Disability-Inclusive Education During COVID-19:

An Exploratory Study into the Experiences of Teachers and Occupational Therapists in Uganda and England.

A thesis submitted in partial fulfilment of the requirements of UCL for award of PhD

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MARCH 2024

Declaration

‘I, Claire Alison Brundle, confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.'

Signed: *signature removed*

Dated: 9/3/24

Abstract

The COVID-19 pandemic highlighted inequities in access to education for disabled children around the globe (UNESCO, 2020). With social-distancing and other public health guidelines in place for schools, learning changed, impacting further the provision of quality education for this marginalised group of pupils. I aimed to explore how the adults with the disabled child in the classroom describe and explain their practice during the pandemic, globally.

I applied a hermeneutic phenomenological approach to explore the lived experience of teachers and occupational therapists who work in disability-inclusive education settings in Uganda and England. Multiple semi-structured interviews were conducted with 20 participants from both countries. I aimed to capture their stories and understand how they make sense of their practice.

Through a reflexive stance, I examined my positionality throughout the research process to present a clear and logical justification of my interpretation. Four themes in understanding are identified.

During COVID-19,

i. *'It was easier to see.'*

The Disabled Child Became Visible.

ii. *'Schools are a good place to start.'*

The Intersubjective Relationship of Learning Surfaced.

iii. *'What's happening at home?'*

The Place of School and Community Blurred.

iv. *'I stand in the gap'*

The Gap Between Policy and Practice Revealed the Void.

Coming to this understanding, I began to see the phenomenon anew. The pandemic shone a spotlight on the current practice and that which was hidden. The participants shared their experience, and in the process of completing this research, my understanding transformed. It is from this new perspective that the narrative on disability-inclusive education may change.

Impact Statement

It is late 2023 and I am near the end of my 4-year PhD. I work part-time as an occupational therapist in mainstream schools in London. I am sitting on a small plastic school chair in the SENCo[1] office at one of my schools, discussing my caseload. The plastic is hard, and my knees are bent up at an uncomfortable angle. I am sitting on the other side of their desk, which is scattered with note pads, a keyboard and mouse.

I feel small.

"The change we've seen in her is amazing this term." The SENCo tells me, "Since you've come onboard."

"I don't think it was just me. Everyone's played a part." I reply humbly. I had only been at this school two months, and although I had been spending time in class with Molly and her LSA[2] each week sharing strategies, I think the turning point had come when the SENCo, myself, and Molly's mum met at school. The SENCo agreed.

"You're right. Since our meeting with her mum, there's been a change in everyone. We're no longer thinking we can't help her. We're not just sitting and waiting for her to go to a special school."

At the end of the last school year, it had been suggested to Molly's mum that Molly's learning needs may best be met in a special school setting. So, over the summer, Molly's mum had done her research. She came to our meeting full of apologies. What she had heard from friends and family who knew people who worked at the proposed special school was not good and she did not want her daughter to go there.

At the meeting, I advocated for Molly and her mum. We talked about Molly as a member of the school, not just a failed visitor. We spoke about Molly's mums aspirations for her daughter. We talked about Molly's strengths and what we could do as a school to promote those and teach new skills. We saw Molly as an individual within the school community, not as someone who did not belong there.

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[1] Special Education Needs Co-ordinator who holds responsibility to coordinate the SEND policy on a daily basis in schools in England

[2] Learning support assistant but may also be called Teaching Assistant in England depending on the direction of support given.

“But we are no longer scared that we are failing Molly,” the SENCo tells me. “With the strategies you’re supporting us with, we now feel we know what to do and where we’re going.”

In promoting Molly’s and her mother’s right to access their local school, we shifted how we saw Molly, our role in her learning, how to support her mum, and shifted the narrative from ‘we can’t teach Molly’ to what is it that matters to Molly and her mum for her learning.

It is this change in narrative, in how we see the disabled child in mainstream schools that is impactful to inclusive education. I hope this research contributes to the discussions held, globally. Therefore, I aim to publish articles in professional journals to disseminate my new understandings. Furthermore, I recommend further research into how best we capture the views of the disabled child and their families on disability inclusive education provision, across diverse contexts, to ensure they are heard as part of the discussion.

Acknowledgements

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I would like to thank Samantha Shann, President of the World Federation of Occupational Therapy for sitting on the Thesis Committee and providing timely reminders for me to hold onto my professional identity when I became lost in the stormy seas of research.

To my PhD colleagues for being in the department and suffering as much as me, and to my friends and family, particularly Dave who silently supported and Di with wise words of encouragement. Thank you.

But above all else, I dedicate this thesis to my amazing sister, Sarah, who passed while I was writing. I am me because of you.

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Chapter 1: Introduction

"To be a child or young person in school is to be situated in a world engineered and planned by adults" (Henriksen, 2012)

1.1 Research as a Transformative Experience

At the commencement of my PhD journey, I planned to sit in classrooms in England and Uganda to observe what goes on there for the disabled child. I wanted to speak with the children, watch as they worked in the classrooms and played together outside. I planned to talk with the adults with them in school and follow them home to talk with their parents. I am an Occupational Therapist, and this is what I know how to do.

I planned to use my observational assessment skills, honed over twenty years of practice in Australia, Burkina Faso, England, Egypt, and Uganda, to document what was happening in the classroom for the disabled child, across different learning environments, with a range of people, in diverse contexts. Initially, I chose an ethnographic approach for this study and the plan was to embed myself in the reality of learning for disabled children in Uganda and England. However, 2020 turned out not to be the year to plan fieldwork.

The COVID-19 pandemic invaded all spaces; doors shut, schools closed, and therapy moved online. It was with an acknowledgment that the world had changed that I refocused my research. The pandemic created another lens through which to reflect on my understanding as a clinician and researcher. Petherbridge (2022: 61) drawing on phenomenological insights, described the pandemic as throwing "our actions and modes of being into relief". It meant our everyday, taken-for-granted ways of interacting with our world changed. Although only temporarily for many, the social isolation and limited access to quality education experienced by the non-disabled population during COVID-19 highlighted the everyday inequalities disabled children experienced in accessing schooling and participation in their communities pre-COVID (Beaton, Codina, and Wharton, 2021). However, the COVID-19 pandemic offered a time to create experience outside of the expected everyday habits, with experience created anew in that "the viewer of today not only sees things differently, he sees different things" (Gadamer, 2003: 148). Therefore, I aimed to capture a new and different way of seeing disability-inclusive education in this thesis.

A reflection in my diary at the beginning of my research journey in early April 2020 at the start of the global pandemic reads, "*I am yet to fully appreciate the impact of COVID-19 in terms of the long-term effect on children's access to education, but the immediate impact on my research …is felt in the isolation I am experiencing as I sit in front of my laptop, at home, unsure of what is to come*." In repositioning myself online, my focus changed, along with my research questions and methodology.

Although I had not planned to undertake a phenomenological inquiry at the start of this research, the pandemic shifted my place as a researcher. As I moved behind the screen, I wondered what it was like for the disabled child and their family there. When I stood in the place of the child, I saw who it was they were interacting with on screen, their teacher and therapist, and I wanted to know how the adults saw themselves in that place, not only behind the screen but also in the inclusive classroom, in their interactions with the disabled child. It was this educational experience, familiar and yet unknown, that I knew I wanted to explore.

This thesis, therefore, is one of discovery and transformation. The pandemic was not found to be central to the experiences of the participants described in this study. The world of the classroom for the disabled child was already one of social distance. However, in the altered time and place of the pandemic, in the uniqueness of that moment, the participants and I discussed the everyday differently. So even though, in prima facie COVID-19 has not changed our practice, we cannot unknow that which is now known, or unsee what we saw.

On my expanding journey as a researcher, I reflected on who I was as an occupational therapist and how my previous experiences had led me here. Twenty years earlier I had been asked to support one classroom for disabled children in a primary school in Northern Uganda. On entering the classroom there were children hiding under tables and climbing up onto cupboards. The adults sat at the front of the classroom stunned into inaction. The experience led me to my masters programme in special education. Ten years later, I entered a classroom in a specialist school for Autistic pupils in Southern Australia. Again, there were children lying under desks, undressed, and one young boy lay at the classroom door, half-in and half-out of the playground, screaming and crying, banging his head on the ground. Again, the teachers there felt ineffective in action.

I saw my intended research questions revealed through my previous experiences. I wanted to better understand how quality education for the disabled child is created in classrooms around the globe, and why I had not seen it happening in the places I had worked. My positioning was situated in my professional understanding of the inclusive classroom, and how I understood the child there, and what I believed inclusion to be. This research and the questions asked reflected the assumptions I held about being-in the world. In critical reflexivity, I realised my fundamental question lay in asking the teachers and therapists in the learning space how they experienced their practice, and how they constructed meaning for themselves there, in and of their interactions with the disabled child. I was interested in how the classroom adults engineered the disabled child's world in the inclusive classroom.

I started this research with the idea of me sitting in a physical classroom, observing the corporeal interactions and real-time relationships between all the people present in the learning space, over a long period of time. However, as COVID-19 reshaped that reality, I was no longer in the physical classroom, but what remained was a shared ground of practice between the stories told by the participants and my understanding. This mutually experienced positioning strengthened the authenticity of this study. It formed the shared meaning unveiled through the process of interview, and analysis. This thesis explains what I heard and saw talking with participants during the pandemic. The conclusions drawn explain how by adopting a hermeneutic stance to data analysis, I drew closer to understanding what was happening for the disabled child in the classroom.

In this chapter I provide an overview of the structure of my thesis. It outlines the research aims and purpose of this study, and the terminology used, in conjunction with an overview of the background to the research. The chapter introduces the methodology used for this inquiry and outlines the reasons for selecting a hermeneutic phenomenological approach. It considers the shifting context of COVID19 on the study and explores why I chose an international perspective from which to gather data. The writing of this thesis was a long process of transformation, which I will attempt to share in a concise manner within this chapter, but which will reveal itself fully in the reading of the thesis as a whole.

1.2 Why Phenomenology?

Phenomenology, as a philosophical discipline, seeks to "return to the things themselves" to describe the taken-for-granted structures experienced in the lived world (Diedrich, 2001: 211). However, in the child's world, how things give themselves is determined by the child's situatedness, conditioned through the qualities of internal and external factors, including the care provided by adults (van Manen and van Manen, 2021). The contribution of phenomenological study is said to be in the reawakening or uncovering of what remains hidden by offering insights into the meaningfulness of everyday life (Adams and van Manen, 2017). In exploring phenomenology as a compatible framing for this inquiry, I turned to its concern with the everyday experience of being human, and how this is conditioned by a person's distinct geographical, societal, institutional, cultural, and social context (Eklund, et al., 2017).

At the commencement of my research, I reflected on my existent knowledge and wondered on my epistemological journey throughout my professional practice. I explore this further in chapter three. Historically, occupational therapists have been employed to work with children whose impairments severely limit their functional capacity to participate in everyday activities, without significant supports and adaptations to their environment (Mu and Rooyen, 2004). The profession's conceptual frameworks construct the individual's health and well-being from their participation in everyday activities and engagement in meaningful life-situations, within a specific social-cultural context (Creek, 2010). This definition resonates with the ICF[3] position that suggests to participate is to be involved in those life events that are socially valued (WHO, 2001). Therefore, there is that which is constructed around the child, the human and non-human environment, which impacts their participation in a shared world. Occupational therapists, through their distinct professional lens, understand the unique contextual demands that support or hinder participation in various contexts (Laverdure and Rose, 2012). It is in the everyday-ness of occupation that I considered a phenomenological approach as a fit to my inquiry.

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[3] ICF The International Classification Framework on Disability is the WHO framework for measuring health and disability at both individual and population levels.

However, I encountered a methodological dilemma as our worlds shifted online during the COVID-19 pandemic. With schools closed or operating under new protocols of social distancing, I was removed from the child's locale. Phenomenology is interested in the described first-person experience, to analyse the intentional structure of consciousness (Ramm, 2021). I questioned the removal of the child's voice from my research. Studies considering the child's participation, particularly in education, identify the historical assumption that children do not possess the capability to discuss their learning experience, nor an ability to participate in effective decision making (Beaton, 2021: 163; Johnson, Lewin, and Cannon, 2020). This assumption is particularly applied to children who use non-traditional methods to communicate, e.g. not speech.

Within the more recent international understanding of the child's rights, there is a growing call to recognise the child's contribution to research and practice (CRC/C/GC26, 2023). Moreover, it is essential for the adults around the child to ensure they create safe spaces, employ multiple and different modes of communication, and possess the ability to hear what is being said to "take children's views seriously and [be] open to being influenced by them" (Kennan, Brady and Forkan, 2019: 214). Merleau-Ponty offered an understanding of the first-person perspective as one where the bodily experience of being in the world, involves the perspectives of others (Ramm, 2021). It was through this intersubjective, interconnected experience, shaped and realised by the being with others that phenomenology offered an understanding to my exploration. Therefore, in being unable to be with the disabled child in their world, I turned to those in the inclusive space with the child.

I argued that adopting this methodological approach of capturing the lived experiences of those providing inclusive environments for disabled children in schools is a valid and important endeavour to better understand what is happening there. Empirical research into education systems and provision of inclusive education perpetuates the "tendency to reinforce the individual deficit view of disability" (Bourke, 2007: 5). The aim of policy in education is often to determine models of best practice, arguing for efficiency while concealing specific socio-cultural and political agendas (Reeves, et al., 2022). However, research suggests that the teaching of disabled children is constructed by educators who may be unaware of the socio-political beliefs and assumptions influencing their practice (Bourke and Carrington, 2007).

Therefore in seeking to understand the experiences of those in the classroom, I aimed to uncover the meaning applied in the adult's practice, and how this impacted provision for the disabled child. In doing so, I turned to the insights offered by Merleau-Ponty's work to elucidate what I was hearing. In returning to the data through writing, I critically reflected on how the adult's saw the disabled child in the shared space, a place they inhabited every day, and wondered on the direction of their gaze. In experiencing the inclusive classroom with them, I aimed to arrive at a fresh understanding of the phenomenon itself.

Furthermore, in seeking to understand how meaning is ascribed and shared in the telling of human experience, I explored the specific field of hermeneutic phenomenology as the methodological approach to this inquiry, in which I acknowledged the interpretive nature of the research process. The narratives shared are not purely anecdotes of the distant past but have a meaning constructed in the moment of their retelling (Foucault, 2002). Therefore, data was arrived at through my relationship with the person's story as it was revealed, and in the co-construction of meaning through the interaction within the process of inquiry itself (Henriksson, 2012). It required a complex balance of immersion and critical reflection to mitigate the risk of becoming disorientated in the data produced and losing the essence of the participants experience within the interpretations reached (Moran, 2022; Adams and van Manen, 2017). In adopting a reflexive stance to this study, I employed a reflective diary in which to record my thinking throughout, and I have embedded examples within this thesis to clarify my positionality with the reader.

I aimed to address and mediate this real risk of solipsism through my continual critical reflexivity and self-awareness within the analytical process, from interview to writing. I examined how I arrived at meaning with the participants to inform the interpretations and insights I reached (Finlay, 2012; Finlay, 2003). As an occupational therapist this is a familiar place, as I reflect during the therapeutic process to determine how the individual makes sense of their occupational world (Unsworth and Baker, 2016), and apply an awareness of my own bias as a pre-conscious knowing in reflection (Farrell, 2012). Furthermore, I recognised the difficult question of accuracy and trustworthiness in interpretative research (Finlay, 2012; Seamon, 2018; van Manen, 2017). In chapter three, I further discuss the difficult conceptual and methodological considerations made.

1.3 Is it Phenomenology?

In my exploration of phenomenology as a methodological approach, I was prompted to ponder the nature of phenomenology itself (Adams and van Manen, 2017). The paradoxical essence of phenomenological understanding becomes evident as it seeks to articulate meaning operating beneath consciousness by reflective discovery of meaningful experiences, without prior assumptions about the origins of these experiences; an inherently impossible task (Simmons, 2018; Adams, 2014). However, I viewed it as an inquiry into how the phenomenon of interest manifests in the perception, consciousness, and experience of an individual. Therefore, while I could not entirely suspend my existent knowledge, I brought it to my conscious realm and submitted it to examination. It is within this hermeneutic struggle that I believe transformation occurred.

I encountered a jarring dissonance in my reflections as I embraced a new way of writing, bringing about a transformation in my analysis. I wondered on my journey as a researcher; one never completed but which drew me nearer to a new understanding. This awakening aligned with my role as a practitioner in the field of occupational therapy, where I navigate the delicate balance between the objective certitude of the medical world and the chaotic nature of humanity (Sparrow, 2018). This potential duality is where the art of therapeutic practice is revealed, mirrored in my new role as researcher. However, it was an uncomfortable division, constructed and imposed.

As an occupational therapist, my unique perspective centres on enabling meaningful engagement in learning opportunities for disabled children within school that align with their educational goals (Villeneuve and Hutchinson, 2012; Kurth, et al., 2018). It recognises the individual within the wider educational context, including the physical environment entwinned with socio-political elements that inform and influence the individual's performance (Creek, 2010; Malfitano, et al., 2014), and acknowledges the significance of their interpersonal interactions, which directly affect their participation and the quality of their engagement (Bøttcher, 2014). There exists a complexity in my reasoning that embraced the uniqueness of every disabled persons experience, within their social world (Shakespeare, 2004), but aimed not to over-individualise the conceptualisation, as this risked de-politicising the discourse on disability (Oliver, 2013).

It was this delicate balance of centring the disabled child in the classroom that informed this research. I could not ignore the systems in which I worked as a therapist. However, I rejected the mind-body dualism of conventional wisdom and acknowledged the interconnectedness of the person as an internal being, situated in their human and non-human environments (Nicholls et al., 2016). Thus, my critical reflection in this inquiry shifted my focus from the disabled to understand the abled in the experience of disability (Goodley, 2013). I asked what it is like for the ‘able-bodied’ adults in the inclusive classroom and believed this approach as a step towards a phenomenological inquiry.

I aimed to apply a critical stance where understanding uncovered the systemic structures of oppression encountered within everyday habits and assumptions (Cohen, Kahn, and Steeves, 2000). Throughout my training and in practice, I have worked within education and health systems that often separate the mind and body and frame disability as a problem to be solved at the individual level (Abrams, 2016). In recognising disability as a socially constructed concept, I acknowledged how the ableist attitude continually shapes inclusive education (Connor, Valle, and Hale, 2012). It is within these tensive constructs of disability that I began to transform my thinking.

From a critical position, I feared solipsism seeping in. van Manen (2017) cautions against constructivist approaches to phenomenology where meaning is predetermined or constructed. In chapter two, I examine further the theoretical frameworks that shaped my past thinking. It was not a dualistic tension experienced, but one that resided in the complexity of being human, situated in the natural world, structured within systems, one that is both object and subjective in meaning (Bhaskar, 1998).

I initially heard participants discuss the barriers to disability-inclusive education as a lack of time, insufficient resources, and inadequate shared understanding of the roles in the classroom. I recognised these structural constraints. Participants retold their experience in schools starting with ‘it depends’ on how the schools’ leadership viewed disability, impacting the ethos of inclusion. However, as I entered the analytical process of hermeneutic reduction, I laid bare what was most familiar to reveal the phenomenon anew (Merleau-Ponty, 2010). I turned away from the common narrative on these well-known barriers to wonder at what it was that I was hearing, as if for the first time.

1.3.1 Merleau-Ponty’s Phenomenology

In researching phenomenology as a methodology, I reflect on the contextual influence of Merleau-Ponty on the authors I read to gain a better understanding. Merleau-Ponty lays foundational insights on how reality is known and encountered by the individual in his writings ‘The Phenomenology of Perception’, first published in France in 1945 (Merleau-Ponty, 2012). In experiencing reality, he considers perception as the primary condition that precedes others, such as consciousness and reflection. For example, perception is said to form the foundational experience of time passing as it determines how the passage of time is known through perceiving the changing object.

Merleau-Ponty’s work may be criticised as ambiguous, lacking clarity of interpretation for the reader (Čapek, 2017). However, according to Merleau-Ponty, perception is not an empirical absolute action arising from sensory impulses. It encases the historical and embodied nature of experience. Merleau-Ponty explains the embodied experience as through the navigation of the complex and dynamic environment of situated activity, where meaning is located in the historical and cultural knowing. In describing perception as an active interpretation of the environment, Merleau-Ponty offers an already-inhabited sense of existing in the world, less of intellectual representation and more of a sedimented knowing, within the bodily senses that brings meaningful and intentional engagement (Merleau-Ponty, 2012). Therefore, perception and meaning formation is a complex and context-bound phenomenon that requires engagement in and reflection on action.

It is Merleau-Ponty’s understanding of ‘being-in-the-world’ that informs this study. There is the experience of being, that of self, and of the world, the other, that places the individual in their bodily capabilities and in turn, their engagement with and response to the environment (Merleau-Ponty, 2012). However, it is the interaction between the natural, objective world and the social dimension inhabited that leads back to elements of previous experience and in turn bestows meaning upon the objects of present experience.

Interestingly, Merleau-Ponty's unfinished work *The Visible and Invisible* criticises his earlier writings as he argues it never fully addresses the Cartesian duality of the mind and body (Reynolds, 2001). According to Merleau-Ponty, the distinction of an outside world entirely separate from the thinking subject is problematic and attributes significance of the body in relation to the self, to the world, and to others. It is this phenomenological conceptualisation of the human experience as an interconnected and intentional embodied experience of reality that informs my approach to the reasoning applied.

Therefore, in trying to better understand what is happening in the schools for disabled children, globally, I bring to my attention that which the participants foreground in their embodied experience, in and of the physical and sensory description of self. I adopt the experiential stance of vision, different to Merleau-Ponty's fundamentalism of touch, to wonder more on the participant's intentional gaze and consider its direction, what it is they see and the meaning they bring to their seeing. I further question the phenomenon of place and how the educational spaces around the child are experienced by the adults with them, through the embodied notion of being-in and out of school (Seamon, 2018). Moreover, I look to understand the intersubjectivity of experience in relationship through the meanings applied by participants during interview. I reflect on the reality of the experience described and aim to adopt a phenomenological understanding in my methodological positioning.

Although, as with Merleau-Ponty, limitations to my understanding are revealed in describing how perception is determined in the significant differences between individuals and their being-in-the-world (Reynolds, 2018), I aim to return to their lived experience. Furthermore, in grasping how past experiences bring meaning, and in turn, are dependent on our understanding, an opportunity for insight into the complexity of experience exists. Therefore, a new way to see the common barriers to disability-inclusive education is revealed. In bringing Merleau-Ponty's understanding to this thesis, I reject the empirical barriers listed internationally for the failure of disability inclusion in schools as a lack or loss of absolute and tangible resources and question our perception of the disabled child in education, the values attributed, and our role in enacting inclusion in school.

1.4 Looking from a Global Horizon

My professional experience took me out of the global North and I have experienced occupation differently to that in the places I trained. The diversity of human experience is a particular interest of mine and in my coming to this research, it provided the perspective from which I asked my questions. I aimed to privilege neither the experience of practice in the global North nor the global South; nor did I aim to offer an objective reality other than honouring the subjectivity of experience, framed within unique contexts. As exemplified by Merleau-Ponty, "[t]here is no hierarchy of orders or layers or planes…there is dimensionality of every fact and facticity of every dimension" (Merleau-Ponty, 1968: 270). It is from Merleau-Ponty's insights that I considered concepts such as temporality and spatial awareness, embodiment, intersubjectivity and reversibility in our perception of self and other's consciousness, and I took my inquisitiveness to diverse contexts to see the breadth of experience revealed. Therefore, I looked to the commonalities in experience, alongside the differences, so that we may learn from one another on the phenomenon as a whole.

My inquiry was not interested in what is already known. As to come to the phenomenon of disability-inclusive education anew was to ask what is happening in the inclusive classroom, everywhere. Research identifying the barriers to inclusive education often reports at the macro-organisational level on the disparities in conceptualisation, operational interpretation, and legal redress to discrimination, between countries (Walling, 2016). Others have described the barriers identified at the practical level that impact on the day-to-day delivery of inclusive classroom practices, which are consistently described across countries as a lack of teacher time, insufficient resources, difficulties of behaviour management, inappropriate curricula, and a paucity of specialist support (Hassanein, et al, 2020; Human Rights Watch, 2018; Clough, 2017; Devecchi, et al., 2012; Moberg and Savolainen, 2003).

Furthermore, previous studies have sought to ask, 'what works?' to advance educational outcomes for disabled children, with a focus on provision in countries of the global South (Kuper, Saran and White, 2018). However, the premise of this research is that the provision of effective inclusive education presents challenges globally. For example, inclusive education provision in countries of the global North is criticised for the continued segregation, especially for those children with significant and complex learning needs (Shaw, 2017). The effect of context in which inclusive education is defined, interpreted, and implemented is relevant to the understanding of the education systems established, and the environments in which inclusive education is provided. Therefore, more than determining ‘what works’, I asked ‘what is happening?’ to find out why it is not yet working, anywhere.

In policy over the past four decades, there has been a substantial push to recognise the rights of the disabled child to gain equitable access to quality education in their local school (UNESCO, 2017; UNICEF, 2007). International commitments to policy have been ratified by most countries around the world. However, schooling for disabled children continues to be predominantly provided in settings outside of the regular classroom, in a separate room or segregated school (Tomlinson, 2019). Moreover, education and health systems globally are predominantly structured by western-centric ideology that has migrated southwards to influence policy and practice (Hammell, 2015).

Socio-cultural values applied shape the opportunities for participation of disabled children, not only in their school but in society, throughout their lives (Slee, 2019; Devlin and Pothier, 2006). The current criterion of school quality being largely determined by exam scores as the pinnacle in global educational purpose erodes other criteria for what characterises a successful school (Allen and Slee, 2019). The construction of these social values influence the inclusion of disabled people in society and are reinforced and maintained within societal institutions, such as schools who exclude those who do not contribute to the schools’ exam tally (Tomlinson and Hewitt, 2021). Competitive schooling systems are described that lead to a significant proportion of children being excluded from mainstream schools, often covertly within the auspices of special needs (Thomas and Loxley, 2022). This educational paradigm impacts practice in schools and has migrated globally, which continues the exclusion of many disabled children from their local schools and in turn, from society.

In examining the impact of recent international conventions for disabled people and children, facilitated by large international organisations such as UNESCO, who adopt a rights-based approach to inclusive education, the influence of external ideologies and assumptions introduced across different locales cannot be ignored (Schuelka, 2015). Contentious in possessing unidimensional responses to the challenges experienced in implementing disability-inclusive education is the silencing of alternative voices in how it is achieved and what it may look like in practice within different contexts (Rao and Kalyanpur, 2020). Therefore, this study aimed to engage with diverse peoples to better understand the shared problem of disability-inclusive education, compatible with distinct local understandings, as a place for shared understanding and learning.

I abandoned the current debates in educational research on measuring ‘quality’ and ‘impact’ of learning and teaching, to embrace disability-inclusive education as a complex concept, involving notions of relationship and interconnectivity (Bourke, 2007). Within this construct, I acknowledged the challenge within educational research to “*understand and dismantle exclusion as it presents itself in education*” (Slee, 2013: 905). By doing so, I applied an increasing critical awareness to the dominant knowledge frameworks from the global North and acknowledged the global issues of social inequality and marginalization (Galvaan, 2022; Malfitano et al., 2014). I investigated occupational justice as a concept born of critical reflection of occupational therapy practice in various contexts (Hammell, 2015), and it is this broadening notion applied to inclusive education for the disabled child that informed this research.

Therefore this thesis recognised the socio-economic and political differences existent between the contexts of the study. I attempted to apply a critical lens to my understanding of how global political narratives influenced educational provision, and in so doing, critically reflected on my positioning as an occupational therapist and researcher from the global North. However, in my writing I did not attempt to explain global inequalities from a socio-political perspective. I hoped to clarify the interest of this study not as a comparison of differing socio-economic contexts impacting educational provision, but as a quest to understand how local conditions, wherever they appeared, influenced the adults experience in the classroom with the disabled child and to describe the origin of the meaning to their practice (van Manen, 2017). In doing so, within this thesis I presented who I am as an interpreter of the stories told by those experiencing disability-inclusive education during the pandemic, with the intention of drawing nearer to the essence of the barriers widely described in previous research on the topic.

1.5 COVID-19: The Global Pandemic 2020-2022

It was impossible to ignore the impact of COVID-19 on this study. As a disruptive horizon it offered a unique opportunity from which to view everyday classroom practices. However, participants did not talk about the pandemic in isolation. Their COVID-19 experience situated their practice in their past and future.

I reflected on my feelings on this change in my fieldwork diary of July 2020. I wrote, "*I need to make massive changes to my research design from in-classroom observation to online interviewing. My skills are in observation. The lack of personal contact and the use of technology fills me with dread*." Not only was I no longer able to observe classroom interactions, but I also had to interview participants online. The use of interview to gather data is a dynamic interaction that requires skills of the researcher to engage and evoke the participant to provide pertinent information relevant to the interest of the study (McConnell-Henry, Chapman, and Francis, 2011). I feared I would no longer experience it as a fluid exchange requiring a nuanced technique and the tacit ability to probe but not lead, to enter discourse but not conversation. Although not a therapeutic exchange, the active listening required in interview was familiar to me. It was more than just collecting words, it was seeing who the person is in their environment, in their gestures and expressions. With my removal from this in-person exchange for the purpose of data collection, I felt something lessened in the experience.

In reflection, I wondered how moving online would be experienced by the children and their families I worked with. Schools in England closed for only a short period of time for all children in March - April 2020 and then reopened for the most vulnerable, which included disabled children (OFSTED, 2020). In England, during the first wave of the pandemic, as a therapist working in a special school, I was asked to put information online for parents to access; we investigated running live sessions online; and we continued to provide sessions for those children attending school. However, it soon became apparent that many of our families could not access online learning, and parents, already fearful and exhausted, were unable to teach from home. However, in England, issues in disability-inclusive education were already highlighted in the OFSTED Annual Review report 2019/20 (OFSTED, 2020: 19).

> "…*all inspections show serious weakness in SEND provision overall*"

This statement suggested that the weaknesses did not arise due to the pandemic, but existed long before the spotlight was turned on. The impact of the pandemic exposed severe levels of social isolation and a detrimental impact of limited access to health and therapeutic services for disabled children and their families, via health and school provision (Lunt, 2021). At the time, I wondered on this happening and recorded an experience of mine as it arose in my consciousness.

Reflective Box 1: Out In the Rain April 2020

It is raining. I am standing in front of glazed double doors. I buzz through on the intercom to the reception. I am due to run a whole-class session for the Autism Resource classroom. It's part of a term-long programme that is scheduled into the timetable, meets aspects of the PHSE curriculum, and aims at meeting, for a number of girls in the class, their targets on socio-emotional development. The school receptionist states that because of the Public Health Guidelines issued, I am classed as a 'school visitor'. I am not allowed in.

I have been running this session every week prior to the lockdown and this was the first week when schools reopened for 'vulnerable' children. As I stand in the rain, getting wet, I reflect on my position there as a 'visitor' to the school. My intervention is not seen as essential; it is regarded as extra-curricular, other, and outside of the school remit. Not part of the girl's education. I call through to the class teacher who tells me there is nothing she can do. We just have to accept the decision. I cycle away.

This exchange brought to the fore my reflection on how education for disabled children during COVID-19, potentially, did not change; instead, the pandemic illuminated the essence of exclusion. In Uganda, schools were shut for longer. At the time of data collection, late 2021, they remained shut for all children. Therefore, in exploring the classroom environment at the time of this study, it was impossible to ignore the impact of the public health guidelines issued during the COVID-19 pandemic, but it was equally important to listen to what was happening before, in both countries. Not only did the pandemic reconstruct the methodological framing of this inquiry, and in turn the method, it also laid bare the everyday illusion of inclusion in England and Uganda. Therefore the COVID-19 pandemic offered a unique place from which to better understand disability-inclusive education. This study revealed that the inequities experienced during the pandemic existed prior to and continued with participants expressing little hope of change in the future, post-COVID.

1.6 Clarifying the Terminology

Within the extensive literature on inclusive education, there are multiple definitions of the term that result in ambiguous and problematic interpretations in its implementation (Lawson, Parker and Sikes, 2006; Erten and Savage, 2012). The varying meanings applied, from concerning only disabled children and their participation in mainstream education to all disadvantaged children at risk of exclusion from the education system, depend on the cultural, social, and historical context in which practice is situated (Mitchell, 2015; Hansen, 2012; Kamenopoulou, 2018). Therefore, for the purpose of this study, I wanted to acknowledge the centrality of the disabled child within the understandings I reached.

As an expression, inclusion recognises concepts of social justice, respect, and participation (Thomas, 2013). It is rooted in an ethical obligation of a just society (Allan, 2005), and demands changes to the structures and practices that marginalise, including school culture (Slee, 2019). For some this has led to fragmentation and confusion, evident in education systems internationally (Cigman, 2007; Pirrie and Head, 2007). As the term morphed from meaning to include disabled children, to the inclusion of all marginalised groups, disability became one amongst various characteristics of diversity (Norwich, 2013). However, concerns are raised that this may have the effect of neutralising and denying recognition of individual differences, needs, or preferences (Norwich and Koutsouris, 2017; Shakespeare, 2007).

The evolution of disability-inclusive education over time is conceived within the shifting context of disability awareness and how our understanding has been shaped by changing social norms and values, reflected in the language and terms used. Therefore, from an international perspective, there is no universal descriptor. Disability understood in the international context is one frequently described in demographic statistics, rather than through human experience. However, the limited consensus regarding the definitions of both inclusive education and disability impacts on data coherence (Anderson and Boyle, 2015). In this thesis, therefore, I did not aim to differentiate between degrees of disability nor target a particular disability by type. I used the broad term disability-inclusive education for clarity, and disabled child to encompass every child marginalised by the perception of their ability to participate in the mainstream.

During COVID-19, international guidance papers used the term ‘vulnerable’, which included disabled populations (OECD, 2020). However, this is a contentious term in the literature as it confers vulnerability as a weakness that lies internally to the individual and defines it as a characteristic of the child rather than the situation created in the society that exposes them to greater risk. I was interested in examining this understanding of disability applied in education and how it impacted on a child’s access to learning opportunities.

I considered the language to be used in this thesis and reflected on the person-first category e.g. child with a disability, as recommended by a number of professional and academic bodies, such as the American Psychological Association (Dunn and Andrews, 2015) to place the individual at the forefront of research and service delivery. The notion of person-first language became prominent in the 1990’s disability rights movement to mainstream the issue of personhood for disabled people (Haller, Dorries, and Rahn, 2006). However, the emergence of identity-first language alongside an acknowledged disability culture is argued as necessary to counteract the perverse need to promote a disabled person as a person first (Dunn and Andrews, 2015).

Although the argument for the person-first categorisation is positive in that it places the person before an identifying label, it is criticised as continuing to frame disability as a negative, a medical problem, separate to the person, something to be managed (Ferrigon and Tucker, 2019). I remembered a conversation with a mother in Egypt who didn’t want their child to be described as *with a disability* as it reinforced the rhetoric that disability is a problem that the individual must deal with. For her, there was an alternative imagining that being disabled was a characteristic of her son, not something he needed to manage on the way to normality, but one which existed for him and was part of who he was, because of where and when he lived. It was a quality his life possessed. This is the position of identity-first language that I chose for this thesis. It is based on the debate raised within the Autistic community by Lydia Brown in her blogs originating in the early 2010’s, and explained by writer and activist, Cara Liebowitz in 2015, where disability is part of their identity and not a separate, interchangeable distinction to them as a person (Ferrigon and Tucker, 2019). It further reflects the social model of disability as presented by the mother in Egypt I spoke to.

In recognising the critical sociological position of disability as a socio-political function of oppression in a world designed for non-disabled people, rather than solely an adjunct needing to be fixed (Goodley, 2013), I aim to recognise the individual and the different lived experiences within the spectrum of diverse experiences as a disabled person. Therefore, in line with current disability culture advocates and disability studies scholars, I use the term ‘disabled child’ to avoid separating the child from the disabling factors experienced at school and in their community, while trying to centre the uniqueness of experience within my thinking. I use identity-first language to shift the value narrative on disability and to recast disability within the normative order of individuality and thereby, of everyday life, with the aim to move the conversation forward (Andrews et al., 2019; Titchkosky and Michalko, 2012), and help reframe the thinking on the topic of disability-inclusive education.

