:

- To connect caregivers with the inclusive education team
- To connect caregivers with people from OPDs or local schools who could talk from direct experience and were respected in the community
- To understand and discuss any concerns the families had about their child engaging in education
- To tailor education to children with multiple and complex disabilities at home

After assessment at home, we discussed with the caregivers and the child the option of home-based education for some children not yet ready to enrol in a mainstream school. Our home-based education is facilitated by team members including people with disabilities from the community. They work with the child and their parent or caregiver to go through a tailored home-based curriculum to prepare each child to attend school, such as learning personal care, holding a pen, and recognising letters and numbers. This uses a child-centred model, focusing on the strengths and capabilities of each child, not their disability. It focuses on helping children to transition from home-based education to school-based education, with the recognition that this also requires school preparation. Some learners are already beyond primary school age and are referred to relevant support services instead. One of our Inclusive Futures partners, the Centre for Disability in Development, noted that expanding opportunities for home-based education may be a way to reduce the risk of some children with disabilities dropping out of mainstream school.

Key learning: Conduct home visits to reach isolated families, gather data, and understand barriers for families of children with disabilities. Establish and share disability inclusive safeguarding procedures and combine home visits with other outreach and identification methods to be resource efficient.

5

Strengthen data systems

Disability inclusive outreach and identification should strengthen and build on existing systems of data collection, analysis, storage and use at national, local and school levels.

However, we found that some data collection methods were lacking accurate identification tools for disability, and some databases were incomplete or out of date. We complemented existing data about children with disabilities with knowledge from OPDs and local leaders. This created a valuable network of information that was a foundation for our identification efforts.



Abdullahi, a primary school head teacher, administers the Washington Group Questions Child Functioning Module to a new pupil, during enrolment.

What worked well with this approach?

Gather and share data appropriately:

Early engagements with families focused on building trust and answering general questions and concerns, rather than using a disability identification tool. We gathered data only as needed, and when it was appropriate, in a confidential setting. When the child was ready to enrol at school, we then worked with the school to collect or share suitable data about the child's learning and support needs.

What was challenging?

Aligning different measurements of disability: Government definitions and measurements of disability vary. We

acknowledged national definitions while choosing to use identification tools that capture the full range of disabilities for children who are still growing and learning functional skills. For the data to be accepted as valid at a national level, we trained local authorities in disability inclusion and in how to use the data collection tool. This created understanding, support and ownership for the data collection.

One tool we used to identify functional limitations was the **Washington Group Questions Child Functioning Module**. This is a widely used data collection tool that asks a series of questions around children's difficulties with everyday tasks, such as with playing, or dressing themselves. The answers point to emotional, intellectual or physical difficulties that indicate a child has a disability.

Case study: Working in partnership to collect data in Kenya

In our inclusive education project in Kenya, we worked in partnership with a range of local organisations and officials to strengthen the data collection, analysis and sharing required for a network of service providers to identify children with disabilities and support them through any next steps.

- We established robust data storage and data-sharing practices so that we could safely share identification data with government departments
- We set up data-sharing agreements with community health workers and community organisations, who shared information about out-of-school children with disabilities connected to their services
- We established referral systems between government-run education identification and assessment centres, community organisations, and healthcare officials. This meant that when children with disabilities were assessed at a centre, they could be referred on to relevant health services or community groups

- We partnered with health, social welfare, and disability officials to conduct joint identification activities. We used government identification forms where available, while also introducing a robust disability screening tool and training national education officers and OPDs in how to use it

Working with local officials and community leaders to gather data about children with disabilities took time to coordinate, but it supports long-term improvements in data collection. Local officials committed to continue to use the new screening tools as part of their standard data collection after the project ended.

Key learning: Disability inclusive outreach and identification should strengthen and build on existing systems of data collection. Work with local authorities to collect data using robust tools, and establish data sharing protocols with schools and referral services.



Allan, a researcher working on our inclusive education project in Kenya, uses a disability screening tool with a pupil at a school in Homabay.