Furthermore, I chose to use geographical rather than an economic differentiation to describe the contexts of inquiry in this study. Although lacking universal accuracy, I used the term countries in the global South and global North rather than high income and low-middle income countries. My interest was not one of economics, although impactful and political, but of cultural and historical situatedness. By using the categorisation of locale, I infused the difference of coloniser and colonised into the study, along with other divergences sitting along the equator as I reflected on my positionality. My understanding is not encased in a duality of traditional and modern, of old and new, of industrial and developing, or even medical and social, but born of culture and community and the understanding that this holds for the people there.

Finally, I use the term ‘thick description’ to describe the methodology adopted. This term is widely used in qualitative research and has come to mean a deeper, semantic level of understanding applied to the data (Ponterotto, 2006). However, Ponterotto (2006) in seeking to find its origin identifies Ryle’s use in 1971 to mean the ascribing of an intentionality to the observed behaviour; where analysis is not a simple description of action by the researcher, but also is one of the meaning ascribed to that action. Therefore, there is a richness to the data arrived at through a level of interpretation applied that requires robust analysis and reflection.

1.7 Aim and Purpose of Study

The aim of this research was to better understand how teachers and therapists experienced inclusive learning environments, how they understood these environments for the disabled child and what meaning they applied to their practice. I applied a critical phenomenological approach to the inquiry and looked to examine the interpretations bound in the data. Furthermore, the study adopted an international perspective to the understanding sought, and I acknowledged my experience working in the global North and South, as an occupational therapist, in my interpretations.

In exploring the participants experience of classroom interactions and practices in 2021, this research further considered the influence of the COVID-19 pandemic as a backdrop to better understand the manifestation of the phenomenon under exceptional circumstances and how this shaped the understanding of the disability inclusive education for the participants.

I aimed to reveal the participants experience of practice described within their distinct contexts to gain a better understanding of the phenomenon, which the pandemic offered as a unique lens to raise anew the everyday situatedness of educational practice for the disabled child.

Therefore, I aimed to answer the following questions.

i. How do classroom adults working with the disabled child in England and Uganda make sense of their experience of disability-inclusive education?

ii. How is the impact of the COVID-19 pandemic on inclusive classroom practices understood by the classroom adults around the disabled child?

iii. How does my understanding as an occupational therapist bring meaning to the interpretations made of the data?

To draw nearer to an understanding of the phenomenon, I explored the concepts described in the data that inhibited or promoted the disabled child's inclusion in their local school in diverse contexts, at a specific time. I did not aim to compare and contrast disability-inclusive education practice in Uganda and England in this thesis, but to listen to the diverse and common experiences that revealed the thing itself, in its everyday-ness, from which it may be understood anew.

I took a contemporary approach to my understanding, where inclusion is assumed in the definition of education itself (Tomlinson, 2019). This distinctly contemporary position seeks to redefine education for the disabled child through a radical re-evaluation of educational values, outcomes, and processes. The perseveration on educational barriers as lack of resources, reinforced by the deficit model of disability, is counterproductive to disability-inclusion in education. Therefore, my exploration aimed to contribute to the growing discourse on what is happening in the classrooms to reframe the thinking on the topic.

Moreover, in emerging from the pandemic, research is asking what opportunity for change exists. Thorburn and Stolz (2022) argue that educational aims and values will be reconsidered due to the pandemic, in relation to education and a broader consideration of wellbeing in schools, which requires a more insightful and nuanced understanding of the experience of school. Within the profession of occupational therapy there is a call to reject the status quo and view COVID-19 as an opportunity to change how we practice (Hoel, et al., 2021). Whereas educational research demands further exploration of the teacher’s voice in relation to the impact of COVID19 on inclusive teaching and pedagogical approaches (EASNIE, 2021). Furthermore, beyond the usual barriers to disability inclusion, there is a call for systems change (Schuelka, Braun and Johnstone, 2020). However, to understand fully ‘the what and the how’ of what practitioners do in the inclusive classroom, this study aimed to uncover ‘the why’ by revealing the essential meaning of what it is like for the educators in that space during the pandemic.

This research did not aim to provide another practice model for inclusive practitioners who work in unresponsive systems but rather to cast a new light on that which we already know. At the beginning of my research, I recognised the challenge of capturing phenomenological insights and the trappings of my previous self. Therefore, I brought the words of Merleau-Ponty to the fore in my writings in the hope of recognising the origin of the experiences described. However, I offer a disclaimer in that this thesis remains a phenomenological endeavour inspired by, not yet being-in nor of, phenomenology.

1.8 Overview of Thesis Structure

In adopting the tradition of hermeneutic phenomenology, I wrote a reflective journal whilst emersed in the research process. These critical reflections, embedded throughout my thesis, reveal my positioning as a researcher-practitioner and the development of my understanding as I wrote. It was from this practitioner-researcher position that I threw my gaze on the experiences shared by participants. I reflected on that which jars and what comes into clear focus, achieved through a commonality of practice between myself and the participants. There is no impartiality, no objective reasoning applied. The interpretations are mine, forged together with the participants.

The literature review in chapter two offers a contemporary contextualisation of the global context of disability-inclusive education and reviews the available research on the COVID-19 pandemic as it evolved. I present aspects of the profession of Occupational Therapy, and other conceptual and theoretical frameworks that were central to my understanding evident in this study but which may have vexed my phenomenological attempts. I further explored current concepts of child-centredness and wonder on the adults role in centring the child in their understanding and how they may create an inclusive environment.

This is followed in chapter three by an unpicking of my attitude to disability as an Occupational Therapist, a person, and researcher to inform the methodology. It is in chapter three that I attempt to throw light onto my positioning and reflexivity and present the process of hermeneutic reduction. In adopting an international perspective, I reflected on who I am as a practitioner and researcher from the global North, and the distinct power and privilege evident in attempting interpretation of the experience of others from differing cultures. I considered the distorted power relations in international development and the global political discourse from a personal level.

However, it is not within the scope of this study to add to the extensive critical disability literature. Therefore, I aimed to create an understanding forged with those experiencing the phenomenon and bring to the fore a deeper understanding of the complexity of human engagement in varying contexts.

It is also in chapter three that I developed my reasoning of the methodology and considered how I am revealed through the analysis while emersed in the data, and how I forged the journey to a new horizon of understanding. I also attempt to address the methodological pitfalls of hermeneutic inquiry. My method is described in chapter four. Due to the importance of the reflexive position to the legitimacy of this thesis, I used a reflective vignette at the start of each of the four thematic chapters to frame that which I was hearing, to shed light on the biases I held, and to bring clarity to the reflective position in which I stood. I make no apologies for referring to myself in the first person and have included extracts from my reflexive diary to illuminate my positioning arrived at from my previous experiences, throughout this thesis.

The hermeneutic nature of this research revealed four themes. These are the usual culprits of exclusion in school, but I see them with a new understanding due to the nature of the analysis applied. In chapter five, I interpreted the participants experience of the disabled child becoming visible in the pandemic classroom, where "*it was easier to see"* the child's unique way of learning with more time. In chapter six, I looked to understand the adult-child relationship created in the space, where "s*chools are a good place to start"* in transforming the narrative of belonging and participation in the classroom and wider community. In chapter seven participants wondered on "w*hat's happening at home?*", which during the pandemic held much importance in the learning taking place. In chapter eight I heard from participants, *"I stand in the gap"* and they experienced the void of value in disability-inclusive education.

At the beginning of 2024, I cannot say the pandemic changed inclusive practice, but this study revealed the meaningful exclusion taking place and brought into stark relief the happenings in the classroom for the disabled child. Chapter nine concludes my thesis and brings together the transformative process undertaken and presents the phenomenon anew. I attempted to draw the inclusive classroom from a different perspective to add further colour and contour to the everyday place of the inclusive classroom and make recommendations for future research, practice, and policy.

Chapter 2: The Literature Search

2.1 Introduction

As part of this academic endeavour, I undertook a literature search. The impetus was not systematic, my interests, confusions, and a priori understanding of the topic led the search. I examined research published between 2000 – 2020 initially, and then expanded the search as I wrote to enrich my understanding. English language peer reviewed journal articles, PhD theses, books, reports, and policy documents were included. I predominantly used Google scholar, UCL eLibrary, and database ERIC as search tools. I employed a diverse range of descriptors to capture broad categorisations of terms relating to disability, learning needs, and inclusive education, across international educational contexts. A snowballing method of searching reference lists identified further relevant articles.

My review focused on gaining an international perspective on the practice of inclusive education, from the widest range of definitions. I did not limit my search to a specific diagnosis. Articles discussing the societal influences informing beliefs and the attitudes expressed by educators regarding inclusive education were included. I was introduced to and researched the critical concepts of 'colonisation of the mind', and 'ableism'. I read and questioned pedagogical politics globally. I sought a deeper understanding of the conceptual framework of occupational therapy from an international perspective, and I explored professional models and related theoretical frameworks. Moreover, journal articles on COVID-19 were sourced from international publications and research documents between 2020 and 2023. For a full literature review method see Appendix F.

In this chapter, I reflect on the recent history of inclusive education for disabled children and explore the global literature for examples of inclusion in schools. I seek a contextual understanding of my own positioning as the researcher, acknowledging my practitioner perspective, and explore the theories that inform who I am and from what place I may hear what is said by the participants. I aim to present information in this chapter to clearly place myself in the research process and in turn, validate the understanding reached. This chapter aims to provide context to the study's purpose and demonstrate the relevance for exploration.

2.2 The Situatedness of Disability-Inclusive Education

I began my literature search by situating disability-inclusive education within the global context of disability. This is often provided in the literature through statistical surveys, which find that disability, in some form, will be experienced by nearly everyone at some point in their life (WHO, 2022). In the UK, an estimated 16 million people (24%) live with a disability, which is said to be increasing due to an aging population (DWP, 2023). Whereas from a global perspective, the World Health Organisation estimated 16% of the world's population experienced significant disability in 2022, and 80% of children and young people with disability live in a country in the global South (WHO, 2022).

However, disability as a concept is complex, multifaceted, and evolving. It is determined by context, definition applied, and the data available (Jones and Saloniki, 2021). Moreover, the continuously evolving nature of disability as a concept impacts the implementation of disability-inclusive education in practice. This has been reflected in the international conventions over the past three decades, which called for the equal rights of disabled people, and for the participation and access to education for disabled children in their local schools (UNCRPD, 2006). However, this policy edict has remained problematic for many countries to implement and is subject to local interpretation. For example, the international policy implementation that enabled schooling expansion in the 1990's, led to an increase in the number of primary school aged children accessing classrooms in Uganda, but did not address the complex issues relating to providing quality education (Datzberger, 2018); and what became evident in England, although a signatory to the policy, was a continued increase in educational provision for the disabled child in special schools (DfE, 2019). Therefore, not only is disability-inclusive education difficult to define and measure globally, but its implementation presents significant challenges.

The literature over the recent years has extensively described the barriers to inclusion in education for disabled children, frequently citing the lack of resources and inadequate teacher training. However, the pandemic provided a distinct lens to understand what we already knew. There is a temporal and spatial situatedness that influences practice, and I briefly address critical approaches to disability in this chapter to consider their impact on disability-inclusive education implementation, globally.

2.2.1 Situated in a Pandemic

The COVID-19 pandemic threw a spotlight onto the existent global situatedness of inclusive education. As an exceptional time, the COVID-19 pandemic offered an unprecedented lens through which to gaze on the global situation for many marginalised groups and their access to appropriate healthcare and education. Research identified the risk of exclusion for many children, from low access to technology for the poorest households, to the slow return of girls once removed in the global South, and the increased fear of additional medical concerns for disabled children (UNESCO, 2020). The ease of excluding those groups already marginalised in society could not be ignored.

The full impact of the COVID-19 pandemic on education for disabled children, where public health guidelines changed regular classroom practices to reduce the risk of virus transmission, is yet to be realised. However, evident at the time was the increasing isolation of the disabled child due to moving learning online, with limited access to dynamic learning interactions and environments (Skipp and Hopwood, 2020). Furthermore, the analogous information that spread across the globe contained instructions such as, adhering to two metre distancing between pupils and staff, to sit pupils in rows of desks, to wear PPE4, to hand wash regularly and to not share equipment. A study by the Nuffield Foundation (Skipp and Hopwood, 2020) drew attention to the limited understanding expressed by governments on special-needs provision in schools. They found that guidelines to reduce physical contact negatively affected many disabled children and the adults working with them. It impacted their ability to communicate and provide comfort. It limited the number of people permitted in small spaces to complete personal care tasks and prohibited therapeutic intervention by those outside of the immediate school team.

Furthermore, for many parents of disabled children fearful of their child's ability to comply with the changed rules, relegated access to education lower down their list of

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[4] Personal Protective Equipment

priorities during this time (Geraghty and Lyons, 2021). However, considering the risk of exclusion identified, there was a call for the strategies adopted during the pandemic, at both the individual and service levels, to be equitable and inclusive for all (Sheridan

Rains, et al., 2021; Berger, et al., 2020; Drane, Vernon and O'Shea, 2020), and for planning to mitigate for the long-term exclusion of disabled children (UNESCO, 2020a).

In countries of the global South, the impact of the pandemic was reported as different to that in countries further North. The population is younger, and the climate is considered less conducive to transmission. Furthermore, the public health restrictions in place such as 'stay-at-home' orders had a greater adherence in communities where community health workers, already on the ground following other epidemics, promoted public compliance (Anoko, et al., 2020). However, the intersectionality of disability and poverty is well documented in the literature. Disability cannot be understood outside of a socio-cultural context that describes the limiting factor of poverty (Groce, 2019), and was highlighted by the inequitable response to the COVID-19 pandemic across the globe (Berger, et al., 2020). Furthermore, countries in the global South reported some of the longest school closures, particularly in Uganda (Datzberger, et al., 2023).

Research during the pandemic and immediately following, highlighted the inequalities in educational provision for disabled children compared to their non-disabled peers, including difficulties in studying autonomously and reduced access to appropriate technologies for remote learning (UNESCO, 2020b), the fragility of support systems and social networks (Shepherd and Hancock, 2020), and the recognised regression and low skill acquisition (Geraghty and Lyons, 2021). In a large-scale survey by Save the Children, the variance in learning outcomes for disabled children further revealed the varying capacity of parents to support learning at home (Orsander, et al., 2020). As a result, the incumbent detriment to the parent-child relationship described, negatively impacted the child's and their family's well-being and mental health; a further consequence of the pandemic (Orsander, et al., 2020). Therefore, the inequalities already experienced by many families with a disabled child resulted in them being disproportionately impacted by the pandemic (Orsander, et al., 2020;

Hellawell, Smith, and Wharton, 2022). Moreover, the inequity in opportunities reported did not surprise, but the obvious existent exclusion could no longer be ignored.

The COVID-19 pandemic offered a time for change, to explore and create new opportunities. Data suggested disabled children and their families asserted new forms of agency in education provision (Beaton, Codina, and Wharton, 2021) from the merging of boundaries between home and school, new ways of learning were experienced (Canning and Robinson, 2021), and schools engaged differently with families (Hellawell, Smith and Wharton, 2022). However, in a broad literature review of the impact of the pandemic, it was concluded that public health measures were inadequate, with limited guidance for inclusion, so that, in line with pre-pandemic trends, inclusive education received less attention than the more traditional dimensions of education (EASNIE, 2021). Therefore, due to the timing of this study, I further explored the literature on how disability-inclusive education has been defined, understood, and implemented around the world over the three decades prior to the pandemic, as the true impact of the pandemic on education, particularly for disabled children, may not yet be fully known.

2.2.2 Situated in Time Before COVID-19 … The Evolution

There exists extensive literature detailing the timeline of the guidance that has evolved over the twentieth century to establish and protect the education rights of disabled persons. Since 1948, with the Universal Declaration of Human Rights, that states everyone has the right to education, other conventions have established clear mandates that once ratified may constitute binding and legal declarations, including in 1960, the UNESCO Convention Against Discrimination in Education (UK, LCD, 2019). However, prior to the disability movement era of the 1970s, disability was primarily seen as arising from the limitations of the individual (Kroeger, et al., 2010; Kamenopoulou and Dukpa, 2018). It was not until the next decade when the social model described disability, not by the impairments of the individual, but the disabling barriers faced in society (Oliver, 2013) that the debate on disability widened.

In the subsequent decades, the UN Convention on the Rights of the Child in 1989, adopted a rights-based approach to the international philosophy of education for children. The Salamanca Statement and Framework for Action on Special Needs

Education in 1994 reaffirmed the fundamental right to education for every child (Ainscow and Cesar, 2006) and emphasised the right of the disabled child to be educated alongside their non-disabled peers in local schools (Kruth, et al., 2018). The UN Convention on the Right to Education for Persons with Disabilities in 2001, and in 2006, the UN Convention on the Rights of Persons with Disabilities all enshrine the need for governments to commit to providing education for disabled people, with Article 24 of the Convention outlining the right to inclusive education (UK, LCD, 2019). These conventions, ratified by most governments around the world (UNICEF, 2007) led to a dramatic increase in the numbers of primary school-aged children attending classes but did not address the inequity in the quality of the education provided (Akmal and Pritchett, 2019).

More recently, the Sustainable Development Goal 4 (SDG 4) targets quality education for all by 2030, and determines the importance of the content, relevance and outcome of the education received by disabled children, and not just access to schooling (UNESCO, 2017). However, the Global Education Monitoring Report (2020) identified that today 88% of primary school aged children now attend school globally, but over half do not achieve basic literacy skills; that a fall in the number of teachers trained to international standards in sub-Saharan countries since 2000 has created challenging teacher: pupil ratios; and that disabled children remain the most unidentified and marginalised group of pupils (UNESCO, 2020). UNESCO (2019) reported that in 49 countries studied, only 56% of disabled children completed primary education, whilst over a third of out-of-school children at Primary level have a disability (World Bank, 2018). These data highlight the marginalisation of disabled children in education, globally.

In 2019, UNESCO held an international forum on Inclusion and Equity in Education to review the legislation, policies, and actions identifying barriers to progress. In partnership with other agencies, it drew up a framework to determine the potential capacity of an environment to be able to deliver effective, inclusive education (UNESCO, 2019). Their tool outlined aspects in the education system to be examined, such as the policy and leadership directives, and elements in the service-delivery, such as inclusive teaching materials, curriculum differentiation, and assessment. The framework promoted structural change within education systems to meet the diverse needs of all learners (UNESCO, 2019). It further advocated for the cost-effectiveness of transforming mainstream education environments, instead of continuing the segregation of pupils with disabilities in special schools. However, education systems around the globe continue to struggle to dispel entrenched views of disabled children as unable or incapable of learning and neglect to train and support teachers to provide quality education to all learners (UNESCO, 2020).

Most recently, in 2023, the General Comment No. 26 of the Convention on the Rights of the Child, expressed a special focus on climate change, and outlined the child's Right to be heard (art. 12), within their right to education (arts. 28 and 29), which details a rights-based environmental education that is "*transformative, inclusive, child-centred, child-friendly, and empowering*" (UNCRC/C/GC/26, 2023: 9). This then reflects the intention of policy to locate the child at the centre of their education. However, this direction of international policy that looks to empower the child may conflict with local contexts that do not presume the child to possess the capability as an adult to participate in educational decision making (Beaton, 2021; Johnson, Lewin, and Cannon, 2020), nor merit separate and equal consideration without connection to the broader social networks (ISER, 2020; Goodley and Swartz, 2016).

The influence of external ideologies and assumptions underlying such concepts as inclusive education cannot be ignored when exported across different regions of the globe (Schuelka, 2015). Moreover, concepts ideologically conceived and based within ethical and moral obligations, defined by a specific set of societal values, are often disparate between and within societies (Thomas, 2013; Allan, 2005; Armstrong, 2005). Articles discussing cultural attitudes and social values attributed to disabled children in the global South highlight concepts of economic burden and charity (Talley and Brintnell, 2016). Whereas in the global North, research suggests that disabled children are perceived within the mainstream education system as an additional burden to the already demanding teaching role (Warnes, Done, and Knowler, 2022). It is argued that it is the effect of context, the prevailing culture and dominant ideology in which inclusive education is defined, interpreted, and implemented, that promotes or inhibits inclusion of the disabled child (Norwich, 2010). Therefore, it is from a global perspective that I now consider the impact of recent international policy on inclusion, across diverse contexts.

2.2.3 Situated in Place … The Migration

As outlined in the previous section, the international framing of inclusive education as a Human Right, demands the overcoming of barriers that limit the presence, participation, and achievement of marginalised groups of learners in their local schools (UNESCO, 2017; UNICEF, 2007). There has been a progressive shift in policy literature from correcting the deficit of the individual, to one of adaptation of the environment to reduce the physical and attitudinal obstacles to inclusion (UNESCO, 2019). However, the idea of inclusive education as a human right is still relatively new in the global North (Nilholm, 2006). Although, the international definition of inclusive education is said to reflect a broader conceptualisation of the child's right to education, meaning learning of all pupils, and not only those with disabilities (Norwich, 2008), it continues to be predominantly associated with the placement of disabled children in mainstream schools (Lawson, Parker, and Sikes, 2006; Avramidis and Norwich, 2002). Furthermore, this narrower interpretation is often implemented for disabled children as an integration model of inclusion (Kamenopoulou, Buli-Holmberg, and Siska, 2016), which is frequently replicated in countries of the global South (Singal, 2010; Sharma, et al., 2013; Phasha, et al., 2017).

The gap between the ratification of international policy on inclusion and its adoption in practice is argued as an absence of intention reflecting the power strategy in the ideological and administrative purpose of the government to preserve the rights of disabled children (Malki and Einat, 2018). For example, the development of neo-liberal capitalism in Western economies is said to have led to competitive education systems, globally (Hursh, 2005), where education systems employ normative learning outcomes that produce malleable, labouring citizens and excludes those not considered able to contribute (Goodley and Lawthom, 2019; Goodley, 2013). This description of the Western value structure of the 20th century, promoting positivist scientific inquiry and technological advancement for economic purpose, conceptualises education around the notion of productivity and independence, rather than the proclaimed human right, and promotes academic achievement in exams as the primary outcome for pupils (Slee, 2019). Slee and colleagues further suggest that this global education model, creates a corrosive language and the "*marketisation of schooling*", where certain sectors of society inevitably are excluded (Allen and Slee, 2019: 7). Therefore, framing disability as a problem in education, a deficit in productivity to be fixed, cured, and moulded by normalcy, places the disabled child outside of society's value system and therefore, outside of educational purpose (Connor, Valle, and Hale, 2015).

Within this economic framing of education, the parallel schooling system for disabled children proclaims to make best use of limited resources by providing targeted intervention to meet the specific educational needs of the most vulnerable in society (Frattura and Topinka, 2006). Allen and Slee (2019) argue that the segregation of specific population cohorts' in school breeds ignorance, fear, and hatred of difference. Furthermore, for pupils with complex medical and learning needs the attainment of an assumed quality of life, based on comfort and safety, remains the aspirational context to learning (Hutton, 2008). It justifies the separateness of the disabled child as different and distinct from the goals of the wider society.

This contextualisation of disability-inclusive education is further witnessed in the professionalisation of special education, where experts determine the child's learning needs based on how close they are in ability and behaviour to the 'normal' cohort of pupils, which then determines the setting in which they are schooled (Goodley, 2013). Special education provision for disabled children remains distinct and apart from their non-disabled peers, particularly for those pupils with complex disabilities (Hutton, 2008). It is argued that this self-fulfilling business has grown up around special education, and trains professionals who benefit from employment in the business of special education to then continue to diagnose and assess those requiring special provision (Pfahl and Powell, 2011).

Recent research demonstrates no benefits in cost or quality of provision in running multiple education systems. In fact, gathering specialist resources and applying those skills and knowledge in the mainstream setting is said to benefit a wide spectrum of children attending school (Vianello and Lanfranchi, 2011; McMurray and Thompson, 2016). The positives are not only awarded the disabled child, but also those with 'undiagnosed' learning difficulties, as well as sensitising the class as a whole to accepting diversity and difference (Jackson, Ryndek, and Wehmeyer, 2008; Vianello and Lanfranchi, 2011; McMurray and Thompson, 2016; Clough, 2017). Furthermore, it is argued that the expense in maintaining parallel systems is not only in the inequality of education afforded to some, determining their continued reliance on health and social care long term, but also in their denied access to participate in work, therefore reinforcing the rhetoric of being a tax-burden, with no value to society (Eleweke and Rodda, 2002).

International policy on inclusion aims to refocus educational purpose of schools as a place to allow children to find similarity amongst their peers and build tolerant citizens (UNICEF, 2013). From a social justice perspective, Slee (2019) suggests 'belonging' should become an educational aspiration, instead of rewarding institutions for a system that nourishes competitive individualism in learning, further resulting in division and exclusion within schools and society. It is argued that special education justifies an ineffectual distribution of resources for disabled children, continuing the unequal opportunities afforded disabled people in society to participate, thereby increasing social injustice (Hammell, 2022). Therefore, the current dominant socio-cultural values of countries in the global North, applied to education, shape the opportunities for participation of disabled children, not only in their school but in society, throughout their lives (Slee, 2019; Devlin and Pothier, 2006).

Furthermore, the ideal of international policy on inclusion is argued as being globally unachievable within the current structures, resources, and pedagogical will (del Pozo Armentia, Reyero, and Cantero, 2020), as the core principles of inclusive education described in international policy may not be applicable in understanding provision in the global South. Schuelka (2015) argues the rights-based conceptualisation of disability emphasises social justice, embodying contextual realities and dominant discourses of the global North. Therefore, an active debate is required on whether these international concepts are achievable or even relevant for the education of disabled children in countries in the global South (Wapling, 2016).

For example, Meekosha (2011) suggests that the concept of human rights may be irrelevant to those in situations where basic survival is a priority. Furthermore, in some contexts, at certain times, the impairment experienced by the person may be as limiting as the social context, if appropriate medical interventions are not available (Shakespeare, 2007). The oblique consequence of the internationally prescribed structures around disability-inclusive education emanating from the global North is the overshadowing of the unique and localised meanings applied to practice (Schuelka and Johnson, 2012). Therefore, for research to broaden the understanding of disability-inclusive provision globally, it needs to be culturally sensitive to the local context defining practice (Kamenopoulou, 2020).

Discussed in this section is the recent push for inclusive education. Although promoted by an international position of human rights and social justice, it is further undermined by the positivist, neo-liberal, minority world perspective that values productivity and independence, thus marginalising disabled people globally (Murthi and Hammell, 2020). Education for disabled children globally continues to be defined by the contextual understanding applied as to what is determined most suitable to meet their needs (Miles and Singal, 2010). However, this understanding cannot be separated from the ableist construct that continues to legitimise segregated schooling for certain children who are perceived as a problem to teach in mainstream schools, especially those identified with complex learning needs, because they do not fit the normative ideal (Goodley, 2013; Storey, 2007). This ableist perspective, reinforced in societal structures created within a specific historical context to serve a particular purpose in a distinct society, has spread throughout the world and risks drowning out alternative perspectives on inclusive education for disabled children (Phasha, et al., 2017). Therefore, I seek to explore the current education systems in place around the globe and reflect on how disability-inclusion is being interpreted there.

2.3 An International Perspective on Disability-Inclusive Education

In this section, I search the literature to determine how disability-inclusive education is being implemented in countries around the world. It is argued that the cut and paste model of western policy implementation across the globe is ineffective in enabling real change, as cultural and traditional beliefs interpret, influence, and inform education systems and, in turn, practice differently (Hassanein, et al., 2020). The broad terms described in the universal principles regarding inclusion are continually prone to local operational interpretation (UNESCO, 2017). However, I critically reflect on the dominance of western thought that risks the silencing of alternative voices in how inclusive education may best be achieved and what it may look like in practice in different countries (Rao and Kalyanpur, 2020; Singal, 2010). Therefore, I aim to explore the literature to understand how the interpretation of inclusive educational policy in differing regions across the globe is implemented. I initially chose to look at those countries in the global North that were predominant in the inclusion literature. From there I sought literature on inclusive educational practice in countries I was familiar with in the global South.

2.3.1 Inclusive Education in Countries of the Global North

In Europe, several countries have been held up as good examples of where legislative changes have led to effective inclusive education policy implementation at school level. After several decades, these education systems are now being critically evaluated.

In Italy, the legal framework for inclusive education was initially introduced in the 1970s and over the subsequent years policy has been written and implemented in line with key international principles. However, the rhetoric of inclusion is still questioned within the reality of provision, with over 26% of disabled children spending less than 50% of their time in general education classrooms (Anastasiou, Kauffman, and Di Nuovo, 2015). Furthermore, the policy is argued as remaining embedded within the medical model of disability, constructing the problem as an individual child's deficit and not one of the education system (D'Alessio, 2013).

In Sweden, inclusive education is described as an interpretation of inclusiveness at municipality and school level (Göranssona, Nilholm, and Karlssonc, 2011). Even with the relevant legislation in place, policy is not being universally translated at local level. The legislation uses the term 'pupils in need of special support' in order that intervention regards the relational qualities of the support provided, with a focus on the school's inadequacies in meeting need, rather than targeting the pupil's impairment. However, local interpretation results in variance of provision across the country, particularly for pupils with severe learning disabilities. These children often receive lessons in separate classrooms on their own, with only 16% integrated into the regular class more than half of the time (Göranssona, Nilholm, and Karlssonc, 2011).

The argument remains that inclusion could mean many different things, even within the same context. Nilholm (2006) outlined these discrepancies through the dimensions of time, categorisation, and exclusion. It is suggested that the practices employed are dependent upon where the decision makers sit on the urgency of inclusive education and how distinctions are made on whom to include (Nilholm, 2006). Results reported from a 2007 survey by Nilholm et al., (2007) demonstrated that 74% of municipalities in Sweden continued to identify individual pupils' deficits as the primary reason for special education need and that most local schools are inadequately prepared for supporting diversity within the school population, continuing to provide segregated education (Göranssona, Nilholm, and Karlssonc, 2011).

In Finland, the focus has been on instruction strategies, incorporating cooperative learning and pupil: teacher interactions. More significantly, the emphasis is on the arrangements made for building democratic, inclusive school communities (Halinen and Jarvinen, 2008). They advocate for education systems where versatile learning environments are developed, encouraging cooperation among professionals, using collaborative teaching practices within a flexible and adaptive curriculum. However, even in this political context, debate continues regarding the medicalisation of the process in defining special needs, where the problems arising are still attributed to the individual pupil and not challenges to be met within the learning environment (Halinen and Jarvinen, 2008). Within the Finnish inclusive education model, the provision of part-time special education within the mainstream school setting is a common intervention, where segregated teaching is provided exclusively by special educators (Paju, et al., 2016). Furthermore, alongside is the continued increase, since 1998, in the categorisation by diagnosis of full-time special school provision (Graham and Jahnukainen, 2011).

Over the past twenty-five years, inclusive education in the UK has also been under pressure to perform. Currently, in England, while 80% of disabled children have access to mainstream education (DfE, 2019), the majority have 'mild' disabilities, with behaviour that is perceived as fitting the mainstream classroom (Shaw, 2017). In England, the gap between pupils with and without a recognised SEND[5], in accessing quality education continues to widen. In 2014/15, disabled children attending mainstream education achieved three times lower attainment rate than their

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[5] Special Educational Needs and Disability

nondisabled peers and a five times higher exclusion rate (Equality and Human Rights Commission, 2017). Furthermore, the learning needs of children with severe learning disabilities are argued as unable to be met within the mainstream classroom due to the complexity of daily management (Hutton, 2008). Recent data from the government in England revealed that the percentage of disabled children receiving education in a segregated setting increased from 5.6% in 2014 to 9.2% in 2019 (DfE, 2019).

This level of provision is echoed in the USA where access to the general education classroom is determined by the level of need and the type of impairment of the child. Since 1975, the provision of ‘least restrictive’ environments, where the ‘right’ education can be accorded to the ‘special needs’ of the child, still resonates with teachers (Blessing, 2003). Lalvani (2013) identified the attitudes of teachers towards inclusion depended on the degree of disability perceived, as they felt education for SEND pupils with severe disability, predominantly a low IQ, was justifiably provided in self-contained classrooms. Moreover, most teacher respondents did not question the broader sociopolitical context in which their knowledge and beliefs were constructed (Lalvani, 2013).

In North Brunswick, Canada, where a policy of inclusive education is broadly implemented across rural and urban districts, differences remain between elementary and secondary school teachers’ attitudes towards inclusion. As secondary school teachers feel more pressure to deliver content, and to ensure students achieve high grades, they are less positive about inclusion (McGhie-Richmond, et al., 2013). The focus on academic attainment as a measure of success for educational institutions permits a culture where mainstream educational institutions fail to prioritise the learning needs of disabled children (Anderson and Boyle, 2015), resulting in the continual increase in placement for specific cohorts of children into segregated, special education settings (Shaw, 2017).

2.3.2 Inclusive Education in Countries of the Global South

In Africa, different countries have adopted various approaches to inclusion. In South Africa, with the introduction of policy to embed inclusive education into mainstream public schools in the late 1990’s, teachers felt unprepared and under-qualified, without the resources required (Engelbrecht, et al., 2001). Nearly, two decades later, teachers report little progress, with limited access to necessary resources and training (Engelbrecht, et al., 2016).

The South African model created ‘full-service schools’ in each province to be exemplars of best-practice in inclusive education, acting as a resource base for others, and offering professional development to staff. However, even though policies strongly proclaim a shift away from the medical model, to one which identifies social and structural barriers to education access, the implementation of inclusion continues to depend on the categorisation of individual deficit. Pupils with low support needs may attend mainstream public schools, whereas pupils who are identified as having high intensity learning needs, receive support in special schools (Engelbrecht, et al., 2016).

In Egypt, discrimination in access to schooling is echoed in data available from the

2006 population census. It revealed that 89% of disabled children did not attend any form of schooling, compared to 43% of non-disabled children (UNESCO, 2017). With the ratification of the international UN conventions (UNCRC and UNCRPD) in Egypt in 2009 and 2011 respectively, the resultant 95% increase in enrolment rate of primary school aged children continued to significantly marginalise pupils with disabilities in the now overcrowded public education system (UNICEF, 2013). To address this discrimination, the subsequent governmental decrees in Egypt called the ‘Inclusion Mandates’, stipulated that a percentage of disabled children must be included into public schools each year. However, the interpretation applied to these mandates continues to narrow the enrolment of disabled children in public schools to those with one mild, either physical or learning, disability, with the majority of disabled children continuing to be educated in segregated settings (Hassanein, Adawi, and Johnson, 2020; HI, 2016).

For many countries in the global South, there is limited data on inclusion of children with disability published. Often, the predominant focus for international data collection is on counting numbers of attending children, disaggregated by gender and location, omitting disability. The focus on enrolment was led by the principles of the UNCRC (1989) and the second United Nations Millennium Goal (2000) on Universal Primary

Education, which promoted school attendance for every boy and girl by the year 2015 (Sachs and McArthur, 2005).

Since 1997, Uganda implemented the policy of Universal Primary Education (UPE) in line with international convention. Within the first year of implementation, school enrolment increased by 58% (Uganda Ministry of Education and Sports, 1999). More recently, data collected focused on academic achievement of children attending schools, revealing a lag behind other countries in the Region (Hickey and Hossain, 2019), with a decline in literacy rates in the last decade (Kjær and Muwanga, 2019). Within this context, Ugandan schools struggle to provide quality education for disabled children, as intended by the UPE programme, resulting in continued segregation and exclusion (Nyende, 2012).

In 2002, Arbeiter and Hartley reported a general positive attitude towards inclusion in Uganda by teachers, but due to limited support and training, good practice was not observed in classrooms. In 2008, the Ministry of Education and Sports of Uganda reported only 183,537 disabled children attended primary education, with a provision of 138 special education units across the country (OHCHR, 2010). A situational analysis by UNICEF in 2015 found of the estimated 2.5 million children and young people experiencing disability in Uganda, 5% access education in inclusive schools, 10% in special schools, and 58% have never been to school or have received less than 4 years education in total (ISER, 2020). Furthermore, in a recent study in Uganda, one third of participants (children with cerebral palsy) were identified as attending some form of public schooling. However, all were categorised as having a mild level of impairment; able to walk and talk (Andrews, et al., 2019). Therefore, prioritisation of disabled children to attend schools is problematic, where teachers struggle to provide quality education (Nyende, 2012) due to limited support and training (Arbeiter and Hartley, 2002), especially for those with a disability categorised as greater than a mild level of impairment (Andrews, et al., 2019).

The multi-dimensional complexity of disability-inclusive provision is further revealed through the attitudes of teachers. Moberg and Savolainen’s (2003) comparative study between teachers in Zambia and Finland highlighted contextual similarities and differences in the understanding of inclusive education. Both sets of teachers preferred a segregated education system, determined by type and severity of disability. Although, the disability categorisation of children to be excluded from the mainstream system differed between the two countries. In Zambia, children with physical disabilities, potentially due to the difficulty of transport and access, were targeted. While in Finland it was children with severe learning disabilities who were most likely to be excluded, relating to the notion of internal efficacy of education provision and teaching success. Interestingly, the Zambian teachers promoted inclusive education as enhancing social justice for disabled children, whereas in Finland a more pessimistic view regarding the practical aspects of service delivery were discussed (Moberg and Savolainen, 2003). The findings of the study support the proposition that the practical provision of inclusive education is context dependent, although attitudes towards inclusive education are not necessarily divergent across differing cultural and economic settings.

So, while internationally, inclusive education policy focuses on bringing the disabled child into local mainstream schools, the dominant thinking remains that the individual child must then adapt to the available system. This is contra to the ethos of inclusive education, which advocates, for changes in the regular education practices to meet the needs of every child present in the classroom. Furthermore, a shift in the assumptions and values held in education is needed to change the learning environment and predominant culture of educational provision, so that disabled children may access quality education and participate in the school environment alongside their non-disabled peers (Carroll et al., 2011).

Internationally, it is now argued that a radical reform is required across mainstream education systems for inclusion to become a viable option as the application of these ideological principles in practice is argued as fundamentally problematic (del Pozo Armentia, Reyero, and Cantero, 2020). The recent movement outlined in the UNESCO 2019 ‘On the Road to Inclusion’ framework promotes this shift towards radically transforming the school environment rather than expecting pupils to conform to the existing structures (UNESCO, 2019). Kruth, et al., (2018) conclude that the paradigm shift required must change the lens by which inclusive education is discussed, planned, and implemented.

2.4 The Inclusive Classroom … What is Happening in this Place?

As discussed in the previous section, in many countries, the term inclusive education remains concerned with the inclusion of disabled children within mainstream education settings. The implementation of inclusive education entails complex social values of equality and individuality, which result in policy positions that fall between equal access to education opportunities and supporting individual learning needs (Norwich, 2010).

The conceptualisation of disability in education as a problem of individual deficit is seen to allow a view of the "*ineducable*", necessitating specialist programmes to tackle education in segregated settings (Miles and Singal, 2010: 2). However, more recently, the international push for inclusive education is increasingly becoming known to mean the reform of schools and classrooms that welcome and support all learners, including children with complex needs and the embracing of diversity (Colley, 2018; Schaeffer, 2019). This positioning looks to change attitudes of those involved in policy and implementation to create fairer education systems, within a just society (IBEUNESCO, 2016). However, research suggests that teachers may be unaware of the societal beliefs and assumptions that influence how they practice (Bourke and Carrington, 2007). Furthermore, the dominance of western thought risks alternative practice models from different countries being ignored in practice and research (Rao and Kalyanpur, 2020; Singal, 2010).

In relation to existing international policies and legislation on inclusive education, examining how practitioners act and attribute meaning to their action warrants investigation (UNESCO, 2017). If the core principles are to promote diversity within the education system, it is necessary to evaluate the barriers to participation in the classroom and to develop effective environments for diverse learning (UNESCO, 2017). Schools are described as reflecting the social values of the wider society so that school culture demonstrates how disability discrimination and stigma are reinforced and maintained within our education system and their institutions, excluding those who do not contribute to the prescribed value of schooling (Tomlinson and Hewitt, 2021). Therefore, I aim to understand the current research on how educational provision is defined in practice for the disabled child and how the barriers to inclusion are explained.

2.4.1 The Culture of the Inclusive Classroom

As I discussed in the previous section, policies and structures at all levels of the education system are highly indicated in defining and operationalising inclusive practice. In education, classroom practices come under scrutiny within the broader social context of schooling. Research into the culture of classrooms focuses on an understanding of the complex social, cultural, and linguistic nature of everyday practices (Bloome and Beauchemin, 2018). Therefore, barriers to inclusion are frequently identified at the practical level impacting on the day-to-day delivery of inclusive practices.

Barriers are consistently described across countries as a lack of teacher time, insufficient resources, difficulties of behaviour management, inappropriate curricula, and a paucity of specialist support (Hassanein, et al., 2020; Human Rights Watch, 2018; Clough, 2017; Devecchi, et al., 2012; Moberg and Savolainen, 2003). These barriers are seen to evoke intervention at the individual level. However, it is argued that action to overcome these barriers to inclusion, external to the child, exists at the environmental and systemic level (Schuelka, 2018; Stubbs, 2008). Moreover, the tension in disability-inclusive education between an individual versus system level approach risks becoming a false dichotomy in schools (Salazar Rivera and Boyle, 2020; Terzi, 2014).

In further exploring this ‘dichotomy’, I began by stepping outside of the classroom. Shakespeare and Watson (2002) proposed impairment as a universal human frailty to introduce an embodied ontology of disability, where being disabled cannot be reduced to a single disabled identity. They argued that to deny the individual experience of disability, impacted by their impairment and in turn, the differing social and cultural responses received, was a flawed understanding. Hughes (2007) agreed that the impact of the individual’s experience could not be disembodied by the ubiquitousness of the social realm. However, Oliver (2013) warned against an over-individualised focus that ignored the incontestable social and environmental constraints imposed on the disabled person in societies, as it risked de-politicising the debate.

The dichotomy of this reasoning becomes spurious when considering the complexity of the person’s disabling experience. In discussing the tension in a more nuanced space, Shakespeare (2007) acknowledged that disability existed in the interaction of intrinsic factors, such as impairment of mind and body, and in the specifics of an individual's disabling social context, for example, in the provision of specific learning environments, and educational policy. In disability-inclusive education this understanding reflects the complexity of a child's learning interface between their specific internal capabilities, their skills and strengths, and the external factors present in the classroom environment, and beyond. Therefore, the tension remains as to whether an inclusive education system can recognise and respond to the specific needs of the individual or by doing so, stigmatises and excludes the child in their classroom (Norwich and Koutsouris, 2017).

The confusion as to what constitutes quality inclusive education confounds its implementation (Colley, 2018). The lack of a common language to express the values held, by policy makers and practitioners alike, both within and between countries, prohibits a common understanding and joint working toward quality inclusive education for all children (Carpenter, et al., 2011). The terms used by policy makers and practitioners to discuss education for the disabled child, is said to be by their very nature marginalising, and act to identify difference and deficit (Liasidou, 2008). It brings to the debate the values attributed to identification, curriculum design, and placement for disabled children (Norwich, 2010; Bloome and Beauchemin, 2018). Furthermore, how the education of children is perceived and implemented is determined by the power discrepancy between policy makers and recipients, which fundamentally legitimises the underlying beliefs of the society (Liasidou, 2008). Words used do not exist in a vacuum and their use is influential in determining how inclusive education is conceptualised and subsequently organised for disabled children. It is important therefore, to consider the complex construction of disability knowledge in education, from policy development to everyday classroom practices, across diverse settings.

2.4.2 Educational Pathways for the Disabled Child

International agendas have often confused the definitions applied to inclusive educational practice. Ainscow and César (2006) identified six different interpretations of inclusive education in use around the globe that reflected the differing contextual understandings applied, and informed later studies when presenting models of practice and specific curriculum provision for disabled children. The translation of policy into practice reflects the systems, structures, and beliefs around the child in the classroom. Therefore, the various approaches applied to disability-inclusive education may be viewed as dependent on ontological aspects of the specific culture and society that is defining disability and operationalising education (Lyons and Arthur-Kelly, 2014).

For example, in traditional societies where disability is still shunned or believed to be a punishment by a divine power, such as in some parts of Egypt, the education of disabled children focuses on their care, and provision is seen as a charitable act made by a few (Hagrass, 2005). Whereas in settings where the disabled child is determined to be requiring treatment back to normality, such as correcting hand function, the medical model shapes the provision to encompass rehabilitation and skill development (Jackson, Ryndek, and Wehmeyer, 2008). Therefore, the debate which focuses on which educational setting provides the ‘best-fit’ for educational achievement for disabled children, a non-homogenous group, is argued as flawed and out-dated (Wapling, 2016). Not only does the argument need re-focusing to look at what is happening around the child, rather than where the classroom is located, but also to an understanding of how epistemic justifications are made.

In a review of international guidelines published by UNESCO in 2009, Lyons and Arthur-Kelly (2014) identified distinct inclusion pathways that reflected the varying approaches to curriculum development, type of assessment employed, and pedagogical strategies applied internationally. They illustrated how differing conceptualisation of ability results in differing practices and education systems, particularly for children with complex learning needs. Furthermore, in attempting to understand how the conceptualisation of disability-inclusive education impacts practice, Jackson, Ryndek, and Wehmeyer (2008) described a range of approaches in practice. They began by describing those that reflected the medical model of disability where the components in curricula follow the hierarchical stages of development, stipulating the necessary attainment of specific skills to progress to the next stage. As this approach targets rectifying the child’s individual deficit, teaching is often provided using discrete trials, in segregated settings. The individual child’s impairment determines the education provision awarded, reflecting an attitude described in a US study as ‘fix’ the child to ‘fit’ the system (Blessing, 2003).

A different model of special education described was the use of inclusion units, as in England, which suggest a continuum of provision whereby the education system offers a transitionary step for the disabled child to learn the necessary skills to enter the mainstream classroom. Lyons and Arthur-Kelly (2014) described this pathway as Strategic Inclusion. Aspects of the general curriculum appear in the curriculum as a gesture towards equitable access, but the child frequently receives instruction outside of the regular classroom (Imray and Hinchcliffe, 2012; Wehmeyer, et al., 2003).

In special schools, various practice models exist internationally, where either an alternative curriculum is used or the child may visit their community for specific purposes, as a practice arena for inclusion (Lyons and Arthur-Kelly, 2014). In special education provision it is the degree of perceived impairment and expected performance of the child that determines the level of differentiation in place (Norwich, 2010). Where the child’s needs are recognised as fundamentally different from their non-disabled peers, the teaching of Life Skills is deemed adequate to meet their maximum potential, coined as The Quality of Life curriculum (Lyons and Arthur-Kelly, 2014).

Within the tension of inclusion versus specialist, curriculum design and content is reflective of the value system of the dominant culture applied to schooling, and determines the expected educational outcomes, which direct the teaching delivered. For example, the rise in special school provision in England, may be explained by the impact of the current educational agenda of assessing school effectiveness on the basis of pupil achievement in exam scores; thereby effectively excluding pupils with diverse abilities as they do not meet the standards set (Colley, 2018; Shaw, 2017). Contributors to the debate of inclusion suggest a different curriculum framework to reflect the learning needs of all (Sissons, 2010). This proposes that distinct pedagogies, which are individualised and encompass the pupil’s interests, needs, and abilities, should be achieved within an open framework of a national curriculum to incorporate multiple means of representation, expression, and engagement, and the enablement of diverse pedagogical strategies (Sissons, 2010).

However, Carpenter, et al., (2011) argued that within a population of increasing pupil complexity, teachers found it difficult to develop appropriate instruction to meet the diverse needs of their class or engage every pupil, and that strategies required a transdisciplinary input to enable pupils with complex needs to participate in classroom activities. Furthermore, current practice in the mainstream setting for disabled children is often one of process modification instead of adaptation of the content or instructional method (Westwood, 2001), or in fact, often falls to the sole responsibility of unqualified personnel to deliver (Devecchi, et al., 2012).

For innovative individualised learning for disabled children, including those with the most complex needs, more effective assessment and intervention is necessary; one that applies positive educational outcome expectations for all, and is delivered within the context of a class wide approach (Lacey and Scull, 2015; Mills and Harper, 2014; Colley, 2018; Shaw, 2017; Imray and Hinchcliffe, 2012). There is evident benefit to ensuring targeted instruction for pupils who learn differently (Mills and Harper, 2014; Imray and Hinchcliffe, 2012). However, the values of personhood, participation, and citizenship applied to the education of disabled children and the resultant exclusion in school and society cannot be overlooked (Simmons and Watson, 2014).

For authentic inclusion as outlined in the UNESCO (2019) guidelines, a conceptualisation of inclusive education is required that considers the inter-relational importance of provision as broader than just that of curriculum presentation (Lyons and Arthur-Kelly, 2014). It argues against any segregation on the basis of identifying the child as special or different and emphasises learning for the disabled child within mainstream settings, promoting the importance of learning through the interactions of the child with their peers and teachers, across the whole school environment (Jackson, Ryndek, and Wehmeyer, 2008; Rees, 2020). Therefore, to achieve authentic inclusive classrooms, a transformative shift in thinking, which redefines the child’s individual requirements, acknowledged within the social environment of school, is required so that it effectively responds to the relational barriers within that environment and acts to remove them (D’Alessio, 2013). In particular, understanding the inter-relational aspects within the classroom for the disabled child that create opportunity for participation - or restricts potential - needs exploring (Sandri, 2014).

2.4.3 Relational Classroom Practices for the Disabled Child

As I have previously discussed, pupil performance criteria are seen to place a great pressure on school leadership teams and teachers to locally manage their schools to meet stringent performance demands (Graham, et al., 2019). However, teachers in Finland who are not put under the same pressure to perform have a similar attitude towards the inclusion of pupils with complex needs, with increasing enrolment in Special Schools (Halinen and Jarvinen, 2008). The continued exclusion of disabled children from the mainstream education system is suggested to be due to the lack of general teacher skills and knowledge in meeting the learning needs of this diverse group of pupils (Carpenter, et al., 2011; Imray and Hinchcliffe, 2012).

Identified as a predominant barrier to inclusion, over recent decades international action has focused on building the capacity of teachers. Teacher training is suggested as providing teachers with the knowledge and skills required to gain a preparedness for teaching disabled children in their classrooms, with an increased expression of teacher self-efficacy, and reduced stress levels reported (Pariyo, et al., 2005; Fuchs, 2010; Barnes and Gaines, 2015; Sukkyung, Kim, and Shin, 2019). However, De Boer, Pijl, and Minnaert (2011) in a review of 26 studies showed that primary general education teachers received little or no pre-service training in SEND and held a negative or neutral attitude towards disabled children in their classrooms. In England, specialist post-graduate courses are the primary route for those working with disabled children (Carpenter, et al., 2011). Moreover, where research shows that with additional post-qualification training, teachers demonstrate a positive shift in beliefs relating to inclusive education (Moberg and Savolainen, 2003), no change in their intention to alter practice behaviour is reported (Carew, et al., 2019).

The lack of self-efficacy of the general education teacher in delivering effective, quality education for disabled children inexplicably results in the responsibility being given to unqualified support staff. Research suggests the practice of relying on support staff to deliver teaching is detrimental to the quality of education provided (Shaw, 2017), with less than 40% of pupils with SEND in England progressing in academic attainment (Ofsted, 2016), and in fact, the presence of support staff is seen to act as a further barrier to inclusion, impacting on social interaction with peers (Webster and Blatchford, 2014). Furthermore, the use of unqualified staff to deliver the necessary transdisciplinary strategies offered disabled children in mainstream schools brings into question the notion of pedagogical and therapeutic fidelity and therefore, its effectiveness (Bayona et al., 2006).

The debate on specialist provision, regardless of setting, creates further dilemma. In review, Colley (2018) argues that in providing a distinct and separate curriculum within the mainstream setting the disabled child continues to be isolated. They argue that equal access to the general curriculum should be through applying teaching strategies differentiated only in regard to the individual pupil's responses. Whereas Imray and Hinchcliffe (2012:151) proposed that equity in education for pupils with complex needs is not achievable unless "*distinct kinds of teaching*" are used, which are best applied in specialist settings. The argument for non-linear, distinct, and individualised programmes that harness engagement in learning by identifying the child's individual capacities, strengths, and interests, within an inclusive classroom demands the provision of effective support through professional collaboration, and requires the building of communities of practice, multi-disciplinary and integrated into classrooms (Kruth, Lyon, and Shogren, (2015). Therefore, the debate surrounding specialist versus inclusive provision for the disabled child continues. However, I believe the focus should move from the where to the who, and how.

2.4.4 The Disabled Child Included… Is it Them or Us?

In exploring the nature of inclusive education I return to the child's perspective. Unable to ask them directly, I reflect on how their sense of being and belonging in the school is understood and fostered, and how meaning is ascribed to their presence in the classroom by the adults there. This is an important piece of critical reflection for this research into the contextual understanding of inclusive education for the child who may learn differently to the majority of their peers.

In this section, I consider the key concepts of belonging, community, and value of education for a diverse student population and how this may be experienced by the disabled child in the learning space. I begin by exploring the dilemma of difference as debated by Norwich (2013) and consider the context of his writing as raised in the previous sections. I then consider the concept of belonging from an experimental position and examine a paper by Pesonen et al, (2015) in trying to measure these concepts in the inclusive classroom in Finland and consider how this may translate to classrooms in the global South. I further reflect on how these concepts are understood from a phenomenological perspective and discuss a conceptual paper by Haegele and Mahar (2023). I aim to explore in the literature the tension between providing education for the individual child, informed by their unique disabled experience, and the experience of learning together in a common space. It is this positioning that caused me to critically reflect on my existent understanding and informs this research.

Norwich (2013) raised and addressed through critical analysis the various perspectives and positions in inclusive education for the disabled child in his book, '*Addressing Tensions and Dilemmas in Inclusive Education'.* The practical realisation of inclusive education for children and young people with learning differences and disabilities is suggested problematic despite the appeal of inclusion in local schools as the right of every child. In discussing concepts found in and the barriers to education for the disabled child, Norwich (2013) analyses the tension between recognising the individual and accepting the social perspective of disability as a dichotomy within the inclusion debate. In considering the context of the disabled child within education, I wondered on this positioning from the perspective of client-centredness as a concept within the therapeutic framework of occupational therapy and considered how internal factors of the disabled child interact with contextual elements in their environment to impact their participation in classroom activities.

Norwich (2013) expands the debate by examining special education provision, considering its evolution in England and the social purpose it serves. As raised in a previous section of this chapter, he discusses the relational tension between special educational needs seen as arising from the child's impairment in learning and in the regular school's ability to respond to those needs, recognising the interaction between those two states. Thereby highlighting the system's limitations and failure to accommodate the full diversity of children in the classroom. It is this debate in inclusive education for the disabled child that presents itself as the fundamental problem in education of "enact[ing] the equal entitlement of every child to education … while respecting individual differences" in learning (Terzi, 2017: 1). Therefore, this tension described by Norwich (2013) may be argued not solely as a distinct dichotomy of perspective, but rather as a potential problem of implementation. It resides in the complex interface of child and their learning environment, which I will continue to explore in the subsequent section.

In chapter two of his book, Norwich (2013) discusses the evolving nature of inclusive education and engages in conceptual analysis to address the understandings applied. A primary tension discussed is whether inclusion happens in settings better attuned to the child's identified characteristics or whether this then considers all children categorised with a certain diagnosis, a homogenous group of similar learners. The practical tension evoked risks labelling and stigmatisation of the child. In the pluralist framing of inclusive education, this tension is seen through applying specific pedagogical approaches highlighting their differences, thus resulting in a physical inclusion but social exclusion among peers (Terzi, 2017). In addressing the complexity of inclusive education, the tension may be said to remain one of setting. Where inclusion exists in engineering pluralist learning environments with a change to pedagogical understanding, rather than providing specialist curricula in separate schools to manage the differences of the child. Although, this may risk an environment where a child's particular learning needs are missed. However, irrespective of setting, the relational tension is evident in inclusion. It lies between being involved in the common experience of learning together with diverse peers and in sharing a similarity of experience (Norwich, 2013).

In the current political climate in England, the inclusive education debate of responsibility of provision has shifted to what should be ordinarily available for all children in mainstream schools and what provision requires additional funding for specialist support, and in which setting this is best provided. Norwich (2013) proposes that concepts of special educational needs should be reformulated in terms of functional difficulties to respect and value the individual within a broad school community. He suggests there is a continuum of provision that focuses on system-level transformation in education, applying a pluralist framework, to centring teaching on impacting the differences of the child. However, within this inclusive spectrum remains the question of implementation.

Norwich (2013) brings forward this dilemma of *how* in his understanding and recognition of the social model of disability's critique of the individual approach in determining learning differences. It is said to remove attention from the contextual elements embedded in the school that are influenced by particular processes and policy. It is from this understanding that he further discusses the relational aspect between the two perspectives. He proposes that the barriers to inclusion can arise from both the child and the system, and that it is at the interface of these factors that practice is informed. Norwich (2013) suggests that practice may still focus on pedagogical “programmes aimed at reducing the impact of these child factors as part of the wider programmes of systems change” (2013: 20). However, this interactionist framework requires schools to reorganise to accommodate the diversity of children and to enable a change in how inclusive practices are understood.

In discussing the dilemma of practice, Norwich (2013) highlights the tension of value and how it is ascribed between the child and the system. For example, when the unique learning differences of the child are not necessarily ascribed value in mainstream provision, special provision is deemed to be in the child’s best interest. Conversely, if system change is awarded greater value than identifying and meeting the needs of the individual, the child may not experience inclusion. Norwich (2013) warns of overly focusing on the systemic barriers to inclusion as it shifts attention away from the individual and the relational aspect encapsulated in teaching and learning, whilst cautioning against ignoring exclusionary factors embedded within current understandings. This is said to require a shift from categorising through stereotypical identities to developing individualised knowledge of the other through personalised engagement (Simmons, 2018).

The call for a balance between the two perspectives of unity and diversity, is further considered by Norwich and Koutsouris (2017). They address the key issues of curricula, assessment, and location in how participation between students who may identify, or who are identified as different, are enabled. The nature of value and meaning of inclusive education is examined in the article and concepts relevant to the debate are raised, such as autonomy and control within interpersonal social inclusion (Norwich and Koutsouris, 2017). Although they summarise the tensions between the social and individual models of disability in education and rephrase the faulty logic of a dichotomy between the two by applying the construct of a continuum of difference rather than a rigid opposition, there remains the question of value. They suggest instead of possessing a single value, inclusion reflects a complexity of multiple values that are at times in conflict (Norwich and Koutsouris, 2017).

In chapter seven, Norwich (2013) discusses numerous studies to further understand the views of disabled children and young people and their experience of the school environment. He concludes that there is a highly individualised and varied identity held by children and young people, particularly on being labelled disabled and on attending specialist provisions. However, a study completed by the European Agency for Development in Special Educational Needs and discussed by Norwich, highlights common factors expressed by those young people who participated in the study. The importance of consultation on and having choice in their education was emphasised, and how this inclusion was influenced by their teachers' attitudes and the quality of their training received.

It is from this position as an occupational therapist that I apply my understanding to inclusive education at the interface of the individual and their learning environment. Successful participation for the child lies in the understanding applied to the complex interaction between the qualities of the environment and task, and the strengths and skills of the individual. It is here where the level of support required to enable meaningful engagement of the child in everyday activities at school is determined, fashioned by the setting. Therefore, I reason the child's sense of belonging resides in their meaningful and valued participation with others and I look to explore this further in the literature.

Pesonen, et al (2015) in exploring the sense of belonging for disabled children in schools in Finland, defines it as the "degree to which an individual feels included, accepted, and supported by others" in the school setting (2015: 1). It is this relational and interactive perspective that is of interest to me. In the study, they focus on the voices of five children with intensive special educational needs, who attend a special school in Finland, and who require support from professional specialists to ensure the quality of learning and teaching in the general education system. In reviewing the current literature on inclusive education, they identify a gap in how a sense of belonging is understood by those students with the most complex educational presentation. The participants in their study are between the ages of 13 and 15, attend a special school, and have a diagnosis of Autism, or mental health support needs, and were students who had repeatedly experienced unsuccessful placements in other educational settings, including general and special schools. The school in the study aimed to provide shared placements for students with the local mainstream school, with the aim to reduce full-time special provision. In the study, Pesonen, et al (2015) explored the experiences of the students through semi-structured interviews.

Open-ended interview questions covered concepts from the literature on belonging, such as engagement, friendships and social participation, and the degree of behaviour adaptation needed to form relationships with peers and adults.

From the interviews, three hours and 15 minutes of data were collected and transcribed. The transcripts collected were coded and combined into six themes, which were then categorised into barriers to and facilitators of a sense of belonging. The method of analysis used is described as phenomenographic which sits within the interpretivist paradigm, adopting a descriptive approach rather than attempting to clarify the meaning applied to the experiences shared.

In discussing their findings, Pesonen, et al (2015) suggest that it is in the creation of a positive school climate that supports a sense of belonging for all, regardless of the setting. Although, their findings suggest that the participants adapted their behaviour to form relationships, which often meant hiding their unique characteristics, they conclude that a sense of belonging primarily occurs in schools where adults work in multi-disciplinary collaboration. Furthermore, the study identified a significant facilitator to a sense of belonging as the students' relationship with various adults in the school, who respond to their unique needs with adequate supports, within a supportive school climate created by cooperative adults.

Like Norwich (2013), Pesonen, et al (2015) findings evoke the relational aspect in experiencing a sense of belonging in school and in creating successful school communities. They continue by stating that facilitation of positive relationships is not possible without educators whose professional values and beliefs foster an inclusive school climate. They draw on a theoretical framework that examines the social interplay between the people in the student's environment and internal aspects of the student's behaviour adaptation to build and maintain relationships.

However, in critique of the method described, the use of semi-structured interviews to collect data may be questioned as being a potentially restrictive method for this cohort, where speech may not be a strength to communicate experiences. This may have resulted in the relatively small data set from which they draw conclusions. Simmons (2018) explores alternative research approaches for students with significant communication and learning differences and suggests employing an interpretivist methodology that uses longitudinal, participatory observational methods to provide a richly informed data set on the lived social experience of school for disabled children.

However, this methodological approach requires skilled and knowledgeable adults who believe in the capabilities of students with complex needs and non-traditional means of communication to be able to express their thoughts and feelings about being in school. There is a lack of research into this relational element of inclusive education for disabled children across international contexts. In the global South, as discussed in a previous section, growing research considers the attitude of teachers in enabling inclusion, although often remains focused on structural elements impacting access and placement for children with complex needs rather than how these attitudes are constructed (del Pozo Armentia, Reyero, and Cantero, 2020; UNESCO, 2019; Kruth, et al., 2018).

In further exploring the relational aspect of school for disabled children, I consider the interpretivist framing of inclusion as an intersubjective experience (Haegele and Maher, 2023). In their attempt to clarify concepts within the term inclusion, and inclusive education for disabled students, Haegele and Maher (2023) centre the experience of the student, rather than educational policies and practice, as an intersubjective experience in the educational space with others. They present educational spaces as socially constructed and reproduced by the interactions that take place there, both with the material and the human. Furthermore, Haegele and Maher (2023) consider the power dynamics within the human relationships experienced in schools as a structural characteristic skewed toward the dominant group's ideology and behaviours. It is this context which frames their critical reflection on the values of inclusion in education for the disabled child. They explore how the understanding ascribed concepts of inclusion, such as belonging, influence how school spaces are shaped, and thereby, experienced by disabled students.

Haegele and Maher (2023) acknowledge the previous conceptualisation of inclusion in the *being-in* the material and physical space of school. However, they offer a critique to the debate by arguing that what matters is the meaning and perception of inclusion experienced by those interacting with and connecting to others in the school space as active agents in inclusion. These experiences are said to be both shared and individual and embody the individual's sensory, physical, and emotional perception of the space, within an interdependent and participatory consciousness (Haegele and Maher, 2023). They describe the intersubjectivity of inclusion as relating to the meanings and feelings constructed by the students, through the relational interactions experienced with others in and outside of school (Haegele and Maher, 2023). It is this construct of intersubjectivity that informs the complex understanding of inclusion as fluid and dynamic, dependent on the culture and permeating power dynamics of the educational systems and school, and how this is experienced as part of the student's own relational network with others (Haegele and Maher, 2023). Their conceptualisation of inclusion enables individual and shared feelings, within a range of social spaces. Therefore, the experience of inclusion is dependant on the effectiveness of the setting to respond to the needs and abilities of the disabled student.

In suggesting that conceptualising inclusion as intersubjective experiences, Haegele and Maher (2023) propose that inclusion can be experienced in any space in any school when associated with feelings of belonging, acceptance, and value. Furthermore, they highlight the need for research to be participatory, rather than simply observational, to amplify the voice of the disabled student. They bring forward the nature of belonging as a sense of being socially connected to others as part of a community and in obtaining feelings of value being within that community. These feelings have been attributed to positive academic and psychological outcomes. However, also reported are potential negative peer interactions in the inclusive space that lead to increased absenteeism and lower self-esteem of disabled students (Haegele and Maher. 2023).

A relational balance that celebrates difference rather than conforming to the normative expectations of assimilation, and builds reciprocal respect, need, and importance within the relational space contribute to a sense of belonging. Therefore, Haegele and Maher (2023) demand a shift away from the expert practitioner as the purveyor of a welcoming space to one that recognises their own assumptions, values, and beliefs. They call for school leadership and practitioners to acknowledge the hierarchical nature of relationships in schools, and to identify characteristics in the space that create supportive environments and promote bidirectional relationships between disabled and non-disabled peers. In emphasising the disabled child's voice, it is crucial that the structural and attitudinal factors, which shape their experiences, are challenged. Haegele and Maher (2023) demand practitioners adopt a more nuanced reflection on their inclusive practices. Therefore, it is this construct that I aim to further explore in this study to attempt to reconcile the tension of the disabled child within the inclusive classroom and how this is formed within diverse cultural contexts.

2.5 The Child Situated in Disability-Inclusive Education

In critical reflection, I recognise the framing I applied throughout this literature search. My understanding placed the child within complex structures of influence, from policy to practice. In this section, I acknowledge the theoretical models and conceptual frameworks that informed this inquiry. Initially, I recognised a systems theory framework applied to my understanding of the child's situatedness. I embraced aspects of Bronfenbrenner's ecological systems theory as they describe the child at the centre of interconnected systemic factors of the family, school, community, and society's institutions (Kamenopoulou, 2016). For further elucidation, I turned to the conceptual frameworks of occupational therapy to explain the relationship between internal characteristics and external elements that impact the child's participation (Creek, 2010), and acknowledged the central assumption of child-centred practice within the profession of occupational therapy (AOTA, 2010). Therefore, at the centre of these systems is the space where the child is situated, and I further reflected on the intention of international policy to locate the child at the centre of their education.

2.5.1 Informing Theoretical Models and Conceptual Frameworks

There is an intrinsic complexity of the disabled child's positioning in their world that is of interest to me. I acknowledge the criticism of models that ignore the individual's unique experiences within distinct societal barriers as the complexity of experience that is "*the inherent nature of humanity*" (Shakespeare and Watson, 2002: 27). Shakespeare (2013) prepones an inclusive model of disability that rejects the dichotomous position between the conventional models, to highlight the unique interaction between the individual and the surrounding structural factors, without risking the individual within the collective narrative. It is an embodied ontology that suggests the individual's impairment is not the core aspect of their disability, but one which shapes their experience. Therefore, I turn to complex systems theories to better understand the position of the disabled child within health and educational structures.

In understanding disability-inclusive education, the issues of exclusion do not transpire in an educational vacuum but include the child's broader environments. I start with exploring Bronfenbrenner's ecological systems theory for an understanding of the complex and interconnected structures around the child. I then move to explore the conceptual frameworks of occupational therapy that situate the child's occupational performance in learning within the interface of their internal functional abilities and their specific learning environments. I further examine the human environment to the child's educational context in more detail as that which shapes their participation and inclusive experience in school.

2.5.1.1 Bronfenbrenner's Ecological Theory

Kamenopoulou (2016) discussed the usefulness of Bronfenbrenner ecological framework in disability-inclusion as it includes identification of unique regions in the child's environment that differentially influence their development within the context of home, school, and community. As shown in Figure 1, it also encompasses the dominant socio-cultural ideology, within the chronological context of a lifetime. This understanding is critical in disability-inclusive education to understand the sociocultural factors outside the classroom that influence the lifelong learning and other outcomes for disabled children. Furthermore, it highlights the need for schools to collaborate with families and community programmes that relate to a child's development beyond the boundaries of the school gates, as these cannot be isolated from the learning environment of the classroom (Anderson, Boyle, and Deppeler, 2014).

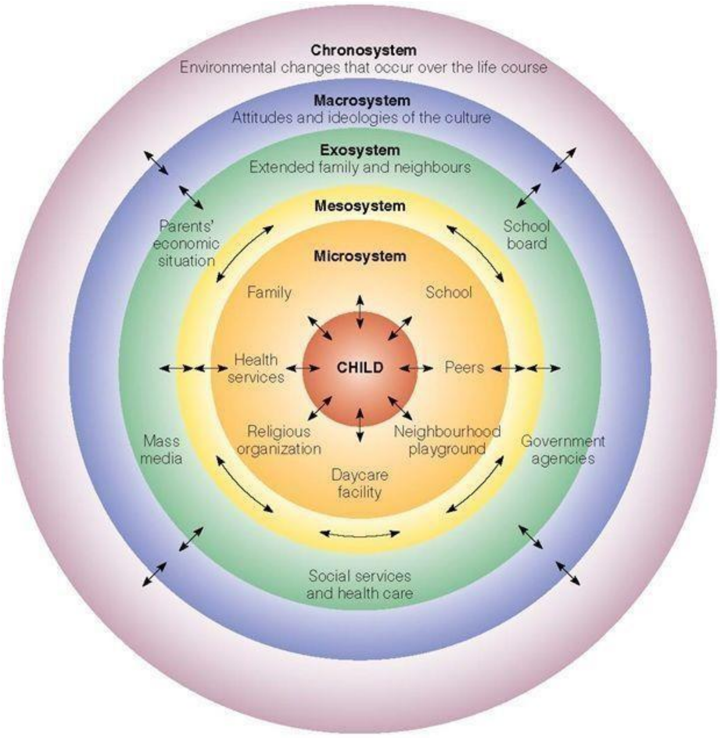

Figure 1: Bronfenbrenner (1979) – Ecological Systems Theory

Recent research continues to provide evidence for the relevance of Bronfenbrenner's ecological theory, particularly in education, by demonstrating that the teacher: learner relationship significantly relates to the child's academic achievement and classroom behaviour (Lippard, et al., 2017), while a positive school ethos that values diversity directly impacts the child's relationships within the school (Wilson et al., 2002), and improves the child's sense of well-being (Langford et al., 2014). However, in developing an understanding of the interface between societal, organisational, and individual dimensions, the theory may be criticised for how it looks at the individual's role in relation to other actors. In expanding on the theory, Christensen (2016) determines the individual not as a passive recipient of experiences in these settings, but one that actively constructs meaning in the interactions and relationships with parents, peers, and teachers to satisfy themselves and others. Although, what is unclear is the degree to which the child's perceived willingness to participate is confined by or promoted by factors in their environment. Therefore, I further examine the conceptual frameworks of occupational therapy to determine how I understand this complex interaction.

2.5.1.2 The Conceptual Frameworks of Occupational Therapy

The World Federation of Occupational Therapists in their position paper on school based occupational therapy (WFOT, 2016) stated that occupational therapists should be included in education to promote the participation and wellbeing of diverse students through supporting their strengths and removing limitations and restrictions within the environment. For children and young people, meaningful occupations happen in environments where children are playing, learning, and developing life skills (AOTA, 2015). In adopting a person-centred approach, occupational therapy develops strategies to enhance the child’s performance in purposeful learning activities (WFOT, 2012).

The complexity of the relationship between external factors influencing occupational performance and the individual is represented by the Person-Environment-Occupation-Performance model shown in figure 2, which views the characteristics of the person as interacting with the physical and non-physical features of the environment and elements of the activity, task, or role under focus (Baum, Christiansen, and Bass, 2015). The reciprocal nature of this interaction is unique and highly personalised.