6 Join up support services

Families need to feel informed and prepared for what is to come when their child is identified as having a disability, ahead of school enrolment. However, for a child and their caregiver, accessing information and support can be arduous, unclear, expensive, and discriminatory.

Challenges include:

- **Location:** referral centres can be a significant distance from a family's home, with sometimes just one specialist centre in the country for a child with a specific disability
- **Literacy:** various forms need completing as part of the registration process, requiring literacy in the national language
- **Documentation:** registration might require additional documents that families do not have, such as the birth certificate
- **Lived experience of exclusion:** communities might have been traditionally excluded from services, such as some indigenous groups, and in some cultures self-advocacy, particularly for women who are most likely to be the primary caregiver, is controlled or repressed
- **Stigma and discrimination:** staff at a service might not have been trained in disability inclusion, resulting in improper diagnoses or stigma and discrimination

- **Poor coordination between service providers:** resulting in duplication of registration requests and confusion about service providers' responsibilities and next steps²⁰

The risk is that after outreach and the first steps in identification, a child and their family disengage from the system that should support them. We aimed to link up services to work together, keeping the family and the child at the centre.



What worked well with this approach?

Leveraging policy: We started by looking at existing policies in country, and how they are being implemented, including national disability acts and national education policies. These acts and policies gave us leverage to engage services providers with, and begin to connect.

Linking with specific services: We next mapped existing support services and found that educational assessment centres are most often connected to social welfare services. This link is particularly important when it comes to including children with disabilities in education. Through this link we sought to support registration for disability identification cards and ensure children with disabilities and their families were connected to social protection systems and schemes, where they existed. For a disability inclusive project however, we also needed to link with

healthcare professionals, in case a child needed further assessments, for example, to be fitted for a mobility aid. We found we also needed to link with local municipalities who could support applications for government disability support, all of which support children to enrol, attend and thrive in school.

Addressing financial barriers to access:

Transport to services is often listed as an unaffordable cost by families with children with disabilities. When we identified children with disabilities and referred them for further assessments or services, we supported families to attend by providing transport or travel money. We also shared information with families about financial or in-kind support that could be available and linked them with government social protection schemes to support broader opportunities, such as income generation.

What was challenging?

Not all referral services will be disability inclusive:

Where possible, we ran disability inclusion training for staff members across services, including healthcare. However, in some contexts, we needed to do more to sensitise doctors and healthcare professionals about the rights, needs and preferences of children with disabilities. We gathered feedback from caregivers of children with severe or complex disabilities who have challenges with communication, that doctors appeared too busy or uninterested to take time to listen to and understand their child.

Further sensitisation in healthcare settings would lead to a better experience for the caregiver and their child, a more accurate understanding of the child's disability, and more appropriate support.



Case study: Setting up a ‘pop-up disability identification camp’ in rural Bangladesh

In our project in Bangladesh, our outreach was successful in engaging families in inclusive education and sharing information about potential support services. However, the next step to formally identify the child’s disability and associated learning needs needed to take place at a government-run assessment centre. These are not located in every area, and the distance for many families to travel was unachievable. Without this formal identification, families could not access official support, and schools would not have the information about how best to prepare for the child to attend.

In response, we partnered with the Department of Social Services, nominated doctors from Civil Surgeons NGO, Sightsavers, and OPD-connected

consortium partner Centre for Disability in Development, to hold a ‘pop-up’ disability identification site. Using the pop-up camps, the partners completed formal identification for 54 out-of-school children. They identified 29 children who had a disability and needed to be registered for a disability identification card. This card means that the families can now access social welfare support including free or reduced medical costs for their children.

Key learning: Link up services so they can work together, keeping families and children at the centre. Support families to access social protection schemes and health care services.



Children with disabilities receive disability identification cards, known as Golden Citizen cards, in Bangladesh.



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Conclusion

Outreach and identification are essential pillars of any development or humanitarian programme that aims to leave no one behind – including, but not limited to, education programmes. Inclusive Futures has set out six actions organisations can take to successfully embed inclusive identification and outreach in schools and early-years programming. We believe these have the power to help transform the lives of millions of children with disabilities who could otherwise remain excluded from education and society.

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