Figure 2: P-E-O-P model (Baum, Christiansen, and Bass, 2015)

The terminology used in the conceptual models of the profession of occupational therapy was explored by the European Network of Occupational Therapy in Higher Education (ENOTHE) for clarification and uniformity in application (Creek, 2010). The boundaries to participation described are complex and potentially socio-culturally bound, defined by the legal, political, and educational priorities of a society (Creek, 2010; Whalley-Hammell, 2015). Figure 3 depicts the complexity of interlinking internal and external elements and their interface for the individual. Terms such as engagement, role, participation, and context, setting, and environment were amongst those explored by ENOTHE. For example, engagement - defined as an internal factor- is said to be housed with the individual's motivation and decision to participate. Whereas participation is termed an external factor observable within, and determined by, elements of the setting, including the particular environmental aspects, and wider contextual forces, informed by policy and societal values.

The framework describes how action in the occupational performance areas is structured, formed, performed, and constrained for an individual, depending on the relational balance between all factors. It aligns with the complexity theory of behaviour and explains human occupation as self-organising and pattern forming (Creek, 2010). Furthermore, this framework moves understanding from a structuralist perspective to one intent on explaining the connections between concepts through embracing a more fluid and dynamic relational model. Nicholls, et al., (2016), writing particularly on the physiotherapy profession, called for a refocusing of practice to reject the conventional models applied to the disabled person and to adopt a model of connectivity for practice. This model exemplified an understanding of human beings as interconnected with all aspects of themselves, mind and body, and environment (Nicholls, et al., 2016).

However, the usefulness of these conceptual frameworks is questioned when in practice, the disabled child is still removed from their classroom for therapy, in an attempt to provide value for money from intervention (Clough, 2017). This pull-out model continues to reinforce therapy as separate from education (Huang, et al., 2011). Research into school-based occupational therapy has predominantly focused on defining models of best practice for specific conditions (Mu and Royeen, 2004; Hutton, 2009; Silverman, 2011; Missiuna, et al., 2012; Villeneuve and Shulha, 2012;

Benson et al, 2016; Clough, 2017). Although, when an occupational therapist is embedded into the school team, children other than the referred child may also benefit (Hutton, 2009; Silverman, 2011; Campbell, et al, 2012; Kaelin, et al, 2019). Research is slowly changing the practice of occupational therapy in schools, shifting from one of 'fixing' the child, to recommending accommodations to the learning environment to increase participation and engagement of all (Campbell, et al., 2012),

This shift in focus materialises through an exploration of the profession's bias, deep-rooted western-centric assumptions and concepts of autonomy, independence, and dependence. The boundaries of practice described are complex and potentially culture bound, constructed through the specific and pervasive ideology of the minority world view (Hammell, 2009). From an international perspective on inclusive education these values must be considered through a critical lens so that the "*diverse wisdom of global people*" is incorporated into the conceptual frameworks developed (Hammell, 2015: 718). In fact, by changing concepts within the professional framework of occupational therapy, from the individual to the inter-connectedness of the individual and their environment, the dominant preoccupation with independence and individualism shifts to one of dismantling systemic inequalities and embraces a broader understanding of daily occupation in diverse contexts (Hammell and Murthi, 2020).

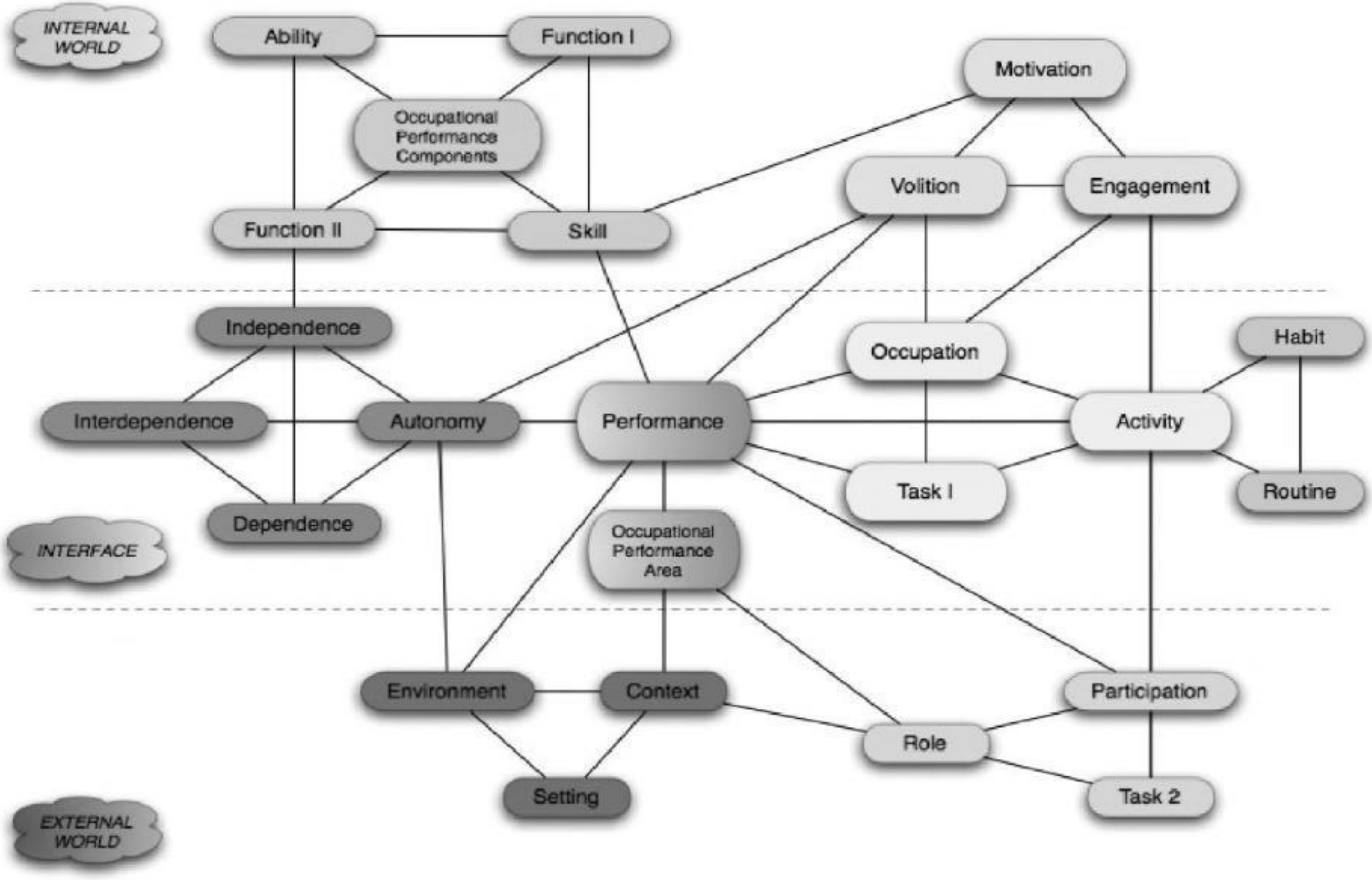

Figure 3: The Conceptual Framework Developed by ENOTHE (Creek, 2010)

Furthermore, the concept of occupational justice in education is evoked when opportunity for a child to participate in meaningful learning activities is not restricted by complex intersecting factors of socio-cultural, economic, and systemic inequities (Hammell, 2015). Therefore, a professional framework which offers a broader contextualisation of participation within the socio-cultural context and defines it as engagement in those activities necessary for the individual's well-being and involvement in life-situations, demands a deeper understanding of those elements (Creek, 2010). It resonates with the ICF[6] stance which suggests participation means to be involved in socially valued life events (WHO, 2001). This perspective demands investigation of the values applied to societal activities and how participation in them is enabled for the disabled child.

The capacity of self-determination, to have preferences, and the ability to make decisions to act on those preferences is considered within the framework (Creek, 2010). However, in some settings, these are contentious concepts for disabled people due to the dominant constructs of meritocracy applied to what is defined as achievement in participation (del Pozo-Armentia, Reyero, and Cantero, 2020). Moreover, the establishment of capacity and the importance of affording these qualities equally to all people defines the legal, educational, and care practices of a society (Goodley and Runswick Cole, 2016). In practice, these qualities are often not afforded a child with complex needs in the education setting (Carpenter, et al., 2011). Therefore, the child's choice and meaning gained through participation is not known.

An important consideration here are the professional frameworks applied in the classroom; not only to inform the occupational therapist's identity in the classroom, but also the teachers' professional self, establishing their professional knowledge, informing their assumptions on capacity, and directing their decision making about the child's educational progress (Beaton, 2020). Therefore, research that promotes the reform of inclusive education requires an understanding of how the disabled child is viewed and valued by those with them in the inclusive classroom.

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[6] International Classification Framework is the WHO framework for measuring health and disability at both individual and population levels

2.5.2 The Disabled Child Situated in the Human Environment of School

The notion of agency is gaining traction in the field of inclusive education. Although disabled children are continually denied a voice in policy and subsequent changes in implementation, their involvement in research is argued as critical and authentic to the topic (Thompson, Cannon, and Wickenden, 2020). An understanding of those activities which hold meaning and purpose for the learner is required to maximise engagement and participation in learning activities (Sissons, 2010). Therefore, Colley (2018) called for a new conceptual framework for the classroom that places the disabled child at the centre of the inclusive classroom, demanding a flexible and holistic approach, which challenges the traditional ways of thinking about education.

The UN Committee on the Rights of the Child states that disabled children should be enabled to use all modes of communication necessary to facilitate them to express a view (UNCRC/C/GC/12, 2009). Therefore, access to specific supports and a range of therapies to enable children with non-traditional means of communication to participate is necessary (Kennan, Brady, and Forkan, 2019). However, there is limited discussion in the literature on how to operationalise this in practice.

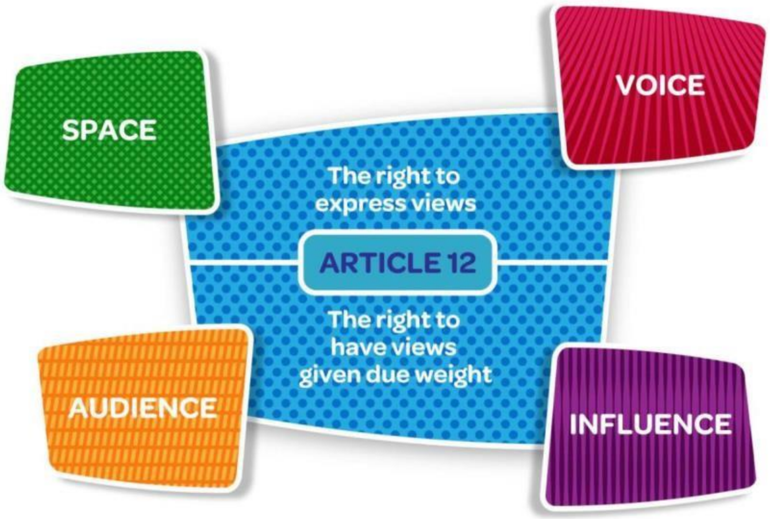

Figure 4: The Lundy Model of Child Participation (2007) as depicted in Ireland's Department of Children and Youth Affairs (2015) National Strategy.

The Lundy model was conceived to offer a means to operationalise the child's participation in decision making within education (Kennan, Brady, and Forkan, 2019). As illustrated in Figure 4, it comprises of elements in the realisation of a child's right to participate. The first is where the child is afforded a safe and inclusive space to realise an opportunity to express their view. This is followed by voice, which refers to the child being facilitated to express their view, by whatever means necessary. This holds relevance for the next concept of audience, which is the view that the child must be listened to, and so the adult requires the capacity to engage with the child. The final element is the influence of the adult to act upon the view expressed. These are interesting concepts to consider in the implementation of disability-inclusive education.

The model involves actively creating the opportunity for children to communicate their views in a space where they feel safe from criticism, which may include regular meetings with them to build a trusting relationship or engaging with the child in a child friendly environment (Kennan, Brady, and Forkan, 2019). However, what is emphasised is that voice alone is not enough, it is further necessary to hear individual preferences and take the child's views seriously and be open to being influenced by them (Lundy 2007). Therefore, the concepts entwinned in the Lundy model rest on receptive and able adults working with the child to understand their view as it is expressed, and to be able to put it into action.

2.5.3 Systems Model Framing

In practice, the adult's receptiveness to the disabled child's unique presentation holds relevance for the teacher: learner relationship. It is the child's level of engagement, determined by their sense of connection to the learning activity that ultimately defines the active process of learning for the child (Carpenter, et al., 2011). The concept of agency here is defined in the meaningful engagement of the child in activities that promote their learning. It requires an individualised understanding of the disabled child in the classroom, with provision of the necessary supports, and for educational staff to understand the diverse voices expressed and act responsively.

In demanding a receptive school environment, created by responsive adults, a whole systems approach is described so that each area of provision works to respond to differing levels of need, within a flexible workforce. In considering how schools become responsive to every child’s needs and in particular respond appropriately to those determined as having the highest need, in the UK, a tiered systems approach is suggested to improve access to specialist provision (Hutton, Tuppenny and Hasslebach, 2016; Gascoigne, 2018; Salazar Rivera and Boyle, 2020).

Figure 5 illustrates a balanced model of provision that is adaptive and flexible to meet differing needs of the schools population over time. It highlights the potential to address the needs of all children by designing services to support those children at risk of limited participation, or poor wellbeing outcomes as part of the whole school. This model is suggested as meeting identified needs in resource-limited settings (Hutton, Tuppenny and Hasslebach, 2016). However, adapting a restrictive system may not reduce the excluding values embedded within.

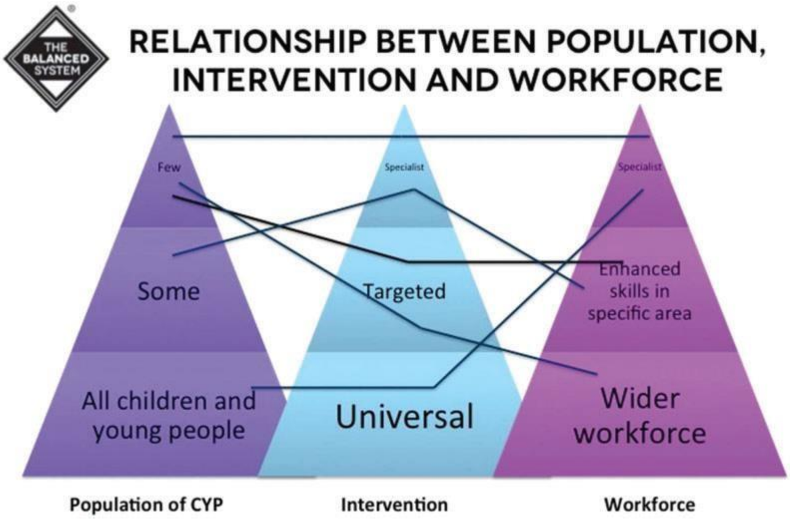

Figure 5: The Balanced System Framework (Gascoigne, 2018)

In imagining the disabled child situated within an interconnected system, reflecting the needs of the local community to enable the best support for health and education outcomes for every child, requires the development of alternative learning environments. Furthermore, by extending the reach of services to all children, for those marginalised and most at risk of long-term health and social care problems, this holds relevance (Marmot, 2020). Therefore, it is necessary to explore what is understood by those practicing inclusive education to ensure the excluding practices experienced are not replicated.

2.6 Summary

Although I place the child at the centre of my reasoning, my focus does not remain there. I am interested in the complex interactions of the child and the interconnected systemic factors surrounding them that impact their access to equitable education. Based in my understanding as an occupational therapist, I apply a holistic framing to my understanding of the disabled child in the classroom, within the broader context of the learning taking place, such as the transactional element to the teacher: learner relationship there (Jackson, Ryndek, and Wehmeyer, 2008).

The barriers to disability-inclusive education are frequently presented in the literature as a lack of teacher time, limited access to specialist resources, and inadequate disability knowledge in schools. The mechanism to reduce these barriers may be argued from different perspectives, from greater public involvement, or politically driven decisions, from policy level reform to better understanding of the daily realities within schools (Schuelka, 2018). However, challenging competing conceptions of individual and societal interests requires identifying shared commonality in the broader societal values held and agreement of ethical practices, across diverse and disparate global contexts (Schuelka, Braun, and Johnstone, 2020; Phasha, et al., 2017; Mittler, 2013).

Therefore, in this chapter, I searched the global literature to understand the disabled child's situatedness in the historical, socio-political, and cultural elements of educational provision. The COVID-19 pandemic is seen as an opportunity for change at every level (Beaton, Codina, and Wharton, 2021). International policy at this time is calling for transformative, child-centred, and empowering education systems that respects the rights of the disabled child to be educated in their local school (UNCRC/C/GC/26, 2023). However, the idea of doing things differently to how they have always been done calls for an alternative educational paradigm. Transformative education, necessary for the 21st century, challenges the knowledge and assumptions that reinforce the status quo and creates environments for action (Banks, 2008). In the critical literature, the ableist paradigm is said to continue to legitimise segregated schooling for disabled children, especially those identified with complex learning needs because they do not succeed against the normative ideals established in education (Goodley, 2013; Storey, 2007; Slee, 2019). Therefore I was interested in exploring the gap between the rights-based international policy on disability-inclusive education and what happens in classrooms around the world. It is in this space between the child and professional that inclusive education happens. From an ecological systems approach to a complexity theory perspective, I move to phenomenology to better understand the barriers to disability-inclusive education.

Chapter 3: Introduction to a Qualitative Methodology

“*Discourse must not be referred to the distant presence of the origin, but treated as and when it occurs*”. (Foucault, 2002:28)

3.1 Introduction

In consideration of the methodological approach to this study, I am interested in not only what is said by the participants but also the context in which it is spoken and how it is understood at the time, and by whom. Therefore, the first section of this chapter will describe the philosophical journey I went on before adopting a hermeneutic phenomenological perspective. I cannot deny my understanding is situated in the theoretical basis underlying my professional knowledge and socio-cultural identity. It resides in the methodological decisions I made coming to this research and requires exploration to consider the values and beliefs underlying the judgments that I made in analysis. I aim to challenge the universality and hegemonic knowledge basis to disability practices through an openness to hear something other (Galvaan, 2021). Therefore in this chapter, I outline the qualitative methodological considerations undertaken and the final underlying philosophy applied to meet the aim of this study.

My critical reflexive approach is discussed in the second part of this chapter. I explore my positionality by considering the duality of the clinician in undertaking research. It considers how qualitative research may become one of intersubjective interpretation and describes the interpretative nature of this study, from gathering the data through the process of analysis. The fundamental theoretical underpinnings of this research originated from my professional training as an occupational therapist in the UK and my work in countries other than my birth. In adopting a critical reflexive approach, I appreciated the motivation and purpose of this research. I acknowledged my positionality, my knowledge framework and bias present at the start, in the interpretation of the stories told, and in the discovery I reached, providing a contextual rationale to the study (King, Horrocks, and Brooks, 2019). This process demanded scrutiny of how I constructed my social reality and the beliefs and ideologies represented there. This critically reflective attitude was applied at every stage of the research process so that I systematically attended to and routinely reflected on my assumptions, expectations, choices, and actions (Cohen and Crabtree, 2006; Finlay and Gough, 2003).

The final section of this chapter aims to explore what is validity when considering a critical phenomenological approach to research and what implications of solipsism I considered when writing this thesis. I present myself front and centre in the interpretations applied and hoped to bring a unique perspective to the analysis of the participants stories, in the moment of their telling and in the reductive process of analysis applied. The study's methodological basis placed my interpretation central to the data analysis and recommendations made. I aim to establish an integrity to this research by considering my analytical lens and use of reflexivity in the interpretations applied.

3.2 The Changing Philosophical Framing of the Study

As outlined in the literature review, studies in inclusive education for disabled children around the world apply various rational depending on the focus of the study. In considering the methodological fit for this research, different methodological approaches from Ethnography to Critical Discourse Analysis, Critical Realism to Phenomenology were considered. Although listed here in dyadic terms, in reality or rather in the reality constructed by and for this study, the process of determining the study's methodological approach became one of my transformation.

It was the initial interest of the inquiry that informed my methodological choices. The creation of the classroom environment, its structures, the human and non-human constructs, and the teacher-learner interactions in which the disabled child is situated, initially formed the core focus of this research. In looking through a social constructionists lens, I was interested in understanding how the classroom as a social space shapes and informs access to quality inclusive education for a diverse group of disabled children, especially those with significant learning needs. Furthermore, I took an international perspective from which to consider the diverse socio-cultural human contexts of knowledge production. Informed by my professional background, I recognised the belief that the complexity of the child-environment interface, constructed by the adults around the child in the classroom, existed as a fundamental barrier to inclusion, warranting further exploration.

Initially an anthropological perspective informed my methodological choice, and I employed an ethnographic approach to my exploration of the complex interface between environmental factors in the classroom and the child to focus the study on the complex social, culture, and linguistic nature of everyday practices (Bloome and Beauchemin, 2018). I planned to be situated in classrooms to critically observe the cultural and historical constructs, the language employed, the artifacts created and used to construct disability-inclusive learning, across diverse contexts.

However, as the COVID-19 pandemic brought strict public health guidelines into school environments and restricted travel around the globe, I could no longer be immersed in the studied realm. The disruption to usual practice in disability-inclusive education offered a unique moment of exploration for this study, in stark contrast to the status quo (Petherbridge, 2021). I searched for a methodology to derive meaning and explanation of the social relationships and interactions experienced in the classroom that reveal what is known by those present. I recognised understanding in how I believe knowledge of the world and self originates from human relationships (Gergen and Gergen, 2008). Removed from the school site, I sought a different approach from which to understand the studied realm of the inclusive classroom, and the relationships that existed there during the pandemic.

3.2.1 Methodological Transformation

As I relinquished the old and searched for something new, there existed for me, as the researcher, a tension in shifting my research position. I experienced the influence of the dominant positivist perspective of research, formed in the scientific world over the past century. There is an assumption that truth and justifications made on the basis of that truth, is universal in providing measurable facts. In contrast, the argument persists that the differing conventions and standards applied to knowledge confine truth to the context giving rise to it (Baghramian and Carter, 2020).

As an occupational therapist, the professional conceptual framework I adopted often came into conflict with the contexts in which I was employed, such as in hospitals and schools. The prevalent ontological dominance of the medical model of disability in these settings adopted a positivist paradigm that explained reality as external to human interaction, existing separate to human consciousness, represented by objects, which are predictable, measurable, and constant, regardless of the human presence (Mack, 2010). It constructed knowledge that categorises difference, measured deficits in function or learning, and used scores to indicate health or success of individuals (Frattura and Topinka, 2006).

Whereas in occupational therapy, the context in which occupational performance takes place for the individual, whether for learning or a health activity, is determined by and determines the meaningfulness of their participation, for them, in that specific place and time. Therefore, as an occupational therapist, I had determined the positivist paradigm flawed in education a long time ago as it incorporated discriminatory parameters that acted to exclude those who demonstrate their participation differently. However, the education system in which I worked demanded measured outcomes of success. This uncomfortable juxtaposition of the art of therapy within the positivist structures of science was evident in my initial thinking as I began my reflective journey.

In considering the descriptions applied by humans to create the nuanced relevance and symbolism of reality, and in turn, its meaningfulness, I wondered on how reality is brought into consciousness without the application of human conceptualisation (Vandenberghe, 2003). I began to reflect on the nature of the knowledge applied in disability-inclusive education practices, how it is reproduced and endowed meaning by the adults present in the classroom.

As discussed in the literature review, my historical positioning is influenced by an ecological understanding of the child's situatedness in the structures of education systems around the world. The schools, the materials, environments, and practices rooted within education are argued as objective and inevitably existing in the natural world to be measured and classified. However, rather than places of objective reality, schools act as institutions of policy that promote minority interests (Slee, 2019). As the researcher, I was interested in how meaning is applied to education policy, and how this influenced the institutions actors, and their interactions with the disabled child in school.

The belief that truth and fallacy are concepts producing principles of reasoning, assessment, and justification of knowledge, may be viewed as one of epistemic relativity, in which the objectivity of the reality encountered is relative to the understanding produced (Mingers, Mutch, and Willcocks, 2013). In understanding this, I saw the experience of people, ultimately their world view, influenced by the cultural paradigms, conceptual schemes and belief systems surrounding them. Therefore, I wondered on the position that differing socio-cultural perspectives contained specific criteria and standards, which are only available to those living in the specified context of the experience lived (Baghramian and Carter, 2020). This perspective that centres the person in the understanding reached resonated with me as an occupational therapist and I considered it relevant to my exploration to better the understanding of factors that inhibit or promote disability-inclusive education.

However, as an epistemological critique, I considered that even if life was understood through the application of certain descriptors that brought meaning to the individual, those descriptions did not construct the objects of the experience itself (Vandenburghe, 2003). Rather the historical and cultural context of knowledge production offers a changing face to the explanations of the reality expressed. It is the process of explaining that brings judgement to the competing theories intrinsic merits as to what is the reality determined, how and by whom. Therefore, I considered critical realism as a philosophical underpinning to this study as I felt it acknowledged the potential fallacy of knowledge production within the observed realm and permitted exploration of the complex existence of human beings through the rich description of the existent social reality. I felt it enabled a position for me to sit as a researcher, between the rock of scientific endeavour and the hard place of social systems that resonated with the conceptual frameworks of occupational therapy.

However, during the process of speaking with participants, I realised my lens began to refocus. I was sitting on the other side of a screen. The interaction between myself and the participant created a new reality, not theirs in the anecdote described, but in their telling to me and in my listening. At this point, I began to wonder on the lived experience of the people involved in the provision of disability-inclusive education, while living through a global pandemic, and what they brought to the fore in their retelling. The reality of those in the studied realm provided a unique perspective on the phenomenon under study (Yuksel and Yildirim, 2015). I was required to critically examine my positionality in this new studied realm.

Therefore, it was from this place that a phenomenological approach was explored for this inquiry. Initially, it undulated somewhere between the phenomenology of realism and an interpretivist place. My interest remained on the barriers to disability-inclusive education, although my focus sharpened to understand the experience of those in the classroom, within their culture, their practices, their language, and their norms and values brought to illuminate their world (Willig and Rogers, 2017). I attempted to reveal anew that which is already known, and my phenomenological understanding deepened to make visible the social and cultural habits of those influencing the classroom interactions in the everyday life of the school, and how this altered during the COVID-19 pandemic.

3.2.2 Is Hermeneutic Phenomenology Critical?

These methodological considerations provided the scope for my future understanding that suggested the experience of being human was situated within the socially experienced world of relationships. Burck (2005) proposes that knowledge is a process of negotiation, created over time, through social relationships, within existing structures and available resources, which can support or suppress the experience of knowing. Therefore, the examination of how classroom adults produce, perform, and perceive the classroom, create its culture, and construct the practices afforded the disabled child, continued the focus of this research.

However, research into education systems and provision of inclusive education for disabled children often perpetuates the "*tendency to reinforce the individual deficit view of disability*" (Bourke, 2007: 5). I aimed to consider the nature of the relationship forged within the classroom, constructed by the adults present that influenced the learning interactions provided in the class environment that inhibited or promoted inclusion for the disabled child. The complexity of this topic required thick description of what takes place and how the participants made sense of their daily reality, how they legitimised their action, and how they constructed the learning environment for disabled children, within the broader socio-political constructs, during a pandemic.

The complexity of these micro-macro dimensions of context stretched my philosophical reasoning. I searched for a place from which to understand the essence of what I was hearing so as to not lose the richness of each participants story in the maelstrom of existent theory. Employing a phenomenological approach afforded me the rich description of the events I sought.

Divergent schools of phenomenology exist, interested in the study of 'being' to varying degrees. Each situate the person in and of the phenomenon and seek a notion of essence in the conscious structuring of meaning, to bring the experience into the conscious realm of understanding (Friesen, Henriksen, and Saevi, 2012). It is argued by those employing a hermeneutic stance that not only is the meaning born of the intentional descriptions offered by those experiencing the phenomenon an essential element, but so too is the interrogation brought by the researcher and their intersubjective relationship formed through the research process (Henriksen, 2012). By seeking the meaning applied to that which is described and by enquiring into the intention of action, I applied a hermeneutic phenomenological approach to understand the participants interpretation of the social phenomenon.

In adopting an interpretive understanding, it is necessary to consider the potential dilemmas of ethical editing and veered justification in the presumptions or claims made (Adams and van Manen, 2017). It required a critical reflexive nature of study; one that described my positioning and an examination of my biases as an integral part of the understanding reached. Therefore, I aimed to reflect on the influences of my professional, educational, and cultural background, which cannot be ignored (Moran, 2022). I am asked to be cognisant of my preconceptions and bias brought to the process from the conception of the research question, through data collection, to analysis, and write up to be able to reveal the perceptions and beliefs of the participants (Reeves, Kuper, and Hodges, 2008).

I begin by sharing the reflective piece below, edited for this purpose that I wrote early in this study. The italics show my thinking as I wrote. It examines how I came to this research from a clinical background and my understanding at that time. It describes the influence of the positivist, scientific model of health practice at the beginning of my practice journey. My unique timeline continues throughout my training as an occupational therapist, and includes my travels to countries where I worked with colleagues practicing in vastly different contexts. It is there that I gained a broader understanding of what occupation meant and the constructs of my limiting minority world perspective, spreading globally. In my reflection as I enter this research, there is a clear crisis of knowing what I have been told and that which I have experienced.

Reflective box 2: Who Am I? *July 2020*

In 1994, the title of my final year undergraduate degree topic was 'Neurological Dysfunction of the Cerebral Cortex'. I learnt how the malfunctioning of the nervous systems caused disease, such as stroke and Parkinson's and how the person was a defective machine that needed medical intervention to remedy the problem. Five years later, a postgraduate course in occupational therapy refocused my understanding to consider the day-to-day functioning of the person living with disease or trauma. The professional frameworks directed me to consider the environment in which the person was performing an activity and how it could be adapted or modified with equipment to enable the person to do what they found meaningful.

Am I so weak to be at the whim of others in knowing what I know? Is this a weakness or a human condition? How do I know what I know?

In 2003, I travelled to Uganda to work with colleagues there. I was there for three years. My eyes opened to the breadth and depth of humanity. A vastly different economy and cultural practices, the country's vitality lay raw the universal human values of community, family, and relationship. However, as the outsider, I began to question what my transferable skills were as an OT.

In 2007 I returned to the global North, although to the southern hemisphere, and completed a master's degree in special education. The programme framed its knowledge within the contemporary behavioural approach.

I remember my tears while once again I experienced a period of resistance and remoulding to a new paradigm. In the end, it was a marriage of convenience, and it expanded the tool kit from which I worked. But I straddled a philosophical chasm. What made being human sensible?

I went to Burkina Faso, but when the global financial crisis hit, funding was withdrawn. The absurdity of my placement there and easy removal caused me to reflect on the underlying principles of international development and the abhorrent imbalance of power between donor and recipient, between global North and South.

No matter where I went in the world, now in Australia, as an OT, I was told my role was as a specialist, to run diagnostic clinics and provide intervention to the child separately, outside of their classroom, family and community. Fundamentally, I was commissioned to 'fix' the child. The school environment stayed as it had always been. Separate.

I feel the constraints placed on me as a practitioner and wondered what it would be like for the recipient of these services, moulded to fit. Was the influence of these social structures so powerful that we were puppets? What sense did it make to us as people living our lives?

In 2017, in Egypt, in asking for the practitioners to reflect on their role, I created tensions among members that ran deep and destabilised relationships between those who believed the disabled child could learn and those who did not.

It is now 2020 and I am back in London to begin a PhD to better understand the barriers to disability-inclusive education from an international perspective, what do I really know?

My reflection entailed my knowing from a global perspective, arriving from a western culture. It led me to a concomitant unveiling of other, of myself as other in their world and them in mine. I saw myself situated among influencing structures, over time and place, and wondered on the impact on my knowing. In seeking a philosophical destination, I read Bhaskar's model of understanding the social being, as he offered a critical insight into the false antinomy of positivism and interpretivism (Bhaskar, 2015). He describes a four-plane flow between the human action, the interaction with an informing object, the seeking of knowledge, and the communicating of the information, leading to an understanding of experiential meaning (Budd, 2010). This dynamic and interwoven construct of realism tethered me as I reflected on a phenomenological understanding.

I negated my culture of origin's compulsion towards a dualism of same and different (Newton, 2009) to explicate the meaning of the whole; a shared experience from the individual stories told (Friesen, Henriksen, and Saevi, 2012). It is through this interactive and complex relationship to research that I viewed the participants reality as it was experienced, contained within their meaning of the structures that force or constrain their action, not within duality but in complex and dynamic processes of relational understanding formed of place and time. However, in acknowledging these complex interconnections, van Manen (2017) warned me against holding onto a constructivist past in understanding phenomenology.

Therefore, I let go. I looked to the writings of Merleau-Ponty in the Phenomenology of Perception, and my attention was brought to existence as being inseparable from the social world experienced, through the embodied encounters of self and other (Merleau-Ponty, 2012). I reflected on the changes in my professional reasoning over the decades and in my positioning as a therapist. I recognised the intersubjectivity in the therapeutic process. It is in this moment of shared meaning, created in the encounter with other that resonated with me as the researcher. I am present in my understanding and in the writing of this thesis. It has been a methodological journey in determining how I reason what it is I heard from the participants during this study and the interpretation I bring. I am interested in how meaning was awarded both the material and the ideal, the human and non-human, the self and other. By adopting a critical phenomenological approach, I recognised my past and embraced a new way of knowing.

3.3 Researcher Positioning and Reflexivity

Within the chosen methodology, it was my positioning that provided the research context, which needed to be acknowledged as part of that under investigation. However, I was cautioned not to become preoccupied with my own experience nor privilege my own position over that of the participants (Finlay, 2012). Therefore, claims of how I developed ‘new’ knowledge was negotiated by those present and needed to be explicitly recognised in the write up to inform the understanding reached (Angen, 2000). To demonstrate an integrity and reliability of interpretative research, a clear and logical trail of evidence documented throughout the research process was required for others to judge the trustworthiness of the meaning given (Angen, 2000; Fereday and Muir-cochrane, 2006). It was through a reflexive undertaking that I hoped to bring meaning and justification to this study. Therefore, I included reflective pieces throughout this paper to lend context to my interpretations presented and to provide clarity to the reader. In the following sections, I reflect on my unique positionality as a therapist, a development worker, and a researcher.

3.3.1 The Positioning for the Practitioner-Researcher… More Than a Duality?

Throughout the research process I was aware of my clinical background within which lay the art of practice, constrained by a scientific framing of therapeutic knowledge and the health structures in which therapy is practiced. The previous vignette described my journey as a clinician evolving from the medical perspective to an understanding of humanity in diverse contexts, only to find again the power of reductionism in disability-inclusive education globally. The place where the therapist finds themselves in the North is often described as ‘between a rock and a hard place’. This cultural metaphor applied to the profession of occupational therapy reflects the unenviable duality evoked in practice with humans, who are complex and changing, within constructed institutional environments in which bureaucracy and conformity prevail.

There is an inescapable positivist past for the western practitioner, between theoretical medicine and artful practice, between humanity and science. Practice requires reflection in and on action for competency commensurate with the clinical role (Epstein, et al., 2008; Schön, 1983). Evidence based practice demands the ability to pull forward scientific theory and apply it to the life of an individual to fit the efficient and effective services available (Dirette, 2016). The ensuing balancing-act of universalism in provision and individual variability of reality is experienced in the world of health and education for the practitioner (Nichols and Gibson, 2010).

Historically, only empirical rigour meeting the imposed standards of medicine and science was considered worthy in scientific research. However, in the study of humans, it is necessary to interpret the lived world of the individual to understand that which holds meaning and purpose for them. This delicate balance between science and art is experienced by the therapist and brought to the fore in the intricate toing and froing within data of the researcher studying people. Baskhar (2015) explained the interactive flow of human action with an informing object or event as part of the seeking to understand, with a further dimension to that understanding being in its communication. However, I wished to examine further that moment of experiential meaning derived from the reflecting on that which is experienced, or thought, and then understand those elements in the context in which they influenced the resultant human action.

I saw a material world but acknowledged the potential chasm of meaning between the world described by the participant during the interview and the interpretation of my own worldview (Burns and Peacock, 2018). When I looked into this chasm, I recognised me as the researcher examining the evolution of my knowledge undergone by the clinician in becoming the researcher (Angen, 2000). I questioned the duality of the practitioner-researcher experience but preferred to examine the unique, multidirectional relationship with the participants. I aimed to explore the phenomenon of disability-inclusive education by bringing a depth and richness to the happenings in the inclusive classroom.

3.3.2 As an Occupational Therapist

As an occupational therapist time is spent assessing both the child’s individual strengths and needs, but also the qualities of the task, the action required, and the environmental components that influence their learning. Skills are taught, modifications to the task or environment are made, but deafeningly there remains the expectation from schools to remedy the child’s deficits in function so that they may fit the classroom norms (Laverdure and Rose, 2012). In coming to this inquiry, I declared my opposition to this ableist perspective, and focused my lens from a critical position.

An understanding of the human and non-human environmental factors that inform and influence the individual's occupational performance are essential to occupational therapy (Creek, 2010). This stance is well-aligned with the research from the international field of education calling for a paradigm shift to step away from the reductionist, deficit model to one which explores the environments in which education is provided to create diverse, inclusive classrooms (Bøttcher, 2014; Crowe, 2017; Bloome and Beauchemin, 2018; Rees, 2020). This is the first link in the chain of interpretations that follow.

As discussed in the literature review, one core aspect of occupational performance is situated externally to the child within the complex configuration of setting, environment, and context, where the individual's abilities and skills come into focus depending on how the external factors prohibiting or enhancing performance (Creek, 2010). Therefore, I explored these constructs anew. I experienced a directional shift in how I wondered on the external elements around the disabled child in the hearing of the participants lived experience. The complexity of the interconnecting elements, including the socio-historical, cultural, educational, and individual factors surrounding the disabled child situated the participant in a particular classroom, at a specific time.

Exploration of the dense and dynamic elements that created the classroom experience was at the centre of this phenomenological inquiry. However, in acknowledging the professional frame of reference that underpinned my professional paradigm, I saw how my a priori knowledge impacted my lens as I delved, escaped, and returned to the data during the process of analysis. I explain the process of hermeneutic reduction further in the last section of this chapter to reveal the impact on this reasoning and how I arrived at a new understanding.

The excerpt from my reflective journal below reveals my frustration as an occupational therapist working with educators and teachers. I reflect on how I believe I am hearing the same narratives, around the globe, in the restrictions placed on disabled children. I wonder on how this position at the commencement of my research journey impacts on what I am hoping to uncover and where I am looking.

In this anecdote, I recognise my aim to expose the barriers to disability-inclusion as they 'really' are; if it is not the wealth of the country alone that influences the realisation of disability-inclusion, what mechanisms create the barriers. I hear the social constructivist lurking. I see the systems theory model creating concentric circles around the child. However, I also see my gaze begin to shift to exploring the experience as revealed by the people in the space to unearth what inclusive practice means to them.

Reflective box 3: What do I know? *September 2020*

In January, I returned from a 3-year project in Egypt, and like my experience in Uganda 15 years earlier, I have been humbled by the incredible generosity and innovation of the people I met, but also struck by the similarities in the broader rhetoric from the professionals in both spaces. 'Our children are more disabled than yours', 'these children can't learn, we just need to keep them safe'. Well-intentioned and contextualised comments but is it anything different from what I had heard working in the UK and Australia over the years in between, 'some children surely don't benefit from the mainstream classroom', 'our children require a different, specialist curriculum'.

But if in HICs that profess to be doing inclusive education and in LMICs saying they aim for inclusion, neither are doing what they say they are aiming for, what is stopping disability-inclusive education from happening?

Much of the research I am reading focuses on removing the usual suspects, the 'barriers' to inclusion. These barriers focus on lack of resources, or teacher training and specialist knowledge, and the need for physical adaptations, technology, legal redress; all things professed to be present in the UK and Australia, countries where wealth, professions, and a robust legal system exist but inclusion doesn't. Parents still are fighting for their child's rights and children are still being segregated out of their local schools.

If I don't believe exclusion is purely about a lack of resources, or poor specialist knowledge, not entirely anyway, what is it I want to know? How do I look outside the obvious? If disabled children are consistently being excluded across all contexts, why?

What is at play? I hope I will unearth a better understanding to rebuild our reasoning behind the recognised barriers and therefore, face the pariah that is inclusion, and help re-frame inclusive education for the disabled child.

3.3.3 As an International Development Worker

The literature review outlined concepts embedded in education, predominately arising from the global North, for example, the medical model of disability and the ableist construction of the normative ideal. These are loud voices, heard around the world. Therefore, in seeking a broader understanding to the barriers to disability-inclusive education, I wanted to talk with people from the global South and ask them of their local context defining practice (Kamenopoulou, 2020). I considered concepts ideologically conceived and based within ethical and moral obligations of the global North, such as social justice and inclusion, which are defined by a specific set of societal values and are disparate between and within societies, impacting societal practices and creating differences in the definitions applied (Thomas, 2013; Allan, 2005; Armstrong, 2005).

I was interested in speaking with people in differing contexts, such as England and Uganda. It was not to undertake a comparative analysis of two divergent systems nor to compare contexts within the discussion but to explore that which could be learnt from each other and to open the space for diverse voices to contribute to the discussion on disability-inclusive education, globally. Therefore I critically reflected on my positioning influenced by my previous experience of living and working in countries of the global South.

As an international development worker, I experienced frequent othering while overseas. I acknowledged my privilege as a white woman, a rich westerner, and an educated clinician. I also realised the subtle but pervasive power in the provision of international aid, from North to South, encased in a false dichotomy of them and us, but sold within the humanitarian framework. There is far more eloquent and informed writing on this topic within the field of critical disability studies and is not the focus of this study. However, I aimed to be explicit in the showing of my socio-cultural bias as I brought an awareness of my positionality from the relative perspective of a therapist from the UK, who has worked in a range of education and health systems in different countries, in attempting to meet the demands of academia in the global North.

Within the professional frameworks of occupational therapy there are key concepts, constructed through the dominant and pervasive ideology of the minority world view (Hammell, 2009). Originating from an historical context which continues to serve a particular purpose, in a distinct society, these concepts were discussed in the literature review. In this chapter, to bring my positioning to the fore, I question the universality of the concept of independence and the assumption of individualism, predominant in western practice where it is the responsibility of the individual to engage in health promoting occupations (Murthi and Hammell, 2021). In recognising this, I hoped to become open to a deeper understanding of the complexity of human engagement in varying contexts when talking with the participants. It is this reflexive positioning that I reveal in the next reflective box.

Reflective box 4: Who Am I now? *February 2021*

If I am acknowledging the conceptual framework of OT in my understanding, I need to consider the work of writers in the profession who have criticised it for the euro-centricity of ideas and assumptions embedded within. I need to challenge the assumptions that underly the theories of human occupation proposed in theoretical models and question whether they are universal and applicable across cultures. I have begun to read around 'decolonisation' as a concept. An interesting vista, somewhat recognisable, started before my PhD journey. In the late 1990s, my conclusion was that we need to be aware of our own socio-cultural bias to be open to new ways of thinking when applying the concepts of OT in different cultures, but that the profession's basic concepts of person-centredness, allowed tools such as activity analysis to be useful for diverse peoples in determining participation in meaningful activities. This position still resonates with me, but what am I missing?

I experience a shift from the practical to the political.

As an OT, educated in the global North, in a profession that works towards individuals gaining independence in productivity, self-care and leisure activities, after disease or trauma, is the notion of individualism. This concept alone may be seen to serve a specific purpose in the political premise popular in Western industrialised economies to meet certain ideological parameters of the capitalist neo-liberal paradigm of ableism. In seeing this construct, I wonder on its impact around the globe.

Furthermore, my awareness is brought to the notion of decolonisation in the construction of these concepts and their power in side-lining 'other'; of minimalizing the possibility of different voices within the powerhouse of western knowledge making, and how international aid may be a tool of dissemination. What role have I played as an international development worker?

I am an OT who has chosen to work and live in cultures different to my birth-culture and believed in doing so I developed an awareness of diversity and humanity that I would not have otherwise experienced. But was I just a naïve pawn in a global ideological machine? Even with my new awakening, am I anymore able to hear a different story being told? How do I hear what other people have to say? How do I ensure that I do not rewrite the stories being told even before the ink has had a chance to dry on the page?

I experience my responsibility.

Furthermore, as I reflected on the assumptions underlying the theoretical and methodological approaches applied to this study, I engaged in the necessary degree of interrogation of my position (Arber, 2006; Finlay, 2002). I sought to develop an understanding of how the concept of inclusive education internationally is engulfed by the contextual realities and theoretical positions of the global North, implanting structures, and grafting strategies for learners, onto diverse local contexts (Kamenopoulou, 2020). It is by stepping back and sharing the research space with colleagues from the global South that I aimed to broaden the existent narrow interpretation of engagement in occupation, particularly in disability-inclusive education, through an open and shared dialogue across contexts. However, I bring awareness to my own bias as I engaged in the research process.

In the moving beyond partiality and previous understanding, I aimed to create a hermeneutic reflexivity by reflecting on the phenomenon under study and my position in it (Finlay, 2011). My writing contains the acknowledgement of my position of power in how I defined and understood the phenomenon. However, my experience as a development worker led me to consider multiple incantations of self, and what this meant to this research. Moreover, it was how I was able to hear what was being said by the participants anew, within the noise of reproduced knowledge that was of importance to me. Therefore, important was my ability to distance myself from acquired knowledge (Arber, 2006) and flow with the experiences shared by participants in the study, but within an acknowledgment of the theory of knowledge I held (Charmaz, 2017). It is this multi-directional and complex experience as practitioner-researcher that provided a detailed and vivid understanding of the phenomenon under study, through the interviews with participants, across contexts.

3.3.4 As a Researcher

In articulating my theoretical lens through which my interpretation was made, I sensed how my understanding came into being. I became open to new ideas and reflected upon my assumptions about the world (King, Horrocks, and Brooks, 2019; Willig and Rogers, 2017). Thereby, challenging the idea of value-free objectivity in research. A scrutiny of the beliefs and ideologies that formulated the research led to an understanding of how my particular and personal research journey materialised; data were not only created by the participants but also by me in asking the questions.

Throughout the research process, in the way of hermeneutic phenomenology, I wrote a reflective diary. Furthermore, I captured my positioning when tackling each theme by providing a descriptive vignette at the start of each thematic chapter to create a dynamic narrative which shaped and directed the reader as to how I was hearing the participants as they spoke of their lived experience.

In considering the differing aspects of reflection for the practitioner-researcher, Ragland (2006) suggested various perspectives from which to critically evaluate the subjective nature of collaborative sense-making; to be cognisant of the formal and informal frames of reference that focuses the researcher’s gaze. In bringing forward the professional conceptual framing of occupational therapy I exposed one; another is the positional knowing gained through the experience of diverse contexts, and the third, considers those distant forces acknowledged and brought to the fore that determine what counted as data and how the study’s narrative was structured.

The following reflection is an example to illustrate how during the process of this research, by engaging in critical reflexivity, I shifted my lens to be able to see that which resonated with the data between the two contexts and that which is seen for the first time. It may be questioned that those who reside outside of the study realm hold no legitimacy in seeking to understand and are unable to realise authentic data (Kamenopoulou, 2020). However, I aimed to promote an openness to gaining a new understanding in the situated experiences I shared with the participants.

Reflective box 5: Storming, Norming and Reforming *October 2021*

In starting the analysis with the participants in Uganda, I began arriving at similar stories of segregation, difference, and limited understanding of disability as told by the English participants. As I listen to the stories being told, I question my own bias … am I hearing what I want to hear? Am I forcing and twisting what is being said to fit my own agenda? Can I truly listen to the uniqueness of that being told?

I step outside, away from the words, and listen. The context is different, the sights and sounds, the people, and places, … the detail is different. I need to capture this. But the characters in the frame are the same; disabled pupils excluded from the narrow and self-serving mainstream system.

I try and understand who I am … why am I asking the questions I ask? I must accept that this is also my story … that the conversations I am having with colleagues around the world are unique because it is ‘us’. I need to bring the reader a broader perspective, not just my own, but I am the one asking, and I am the one listening, so I am also there. Let me acknowledge and accept this.

Listening to how the Ugandan teachers and occupational therapists are setting up ‘centres’ and ‘sensitising’ schools and communities, I realise my Ugandan colleagues are doing ‘it’ differently; they visit schools, deliver radio announcements, and speak to community leaders. I hear similar stories of acceptance, diversity, and responsibility from our colleagues in England … of building relationship, supporting the parents, and changing attitudes towards disability, but the how is different, the direction is changed. It is this I need to capture.

I recognised the inherent difficulties in realising a potentially new understanding, not simply that born through conversation with another, but through an awareness of the potential danger of existent knowledge smothering the unique and localised meanings sought. Ragland (2006: 171) described reflection in research similar to how "*a mirror reflects our physical appearance*", as something new realised for the first time through the encounter itself. However, the dominance of the researcher within the process of examination, especially for research conducted remotely, remained problematic in realistically exploring the experience lived by others as there remained the tensive imbalance of distance.

Furthermore, there is the temporal shift experienced in the retelling of a past event to another person in the present, who then applies their interpretation during the interview, creating the experience anew (Foucault, 2002). It is through skilled questioning that an opportunity was created to inquire past the familiar surface level to a depth where the experience becomes unfamiliar, creates tension, and demands reflection from all. Thereby, providing a further link in the justification chain of this qualitative inquiry.

3.3.5 Interviewing by the Practitioner-Researcher

Interviewing is a dynamic connection, born through power differentials between interviewer and interviewee (Tufford and Newman, 2012). Furthermore, the power relations enacted through the asking of questions to gather data for research, perpetrates one of potential privilege and disadvantage. The researcher may be perceived as inquisitor or critic, a seeker of truth, whereas the participant may feel a relinquishing of power in the telling of their story (Arber, 2006). This power difference within the interview may have an additional effect for the participants who are asked to talk in their non-native language. There is an acknowledgement that using a language other than a mother-tongue to describe the lived experience, full of abstract concepts and expression of self, is problematic (Inhetveen, 2012). Therefore, I continually reflected in and on the interview process and realised my understanding was born out of relationship. This is expressed in the reflective box below as I reflected on an interview with a participant in Uganda.

Reflective Box 6: Relationship in Interview *August 2021*

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

Of interest is how, through the expression of my clinical experience, I relinquished the role of investigator to become illustrator (Brundle, 2023). Within the process of interview, I brought awareness to the exchange and offered colours to the initial sketch outlined by participants; I explored what was said from different angles, and then illuminated with a shared palette. The positioning of practitioner-researcher straddles two worlds and provides a tension in the relationship formed in data collection (Ragland, 2006).

In the reflection above, I perceived a tension in the dual identity of myself as 'colleague' in the issues raised, and also of 'topic expert' in the doing of research at PhD level. The identities ascribed or unsanctioned present a challenge of maintaining boundaries of closeness and distance, between the roles of participant and observer for the researcher (Arber, 2006). However, it was through the explicit rendering of relationship between myself and participants within the interview process that determined the trustworthiness of the findings presented in this study.

In skilled interviewing, there is care taken to not lead the participant in the interview; to enable the lived experience to be told from an unfettered perspective (van Manen, 2017). However, there is a delicate balance needed in the sharing of self to enable a safe and trusted relationship to develop, while ensuring experiential data to be heard anew from the data. The relationship experienced during the research process between the interviewer and interviewee is through interaction in the discourse. Therefore, skill from the researcher to engage and evoke pertinent information from the participant relevant to the interest of the study, without becoming disorientated in the information produced, is critical (McConnell-Henry, Chapman and Francis, 2011).

However, the risk remained for me that the essence of the participants experience would be lost in the process of interpretation. It was a complex relational process of co-

construction that required explicit self- reflection to demonstrate the lens from which I viewed the exchange occurring at interview and the new resultant knowledge (Angen, 2000). The data of this study arrived through the interface of the participant and me; revealed between the questions I asked, and the recollection of a particular event evoked; between the positioning of the storyteller and that of the reporter, so that the moment of knowledge production resulted from a merging of all possibilities at the time of interview.

I further reflected on this multi-directional relationship experienced during interview with a participant in England. The reflective piece below reveals how I relate to the participant's position during interview as a person and a teacher doing a job. I share my understanding of the difficulties experienced, whilst also following an inquiry into the phenomenon under study. I acknowledged the participant's positioning through reflection, with care, without losing the thread of inquiry.

Reflective Box 7: Care in Interview April 2021

When asked if they had any questions at the end of today's interview, the participant presented with a depressed affect, stating "I just… I … I just feel that I don't want to represent my school badly because I think we're doing a really, really good job in difficult times. And I work with some incredible people. So, I just wanted to say that."

Their presentation contrasts with the passion expressed earlier in the interview when they had talked defiantly, with the belief that they were adopting the most beneficial approach for their pupils, regardless of what other faculties were doing.

As the interviewer, I try to reassure and relate to their feelings, while digging deeper into the topic: 'You have been very clear today. It sounds like you are being very creative despite the many challenges faced. It's difficult. What is this mismatch with your school?'

As a practitioner, I sit quietly. The conflict revealed by this participant resonates with me. I have experienced this sense of disempowerment when I've witnessed exclusionary practices in schools, I've been told to not make a noise, to let it go. This experience of fear, to be at odds with the school, as an outsider when promoting inclusion, is of interest to me.

The relational shift was seen in the interviews with participants from both settings when they relinquished the power of inquiry in the showing of themselves. However, it is the interpretive nature of this exchange, which remained of importance. The interview process gave rise to a methodological self-objectification and began to make possible a fusion of horizons in the seeking to understand (Gadamer, in Vandenburghe, 2008). This expressed a temporal and spatial shift between that of the event and the interview, but also that of the participant and researcher relationship. Interviewing became part of the experiential process for the participant, embodied in the engagement with the specific researcher.

Reflective Box 8: How do I know? *February 2021*

I experienced the roller coaster ride of interviewing today during the pilot interview. I tumble free-fall behind them, at speed, twisting and turning in topic, barely able to catch my breath or give myself time for my thoughts to catch up. It is an exhilarating experience and one which challenges my ability to listen, to follow, and be in the present in another's story. I begin to realise how interviewing for research requires a specific skill of hearing what is said there and then, to not 'interpret' in the moment, but to allow the current of the conversation to sweep you along, without drowning.

For example, when the interviewee was talking about not feeling listened to by their school administration, they expressed it as:

> *'When I didn't, could not solve the problem on my own, and said you know what this child requires more attention than I can give them. That's when the problems come … them saying, 'you know what we've done enough', right, like, no, it isn't. That's when there's issues.'*

I interpret this as 'conflict' in the moment and I asked, 'how did you resolve this conflict between you and the school administration?'

Do I use this term because of my own feelings about being continuously asked to do more with less? Why did I hear 'issues' as she said, as a 'conflict'?

There is a difference in the meanings implied by these two words. I need to be careful. What lay beneath the choice of words, of theirs and mine? Was conflict experienced by them and was it an appropriate interpretation by me?

They tell me they left the teaching profession because of issues like these.

I reflect on the resulting interactive and complex relationship bound in the interview. I aim to hold on tight and hear what is being said by the participants perspective, in the moment of telling, and not let my fear tether me to my pre-existing notion of the role of researcher, of 'good or bad data', but to journey with the participant in discourse to somewhere new.

However, between the conscious and unconscious knowing, realised in the juxtaposition of explicit description of an event within the discourse and that which lays beneath, the interpretation, is the risk of solipsism. Within the reflexive text above is my understanding of how I interpretated what was happening in the moment and how it impacted on what questions I then asked and what data was constructed with the participant in the process. Foucault (2002) describes a temporal tension by suggesting that in trying to discover the meaning of something hidden in the past, restoration of what was intentional or thought at that moment, can only be known in its revised version and in the ‘not-said’ state.

The temporal lag in the telling of the story was evident when participants journeyed to past events prior to the pandemic, and in the contemplation of the future after such an event. Moreover, it was not only at the point of encounter between the participant and researcher that the experience was altered by a temporal tension in its retelling. It was also as I moved back and forth within the data during the process of analysis. This flow within the text enabled an essence of the data to surface, patterns discovered, and new meaning revealed, not only through the context of the experiences described, but also in the context that I brought in interpretation and created as I dwelled in the data.

3.4 A Methodological Dilemma – ‘to check or not to check?’

During the process of data collection, I continually reflected on the validity of my research, on the process and in the analysis. There are many ways qualitative researchers check with the participants to garner verification of their understanding reached, conducted at varying stages of the research process, from in-interview to sharing the initial themes generated, prior to write up (Birt, et al., 2016). However, in considering how I may undertake such verification, I wondered on the nature of speech as a fluid, dialectic medium. Its structure is jarring and amorphous. It lends itself to contradiction and confusion. All of which offers an understanding of the speakers’ perspective, as much as that what is said, how it is said and not said, is also revealed itself in the data (Foucault, 2002). Therefore, I anticipated a potential corruption to the data by asking the participants to check their transcripts, as in checking in text what had been spoken may be confronting to participants (Varpio, et al., 2017). Therefore, the act of correction of the dialogue through grammatical shame may offer limited value to me in understanding the participants experiences further.

Member-checking in phenomenological inquiry is often viewed as a way to present validity and reliability, to placate the dominant positivist scientific ideology (Varpio, et al., 2017). However, the question of fit arose within the methodological perspective of this study as I did not seek to placate, although the noise was loud in my head, I hoped to critically reflect on the shared meaning arising at interview, to enrich the data gathered.

Furthermore, the method of member checking by presenting the transcript to the participant would render another temporal change in the recollection and projection of the experiential journey and in fact, what was of interest to me was the elements the participant brings-near within the interview, while holding others at a distance (Birt, et al., 2016). Therefore, engaging the participant in further reflection on the interview transcript may not prove helpful in eliciting greater depth of meaning and may distort the importance of that which was said (McConnell-Henry, Chapman, and Francis, 2011). It is important to reveal what the participant brought to the fore of their experience when describing its manner, its shape and form, in the context of the interview. Equally necessary to meet this study's demands was to consider how this act of describing in the context of the interview was understood by me.

In detaching myself from a world of positivism and empirical rigour, I was set free to explore new 'lived' worlds, chasing the validity of what was said and understood within the discourse achieved. Scholars argue that having shared the experience and given rise to it in reflection, through narrative, the experience is already changed, different to that originally experienced (van Manen, 2017). However, it was the aim of this phenomenological inquiry to capture meaning through the description of the experience as it was told. It was contextual, bound by the temporal and spatial elements brought to evoke its conceptualisation. It existed of that moment in time and place, in that context in which it was spoken, and understood in critical reflection by me.

The debate to check or not to check was further provoked by asking at what stage may an enrichment of the data be best achieved. Some methodologies have suggested that bringing in the participant at the interpretation stage allows for this better than transcript checking (Birt, et al. 2016). Interpretation is seen as part of the flow, the dynamic co-construction of meaning by the participant and researcher. It may in fact be the response to the researchers' initial interpretations that enables a new reflection from the participant which carries the story forward; instead of returning to edit the story that has already been told, a new chapter is added.

Therefore, with sequential interviewing, I chose to garner a richer and fuller understanding of the participants experiences revealed at the interpretation level to elicit a continuation of the story being told. By providing the participants with my initial interpretation of the first-round analysis at a second interview, a forward momentum, the unfurling of meaning was enabled to provide a further link in the justification chain.

I present a sample of the questions discussed with participants in Appendix C.

3.5 Applying Hermeneutic Reduction to Analysis

Moreover, it is here that I aim to bring to the reader's attention my endeavours to employ a hermeneutic reduction to the data analysis (van Manen, 2017). Within hermeneutic research, the intent is not procedural, rather it aims to clarify the conditions that lead to the understanding reached and is radically different from an objectified method of knowledge attainment (Holroyd, 2007).

There is a process of dwelling, reflecting, and returning to the text to promote a reduction that leads to the essence of that known (van Manen, 2017). While writing, I could not halt the reflective process. The words spoken created a wondering in me. I questioned. I reflected and I was carried back to that which I had previously experienced. My reflections illuminated what was told and what was heard by me. I was aware that my own experiences were undulating beneath the surface, intrinsically entwinned in the understanding that I applied during the interview, that focused my questions, and coloured my analysis. It was in this place that I began writing, but it was a different place to my destination.

It was a transformative effect through the writing of my reflective thinking. I shared my reflections in this writing to shed light on how the participants' stories fascinated and expanded my understanding. This heuristic approach offered what was experienced as disability-inclusive education, in different contexts, floodlit by the pandemic, and formed in my understanding in dialogue with the participants. I repeatedly turned to the literature on the topic to clarify what I was understanding in the broader context of the phenomenon, but it was the data that informed the search. In the next chapter, I further describe the process of analysis undertaken, it was reductive and iterative in nature, and led to where I believe I reached a saturation.

Chapter 4: Method and Analytical Design

4.1 Introduction

This chapter describes the design of the study, the method employed from recruitment to data collection, and the analysis undertaken. Initially I believed I combined inductive and deductive reasoning to my analysis of the data. However, I become aware of the transformation to a hermeneutic cycle of analysis employed. Moreover, I considered the dilemma of demonstrating validity and rigour within qualitative research and bare my reflections in the decisions and justifications made throughout the analytical process employed.

The final component of this chapter outlines the ethical considerations made to examine the impact of undertaking and participating in research remotely, on an emotive topic that influences the daily lives of the participants, during a global pandemic. There is a reflective section presented in this chapter that presents how the participants viewed their experience as part of a study and explores the impact of research on those taking part.

4.2 Recruitment of Participants … *Who am I talking to?*

The strength of this study in meeting the research aim is through a diverse and rich source of data collected through interview with people with lived experience of the phenomenon. The key characteristic of this study does not compare and contrast the participants account of events but searches for an understanding of disability-inclusive education through my interpretation of the teacher’s and therapist’s experience in differing contexts. Therefore, I aimed to describe the participant’s experiences in general as one phenomenon, experienced by many, but do not seek to critique or find universality in the solutions discussed by those taking part (Rao and Kalyanpur, 2020). My interpretation of each lived experience helped illustrate the whole, while the various perspectives defined the parts viewed. I was not looking for comparisons nor consensus but patterns of understanding of disability-inclusive education, across different perspectives and world views to provide a new way of knowing.

Invitation to volunteer in the study was sent by email via multiple professional networks for occupational therapists and teaching staff in the UK and Uganda, outlining the study and requesting volunteers to contact me. This process instigated ‘word-of-mouth’ sampling. Through the networks contacted, links with more informal structures was made where the sharing of information occurred among colleagues and friends of those contacted at the organisational level. This organic process of recruitment began to endow a personal quality as it progressed. By putting myself in the responses to emails and responding personally instead of generically to the respondents questions, I was able to gain an increase in response rate. This may, in part, be due to the informal nature of the sampling methods used. The participants wanted to know who they were going to be talking to.

4.3 Purposive Sampling

Purposeful sampling is considered an effective way to recruit participants with a specific skill set or knowledge base in qualitative research (Patton, 2015). It adopts a snowballing effect. Inevitably, in this study, an informal word-of-mouth approach further recruited teachers, therapists, and other school staff. Those who initially contacted me, shared with those in close proximity to them. This snowball effect is considered part of the process. However, the informality of this type of identification holds risks of biased sampling and creating a homogenised grouping of participants.

Conversely, I felt this approach contained positive value for the nature of this inquiry. Through word-of-mouth, people’s personal connection to the topic is expressed; they began talking about their personal circumstance at an early phase in the research process. It may have been the situational effect of the pandemic, or an unintentional bias of the method but in the less formal recruitment process realised, an unravelling of my clinical identity as a schools occupational therapist appeared to create a confidence in the participants to talk.

Developing a rapport with the participant during the recruitment phase enhanced the quality of information elicited during interview (Connelly and Peltzer, 2016) and established a trust between the participant and myself that permitted a safe space in the interview in which to share personal and at times, conflictual experiences (Spalding, 2016). It was this sense of relationship that enveloped the recruitment process in a personal veil, which persisted in conversation throughout the interview.

4.3.2 Recruitment Process

In the UK, the Royal College of Occupational Therapists (RCOT) paediatric specialist interest groups, and informal professional organisations, such as OT Frontiers, provided initial contact details of interested people. For education staff in the UK, the informality of contact after the initial sweep of professional networks became apparent. Potential participants provided their details through others and gave permission to be contacted.

In Uganda, through previous professional contact with the Ugandan Association of Occupational Therapists (UAOT) and other international networks, a list of occupational therapists who worked in educational settings, interested in participating in the research, was shared for me to contact and teachers working with NGOs were identified.

Multiple factors impacted the recruitment rate in England and Uganda, and particularly of teachers in Uganda. As schools were shut and I was contacting people remotely, contact with government employees was blocked. Furthermore, the remote method I employed resulted in limited ease of contact with all participants in Uganda due to restrictive data connectivity. The constraints to normal working practices due to the pandemic also impacted access to teaching and therapeutic staff in England as their focus was on surviving the pandemic, rather than participating in research.

Twenty participants were recruited to this study, fourteen from England and six in Uganda. The aim was for an equal distribution of therapists and school staff across both settings. However, as discussed above, there are a greater number of participants from England participating in this study (2:1), with an approximate 50/50 spread between education staff and therapists. In Uganda, this is reduced to 2 therapist for every teacher.

4.3.3 Identity and Description of Participants

The population of participants for this study arrived from diverse socio-economic settings, cultural backgrounds, level of experience, and educational settings. The criteria applied to participate in this study was to be working with disabled children in educational settings prior to and during the COVID-19 pandemic.

The sample of participants recruited to interview held a broad spectrum and length of experience across multiple educational settings, often interchanging from mainstream, state provision to special and non-government centres. The level of professional qualification and experience ranged from newly qualified therapists to occupational therapy service managers, from Special Education Needs coordinators to learning support staff. This purposeful sampling covered the available range of provision for disabled children in both countries.

	England	Uganda
SENCo/ Inclusion Manager	1	0
Class teacher (Mainstream Primary/ Secondary)	3	0
Learning Support Staff	2	0
Class teacher (Alternative provision Primary/ Secondary)	2	2
OT Service Manager	2	1
OT > 5 years	3	1
OT < 5 years	1	2
Total	14	6

Figure 6: Distribution of Participants by Role

Inclusion criteria did not specify the type or location of participants workplace. In Uganda, no participant was currently working in government schools. However, the two teachers recruited had both previously worked in mainstream government primary schools prior to gaining a post-graduate qualification as SNE[7] teachers. In the UK, all participants recruited were living and working in England during the pandemic, although three originated from other countries. Workplaces included the southeast to the northeast of England, from the capital city to non-urban settings, and therefore a spread of loci characteristics. In Uganda, participants lived and worked in the capital city and in rural-regional areas in the western and central regions of the country.

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[7] Special Needs Educators. The term used for teachers in Uganda who have gained an additional, postgraduate qualification and are specifically working with disabled children.

Location	England	Uganda
Capital City	5	2
Other Metropolitan Area	5	2
Non-metropolitan Area	4	2

Figure 7: Distribution of Participants by Location

The inclusion criteria applied recruited participants who worked in an educational setting with at least one disabled child attending. These educational settings may represent one of the following three conditions:

A) settings in which disabled children spend 75 – 100% time in the mainstream classroom with their non-disabled peers i.e., included in the regular classroom

B) settings in which disabled children spend less than 75% in a mainstream classroom but are educated in an inclusive setting i.e. educated in an ‘inclusion unit’ or ‘resource classroom’

C) settings in which disabled children are educated separately i.e. attend a special school or ‘rehabilitation centre’

	England	Uganda	Total
A	6 (43%)	1 (17%)	7 (35%)
B	3 (21%)	2 (33%)	5 (25%)
C	5 (36%)	3 (50%)	8 (40%)
Total	14	6	20

Figure 8: Distribution of Participants by Workplace

Noted was a potential difference in the type of education provision for disabled children in England and Uganda, reflected in the number of participants working in the different educational settings. There was a larger number of participants working in mainstream schools in England who identify disabled children in their classroom. This may reflect the broader scope of assessment and diagnosis available in England. Those participants who reported disabled children in mainstream settings in England do so because they are identified by policy although are usually [sic] determined to have mild learning needs, whereas the same children in the Ugandan context may exist in the mainstream classroom, but sit at the margins, unidentified.

Moreover, as previously mentioned I did not find access to government employed teachers. The teachers contacted in Uganda have post-graduate qualifications in SEND and provide education to disabled children through third-party NGOs in rehabilitation centres or inclusive schools. Inclusive schools are understood to mean in this context, a school that receives third party international donation, and may afford to employ qualified specialists, such as an occupational therapist.

In England, the distribution of provision is more equally reflected between the three provision categories as seen in table 3. Interestingly, however, a third of the mainstream teachers initially contacted to participate in the study did not identify their role as one of providing supported learning for disabled children in their classroom and often referred the researcher to the SENCo at their school. This was evident during the recruitment phase in the responses received and is framed within the following reflective diary entry of April 2021.

Reflective Box 9: Not me! *5 April 2021*

Already at this early stage of recruitment, what is of interest is that a third of mainstream teachers in England approached so far (3/9; 33% respondents) after receiving the initial information on the research, reply that they have passed on my details to their SENCo/ Inclusion Manager as they do not feel it is in their job/ realm of understanding to discuss inclusive education and so do not think they will have anything to contribute to the research.

I had one respondent reply …

> *'I'm not sure how much help I can be. I haven't worked with any children with disabilities this last few years, certainly not during the pandemic. I have a couple with some needs but not necessary SEND category as such and practice hasn't really been adapted to suit their needs - no more than the rest of the class anyway'.*

How can I ask them to rethink their position, even before they engage in the study? That the labelling they apply is not the only defining characteristic in inclusion. Is this an interesting concept to investigate further? Why is it not seen as 'part of the teacher's job'? How is meaning of the concept of inclusion applied in practice by teachers in the UK? Is this blindness to different needs, inclusion?

This class teacher works in a mainstream primary school, and they don't recognise pupils in their class as having SEND. It is interesting how SEND is perceived as a distinct category, different from other pupils with 'some needs'. It creates a perception of SEND being of 'other'. Is this a matter of 'degree of impairment' impacting inclusion? The teacher in this quote felt that no 'adaptation' to practice was made for those pupils identified as having some needs, except that which was commonplace for all children in the class. What does this adapted practice look like and how does it meet the specific needs of every child? Furthermore, the lack of SEND pupils in the mainstream classroom is not experienced by them as a recent phenomenon, nor made of the pandemic. It is one that has appeared to fade from this teachers experience over the years. What is the driving force for this removal of disabled children from mainstream schools in England?

4.4 Data Collection … *How Am I Asking?*

I interviewed twenty participants for approximately one hour, twice, over a seven-month period from April to November 2021. In England, interviews were primarily organised during the Easter and summer school holidays. Participants in England were experiencing a phased reopening of schools, where previous to March 2021 pupils attending school were only those categorised as vulnerable, including those children with a disability, and children of critical workers. In Uganda, most of the initial interviews were completed prior to the start of the second school term in August 2021 when some schools began to reopen; while the second interview was arranged at a convenient time nominated by the participant.

This period in 2021 was significant for participants in both countries, as schools and community services were on the cusp of reopening from the significant restrictions put in place during the pandemic. Therefore, this was seen as a period of change for participants, which held potential for reflection on past events and the projection of thoughts as to what may follow.

4.4.1 Questions Asked … A Question Tree

The questions devised for the first-round interviews were the same for every participant (See appendix C). To ensure the interview schedule enabled a logical framework for discussion through the topic in focus, pilot interviews were undertaken (Gaskell, 2000). Three pilot interviews were completed with people who represented a cross-section of the professional groups to be interviewed, an occupational therapist, a teacher, and a teaching assistant. The teacher was recruited from a country other than England who worked in a country in the global South. This offered me an opportunity to reflect on the terms used and the application of context in the questions for the first-round of interviews. This process confirmed the suitability of the interview schedule devised and enabled me an opportunity for reflection on who I was as an interviewer.

Establishing a foundation in the data from which to explore evolving concepts offered me a basis to the analysis from which future data stemmed. From the research questions devised to meet the aim of this study, questions such as, how would you describe inclusive education to someone who does not know anything about it? enabled participants to describe their understanding of a complex concept in the first round of questions. They were asked to explain how they came to work in their current setting. I prompted the participant to give examples of their experience, to tell their unique story, to understand their distinct context further, of what was happening in that space and how they experienced it. Their stories lead to their present day and illustrated the impact of the pandemic on their practice.

Probing questions examined the participants description of their pre-pandemic role, how the COVID-19 pandemic affected the role they described and their practice during the lockdowns, which led to their perceptions of what needed to change to improve the inclusiveness of the classroom, post-pandemic.

I held the responsibility to garner rich experiential data to inform my future analysis. The prompting of participants to provide examples of what they said enabled a richer understanding of the phenomenon and enabled me to explore what examples of their practice they brought to the fore in narrative on the pandemic and to probe further. In this study an example of this would be, "*You talked about adjustments to enable active participation. What does that look like for you in the classroom*?" However, this is a difficult exercise in the moment of interview, with the risk of participants providing superficial descriptors of their experience. Therefore, I employed other techniques as well to provide the participants with examples of practice on which to reflect and develop the narrative.

Developed from the literature and my professional experience, I wrote vignettes and shared one during the first interview with participants to enable sensitive topics to be discussed in a non-threatening manner. There were three vignettes (Appendix B) available that represented realistic scenarios to consider different types of provision, attitudes, and aspects of knowledge on disability-inclusive education. I selected a vignette depending on what the interviewee shared to try to expand on a concept described or explore deeper an issue raised, in a safe and unintimidating way. Furthermore, they provided an example to the participants of a scene described in an experiential manner.

I created the second-round interview schedules by analysing the data from the first round interviews and initially clustering the concepts raised by the participants. I then commenced coding to capture my initial interpretations. Instead of vignettes, shorter statements were presented to participants that reflected interesting aspects from the first-round interviews to explore further, unpick, and determine their meaning with the participants in the subsequent interview.

As discussed in chapter 3, participant verification was considered relevant to this study. I felt that digging down into the initial interpretation from the first-round interviews would examine further that which was at first seen by me and offered an opportunity to delve behind the initial façade of familiar to reveal unique elements of the lived experience. Therefore, the second round of interviews asked the participants to further reflect on what it was I was seeing as a pattern, or outliers, to evoke further description of their lived experiences. In returning to the data with the participants, I hoped to determine whether what I was hearing held meaning for the participants.

Furthermore, I reflected on my positionality within the research process in data collection. In completing interviews with participants whose home-language was not English, I reflected on the power of using English in research to collect data (See Reflective Box 9). There was an imbalance of power, not only in terms of the identity construed and relationship built at interview as previously discussed, but also in the deciphering and coding of data through interpretation.

Within this reasoning, the second-round interview schedules branched off for the two countries (see Appendix C). This provided an opportunity to employ the distinct language used to describe common concepts for participants in both countries. For example, in England a statement relating to "*specialist assessment*" to understand learning needs in the classroom, was rephrased by the participants in the Ugandan context as "*knowing the child*" to provide distinct learning opportunities.

Furthermore, subtle differences in understanding between the two groups was targeted for exploration to ensure clustering of codes did not lose a nuanced understanding. For example, in exploring the broad category of relationship within learning, I perceived a directional difference between the two data sets. Although there was a commonality among data, a subtle and unique understanding was revealed through the interpretive analysis applied, which I explored further to deepen my realm of understanding.

Reflective Box 10: Power in Language *December 2021*

In 'cleaning' the Ugandan transcriptions, I question the power in the use of English across the globe for research purposes. Held within the level of fluency or command of the language, connotations of knowledge and intelligence. This plays out on the international development stage. The miscommunication, the misunderstandings, the imbalance of power of recipient and donor, the hidden meanings, the guessing, and the hoping for understanding ... the assumptions made by those who command the language of a shared understanding, shared knowledge and meaning, but which is often absent.

As I read in the transcripts, I fear they are guessing as to what is being said. They are asking for a reconstruction of the question to aid understanding. The online transcription service cannot keep up. It makes bizarre attempts at what is being said. My scribbled notes grasp the moment but leave gaping holes. I question who I am as translator.

The process of deciphering is long, tiring and fallible but it is communication ... a conversation between two people ... what is said and what is understood ... is this distortion in analysis, a microcosm of what goes on in the real world of international aid and development? The continued colonisation of the mind through dominance in language, of ideas and decisions, used to inform and therefore, possessing the power of whose meaning is applied.

The imbalance of power perpetrating a falsehood of knowledge is not superficial. It changes everything, for the listener and the speaker, in research and in practice. I am seeking an understanding of this as part of the undertaking of this research … an understanding of the colonisation of the professional mind, in the sharing of knowledge born in a language of different meanings and culture, and how this relates to practice in diverse contexts. How do I investigate this further with the second interview … to enable meaning to surface in a language that is not theirs … to hear their unique voice?

4.4.2 Achieving Saturation of Understanding

As discussed in chapter three, the analysis applied to this research reflected an iterative process of reduction when exploring the data (Finlay, 2013). Meaning was revealed by revisiting participants responses over two rounds of interviews. Furthermore, reflection on my interpretation applied to the data, and how I justified the patterns formed in analysis was considered when answering the study's aim. Therefore, understanding was generated by describing patterns within the data and constructing themes that answered the distinct research questions in a coherent and logical manner (Braun and Clarke, 2013). Moreover, analysis aimed to unravel the spoken word and organised what was said into a pattern of meaning, requiring flexibility in the identification and interpretation of data, until no new pattern in the data was revealed (Clarke and Braun, 2017).

However, during the process I felt a centrifugal dynamic in the data collection and analysis that created a saturation realised in the consensus of experiences expressed by participants. It was through my interpretation of the stories told and the context giving rise to the participants meaning that formed my understanding. I felt that no matter where I stood within the data to find anomalies and differences between and within what participants were saying, the central force pulled the data, and me along with it, to a point of saturation.

Reflective Box 11: Saturation *June 2022*

I am only halfway through writing 'the second chapter', but the monster [my PhD thesis] is contained. It's form may metamorphosise throughout the writing process, but I know what to feed it now, how to care for it, and ultimately how to tame it. I can breathe again. Analysing the data created the beast. It grew and grew and grew. I believed I saw a pattern in what was being told … I grappled for theories by which to understand it. I saw shadows and reflections, and it just kept growing, layer upon layer. I turn away, stand back to find my perspective; to see what is interesting and new, and I sink further into the mire. Staying still and listening, taking time, enables me to see what I am experiencing is saturation … the data is not growing, there is just a lot of it.

As it begins to take form, I hold its shape. I turn it in my hands, examine it from all angles, and finally I am able to place it on the table, believing to see it, or at least know from which point I will describe it. This is my story as much as the participants. I cannot suspend 'me', I am this research. My perception of what is said by the participants is what I write. It is the interpretation I apply. I need to accept this and give it value, allow it to the fore in my writing.

I need to let go of the positivist rigour of the scientific model promoted within the allied health professions. It is as if I am writing a semi-autobiographical novel. My first book. Although, I apply the point of view of the protagonist, each participant, I am none the less embedded within the knowledge applied, the omnipresent narrator of the story. Making sense of that which the protagonist experiences; listening to how they tell their unique story, within the wider context of the novel.

My relationship has shifted. It is no longer with the participants. Yes, it is their story I am trying to tell but I am the storyteller, and it is the reader I am now to convince through my writing. I place myself at the forefront of each chapter, to let the reader know where I may lead them. An exciting story awaits, and as with all the best novels, the ending is not known until the final pages.

I have included the reflective piece above to illustrate how the iterative process of data gathering and ongoing analysis underpinned this study. Data saturation was reached when the stories told by the participants reflected a distinct voice, not necessarily of union but where the patterns within the data identified and created meaning to address the purpose of the study (Braun and Clarke, 2017). I felt a resonance between that which was told by the participants and what I heard. However, it lay within the dichotomy of difference, whilst reflected in the familiar. It was the same problem seen by all but viewed from different directions by those telling their story in Uganda and England. This is an important reflection in this study.

Achieving saturation was not an absolute state but one found within and across the data sets, where data collection lead further into analysis and then returned to examine through interpretation where the hard patterns and soft nuances lay. It was a continuous process detailed and crafted through the understanding applied to arrive at coherent themes from what was said by each participant. I did not realise it fully at the time, but this was the start of the hermeneutic circle of reduction as previously described that I entered to arrive at my understanding anew.

4.5 Data Analysis to Write up … *A Matter of Reduction*

Analysis aimed to unravel the spoken word and organise that what was said into a pattern of meaning, requiring flexibility in the identification and interpretation of data (Clarke and Braun, 2017). As discussed in chapter three, the themes discussed in this study are my interpretations applied to the data, not the data themselves. The themes presented are of the data with detailed experiential narrative that supports the interpretation made. Through the process of thematic analysis, understanding was generated by describing patterns and clusters within the data and constructing themes that answer the distinct research questions, in a coherent and logical manner (Braun and Clarke, 2012). This is what I believed when I started, and thematic analysis definitely formed part of the analytical process I employed. However, in the writing up of the thematic chapters, I became brave enough to employ a reductive process within my reflections on what it was I was hearing from the data. The reflective nature of my analysis through writing evoked a reduction in the data to draw nearer to the phenomenon under study (Adams and van Manen, 2017). It required time and an openness to unearthing the deeper meanings constructed in what was said by participants to detail that which brought a new understanding.

4.5.1 Coding and Pattern Forming

I began data analysis with the reading and cleaning of each interview transcript.

Reading transcripts while undertaking other interviews created my immersion in the data. Within each transcript, I made notes in the data that held particular interest, for example, a participant talked about their role and the model of practice they worked under. My notes state: "*fears practice ineffective as seeing child once every twelve weeks/ going into many schools as 100 kids on caseload but only seeing them once a term/ hardly gets to know the kids on the caseload".* Adding to the stories, I recorded my immediate thoughts about the content of the interview, noting in my field notebooks the participants emotions that were poignant in what was being said during the interview. These notes captured the emotional aspects of the interview that may have not been expressed in words, for example, the crying of one participant as they reflected on their relationship with the children in their class, or the covering of the face by another when reflecting on a moment of trauma in their class.

From the cleaned transcripts, initial surface level analysis began revealing semantic coding of the individuals stories. In this Phase 1 analysis, key words and phrases were collected. Initial codes were clustered into topic categories: Pedagogy; Familial and community; System and institutional; Skills and knowledge; Temporal aspect. These categories held pattern across both data sets. To illustrate the meaning obtained, statements from each participant were grouped under these categories. However, I realised that interpretation had begun as latent meaning was extracted from the data with every read.

To deepen the initial interpretation with participants, I returned to data collection for the second-round interviews. However, the process was not linear as depicted in Figure 9 as interviews were carried out at different time points; with an overlap between interview 1 and 2, between participants from each group. For example, interview 2 for an OT in England, fell in the same week as Interview 1 for a teacher in Uganda and a learning support assistant in England. However, the interviews and analysis continued in this spiral formation, eliciting undulating waves of consciousness, pulling me deeper into the data and creating meaning within the data.

The process applied initially created an inductive nature to the analysis, formed in the data collected, while acknowledging my previous knowledge and experience, I began to move beyond what was obvious within the data to wonder on the meaning evoked.

Vigilant to the risk of imposing meaning on to the data, I acknowledged a potential existent theoretical basis to my understanding, for example, the ecological framework to child development where the child is situated within concentric structures of life, and the concepts introduced in occupational science, such as examining the constructs of being, doing, belonging, and becoming through occupation (See Figure 11). These theories, as discussed in the literature review, resonated with me but in being open to what was being said, I did not ignore (or bracket) them, but rather hung them, like well-worn jackets, to be ready to try on something new.

PHASE 1	Cycle 1: OPEN CODING	Data immersion - initial reading to understand each data set and apply initial semantic and latent codes
	Cycle 2: PATTERN CODING	Condense initial codes into topic categories enabling ease of organisation to identify relationship or commonality within and across data sets
	Cycle 3: CODING INVIVO	Short statements from Phase 1 categories from each data set identifying initial themes to further explore uniqueness of context
PHASE 2	Cycle 4: OPEN CODING	Data Emersion – after second round interviews, initial reading of new data sets and apply coding
	Cycle 5: PATTERN CODING	Identify relationship or commonality within and across data sets; NViVo data input of all data sets; returned to manual coding
PHASE 3	Cycle 6: CONCEPT REVISION	Assimilate theoretical and conceptual frameworks informing study to determine understanding within data
	Cycle 7: FINAL THEMES	Identifying themes into longer, concise statements that develop the study's findings

Figure 9: Phases of Data Analysis

The second-round analysis revealed further understanding and the following topic categories formed: the child's participation; the relational aspect of learning; the existent structural barriers; the epistemological barriers; and the historical perspective of disability-inclusive education. Manual coding from the transcripts at this stage was named using the actual words of participants, i.e. coding in-vivo, an evocative phrase brought to the fore the language used and the participants' perspectives (Saldaña, 2013). This practice continued during the basic theme making process (see Figure 10).

Further to the manual coding undertaken, once data collection was complete, NVivo 12's coding and mapping tools were used to provide extra facilitated analysis. Further clustering and grouping of codes prevailed. Open coding in both phases distinguished topics of discussion. However, in deeper analysis, the patterns initially revealed morphed and threw different shapes to the understanding reached, which provided a richer meaning to the phenomenon for me than that previously held.

However, Nvivo 12 did not help to enrich my understanding further. It felt too mechanical. Therefore, to gain further clarity, I returned to the data to manually delve again into that described by the participants during the exceptional time of a global pandemic. In stepping back and providing an authentic space for alternate voices from diverse peoples, not only were the common challenges between colleagues realised but so too were the unique understandings born in different contexts shared (Kamenopoulou, 2020; Rao and Kalyanpur, 2020). My immersion in the data initially enabled me to look along the temporal and spatial horizons of the issues described by participants in both England and Uganda, but through continuous reduction, I revealed a third dimension to the phenomenon as a directional component to practice emerged in each context.

By dwelling with data during the process of my writing, I progressively deepened my understanding and where once the constructs surrounding the child flooded my understanding, a figural significance of a relational dimension came to light and within that thinking, I heard a commonality in the experience of participants that asked me to look beneath that which is already known to enable other layered meanings to come to the fore (Finlay, 2012). The interpretation presented is only one in a diverse landscape of other possible interpretations, arrived at through many iterative versions (Brundle, 2023).

	PHASE 1				PHASE 2	PHASE 3	
	Open coding	**Pattern coding**	**Coding Invivo *examples***		**Coding Invivo *examples***	**Deductive Analysis**	**Theme Making**
Interview1 Reading Transcripts	Needs/ pressure/ flexibility/ access/ rules/ inclusion/ time/ creativity/ practice/ Adaptation/ Expectations/ Barriers/ normal Adjustments	Pedagogy with the child	‘Feeling safe and welcome in school is important’.	Interview2 Reading Transcripts	‘Classrooms need to be creative and flexible spaces.’	Understanding the child’s positioning of belonging in inclusive environments	**Disabled child becomes visible during COVID.**
			‘They hate being different.’		‘Time needed to get to know the child.’		
	Role/ responsibilities/ Mental health/ Wellbeing/ Training/ team/ expertise/ behaviour	Skills and knowledge of professionals	‘Now see broad base ability in class.‘		‘What happens in the classroom is trial and error.’	Understanding the complex interface of various environments for learning	**Unique role of teacher surfaces during COVID.**
	Interaction/ belonging/ benefit/ familiarity/ accessibility/ support/ home/ family/ relationship/ parenting	Surrounding family and community	‘Understanding parents difficulty at home.‘		‘Engaging parents and the community.’	Understanding interconnectivity of diverse partners	**Line between school and community blurs during COVID.**
			‘Familiarity through experience.’		‘Relationships created around the child.’		
	Definition/ power/ attitudes/ beliefs/politics/ culture/services/liaison /space/resources/removal/ diversity/ societal	Systemic and institutional factors	‘Existent fragmented services.’		‘Parents need to fight for their child’s right.’	Understanding the influence of policy implementation on practice	**Gap between policy and practice continues during COVID**
	Before covid/ pandemic/ risk/ old vs new	Temporal aspects	‘During the pandemic children didn’t go to school and rehabilitation centres shut.’		‘Nothing really changed for us.’		

Figure 10: Thematic Development

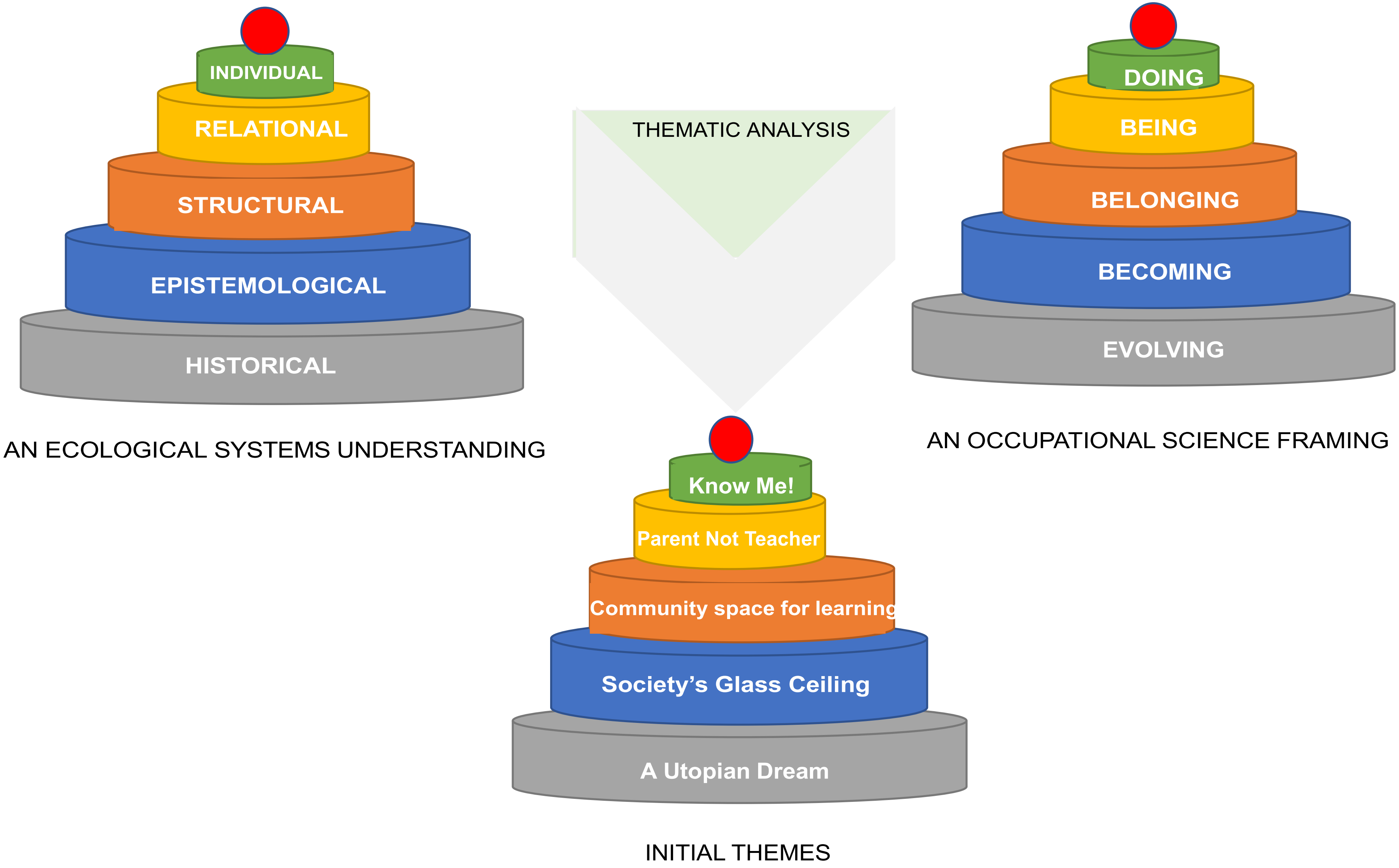

Figure 11: Illustration of Process of Thematic Analysis to Initial Themes

4.5.2 Risk of Privileging Researcher Positionality in Analysis

Situating the analysis of data within my positionality to demonstrate transparency and trustworthiness of the findings runs the risk of privileging my position over that of the participants (Finlay, 2012). There is an argument in narrative research that interpretation diminishes the participant's insights into their own lived experience and that the researcher's interpretation is justified only where it reveals or clarifies meaning in the text (Polkinghorne, 2007). There is the risk that the researcher's interpretation is seen to override that which is spoken by participants and hold greater importance in the findings reached (Sparkes and Smith, 2009). The complex relationship of participant and researcher, acknowledged and discussed throughout this research process distinguished the meaning of the text from the meaning applied to the text through the interpretation. It was through the continual reflection and projection in interaction with the text that my preoccupations and bias emerged to meet the challenge of knowing when to include self-reflection to explain the findings presented (Finlay, 2011). I hope I achieved the right balance.

The data analysis applied to this study adopted the hermeneutic attitude of reflexive gaze to promote exploration of the text to avoid ascribing meaning to the participants experiences. The degree to which I used the reflexive position grew continuously at every stage of the study (Finlay, 2011). I used excerpts from my reflective diary and reflective consciousness in the attempt to bring understanding to the reader throughout the research journey.

The use of a personal vignette in each thematic chapter illustrated my reflective consciousness brought to the theme and my positioning at the commencement of writing. They allow the reader to see the topic through my distinct lens as I came to the data to hear the unique stories shared. It was through the writing process of each chapter that I fully brought to light my understanding and the place from which to review the interpretation made. My reflections explained the claims of how the new knowledge was developed and negotiated by those present and was explicitly recognised in my writing (Angen, 2000). In the following four chapters I present the four themes revealed. However, in the next section I discuss the ethical considerations of this research.

4.6 Ethical Considerations

The following section answers specific concerns raised by UCL Ethical Committee as a requirement for progression.

4.6.1 UCL Research Ethical Committee Application

Registration with the Research Ethical Committee at UCL was made in October 2020. (Registration number: 18871/003). For ethical approval, a completed high risk application form for ethical review was submitted, along with the Information Sheet and Informed Consent sheet, interview schedule, and recruitment email example. Furthermore, the Data Protection Impact Assessment was completed and submitted to UCL Data Protection Office, with Data Protection Registration request, electronically via research.data-protection@ucl.ac.uk.

Ethics approval was granted in November 2020 (Appendix D), referencing a final report with consideration of the ethical implications of research. These included issues in obtaining consent; participant withdrawal; confidentiality; and protections of participants from physical and mental harm. Additional UCL Ethics Guidelines outlined further considerations arising due to the COVID-19 pandemic. For this research, the adjustments required in completing data collection remotely were considered.

Consideration of these elements were provided in a brief report to the committee in December 2022, following the completion of data collection and are discussed further here. Highlighting the protections of participants from physical and mental harm element, robust risk reduction strategies were implemented in engagement with participants and are detailed below. These included engaging in reflection with participants on their experience of participating in the research project at point of interview to mitigate or highlight any areas of conflict or confusion experienced during the exchange with the researcher provide the opportunity for free and open discussion. Examples of their responses are provided here.

4.6.2 Informed Consent, Confidentiality, and Withdrawal from the Study

Ethical considerations made by this research include informed consent. To ensure the consent was gained in a culturally acceptable and understandable manner from all participants, the information provided needed to be clarified and explained verbally with participants where English was not their primary language. Terms used in the Information Sheet such as Special Needs Education were explained, and local terms clarified with participants (see information sheet in Appendix E). This formed part of the initial qualifying discussion held with participants to understand their work situation and experience.

Difficulties arose gaining signed and scanned copies of consent forms from participants if they did not have access to necessary printers and scanners. Therefore, an emailed copy with the participants name and date typed on the consent form were accepted and stored securely online with the signed copies.

The additional UCL Ethics Guidelines relating to the COVID 19 pandemic outlined further considerations arising and highlighted concerns regarding the gathering and storing of online data. For the purpose of this research, interviews were conducted via Microsoft Teams platform. At the time of the data collection phase, new qualities to the platform were being added, therefore, live transcriptions were gathered, negating the requirement of audio recordings to be stored. The researcher made filed notes throughout the interview to ensure any errors in live transcription were noted and rectified in the final transcription analysed. Transcriptions were stored on the researchers (N:) drive at UCL. This adheres to the updated UCL guidelines on remote access research and maintains secure data storage within the EU/ EEA regulations.

To comply with UCL data protection and GDPR guidelines (2018), the collection of personal data, such as name, job/ profession, location (country), type of educational setting, were pseudo-anonymised at the initial stages of the study. Personal data was kept in a separate, password protected file on a secure UCL (N:) drive, only accessible by the researcher. This process of confidentiality was clearly outlined on the information sheet. It further explained that confidentiality would be maintained throughout unless aspects of duty of care or protection safeguards were contravened in the interviews undertaken. Furthermore, it stipulated that the study was interested in gathering the participants individual opinions and thoughts, and not those of their organisation, school, or employer. Only one participant withdrew from the study following the first round of interviews due to their pregnancy coming to term. No information contravening significant duty of care or protection safeguards was disclosed by participants during the interviews, although emotionally provoking and challenges issues were raised.

4.6.3 Protections of Participants from Physical and Mental Harm

All interviews took place remotely using UCL Microsoft Teams via Cisco Anyconnect Secure VPN network at UCL. Due to the reflective nature of the study, I was interested in the participants experience of taking part in the research. Therefore, I provided space at the end of each interview for the participant to ask questions and express any concerns. Where participants may have expressed conflict during the interview, I acknowledged this, and time was provided for discussion.

One participant in Uganda expressed an initial concern in taking part:

> ‘*how can we manage the interview? What is she going to ask me?*’

However, by taking part in this study, participants in both Uganda and England expressed a building of their confidence in practice, with knowledge building through reflection, and in developing a sense of empowerment:

> ‘*I found it interesting because it was something that I was already doing … [but] I don't sit down and think about [what] I did*’.
>
> *‘I've come to realize how much information I can provide [which] can be beneficial to other people. You gave me that, so it has empowered me… in that you know self-confidence’.*
>
> *‘I am going into a meeting with my boss after this and speaking with you has enabled me to organise my thoughts and think about what is important to raise with them’.*

I am confident that sufficient space and acknowledgement of potential stress for the participant was provided during the interview process. The building of relationship through shared experiences enabled a two-way exchange that reduced the risk of power differential in interview:

> *‘The interview was great and I like it's two way. You don't only ask questions but also you go on to explain… this is more interactive’.*

The explanation suggested here is the tool of repeating back to the interviewee to share the interviewer’s understanding in the moment. Furthermore, participants reflect on the importance of participating in research to further their profession:

> *‘I believe if this is published, probably some other individuals can be able to read and I believe … if someone gets to know some of the challenges faced … there can be [a] chance for increasing our knowledge base.’*

Consideration of the role of researcher with the background of practitioner is brought to the fore throughout this study as discussed in the previous sections and within the thematic chapters. By adopting a reflexive stance, I hope to reduce the risk of conflicting roles.

The information sheet (Appendix E) sent to participants clarified the limited scope of the researcher to provide professional support or advice as an outcome for participation in the study, but also the collaborative nature of the study mitigated the ‘expert’ perception to one of colleague, so that issues raised were discussed safely but no professional supervision was provided. Thus, protecting the me from any potential risk of improper professional accountability being perceived.

4.6.4 The Use of Vignettes in Research

I use vignettes in the writing of this research to reflect on my previous experiences and illustrate that which I understand from the participants. The stories told are not from the data collected but aim to provide a description of my positioning on each theme.

Two of the stories I tell involve young adults with significant physical and/ or learning disabilities. The other two are descriptions of interactions I have with colleagues in sensitive situations. With the passage of time and place, consent for their story to be shared for the purpose of this research could not be sought. However, I aimed to share the information sensitively, to not objectify the person and to maintain respect, confidentiality and anonymity throughout. I discuss broader ethical considerations of the use of vignettes in research in the Discussion chapter and consider the relational aspects entwinned within the use of vignettes in research.

Chapter 5: ‘It Was Easier to See.’

“Around what I am looking at a given moment is spread a horizon of things which are not seen, or which are even invisible.” (Merleau-Ponty, 2012: 225)

5.1 Introduction

A predominant voice in the stories told was that during COVID-19, the disabled child became increasingly visible. I believe participants talked of seeing afresh the individuality of the disabled child through the time experienced to get to know each child as a unique learner, enabled in the uncluttered classroom of the pandemic, and the removal of the time pressure to complete curriculum content. However, also expressed was the impossibility of inclusion within usual school demands, where busy, crowded classrooms are seen as unprepared for inclusion, where the knowledge focus is skewed, and where practice is defined by the burden of exam results.

In this chapter, I begin with examining how the physicality of the classroom altered during COVID-19. I critically reflect on the relativity of ‘seeing’ the disabled child and what this means outside of the pandemic. I explore how, as practitioners in education, the vision of the disabled child is limited by the unseen horizon of the knowledge applied but is justified by the dominant ableist construction in schools. It renders practice ineffectual in a self-perpetuating, distorted vision that leaves the disabled child absent in the space. In seeing the disabled child a-part, we continue to be blind to how they inform the whole.

COVID-19 shone a spotlight on that which we already knew but was previously hidden from sight. The temporal and spatial dimensions of that experience is told in this chapter, and I hope to offer a new way of knowing the disabled child in the classroom through my writing.

I began my journey considering the insights of Merleau-Ponty to illuminate the classroom and how the disabled child is seen in that space. However, in considering visibility and invisibility as concepts to see the disabled child, I acknowledge the ableism present in Phenomenology of Perception, criticised by Reynolds (2018), amongst others. Therefore, I start my phenomenological position to see the classroom anew within Merleau-Ponty, but it is with other writers adopting a phenomenological approach that I reframe my thinking. Furthermore, it is with the participants during the COVID-19 pandemic that I journey in time to wonder what sense they make of their disability-inclusive practice.

5.2 Where Am I?

In my effort to gain insight, I feel a resonance begin with the collective voice that I am hearing. I am taken back to a time in my wondering on how I understand what is being said by the participants. A sense of twisted alliance is revealed within their narrative, between the impractical and the desirable. I am transported back to a classroom in Egypt, prior to the commencement of my research journey, to consider the direction in which we, as educators, look at disability-inclusive education.

In 2017, I was standing in front of a group of educators in a Children's Centre in Cairo. They worked for a Parent Association who ran three centres for disabled children. I had been sent to train them in Special Education and Occupational Therapy. After three months of observations and interviews, we met so I could present the project's agreed aims, my role, and the proposed activities for the coming two years. One educator spoke for the group. She said that what I had presented was interesting, but unfortunately, they didn't believe it was going to help. The reason they gave was that the children in Egypt were different to those where I came from. They were 'more disabled'. They 'couldn't learn'. She was an experienced educator expressing her frustration in her work. She believed that the children at the Centre, who were nonverbal and experiencing the sensory world differently to her, could not learn because she had tried. She said she had done everything that she had been told to do, but nothing worked. Her colleagues agreed.

In reflection at the time, I believed that the Egyptian educators didn't have the 'right' information and weren't using the 'right' strategies. Applying an occupational therapy frame of reference, I understood that the educators didn't see themselves as part of the child's learning environment, and therefore, they felt ineffectual because they weren't present in their teaching. They repeated the techniques they had been taught, day after day with the children, and they stuck to the 'script' but saw little progress. They blamed the inability of the child to learn because what they did made little difference.

Their feelings of ineffectiveness resided in the knowledge applied. It meant what I was saying made little sense to the Egyptian educators in their context. I believed that what was needed was a shift in where they focused their effort, from thinking of learning only taking place with the child positioned behind a table, being made to repeat actions, to thinking of learning opportunities as occurring in all activities, in every environment, throughout the day, with them. In my righteous position, I left little space for understanding theirs.

In writing now, I reflect further on the disparity of my worldview and that of the Egyptian educators in revealing how pedagogical practice for the disabled child is constructed and understood in varying contexts. It is constructed in the knowledge we believe to be right and in how that is applied in practice. I recognised my a priori assumption in this vignette. I believed there existed a pedagogical dilemma for practitioners within the Egyptian inclusive classroom to do what is ‘best for the child’, with little expectation of success. As an occupational therapist, I applied an understanding of the disabled child’s participation in school resulting from moderating the surrounding environment, including the teaching strategies used to meet the individual child’s specific interests and learning needs. By looking to fix the child’s perceived deficits through their intervention, the Egyptian educators believed in something different to me.

I wondered on their way of looking at the child, and themselves in the classroom space. I am interested to better understand how the attitudes of practitioners present, and their expectation of the child’s ability to learn, impacts the effectiveness experienced in practice. In recognising my assumption of the ‘right’ knowledge influencing practice, I wondered on the shared meaning of disability-inclusive practice in the classroom.

I return to the phenomenological underpinnings of this thesis to explore how practitioners understand the disability-inclusive classroom, and the child’s place there. In this chapter, I attempt to find meaning when viewing the disabled child in their learning environment, adopting Merleau-Ponty’s concepts of visibility and invisibility in the described perception of reality.

5.3 During COVID, the Disabled Child Became Visible

> *“[it] felt quite useful in terms of being able to provide that extra time … I can work one on one with a couple more children than I get to normally. That extra time of just … been given that opportunity to give them some more time, it's been interesting to see, who needs to just slow down and take it at their own pace a bit more… it's certainly highlighted more of an awareness of some of the needs of children in the class, which I might not have been quite as aware of before.”* (CT3, England)

This opening anecdote is from a teacher in England situated in their classroom. There is an acknowledgment of time as an expanding dimension during the pandemic, providing an opportunity for them to see more clearly the children in their class. Their interest as a teacher is piqued. They foreground their ability to work individually with each child. They see each child's uniqueness; they become aware; their eyes are opened.

Another teacher in England brings forward the dimension of space to their experience where the uncluttering of the classroom, the reduction in number of bodies during the pandemic, enabled a clarity of vision previously obscured.

> *"Because we were in smaller class groups, it was easier to see … I hadn't really thought of it like that before. But you could easily see how each child was approaching their work differently."* (CT6, England)

The becoming visible of the disabled child during this exceptional time lends itself to the question of who is seeing, and what is being seen. In the previous anecdotes I hear the participants expressing an opportunity to see more clearly, but if this is the case, what is it in their normal working lives that diminishes their sight? Who do they see when they cast their gaze on the children in their class?

> *"There's always been this historical thing about the mainstream norms, the normal level of ability that a child should have, and everything is differentiated down or up from that. So particularly for our kids with SEN that's the wrong approach, particularly with our children and young people with complex needs [that are] never going to achieve that mainstream norm."* (OT6, England)

This participant is critical of the dominant normative constructs rewarded in education, shaping how educators view certain children as outside of the norm. They demand we look differently at education for disabled children because what we are currently doing fails those children who learn outside of the normative arena.

I wonder on the direction in which we look as educators in the provision of education for the disabled child. Gazing one way we see the child, their unique qualities and try to teach to these. Looking to the other, we continue to see the child as unable to learn, different from the prescribed norm and incapable of meeting the normative success criteria applied. How do these different vistas impact how and where we teach, who is in the classroom and what they receive as education?

> *"… working under pressure doesn't allow for you to address the needs of children who are less impactful on the data that we get from exam performance […] and perhaps SEN provision is lower down the agenda than they ought to be. The current pressures that are on teachers to perform, I think you 'live or die' by your results".* (CT 2, England)

For this teacher, there is the realisation that their performance as an educator is measured in abstract, quantifiable results. They express an existential fatalism to their inclusive practice in the classroom. It turns them away from the child sitting at the edge of the room.

A participant in Uganda considers the impact of these normative standards of success in schools. They describe how trying to ensure a high-ranking status, the school leadership demands visible results. Like their colleague in England, they see the pressure of results residing with the teacher to deliver and therefore, if a teacher feels they cannot ensure a child will demonstrate the desired results, they are unlikely to be included in their class.

> *"… it might be hard for the teacher to help these kids like overcome their challenges that they are facing to progress, and the administration will be like maybe the teacher has issues".* (OT 7, Uganda)

I begin to decipher a recurring theme that for practitioners within the inclusive classroom to teach to the benefit of every child is impossible in practice within the pressured context of passing exams. The educator feels ill-equipped to meet the challenges of a diverse classroom and therefore, ignores those who reside at the periphery. I hear futility in their descriptions, which hold an acceptance of the impracticality of inclusion.

> *"Ideally, we're supposed to meet every week... to discuss the IEPs but these professionals are not full time, so we find ourselves meeting maybe like once in a month to discuss the IEPs."* (CT9, Uganda)

> "*We haven't seen physios. They've been in school less this September then they had last September, pre COVID. It has made a difference [but] it wasn't great before, and it's even worse now. So, the two OTs left, and they're not being replaced at the moment [but] they were both only in like 1 day a week …*"
>
> (CT1, England)

The teachers in the above contexts relate the need to meet and discuss with other professionals, to apply a broader knowledge framework to disability-inclusive education; for inclusion to work, they need the 'right' knowledge and supports from others. They see effective intervention, targeted to the child, obscured by under resourced provision. They are standing alone in the inclusive space. There is an inevitability that foreshadows their exclusionary gaze. It is moulded by embodied elements of knowledge influencing their practice.

As I talk online to a teacher in Uganda, they clearly recount a story of a girl whose access to schooling was shrouded in a lack of disability knowledge, colouring the teacher's expectation of her ability to learn.

> "*Still the teachers wouldn't believe that she can achieve because even books were not given to her. So, we had sessions with the teachers … we talk to them, show them she could write numbers from one to 10. She could write her name and also [had] made herself a simple garden at home*." (CT9, Uganda)

In the participant’s attempt to convince the school to include this child, it is the regular teacher’s perception they act to change, not the girl’s ability.

In talking with a therapist in England, I hear that they too see the child’s level of functioning as that which will determine their inclusion or not.

> “*Some of our kids are functioning at 2-year-old level …how you really going to make that meaningful in a class of 17-year-olds who are doing their GCSE's? I just don't think that is meaningful.*” (OT6, England)

However, this therapist also brings in the notion of community for the disabled child at school.

> “*But I do think there is a real need for schools to become much more of a community, rather than just a school. So, ‘this is my school, and this is where I go’.*” (OT6, England)

It is this jarring juxtaposition of reasoning; of seeing the individual within the wholeness of the classroom, I want to unpick further. It is this dilemma of practice that I have come to reflect on with participants in this research. I therefore aim to explore how meaning from the participants contextual knowledge is applied to their practice; how it shapes classroom practices and the relational elements within that space. How does context appear in the descriptions of those experiencing it? What is it that constructs the space and time of the inclusive classroom for the participants in the study?

> “*You have to acknowledge the world the children growing up in … they’re growing up in a diverse world where people are different, but they don’t need to be treated any differently. I think it comes down to the school and you as a person, as a teacher… you share your beliefs I suppose as well as your experiences*.” (CT 8, England)

In this anecdote the space of the classroom does not reside solely in the school. It expands and incorporates those environments inhabited by the child beyond the school perimeter. It becomes relational, impacted by the adults present. The teacher here stands at the centre of the room. They bring their beliefs, past experiences, and knowledge to the learning environment. But shaping that environment further, bigger than the teacher, occupying the space in the sentence before them, is the school.

The horizon from which to view disability-inclusive education is broad and equally narrow; it is where you are standing that determines the vista before you. The question asked here, is how do we see the diverse world where people are different but treated equally?

A dilemma evident in practice arises in the place from which we take our view. Do we look up from where the child is sitting?

> "*My role as an occupational therapist is to assess the needs of different children because as much as these children have special needs, they are still all different in their own way. So, [I] assess their learning needs and come up with each individual education plan for these children … I mentor the teachers and other specialists [and] they encode a treatment plan in the classroom, in the school.*" (OT8, Uganda)

Or do we set our gaze from lofty heights with a wide lens focus?

> "… *there's a lot of pressure from senior leadership to enact the government's vision of inclusion, of what education or a classroom should look like [but] there's a disconnect between their vision and the day-to-day reality, how it plays out in the classroom … the system doesn't allow for individuality.*" (CT2, England)

Through critical reflection, I wonder on the direction of our gaze in disability-inclusive education. Are we looking in the wrong direction when we continue to proclaim specialist approaches are needed for special children, and where our efforts remain on fixing the child, instead of shifting our regard to ourselves?

A participant in England inevitably uses a reflective stance when discussing their place in the inclusive classroom. Stepping back in the conversation with me, they reveal a perspective of difference. The lens through which they look is one that acknowledges their separation as a professional from that of the service user.

> "*First of all, we need to look at ourselves, at our own awareness, our own biases and do training on that basis, training awareness and then recruitment, inclusive recruitment, making sure that our workforce is reflective of the population that we're working with.*" (OT 4, England)

Interesting in this reflection, the therapist sheds light on how we determine training; how we engineer our professionalism through knowledge building, but that in its construction we marginalise the users of our service.

Achieving knowledge through training is experienced by participants as holding acceptance of diversity in its sights. It stakes a claim on enabling the individual's unique interests and needs to be seen in school.

> "*We train teachers on how frequently [and] effectively [to] handle these children and training the different skills. Then the school [has] to provide an effective environment for learning. Even resources at school, the equipment that is required to do or to perform an activity, and also to educate about the ability and the strengths of the child, to increase their [teachers] insight through that training.*" (OT10, Uganda)

This therapist talks of the support and training required around the disabled child for inclusion to take place; they talk of the practitioners understanding and the receptiveness of the school. However, does the individual become obscured from view in the layers constructed?

A sense of invisibility cloaks the child within the structures that aim to teach to the majority, for those who reside at the periphery.

> "*But it's really hard to make a curriculum that's accessible to all. Even this idea from back in the old days when it was cheaper to throw everybody in together, in institutions, unfortunately I think it's still carrying on … People are so individual with such individual abilities and strengths and weaknesses you can't really make it truly accessible to everybody in a group*." (OT1, England)

In being blinkered by the surrounding structures there is a tendency to only see that which is centred in the direction of our gaze. Therefore, what exists outside of our direct vision remains unknown and unfamiliar.

It is within this dilemma of familiarity that a child's disability is often identified by the presence of external disability apparatus, such as a wheelchair. It calls into view the stereotypes applied.

> "*I think a lot of people are scared of people with disabilities. There's lots of prejudice in society… when you see people ignore someone with a kid in a wheelchair or they talk to them in a way that can be quite patronising and they're just a normal 10-year-old kid.*" (CT 6, England)

These stereotypes of unfamiliarity further cause tunnel vision on how someone may be seen because of their different way of interacting with the world. As this educator tells us, the stereotype of difference prevents others from getting to know the child as an individual.

> "…*outside in society, people just won't speak to each other, based on the stereotypes, 'oh, they've clearly got special needs, they're really acting so different' but that's because they've just not been around somebody [with disability] or been able to form a positive relationship*." (CT 6, England)

Within the context of schooling, the dilemma of familiarity is realised in the classroom. An OT presents the case for more inclusion; for disabled children to be present in the classroom so that effective learning by teaching staff can take place through knowing the child. However, what I am hearing in the lived experience below is a belief of needing to experience someone with a disability in day-to-day activities to know them.

> "*It's difficult for teachers to learn unless they actually have a student with those needs in their classroom… But if that setting doesn't actually have a child who's autistic, they're not really going to understand. And similarly, you know why do a training on physical disabilities and supporting student's physical needs, unless they have a student who is a wheelchair user. It's not really going to mean much until that child starts in their setting. Realistically, unless they have some personal experience of it… it's kind of just feels abstract until you're actually working with these pupils on a day-to-day basis*." (OT 3, England)

While there is an understanding of the individual in how this therapist is seeing inclusive learning environments, it maintains our focus on the child's impairment. Perhaps the reality of disability inclusion in schools in England lays bare the non-inclusive interpretation applied to policy.

The personal experience expressed in the following teacher's anecdote reveals the twisted interpretation applied when inclusion is said to take place within a separate unit in a mainstream setting. The quandary expressed by the teacher is in permitting children who are 'different' to be seen, but in reality not known by others.

> *"[The separate unit] does allow for children to see difference and not to judge that difference. And not to be unkind or express animosity towards that difference. It's there and they're exposed to it. It's a section of the school that is [for] children with additional needs. I'm not sure what those needs are but they just can't operate safely within the mainstream setting… I just don't see it ... maybe I'm not inclusive enough."* (CT 2, England)

This teacher eloquently describes their personal dilemma in not being able to see the problem of separation as they do not know who these children are. They question their position of not being inclusive enough, but what is this [un]quantifiable goal?

The complex positioning required in education is articulated in the following anecdote from an OT in England. They bring in the skill of responsive adaptation that doesn't require knowledge of diagnosis but a flexibility in approach from the adult.

> *"This is why special school staff and teachers are so amazing on the spot… the skills that they have from working with lots of different children, with lots of different needs, is to just have an activity that they want to deliver, which has been carefully thought through in terms of the kids they're going to present it to, but then even in the moment kids can be different than how they would usually present, and so they tweak it as they go and so, you're responding to what the child is doing and you're going with that and adjusting what you're doing as you go…"* (OT 4, England)

This therapist describes the responsiveness of the special school environment that they haven't witnessed in the mainstream. The teaching staff know each child's unique learning needs and they adapt their practice accordingly. But still, we must wonder, what comes first? Knowledge or familiarity? Are we still looking in the wrong place for answers to inclusion?

The direction of sight we apply as professionals determines how we understand what we see, the importance we place on that viewpoint and how we share our understanding of what is said to be seen.

> “*… he's got really subtle signs [of] when he is starting to need a break. He’s not rocking or anything, but he starts taking his shoes off, and then that builds. He's got a fantastic LSA. She's like, ‘yeah, I have noticed that, but I wasn't quite sure what was going on’. I was able to explain that that's kind of the early signs of him needing that movement break… providing that insight into why things are happening is beneficial because it's not something you can necessarily explain without the expertise that that comes along with our role.*” (OT2, England)

In the concept of expert, we acquire a different focus, from the majority to the individual. But why do we need our educators to be able to see the unique and subtle differences among the many children in the class? To what end, if our schools continue to see success through practice that attempts to mould every child to fit the norm, why do we need to see individuality? And how is it possible in practice?

Participants paint the picture where the pre-pandemic time pressures force a narrowing of their field of vision. Within the lifeworld described, time becomes a commodity that is bartered to enable a semblance of inclusion to exist.

> *“I've only got 6 sessions, you can't touch the sides of our kids that I work with in this school with six sessions, you can't even assess them in six sessions… you have to see our kids in different environments at least six or seven times before you're going to get any sense of that kid.*” (OT6, England)

> *“I set short term goals, something which could be achieved in a given period, 'cause I believe if I can create for this child in one or two months and they are able to see one or two things change for this child [it’s] going to get me more time. By doing that I'm able to buy time for myself and this child as well.”*
> (OT7, Uganda)

Furthermore, if we argue that we need to place disabled children in mainstream settings for us to learn as educators, what is the impact on the child?

> *“… sometimes you can be trying to include [but] actually exclude because [they] would stand out so much. A mainstream school would require so much support that I think that would hinder their ability to be included.”* (CT 1, England)

The teacher warns us that the method of inclusion currently applied to mainstream settings in our attempt to include becomes in effect, exclusionary for the child. In trying to understand this ‘catch-22’ of inclusion, the need to reflect on our own knowledge frameworks relating to disability inclusive education is necessary to understand what it is we look for and the blind spots in our vision.

> *“I think it comes down to expectation to some extent. What we do as professionals in the education system, what we expect of children and if we don't necessarily have the tools to go further, we allow our expectation to be limited by our knowledge and it can be frustrating for families.”* (OT5, England)

The limitation for this participant is born within the knowledge available to them and their skills as a professional, not within the child. The visual shift required lies in how we as educators practice, where we set our gaze along the inclusive horizon.

At a near distance, there is a responsibility of schools expressed by a teacher in England to refuse the restrictive frames applied when implementing inclusive policy and to open their eyes to every child who attends the school.

> *"School is a good place to start because to have an environment where you can have so many children in one place growing up and learning about people and learning about differences…it's hard to make that happen [with] the pressure of knowing they have expectations and targets to meet … but it is the school to no longer tolerate that."* (CT 6, England)

The broadening of accountability for inclusion travels even further from the disabled child for a participant in Uganda, past the professional and the school. It is shrouded in a lack of knowledge at policy level.

> *"The government policy [has] done enough to help these kids get to school and then apart from that [there's] no knowledge on how to help these kids be integrated into the school … it's lacking leadership from the government… where they have an occupational therapist, it's at 80 [children] to 1 therapist … that's so much workload you can't cover that."* (OT 7, Uganda)

The impracticability of inclusion is experienced in the lived space of the time- pressured, over-crowded classroom. It is created in the blinding beliefs of the knowledge frameworks and policy papers applied to disability-inclusive education. It is formed by the way we want to be seen by others.

> *"I would be given a list of things on how to help them calm down. The thing is the child doesn't necessarily want to take something out in front of the whole class, because the whole class hasn't got the same thing and so they feel singled out."* (CT 4, England)

In this anecdote the child doesn't want to be seen as different by their peers. They want to be part of their class. Expressed in the following story is the need to feel a shared identity with those around us to feel that we belong.

> *"We have a girl around six years [who] wouldn't enrol in school. She's deaf. But then there's a boy who's also deaf… in primary 5… who comes every day, at least one hour to practice signing, [with] her … she is now enrolling."*
> (CT 9, Uganda)

In these anecdotes the notion of difference originates in the 'being with' and 'being of'. However, this remains defined by a diagnosis, not the culture of the classroom.

In talking with the participants in England and Uganda, I hear disability-inclusive education remains at the individual level. The shifting of time and space in the pandemic classroom enabled the disabled child to become visible to those sharing the space, but within this new acuity, there is nowhere to hide our ignorance.

This teacher tells us the direction we need to look. Keeping the disabled child at the centre, we need to expand our gaze to every corner of the classroom.

> "*I do believe that until we're in a position where the child with the really significant special educational needs is absolutely the priority… until we can do that in a mainstream school, it's not fair to put them there, because they'll sit in a corner, not even in the class, or if they are in the class, their curriculum hasn't been adapted, and often they haven't got the professionals around them [with] anywhere near the skills to manage their learning."* (OT 6, England)

Described is the centring of the disabled child. An individual with complex needs. The teacher sees the inclusive classroom as an expansive and focused space; with people who have an enabled responsiveness to their individual part to play within the flexible space of the whole class.

5.4 Discussion

In this chapter I reflected on how I came to interpret what I heard from the participants as a shifting of their gaze within the pandemic classroom. My understanding of the 'normal' classroom is transformed as I listened to their stories. The lived-time during COVID-19 evoked the possibility to get to know the disabled child in the altered space. Through the formative dialogue of interview, and subsequent dwelling in the text while writing, I drew on the spatial and temporal dimensions of the participants experience and discovered the framing of my understanding within the concepts of familiarity and difference, of individual and ordinary, of part and whole, revealing anew how the disabled child is seen within the inclusive classroom.

In the vignette offered at the start of this chapter, I questioned how the practitioners applied their knowledge and understanding of disability-inclusive practice. I applied the notion of the 'right knowledge' and how that is applied in practice. However, in my writing I have come to this question anew. I began to see that the conflict experienced by the practitioners in their inclusive practice was not situated in the right kind of procedural knowledge but in fact, it lay in the wrong way of looking at disability inclusive education. I examined how the disabled child is not seen as an integral part of our schools, and how, as practitioners, we understand our place in that exclusion.

Therefore, I turned from the child's impairment in function, and asked how the child is known within the space of the normative classroom that labels them as different. In acknowledging my a priori understanding as an occupational therapist, I wondered on the constructs in the learning environments that impacted on the strategies valued and applied. I heard the ineffectiveness experienced in practice by participants, for the disabled child in school. However, by considering the changed pandemic classroom, the direction of the participants gaze on the disabled child was illuminated and I wondered on the visibility of the disabled child in school to be able to reimagine the inclusive classroom.

5.4.1 During COVID, the Lived Time of the Classroom Changed.

I found an understanding from the stories told by the participants during the pandemic, but I was also working during this time, as an occupational therapist in a special school. I stood in the shoes of the teachers in the classroom as 50% of them isolated at home. Therefore, I was there with the participants in the altered classroom. I looked with them as their focus of importance shifted and the lived time and space of the classroom altered dramatically. Governments around the world mandated that the necessary supports to ensure socially distanced access to an acceptable education institution or supported at-home-learning were offered for children described as vulnerable or at risk of education exclusion (EASNIE, 2021). In this new and ever-shifting world, participants experienced an awakening as to who was, or was not, present in their classrooms.

In England and Wales, low numbers of vulnerable children attended school during the first national lockdown, and combined with disruption to community health services, their access to additional supports significantly reduced (OFSTED, 2020). It left those with complex needs particularly vulnerable under the restrictions in place. In Uganda, one of the longest school closures in the world left children out of school for nearly two years, reportedly impacting on their well-being and resulting in significant skill regression (Datzberger, et al., 2023). However, within this negative backdrop of the pandemic, participants stories were coloured by a positive glance at who they were able to see in the learning space.

Their ability to see the disabled child in the COVID classroom was described as being due to the number of bodies in their classrooms, and in being able to have smaller learner groups. The lived space became uncluttered. Clearing their visual frame, it enabled them to engage the individuals in learning, working 1:1 with more children than usual. Participants described a shift in their attention to the varied learning abilities and styles present in the physical and online classrooms, gaining an awareness of the needs of more of the children there. They experienced an altered dynamic with children they did not regularly work with in class.

For me, the question arose with the participants that if the disabled child is now seen, what was the inclusive classroom like in their normal working lives? Being in the changed learning environment, the participants experienced the learning space restructured. I looked to understand how they engaged the child in learning that occurred outside the regular curriculum strata and how this new world brought into focus their disability knowledge.

Prior to the pandemic, participants described the practice of handing over responsibility of teaching the disabled child to the teaching assistant, or someone working outside of the classroom. This practice is criticised for reducing the quality of education delivered to potentially the hardest to teach (Farrell and Ainscow, 2002), as unlike teachers, teaching assistants are seen to focus on task completion rather than ensuring learning occurs (Webster and Blatchford, 2015). In a less cluttered and busy space, with fewer bodies, participants experienced an increased awareness of their role in inclusive practice.

Within the altered space of the classroom, time shifted. Participants described time to get to know the child, which impacted on their capacity to individualise their teaching style. They described their ability to see anew the children in the space, whether in smaller classrooms or online, the difference in how each child approached their work became more evident. An existent capacity was revealed in the teachers, so I wondered on their inability to do this under normal school pressures.

In the literature, suggested is an engendered reluctance by teachers to work with disabled children who are perceived as creating an additional workload in the overcrowded and time pressured classroom (Axford, 2019). However, rather than it being an expression of mediocre endeavour, I interpreted the participants position as one existing in structural restraint.

Previous research into the differing types of provision by setting, revealed that teachers in mainstream schools felt compelled to prioritise their time and effort on covering the curriculum, which incurred instructional decisions about whom to focus their attention on in class (Ellins and Porter, 2005). The pressure of meeting curricula demands negatively impacted classroom practices that would otherwise have enabled learning activities to be designed to ensure the engagement and participation of every child (Simón, Muñoz-Martínez and Porter, 2021); and furthermore, continued to justify why certain categories of pupil are pushed out of the mainstream (Nes, Demo, and Ianes, 2018). I heard a common thread in the participants narratives as the time needed for inclusive practice rendered it impossible in the fast-paced and inflexible education systems experienced. However, the lived-time of the pandemic classroom momentarily changed the feeling of pressure experienced in the classroom and I saw, with the participants, the gaps in our inclusive practice.

Lived-time is an existential dimension that evokes meaning in its description (van Manen, 2017). For the participants, time in educational practice described in this study encapsulated a bartered commodity; rare and precious. For the therapists time existed in the pressure they felt to be able to provide effective therapy within the limited number of intervention sessions prescribed for complex therapy. They felt the pressure to demonstrate their effectiveness in the shortest amount of time, in order to buy them more time. Time became a resource traded against evidence. It became a concept warped in inclusive-education practice.

In coming to a better understanding of this ‘time-warp’ experienced by participants in their practice, I considered its meaning in and of their practice. For example, if we argue that effective assessment of need is pivotal to appropriate provision of education, how is time experienced by the participants in the process of assessment?

Common assessment in education focuses on identifying the gaps in the child’s knowledge, and teaching entails differentiating the content by often reducing a quantity or time demand. However, differentiation in the classroom may separate and stigmatise the child (Norwich and Koutsouris, 2017). I read that what is necessary are pedagogical approaches that focus on observation of the individual child’s strengths and interests in different learning contexts, which demanded professional collaboration and shared knowledge in decision-making (Mulholland, 2017; Shaw, 2017; Hutton, 2009). However, what I heard from participants was recognition of the importance of time spent with the child that was not afforded in their everyday practice and therefore, the what and the how, or indeed the why curriculum content is delivered for individual learners, is not experienced.

Participants in this study brought to the fore a challenge existent before the pandemic, in gathering good information to inform their practice. They felt limited by the restrictive time dimensions of education provision, and the poor access to other professionals to inform educational practice for the disabled child.

The paucity of access to a broad range of knowledge from different professionals and people in the disabled child’s life is explored further in other themes of this thesis and considers both the Ugandan and English contexts. Here the dilemma of provision in both countries resided in how the lived-time and space of the classroom constructed the knowledge applied and in turn, determined how we teach the disabled child (Hansen, 2012). Pivotal in disability-inclusive education is disability knowledge and the meaning applied to practice.

During interview, participants brought forward the paradox of inclusive practice in the current educational climate. Globally, policy promotes inclusion as an aim in educational practice. In reality however, participants tell me, "*we are not yet ready*". Within the concept of readiness, is the integral aspect of knowledge; conceived in the holistic assessment of the disabled child in education and contributed to by a range of professionals to observe and share knowledge on the child's unique learning needs (Banks, 2018). However, participants experienced the lived-time of practice outside of the main educational space, where the meaning applied meant the learning needs of those not considered pertinent to meeting exam quotas was awarded a lessor educational value (Tomlinson and Hewitt, 2021).

In considering this notion of 'readiness' for inclusion, I was drawn to explore how as a concept, the individual child is understood in education through the lens of an occupational therapist. The concept of child-centred practice, prevalent within the professional landscape, values a holistic approach to considering the child's participation (Drolet and Désormeaux-Moreau, 2016). However, as I listened to participants in critical reflection, I revised my understanding. My vision sharpened and I saw that child-centred practice continued to focus on the child's impairments and treatment aimed to improve their function by normalising their ability.

In being with the participants in both Uganda and England during interview, I acknowledged the complexity of effective inclusive pedagogy described in the contexts in which they worked. I saw a gap existed in the proclaimed desire for inclusion in schools but being not yet ready. In my exploration of this, the theme of visibility turned my attention to the knowledge frameworks applied in practice and how these directed the focus of our gaze onto the child. Therefore, I explored what is needed for us to become ready.

5.4.2 Shifting Gaze (from 'These Children Can't Learn' to 'Knowing What We Don't Know)

As I read and re-read what the participants told in the descriptions of their lived experience, I heard a frustrated resignation echoing in the school hallways. It reverberated in the chasm of current knowledge and inhabited the space between special and mainstream provision. I know this place and it is murky. The spatial dimension of the lifeworld of the classroom was revealed in data.

The problem of disability-inclusive education, I heard, was that it resides in how we define learning and materialises in the descriptions of disability, when normative values are applied to the assessment of learning ability (Thomas and Loxley, 2022; Norwich and Koutsouris, 2017; Jackson, Ryndak, and Wehmeyer, 2008). In measuring learning for the disabled child, participants in this study described the normative understanding applied that provided a hierarchical framing to a child's ability. As this teacher told us, "[*I*] *live or die by [my] results".* It is an expression of fatalism, where their success is attributed by others, determined by arbitrary criteria, and is outside of their control.

Drawing nearer to the ableist construction of success in education in this way, I also saw failure. The disabled child is seen as a negative influence on the exam results achieved and therefore, marginalised to a schooling that encompassed a different expectation to teaching and learning, but still one where the individual remained obscured by their learning differences. The child was seen as someone with a disability before they were seen as a child.

This lens on disability revealed the tension between the direction of staff knowledge and a child's perceived ability to learn. It was presented as a distinct barrier to the participants concept of inclusive practice. Participants expressed their dilemma of attempting to provide sufficient supports for the child, but not knowing what the right supports should be. They expressed a sense of confinement in their practice. Instead of enabling clarity, their knowledge acted as a mirror, reflecting the restrictive framework that defined the child's inability to be included, and them standing alongside.

The participants told me, it was the practitioner's level and type of disability knowledge that limits the child's opportunity for participation in learning activities. The potential prejudice entrenched in our knowledge defines the learning content and constrains teaching methods (Rix, 2021). The available practice, therefore, reflects the dominant ableist model of education where the child is required to 'fit' classroom normative responsibilities of participation and engagement (Blessing, 2003; Hehir, 2002). This narrative places the obligation onto the child in an environment that is often ill-equipped to provide appropriate supports for their inclusion.

In hearing how the participants experienced the individual child in the classroom, I looked towards the current literature to understand the context of their practice. The evidence suggests that continued application of the medical model of disability identifies the child’s deficits over the influencing contextual elements in the learning environment, and contributes to exclusive practices (Villneuve and Shulha, 2012). Set within the ableist paradigm, diffuse within the education systems globally, attention is concentrated on the child’s impairment and skews the direction of assessment and intervention focus. Teachers, across different countries, hold neutral or negative attitudes towards the possible inclusion of disabled children in the regular classroom (de Boer, Pijl, and Minnaert, 2011). Donohue and Bornman (2015) observed that general education teachers held low expectations for the reading ability of learners with a visual disability, associated with their unfamiliarity with both non-visual methods of reading and Braille. Continuing to look at disability-inclusive education from this direction obscures the opportunity to develop skills and knowledge for effective inclusive teaching strategies. Tomlinson (2019) suggested a contributing factor to this lens is the language used by governments in policy that describes maximising a child’s potential or meeting their special needs. It supports the myth of a static and predetermined ability for the disabled child (Tomlinson, 2019).

Within this context, I heard a sense of helplessness from the participants in both Uganda and England to emit a change within the systems in which they worked. Although, the mechanism of justification differed, the resultant exclusion remained. In Uganda, participants attributed it to the overcrowding in government classrooms and paucity of specialist staff in that space, a resource access problem. Whereas, in England, the narrative encapsulated the benefit of specialist knowledge made available in separate provision, due to the difficulty and expense of diffuse disability knowledge across mainstream schools, a resource distribution problem. However, the resultant exclusion rhetoric that the disabled child was better educated outside of the regular classroom remained common across contexts. I heard anew in the stories told by the participants, something akin to dread, or fear of failure in the classroom, and therefore, avoidance was justified within the separation.

I returned to the tension of origin in inclusive education. I heard a paradoxical cycle of exclusion in the lived experiences described. The distracting component of measuring the disabled child’s ability against normative criteria promoted remedial interventions. Intervention that focused on normalising the child’s learning to meet the current mainstream normative value failed and reinforced the perception of the disabled child as unable to learn. More profoundly, it prohibited the seeking of new knowledge to determine elements external to the child that would promote effective inclusive education. This perpetual failing of inclusive education is like the never-ending staircase depicted in Relativity by M. C. Escher (1953), where an optical illusion features a surreal mathematically impossible experience. In Relativity, the eye travels the impossible object of the staircase and goes nowhere; the observer is fixed in eternal stasis, no matter from which stair they look.

In looking and seeing the impossible object of disability-inclusive education, I needed to see it from within. In Slovenia, collaboration between different professionals working with the disabled child was seen to require significant organisational and personal transformation to implement inclusion in the classroom (Suc, Bukovec and Karpljuk, 2017). The study found that the experiences of teachers and occupational therapists differed but that both professional groups expressed frustration with organisational and systemic factors that prevented better exchange of knowledge and information. Two factors seen across studies that influenced the effectiveness of the co-teaching approach and the quality of provision was the amount of time spent daily with each other and the level of understanding of each other's professional role in the classroom (Suc, Bukovec and Karpljuk, 2017; Pancsofar and Petroff, 2016; Webster and Blatchford, 2015; Banks, 2018). Occupational therapists in this current study described their ineffectiveness in the limited access to the school environment to embed therapeutic elements into day-to-day activities and therefore, their intervention remained at the individual level. Whereas the teachers in this study frequently described a separation in the professionals' knowledge base so therapy did not assist to alleviate the challenges faced in the classroom as a whole.

Where frames of knowledge don't align, strategies are said to not be used frequently enough or with sufficient fidelity to see a positive effect and therefore, practice often reverts to tried and tested methods, whereas in-class specialist professionals reduced this effect (Farrell and Ainscow, 2002). A need for improved co-planning and co-instruction of components of the curricular content for the whole class learning is evident in positive outcomes (Pancsofar and Petroff, 2016), rather than continued focus on differentiating from the middle, with additional needs seen as an add-on approach (Tomlinson, 2019). Carpenter, et al., (2016) called for a remodelling of pedagogy to generate teaching strategies that embraced children with complex and unique learning patterns as central learners within the mainstream system; to not deny difference in learning but embrace diverse ways to engage every learner.

My understanding reformed. I read that previous research indicated there was little evidence to support the use of a particular pedagogy for each type of special educational need (Norwich and Lewis, 2001; Rix, 2021), nor that the problem of inclusion is one of placement (Hayes, Elder, and Bulat, 2020). Rather it is one of effective assessment and quality provision, requiring a combination of mainstream and specialist knowledge, underpinned by improved levels of staffing, collaboration, and planning (Norwich, 2013). There is a reasoning of parts informing the whole.

The need for distinct pedagogical knowledge to meet diverse needs within the national framework of education is argued (revisiting the whole) so that unique patterns of learning do not become invisible within a majority focused system (Imray and Hinchcliffe, 2016). Moreso, there is a need to accept the unpredictability and uncertainty of the parts in creating the complex whole, already existent in effective teaching (Rix, 2021).

I sat with this complexity of the individual within the classroom to see how this shows itself in the descriptions of the participants. One teacher expressed this difficulty as the teaching to one within many, where they still taught to a normative majority perception. This reflected a dilemma of practice of how best to create inclusive school community, with diverse learners, in a common space. It was here I needed to stand, looking from the inside out. I reflected on this concept of place in a subsequent chapter.

I was told by a therapist that to increase the disabled child's participation in learning activities, together with their peers, in their local school, it was us who needed to change. They employed critical self-reflection that demanded an awareness of how practice is constructed and how it impacted the disabled child's learning outcomes in the inclusive classroom (Johnson, Lewin, and Cannon, 2020). The degree to which opportunities are accessed or restricted for disabled children in learning are constructed by the adults present but are reasoned within the constraints on teaching practiced within the classroom and ultimately, the level of disability knowledge present in schools.

5.4.3 Reimagining the Inclusive Classroom … looking at it differently

From this new horizon, I heard the view on disability-inclusive education was coloured by the knowledge created, sanctioned, guarded, and shared. In the lived experience described by the participants, this was highlighted when awarded greater time with disabled children in their classroom during the pandemic. However, the narratives shared continued to see the child's impairment as disabling, with little real change in the focus of inclusive practice possible.

Critically reflecting on the teachers and therapists' expression of powerlessness to implement effective inclusive practice, I wondered how they viewed their professional training to acquire effective disability knowledge. I reflected on the sense framing my burgeoning understanding that the knowledge we shared on disability-inclusive education acts to distort the implementation of inclusion in schools (Storey, 2007) and potentially does little to increase practitioners' feelings of effectiveness to re-shape classroom practices after receiving training (Carew, et al., 2019).

I read how improving teacher quality was a primary goal in teacher training (OECD 2005; Sharma et al. 2013). Teachers with high self-efficacy in their teaching are seen to strongly shape inclusive practices in their classrooms (Mariga, McConkey, and Myezwa, 2014). However, evidence from countries across the globe suggests that receiving teacher training with low disability knowledge embedded lead to teachers with low self-efficacy and ability to include disabled children in their lessons, due to negative attitudes, teacher-stress and feelings of unpreparedness (Donohue and Bornman, 2015; Barnes and Gaines, 2015; Fuchs, 2010; Avramidis and Kalyva, 2007). Moreover, there is a feeling of isolation in the classroom due to the lack of specialist teacher support (Avramidis, Bayliss, and Burden, 2000; Fuchs, 2010; Huang, et al., 2011). I wondered on how participants experienced the application of disability knowledge in the classroom.

A therapist in Uganda told me they shared their disability knowledge with teachers as a specialist resource. Their colleague in England also revealed the direction of their knowledge as being towards the disability of the child and how they understood a teacher could not have the type of knowledge they possessed. Within this reasoning there is a sense of the individual surfacing, but attention remained focused on managing needs attributed to specific diagnoses.

With this continued application of the medical perspective to practice, I again returned to the classroom environment with participants, where time is negotiated, and space is segregated. The current understanding of how teachers, and other classroom adults, are best prepared to deliver inclusive education strategies remains on the individual and fails to be embedded within the classroom environment (Srivastava, de Boer, and Pijl, 2017; Missiuna, et al., 2012). Thomas and Loxley (2022) discussed the greater recognition of intersecting factors recently acknowledged in the construction of learning differences for many in school and demanded a focus away from internalising the disabling factors of the child, to consider the features of the school and surrounding infrastructure that limited learning opportunities for some more than others. A counterargument to that proposed is the concern that funding directed to the school rather than to the child may in fact limit the child's ability to access learning supports across wider environments (World Bank, 2021). In unpicking the assumptions buried within these two positions, I looked to the participants for their understanding. They told me the impossibility of inclusion lay in the complex world of difference, from the individual to the ordinary, and it was defined by the lens through which the disabled child is seen.

I asked the participants how difference is experienced in disability-inclusion, and they explored the disabled child's position from that of individual difference expressed as identity, to acknowledging the child's difference in doing but wishing to be a part of the wider school activities (Asbjørnslett and Bekken, 2016). I heard from a teacher in Uganda that a girl they knew refused to go to school until they paired her with another deaf pupil. This tension is one of balance between being an individual but with a shared identity with others. I sought to explore this notion, looking from the individual to the many, and back again.

In struggling to shed my previous academic trainings, I continued to read. In debating the assumptions embedded in disability knowledge, Shakespeare (2007) argued for an understanding of the barriers experienced by the individual, within the social model of disability. Engagement for the individual is situated in the complexity of a specific life lived. I heard this recognition of the complexity of diversity within practice in what I heard from participants. Furthermore, my recognition of the individual within a complex social world came from my transformation as an occupational therapist over the years, from the medical body to the connected individual. Moreover, in considering Merleau-Ponty's insights on bodily peculiarities, I wondered on the experience of the embodied subjectivity of the child with others in the classroom. It is from this position that I re-entered the data.

I heard from participants that across Uganda and England currently, there is a powerful meta-discourse surrounding disability-inclusive education, which necessitates special provision in both countries and dictates the content of our knowledge. It is there in the research. Norwich and Koutsouris (2017) presented the position that an inclusive school is one that promotes a sense of belonging through peer interactions with those experiencing similar access difficulties, and therefore provides an equality of opportunity. Douglas, et al., (2016) when exploring provision for visually impaired students, agreed that an inclusive curriculum is one that is shared by embracing individualised relevance to specific groups of students. There exists a complex juxtaposition between inclusion through a shared identity with others experiencing a similar disability, and inclusion through individuality being part of a diverse school culture of acceptance.

An occupational therapist told me of the dilemma of how each child's uniqueness required effective assessment and identification, which lead to labelling and categorisation for access to funding. I heard a pushing forth of the individual in the therapists understanding but which persisted in the context of special. It is within this dilemma of difference (Norwich, 2012) that I returned to the participants experiences. I heard again the manifestation of Escher's Relativity in this individualist agenda that is caused by and causes the impracticalities of inclusion in an inequitable system, where there is no start and no exit to the never-resolving conundrum of inclusion.

In coming to a new understanding of this self-fulfilling cycle within the topic of disability inclusive education experienced by participants, I reflected on how the inclusion paradigm is to set to follow the child because the educational system operates for the whole and elements outside of this are separate, requiring special attention. I sat again with the participants, moving from the whole to its parts and back again, searching for the meaning to that which I am told. While focusing on meeting the child's identified needs and doing what is best for the individual, we are blind to the context that defines them. We need to move the disabled child from the side of the classroom to the centre, to prioritise the needs of those who are the most different to embrace everyone.

I therefore returned and looked at the text from a different angle; in centring the disabled child's learning requirements in the classroom, instead of placing them to the periphery for special attention, the whole system may include every individual child. This positioning acknowledges an argument put forward by Shakespeare (2007), and Hughes (2007), amongst others in the literature, in the debate that demanded a consideration of the child's intrinsic qualities [differences] in their learning but also the impact of the surrounding school and societal environments [a social model perspective] on their ability to participate. I looked even further along the inclusion horizon and suggest the complexity of these connections are interwoven in every direction from the disabled child, which in turn, reshapes the global narrative on inclusion. No longer a mind-body duality, able to isolate and dissect for understanding, practitioners must turn around to see the person through a model of connectivity

(Nichols, et al., 2016); one which centres the child and not their diagnosis. This complex repositioning is further examined in the following chapters.

Here, in wondering on the impossibility of inclusion experienced by participants in practice, I began to see the inclusive classroom anew. The current perspective of practice contained inclusion within the unitary and required the curriculum to be differentiated from the majority to meet individual needs. As this therapist told me, the historical normative classroom from which we differentiate teaching was the wrong approach. However, in seeking a solution to disability-inclusive education, participants' lifeworld was rife with contradictions. As I continued to be transported back and forth between the demand for a diverse, pluralist context without sufficient supports resulting in exclusionary practices, to a shared identity for children with complex requirements best met in a specialist setting, I saw how the participants lived this contradictory world. However, I believe I heard from participants that underneath this contorting reality lay a simple inclusive principle that cannot be the 'either-or' approach but one that re-centres our vision in practice.

5.4.4 What Can Flexible and Creative Learning Spaces Look Like?

In considering disability-inclusive education, a teacher told me that the pressure of their work prevents them from teaching every child because teaching the disabled child holds less importance. There is a resigned inequity contextualised by an external agenda. I related their experience to policy that undermines an inclusive approach to education by employing a curriculum that prioritises knowledge above skills, and in doing so fails to ensure engagement of children who may learn through applying skills in the real world, rather than completing exam papers (Runswick-Cole, 2011). The dichotomy in education that splits skills and knowledge shackled participants in their practice. These parameters applied to practice were perceived by participants to stifle effective inclusive practice and separate mutually beneficial aspects of schooling.

A teacher in England placed the responsibility on the schools to reject the reductive system that systematically disregarded children perceived as not meeting current success norms (Ryan, 2018), witnessed in the practice of grouping children by perceived ability or diagnosis and experienced in the difference in learning focus for the disabled child. Meaningful participation became doing the same as the group and the individual seeps from view. Therefore, drawing nearer to the data, I heard from participants that for inclusion a move beyond narrow success criteria was needed, to one which is flexible enough to place the child's interests at the centre of teaching and enabled the challenge of the value of normative assumptions of ability (Goodley, et al, 2016).

Participants in this study suggested that "*school is a good place to start*" in creating inclusive learning environments, where children are enabled to experience and understand diverse perspectives. In the published research there is the suggestion that peer learning is the essence of inclusion in school (Vianello and Lanfranchi, 2011), which embeds disability awareness within whole school practice (Nind and Wearmouth, 2006). However, this illusive starting point to inclusive education was embedded in the stories told by participants. They recognised the need to have children with diverse learning needs in the classroom to better understand their practice but felt constrained by the lack of disability knowledge currently available to them, which ultimately lead to the child being excluded. The risk of exclusion was created in the teacher's hope that the individual child morphed to the classroom, rather than them embracing their difference as part of a diverse space.

Again, I searched for the entry to inclusion. I wondered at this complex interface between the individual and the many, the child in the classroom, and the struggle within education that ensues. I stood back to view from a wider perspective and looked to international examples. In Canada, a shift from focusing on the child's impairments to external influences on behaviour and learning was realised in a school connectedness and community (Porter and Aucoin, 2014). Nes, et al., (2018) in their examination of inclusive practices in Norway and Italy described flexible practice, with supports provided in class for all, both by regular and special education teachers. There is an attention to individualised support to meet needs, residing within a community of agreement that systematically develops school culture to become welcoming for all learners.

In dissecting the experiences of the participants, I believed I drew nearer to the essence of their experience of disability-inclusive education during a pandemic. It was one of familiarity with the individual, problematic within the whole-school context, locally constructed but generally recognised as exclusionary.

Within my professional knowledge as an occupational therapist, I am told to identify those elements, external to the child that inhibit or enhance occupational performance (Creek, 2010). However, in my classroom practice, I continued to provide specialist and direct therapy for those children categorised as being significantly disabled. This was a familiar position to the participants. Within the conceptual framework of occupational therapy, the core concept of client-centred practice becomes inseparable to impairment focus. It is interpreted as one recognisable in applying the medical model of disability within education. Without placing diversity at the centre of whole school learning, client-centredness becomes the failing of inclusion in recognising individualised experiences within complex social and historical contexts (Nicholls and Gibson, 2010). Therefore, I am interested to explore further how the disabled child is often missing from the classroom. There was a paradox shown in the data, coined as ‘seen absence’ (Petherbridge, 2017). It rendered the child invisible, only seen as a group of disabled, a category labelled SEND[8], but requiring specialist interventions, outside of the classroom. There was a somatic norm of able-bodiedness applied in schools that saw disabled children as trespassers in the mainstream space.

The tension of seeing one within many was reasoned in providing a universally inclusive context; a caring, welcoming, and respectful school community for all (Simon et al., 2021), responsive to and accepting multiple pathways of representation and expression of learning (Sissons, 2010). Participants believed they could provide flexible instruction and alternative means of engagement and participation of every child, if permitted. This possibility was glimpsed by participants during the pandemic.

However, adopting the phenomenological approach to my understanding, I saw the invisibility of the disabled child in the school, expressed by the adults in the space, as one where the child as the subject of perceived existence was largely unnoticed in the mainstream space and existed “in an externalised state of perception and intentional agency with relation to the physical and social environment” (Dolezal, 2010: 358). One occupational therapist in England clearly expressed their understanding of the perceptual shift required for the visibility of the disabled child in education, “*this is my school, and this is where I go*”. In taking on the voice of the child, they relayed a sense of being seen as an individual in their identity of ‘my’ and in belonging with others in that shared space, the ‘school’.

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[8] SEND = a term used in England to identify disabled children in Education; used here to demonstrate grouping of disabled children in schools

5.5 Conclusion

In this chapter, I explored the lifeworld of the participants through the inhabited time and space of the classroom during the pandemic. I heard the therapists and teachers speak of getting to know the disabled child, not only constructed through a familiarity gained in time, but also in the knowledge imagined. However, their hopes for inclusion remained focused on remediating the child's deficits, or finding an alternative space for them, within the context of resigned impracticality. I questioned the knowledge frameworks applied that continually reinforced the impossibility of inclusion.

The separateness of the classroom was experienced by participants, reasoned in a blind hope of doing what was best for the child. The local context determined the direction in which we looked for inclusion. However, the resultant exclusion remained. It was one of identity, familiarity, difference, and special. It was a problem of relative disability. It remained in perpetual stasis, going nowhere, as in Escher's staircase. I heard this as a ubiquitous problem of inclusion across educational contexts in England and Uganda. However, the participants in the different contexts saw the resultant shift in focus arriving from disparate directions, from within schools to the community or reversed from outside to in. Therefore, it is these environments I go to in subsequent chapters to further attempt to unearth the origin of the experience described.

In returning to the data, my understanding was revised. At the beginning of this chapter, I offered a vignette to illuminate where I stood. It was with raising technical expertise, through training to provide the 'right' knowledge. It still is, but my understanding of what is 'right' and where to start inclusion has been revised in my writing of this chapter.

In seeing the disabled child through the eyes of the participants during the pandemic, I drew nearer to how they made sense of their inclusive practice. The participants told me to look anew. We see the individual disabled child, but we don't know them. We don't know them because we continue to see them as other than someone we know. We see them apart, rather than in how they inform the whole, the classroom, our school. The expected learning for the disabled child, remains static in other, special, outside of the regular classroom. The space is missing the face of every child, and yet these are the parts that we need, to create an inclusive whole. In the next chapter, I consider the invisibility of the disabled child in relation to the physical and social environment of the classroom and the intersubjectivity of existence experienced there.

Chapter 6: ‘Schools are a Good Place to Start’

“*It is impossible for me to distinguish the movement of my eyes from the synthetic progression of my states of consciousness without resorting to the point of view of the other*” (Satre, as cited in Ramm, 2021: 3).

6.1 Introduction

As discussed in the previous chapter, teachers and therapists in this study experienced a shift in the lived time of the classroom during the pandemic. However, their feelings of futility attributed to their inclusive practice asked me to look from the disabled child to their immediate learning environment. I now travel further along the inclusion horizon, to better understand the shared cultural context. As Merleau-Ponty explained in Phenomenology of Perception, through an understanding of the embodied encounters of self and others, our existence is inseparable from our social world (2012). In this section, I explore how meaning is created in the intersubjective space of the classroom.

I looked to expand my understanding by examining the interwoven complexity of the relational dimension that surfaced in the shared anecdotes from participants. Furthermore, the participants described how they experienced a broader interpersonal dimension of teaching the disabled child during the pandemic, which previously was delivered through a third party or in partnership with others. It is the experiences described during this exceptional time that enabled me to draw nearer to an understanding of the lifeworld of the inclusive classroom, with its interconnected parts.

In critical reflection, I wondered how the participants created meaning from their bodily encounters with others there. A vignette reflects my understanding of what it is I heard. I considered how we, the practitioners, perceived our position within the lifeworld of the classroom and how it is through the social encounters experienced there that we enabled or prevented inclusion. I considered the intersubjectivity of experience in the space of the classroom in which relationships are formed and play out. Moreover, I turned to Merleau-Ponty’s insights on embodied perception to understand what is seen as different in particular spaces, and how this affects the intersubjective encounters experienced with the disabled child. I explored the space that was said to be safe and welcoming. It was the space of difference and of belonging, and within those concepts, I wondered at the uncomfortable narrative I heard.

6.2 Where Am I?

In my understanding gathered from writing the previous chapter, I reflected further on my experience in the inclusive space to understand the context from which I listened. During data collection, I heard participants bring to the fore how they communicate, support, and relate to one another to construct an inclusive space around the disabled child. However, beneath what was said sat the dilemma of difference described by Norwich (2012). I heard that for many disabled children in the mainstream space inclusion meant separation. The notion of being different within the inclusive realm moved me to reflect on an exchange I had with a teacher in a school's corridor. It frames how I heard the scenarios described by the participants. In the reflection I share how the relational dimension to difference was stood on its head for me as a practitioner, and I gazed anew from this uncomfortable position.

It is February 2020, just before the pandemic. The teacher and I meet in passing in a corridor. They are standing outside their classroom after settling one of the 6-year-olds from their class into a tent arranged in a cubby-hole next to the stairwell. It is a small, dark, soft, and calming space amidst the hallway that is cold and echoey.

Their class is in a mainstream school. It is an inclusion class where every child has a diagnosis of Autism. The children in that class are not registered with the mainstream primary school but with a nearby special school.

The teacher has drawn on their years of experience in thinking how to transition the child when they become distressed, from the classroom to the calm space, every morning, without making noise. Due to the Victorian tiles on the walls and high ceilings, sound travels. The teacher tells me that they have been asked to minimise the noise their class makes as it disturbs the neighbouring classes where learning is taking place.

As we are talking about how to prepare the classroom routine each day, we are finding it increasingly difficult to hear each other. Another primary class are beginning a PE lesson in the adjacent hall. There is screaming, laughter, and cheering. No one comes out of the neighbouring classrooms or offices to complain about the noise. It is a normal and accepted part of the school environment.

I comment on this. The teacher quietens me by taking my arm and moving me into the stairwell. "*Shush. You might be overheard*." What I understand is, "*We are not wanted here. This is not my space*."

The teacher and I occupy a similar space around the child, but experience it and thereby, the child's place there, differently. The teacher doesn't want to aggravate the situation. They feel their place is one of silence, to be in the shadows, outside of the normal school environment. I am rendered mute by their touch. It makes me think that if they, the adult in that space, doesn't feel welcomed in this school, how do the children in their class feel? How do we experience inclusion with the disabled child when we do not feel included as specialist teachers and therapists?

I recognised my a priori assumption in this vignette that we, as practitioners, hold a responsibility to advocate for the inclusion of the disabled child. From the corridor, I expressed my belief in the rights of the child to be-in their local school and to belong in the mainstream educational space. However, from this position, I also recognise my presumption that the teacher does not. They are willing to be silenced; to be removed from sight. However, what is it to advocate for inclusion from the periphery?

Now in critical reflection, I bring forward the theme of relationship surfacing during the pandemic. I wonder on how a sense of belonging is created for the disabled child in school and in this questioning, I hear my professional dialect determine the information I seek. As an occupational therapist, how do I understand the concept of belonging through meaningful occupation? How do we create the inclusive environment in engagement with others and find meaning in being-in the school?

I fell back to the philosophical underpinnings of this thesis to explore the everyday of the classroom. I examined the intersubjective connections in that space and wondered on the experiences of those present. I critically reflected on how perception is often understood as a separation of 'I' in the space rather than indistinguishable from those around us (Ramm, 2021). In dialogue with the adults present, I explored how in their perception of the disabled child within education, belonging is often screened from view or lying safely under a table.

6.3 During COVID, Relationship Surfaced

> "*There was another child whose mom just said 'I'm not going to push him because I'm not fighting with him every single day, I'm not going to lose my son. I'm not going to destroy my relationship. I'm not going to have three months of hell because I'm trying to force him to do some math work'. And actually, when you boil it right back down… what's more important?*" (CT 7, England)

The relational dimension of disability-inclusive education during the pandemic is experienced in this anecdote. The teacher, in recounting a conversation they held with a parent, shared how they viewed the importance of the child and parent relationship as an essential component to existence. They recalled the mothers fear of losing her son if she were to try and teach him maths at home. Their understanding related to the parent relationship being different to that of teacher. In their recollection, they brought to their understanding the relational element of teaching, not just an exchange of knowledge but residing in emotion, albeit different to that of parent. The parent is understood to be in relationship with their child, to perceive a shared existence in the routine, habits, and context of the family home, as the teacher is in school. By adopting this teachers lens, I began to wonder at the components of relationship in the inclusive space. My curiosity arose from the disrupted classroom of the pandemic.

The pandemic placed a magnifying glass on the participants interactions with families and parents. This teacher expressed an empathy with parents facing the difficulty of teaching reluctant pupils.

> "*I can't imagine how difficult it was for a parent educating a child who doesn't want to be educated, at home, as a mother. It must have been so difficult*".
> (CT 7, England)

However, the realisation of the role of mother being different to that of teacher does not prevent the same participant from rationalising their expectation on the parent to teach, and how this could be incorporated into the everyday, at home.

> *"… because we were doing weights and measurements anyway, [they] could bake and then get him to write down how much flour you use because that's still a skill in itself. It's not just a math skill, it's a life skill, a really important skill and then weave in some maths and then some English 'cause they have to write the instructions out and then some art because they have to design it and that's what I tried to explain to the parents."* (CT 7, England)

I understood this expectation on parents. It existed as a common practice in health and education for disabled children prior to the pandemic and rests in seeing the learning relationship as transactional. Parents are told how to deliver opportunities for skill development in activities at home, and how to incorporate learning into their daily routine. However, how realistic is this expectation on parents? Can every mother of a disabled child be their teacher and therapist too? What does this expectation tell us of the value we place on therapeutic and pedagogical intervention for the disabled child?

A therapist in Uganda retold their attempt to use technology with parents for home learning during the pandemic. They described their experience as frustrating. The resultant decline in skill maintenance for the disabled child is blamed on the parents lack of involvement.

> "…*we were using mobile phones or online therapy to train their parents on what to do. It was hard because some parents they cannot do therapy as a professional. Most of the time they complain saying it's disturbing for them and the child … when kids were at home, they have regressed because their parents fail to get time for their kids."* (OT 9, Uganda)

However, the true gap identified is ultimately the difference in the perceived lifeworld of the parent, to that of the practitioner. The assumption that parents can complete teaching and therapy during the pandemic brings into focus our 'taken-for-granted' expectation in asking parents of disabled children to complete therapy and teaching at home every day. We step into a unique world constructed in the relationship of that parent and that child of which we have little experience.

I understood from participants that they noticed a difference in outcomes for the child, depending on the level of input the child received from the adults in the home.

> "… *we've had really different results. We had two boys, twins taken off the SEN register after Lockdown because their Granddad had been doing so much work with them, their confidence has leapt up, he was just giving them one to one attention all the time. And then we had another little girl who has done literally nothing, and it shows."* (CT 5, England)

However, I heard that for the school, the parents level of involvement was undeterminable. Yet it is here we place our expectation for the child's learning and skill development. I returned to the data to understand better the relational dimensions existent within the context of home and school for the disabled child.

During COVID, when schools closed and most people isolated at home, the classroom was disrupted. There was an expectation that learning could move online. It propelled parents to the frontline of teaching. I heard participants consider their interaction with the disabled child through a third party, often the mother, usually technology. It altered the teacher-learner encounter that shed light on our routine practices. I asked, what did it tell us on our understanding of the teacher: learner relationship? What did it tell us of the place of the disabled child in the classroom?

An element of disruption described by participants in their anecdotes was expressed as the child's willingness to engage. Within the transactional relationship prescribed, focus returned to the child. A teacher recalled the differing responses of the children in their class trying to access teaching through a computer screen.

> *“It wasn't that great for the ones that opted to be at home. We were sending stuff home. We were ringing the parents to give advice and we were [doing] online lessons as well. Some children were accessing it happily. Some were taking a look at the computer and saying no, no, no, no, no.”* (CT 5, England)

This teacher’s experience brings into focus the individualistic nature of learning. They expressed their sense of doing what they were supposed to, told to do, during this time, but still being ineffectual in engaging some of their class online. There was a perceived difference in how the glass wall between them and those they were there to teach, impacted their interaction with the child. I wonder if this disconnect is also experienced for those who attended school, and I asked participants to describe what it was like for them in the pandemic classroom.

The participants told me that the classroom’s physicality altered, and in doing so, interactions changed.

> *“In normal times we would have little islands, the kids usually sit at tables of four, randomly dotted around the room, but [during] COVID it’s not allowed because of social distancing, so the kids are lined up in rows at single desks, away from one another and it’s become more didactic teaching I suppose with only me at the front delivering… It helps in some respects in terms of behaviour management but…”* (CT 2, England)

The teacher described how with the moving of desks and classroom layout, the interpersonal connection and communication transformed between adult and child.

The dynamic shifted to control. It became distant.

> *“COVID-19 had a lot of impact [on] those children unable to hear what you’re saying or [who are] using gestures [to] understand but because of COVID-19 you have to social distance [and] also putting on the mask, the child could not understand you now, the child may cry because they’re seeing you as a different person.”* (OT 10, Uganda)

In the above anecdote shared, I heard that the relationship once known and taken for granted in the everyday became unfamiliar. For the child, it became unrecognisable and for the teacher, it moulded into a new role where they saw themselves returning to the front of the class to control peer interactions or behind a mask to separate themself. The socially distanced classroom created the unfamiliar in the common space.

> *“…I don't think it helps the SEN kids. I mean, normally the classroom would be set up to allow for free communication to a certain extent … and that development of communication, of personality and a freedom of expression [happens] in groups where children can talk to each other, not in rows.”*
> (CT 2, England)

The teacher here evoked the importance of peer: peer relationship in learning and through the knowing of others, a becoming of self. They talked of how learning, once known and embodied in the social encounters with others, became unfamiliar in the distorted habitual space of the COVID-19 classroom. I wondered on this and in drawing nearer to this new reality, I reflected on the notion of intersubjectivity presented by Merleau-Ponty emphasising the interconnectivity to and with the social world. I am curious as to the range of interpersonal interactions in the classroom space for the disabled child, and how opportunities for engagement are formed by the adults there.

A teacher in England described the different roles they fulfilled in the classroom, pre-pandemic. They described going beyond the functional to the emotional as important in learning. They saw how tears, hunger, frustration impacted the learning for the children in their class. More than just occupying a transactional role, they expressed an additional emotional connection.

> *"I am a teacher. But then there's so much more to it than that… When we're doing long writing, I am their worst enemy and they can't stand me. I'm the teacher [at] surface level, but then it goes much deeper than that… best mate, protector person that provides them food, comfort if they're upset. If they're hungry, there's a snack box under the table because I don't think you're gonna get anywhere if their bellies are rolling."* (CT 7, England)

The breadth of the relationship explodes forth in the various guises worn. They experience their role of teacher as borne of tormentor and carer. It is a dynamic not easily replicated, pulled in different directions, and embedded in complex identity.

Another actor within the complex relational web of the inclusive classroom is the therapist. In the following anecdote, they bring to the fore the experience of being physically present but not being 'of' the school space during the pandemic.

> *"COVID was tough … I think the biggest difficulty was the limitations that we were given around what we could do. I mean, our role is quite unique in schools [but] schools weren't allowing visitors at all, especially in first wave."*
>
> (OT 2, England)

The therapist here told me they felt like they were seen as a visitor to school, not a part of the team. They were not allowed in. An outsider. They are outside of the classroom, and outside of education. It is in this place that therapists are still seen to take the child out of class for therapy.

> *"I still think there is quite an old school mindset in terms of, 'they're going to leave the class to have some therapy. And then they're going to come back, and that's therapy done', and it just doesn't work like that."* (OT4, England)

This therapist expressed a feeling of ineffectiveness, of being held back by their place in the school. However, the separateness of therapy from the activity of the classroom is not experienced by the therapist alone. The child is taken with them. They are singled-out. Shown to be different to their peers.

> *“We spent half our time outside on a table because the girl didn't enjoy learning, so the minute she saw a pencil she would play-up. I remember asking the teacher, what is it that you want her to do? And she was like, ‘It's not for me to plan, you have to plan how you work with her’, and I was like, ‘but she's part of your class’. People passing would say ‘oh, you're out on your table again’, I'm like, ‘yeah, not allowed in the room’.”* (CT 8, England)

This anecdote retold how the child is not seen as part of the mainstream class. Their difference in how they access their learning means they are sequestered to the corridor. But moreover, being different means, they are removed from the responsibility of the class teacher to teach. The support teacher feels the exclusion in not being permitted to be present in the classroom and recalls how others joke about their place outside. The feeling of exclusion expressed by the adult in the corridor, and for those who see them there, is an uncomfortable truth, cloaked in the everyday gesture of humour.

In examining the everyday pre-pandemic classroom, the child’s place in the corridor becomes one of habit, a taken-for-granted exclusion, further inhabited in the humour of the adults, a recognised gesture, borne of discomfort.

However, from those inside the classroom, I heard an alternative perspective.

> *“We have various support staff who are from the same organization that come and work with children, but I don't know specifically [who they are]. It has to be a rather quick, two minute catch up as they come pass to head out again … from my perspective, they are there to help the child in some way, not necessarily academically.”* (CT 3, England)

The interaction described between the teacher and therapist is one in passing. A momentary exchange, presented as a faits accompli, where little understanding of each other’s role is experienced or shared. They have little to do with each other’s place in the school. Their reality is not shaped by the presence of the other.

This relational objectification became increasingly obvious in listening to the participants during interview. There existed a relational othering within educative practice of therapy or any support for the disabled child. Therapy is not seen to relate to education, and therefore, the disabled child is taken out of their classroom to receive it, between those in and those out, there is misunderstanding and irrelevance.

> *“… what they do is they come in for an initial observation of the child and then they'll take the child out and talk to them, and then they start their series of meetings . They don't necessarily come into the lessons and work with them, not in my experience… we would get fed back to and they’d say, ‘right here is what we've been doing. Here is what we've noticed and here are possibly some*

> *strategies that might help your in class'. …we sort of laughed at half of them, none of them are practical. "* (CT 3, England)

The dismissive ridicule recounted here reveals a difference of horizon between the teaching staff and the therapist. It is the false duality of health and education. The recommendations made hold little relevance for the teacher to implement and therefore, become an object placed outside of their knowing themself. A difference in the knowledge frameworks applied is exposed. There is a chasm of impracticability in the relationship, an ignorance of the other's place in learning for the disabled child.

The encounter is othering for the therapist, the teacher, and the child.

Moreover, and in contrast, in this context, a therapist told me that their identity and resultant effectiveness lies in the relationship they build with the other adults in the classroom.

> *"One of the challenges, as an OT is you're seen a little bit as an outsider… that's why having consistency, being seen regularly, and developing those relationships with the adults, as well as with the children, helps to create openness between people to do things that you're suggesting or join in with activities that you're delivering… I think it is a lot to do with trust."* (OT 4, England)

In wondering on these complex dynamics of relationship, between everyone present in the classroom, I heard participants talk of the mismatch in building of meaningful relationship in the busy, fast-paced mainstream classroom, which results in being-in other spaces for the disabled child. I wonder on how this separation impacts the sense of belonging not only for the therapist but for the children they work with.

The exclusion described happens within the worldview of the child's 'best interests'.

We frame our justification of separation within a charitable and caring relationship.

> *"… for the last number of years there has been talk of inclusion in mainstream schools but at the same time, you do have to think about what's in that child's best interest. And sometimes it isn't. Their best interest is to be in a differentiated setting. They're often happier, more relaxed there, in that differentiated setting, because I think some of that takes the pressure off."* (OT 2, England)

For this participant, their lifeworld frames and in turn, justifies their role in providing specialist provision for the child's benefit. They see the child's inability to adapt to the pressured world of the mainstream school as a reason to move them to another classroom experience where their specific needs can be met. It is outside of what the mainstream classroom environment can provide, so it is best if the child is removed and placed somewhere else.

Commonly, as described in the following participant's anecdote, a scale of difference is applied to the possible accommodation of the disabled child in the mainstream classroom, where anything more than 'mild' is too abnormal to be considered. This rhetoric excludes by degree.

> *"[a child] with a little learning disability are easily included into the education system but most of them [are] seen as too different."* (OT 7, Uganda)

Let me turn our perception of 'mild' disability on its head for a moment and look at it from a different place. We talk of the child having a mild impairment, of needing to be not too far from the norm, to be included. However, may I suggest we are talking of a level of adaptation required, not too far from what it is that we normally do in the classroom.

I wonder on how for many disabled children, the responsibility for their learning is often omitted from the teacher's role. It is perceived as something additional, requiring skills and knowledge they don't possess and ultimately, an extra burden in delivering and meeting the teaching demands.

> *"… these children need to learn better than how they are doing it right now. But the challenge is [that] it all rotates on the attitudes, especially in the government schools. They feel like whatever [you're] trying to tell them to transform to, it's an added workload".* (CT 9, Uganda)

I understand how this expectation of doing something differently in class for the disabled child, is seen as doing something more by the pressured teacher. It exists in the othering of therapy in school and in the categorising of need within mainstream schooling.

In constructing this notion of 'extra' in the mainstream space, the provision of special remerges. As outside of the normal, regular, everyday routine. However, even in the special school provision in England, I heard the teacher of the disabled child experience extra in the nature of their work when they described what it was like in their classroom.

> *"There's myself, three teaching assistants with seven pupils, which sounds like a luxury but by the time you've got a child in their standing frame, which takes two staff, you've lost two staff for half an hour and then you've got nurses coming in. [I've] got two children on PEG[9] feeds, and the kids who have meds during the day so got nurses coming in and out and physios and OTs… I describe myself as a 'plate spinner' because you feel like you constantly trying to spin all of the plates and get back to the first one before it drops. Because of the needs of the pupils and it's got to be extra all of the time. You can't just read a story;*

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[9] *PEG* stands for percutaneous endoscopic gastrostomy. It is a procedure in which a flexible *feeding tube* is placed through the abdominal wall and into the stomach.

> *it's got to be bigger because you got to try and engage the children who aren't necessarily wanting to engage in doing a story… you've got fabrics and smells and noises and touch, water sprays."* (CT1, England)

I heard the names of all the different people in the space. I heard the different activities they did, other than teach, their habits and routines. And I heard that teaching here looked different. It enveloped all the senses. But primarily within this example, I heard the description of 'more'. More professionals. More creativity. More energy. I believe this rhetoric is pervasive in how we understand inclusive education. It is seen as extra. Additional. Special. What is needed for every child to access their learning is not seen as part of the regular teaching role, nor part of the everyday, not part of mainstream school routine.

The lack of educative value placed on the disabled child's inclusion creates a rift in the shared space, which is filled by someone other than the teacher.

> *"If I've got a question, I will go to my TA[10] because my TA gets time with the children, so she'll do interventions and she'll have more of that sort of 1:1 time with them and she does get an opportunity to talk to them a little bit more as I've got 32 children so it's very difficult."* (CT4, England)
>
> *"I said, 'it's amazing, what you do with the child, you can really interact with them. But the thing is they listen to you and only you', and it's my experience with the child where they will not listen to me, but they're listening to their one to one. I just think it's that emotional connection, … they only know that person."* (CT7, England)

There is an emotional connection achieved through time taken to build and develop a relationship with the disabled child. I wonder on how it is created outside of their classroom so that their teacher does not feel part of the child's learning environment.

In the othering of those adults present around the disabled child, I believe I witnessed another face to disability inclusion's complex origin. It is intricately woven in the relationships constructed with the disabled child in the inclusive space. It permeates their learning interactions and social encounters in school. Whereby the support adults who act to include the child in being a part of the class, may in fact act to keep them apart from it. Sitting outside of the shared social space of the classroom, the disabled child is restricted in their social experiences encountered there by their non-disabled peers.

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[10] TA = teaching assistant but may also be called Learning Support Assistant in England depending on the direction of support given.

In exploring what the intersubjectivity of the classroom for the disabled child, I listened to the delicate choreography experienced by participants. It is a negotiated dance in the inclusive space, reflected in the understanding of each other's role and their interplay in the child's learning.

> *"I find it quite a challenge, being there and not being hands on, because you know that if you helped, it could go quicker and easier, but if you do help them, you're not going to see how it really is in that environment… [although] if you are doing it with them, working together, they can see how children can benefit and they can feel more confident with delivering something."* (OT4, England)

There is understanding of the therapists negotiated role; deciding when to step-in to provide therapeutic instruction and when to be part of the audience. Being a subject of the space to create the classroom routine through their interaction with the disabled child and the support staff, or stepping aside, allowing the scene to play out in their absence. Therapy becomes an object of experience, warranted limited shared meaning within the complex intersubjective encounters in the classroom. It is a complex dance that holds a power dynamic.

> *" … it is hard, there's this role of teacher, and then there's this role of therapist, and I think there is a bit of a power perception, 'cause then you have support staff, like teaching assistants, so who's in charge? If the teacher is but the therapist is there, who's in charge of the therapy happening in class?"*
> (OT 4, England)

I wondered who held the responsibility for the disabled child's learning in this negotiated space. I asked what an inclusive classroom looks like for participants.

For some it comprised of conceptualising each person's role within that space so that different professionals worked on different aspects of the same activity for the disabled child to develop necessary skills. I heard the child in this space became an object of intervention.

> *"… sometimes we have one goal we are working on, but we are working on different issues. For example, I'm occupational therapist and there's a special needs teacher [and] we can both work on fine motor skills but [at] different parts of the learning activity. And a speech and language therapist may have goals to do with eating and swallowing disorders and me on feeding … so sometimes we are working on the same goals, but [using] a different approach … I may also interrupt for example, if there is this child who wants to run and go outside, I'll look for a way of calming them down and you know, help with the teacher so that the whole class is not interrupted."* (OT8, Uganda)

Within this understanding, I still heard that inclusion meant being and doing it differently so that the whole class, experienced in separation from the child who wants to run, is not interrupted.

A teacher in England told me that to remove this sense of being different, a culture of ‘asking-for-help’ is needed in mainstream schools so that every child feels they have their needs identified and met, by a range of adults working in the shared space. In this asking for help, difference becomes the norm.

> *“All it takes is one child to put their hand up; to have a question where they … you know, it starts to happen, more children then do that. They use that help. If there's one thing that I'd like to encourage in a classroom is more strategies on how to have my children ask more for help or use the help to get them to develop.”* (CT4, England)

In the simple act of every child believing they may ask for help lies the complexity of inclusion in schools. I heard that for inclusion to happen, every child needs to feel they belong. In belonging there is an agreement that in our differences we share the embodied space. Our intersubjective encounters shape and form our learning of self, with others. We all need help to learn. It is a relational experience. The help given may differ but is resides in relationship with others, adults and peers.

Here, I wondered on how the pandemic informed this concept of differing levels of help and support needed among all children in school. I heard that during COVID-19, the aspect of caring and welcoming in the teaching: learning relationship was highlighted. Moreso, it became paramount in our knowing inclusion. It became mainstream for a moment.

> *“I think a lot of people are talking about wellbeing in a lot of different circles now. People are more aware of the stigma of having difficulties with stress or managing life demands. If you are struggling to do it all, there's less of ‘you should just carry on and be quiet’, people are voicing their [needs] … it’s changing.”* (OT 4, England)

Feeling safe and welcomed was talked about more freely and said to be the priority in creating a sense of belonging.

> *“For all children to feel welcome in the class [is] a big thing at our school … there's a lot of emphasis on making sure they're safe and welcome [in] the class. And then, second, is like education… [a] very close second.”* (CT 3, England)

However, predominantly what I heard during data collection was that being included, to belong, still meant not standing out or being too different, as difference was done elsewhere, in the corridor, out with a therapist, or with others like you. In this understanding, the effect of othering the disabled child and creating ‘special’ places for them became startling clear to me in the stories shared. In reflecting on the intersubjective experiences in school for many children, I wondered on the reality created outside of the mainstream for the disabled child.

In this alternative space constructed, described by the participants, the disabled child had already experienced being excluded from the mainstream classroom.

> *"[another] massive thing is feeling like they want to be there; that the pupils feel comfortable to be in school because a lot of the children who come from mainstream schools have been removed from the classrooms and sent into little isolation rooms or made to work in the corridor, because they can't work in the classroom."* (CT 7, England)

Created as an antidote to their removal from their local school, the world created for them existed as somewhere together that is safe and welcoming, somewhere they can form a sense of belonging in the interdependent relationships formed. One of knowing self through the shared experiencing with others, who knew the world as they knew it. It aimed to do different as the ordinary. However, from this perspective, I reflected on a danger brought to my attention during the interviews where I heard that in the space created to be safe and welcoming for the most vulnerable of children, the day-to-day experience is tormenting and hazardous.

A teacher told me of her feelings of unease when visiting alternative school placements.

> *"…I got to go to a few different schools. In one they'd got children [who] have been excluded from mainstream schools… It was all older children and quite aggressive. I saw quite a few kick off while I was there… Each corridor had, for all intents and purposes, like a padded room that they would cool down in… some of the support staff seem to goad the children into doing something so they could be held. You know it was very strange, bizarre."* (CT 5, England)

For the child and the adult in that space, the feeling of safety and of well-being is forsaken in the provision of a place for difference. There is a sense of being locked away, to be kept safe, and of antagonism in the opened arms offered. In that space the adult is lost, so where is the child?

The child remains an object to receive intervention. It is the Dickensian 'mad-house', separate and hidden from view. The child remains unseen, known by diagnosis, through their behaviours. The intersubjective relationship between adult and child is warped in ineffectual and negligent encounters in the shared space.

> *"Defiance and physical violence are both as challenging as each other but very different behaviours and they need very different ways of managing it. It's tough [but] when I drive home, I do all my processing. I do all [my] screaming, all my crying. All my anger in the car or I try to at least and then when I get home, I've just got to close the door and think right, well that day is done. What happened has happened. We did our best and no one's died. Everyone is going home happy and healthy and then I close the door and tomorrow's a brand-new day."* (CT 7, England)

For this teacher, in England's separate schooling system, they experienced the extreme of the daily expectation of keeping people alive. In interview, this teacher laughed off their words. They used the well-worn phrase, 'no one's died', to lighten what has been shared, but the teacher ended her working day in tears. I have heard this phrase spoken many times in the places I've worked. They talk of being strangled and I am shocked that they endured this at work and needed to normalise these encounters when spoken at interview. I am fearful for the child in that space. How do they feel when they get home? Are they also screaming and crying? In our attempts to create a safe inclusive space, where children feel they belong, we are creating places of terror, not learning.

6.4 Discussion

In the context of the COVID-19 pandemic, I heard participants describe the effect of the altered classroom in terms of the relationships experienced there. With the introduction of public health guidelines into homes and schools, the relational realm ruptured. In many countries, such as England and Uganda, governments announced school closures for most pupils. For some, learning moved online in the home environment. For others, with permitted access to school, the classroom space changed, along with their place in it. As a therapist working in special and mainstream schools in England throughout the pandemic, I knew this altered lifeworld.

The vignette at the start of this chapter, revealed my presumptive positioning from the place I saw myself within the school setting as a therapist. I drew on my experience of the interwoven and complex interconnections for the child, their teacher, therapist, within the whole school context. As an occupational therapist I looked from the child to the space they occupied, and back again; what was it they were doing there and who was there with them. I have an interest in the relational dimension of the classroom. I wondered at how we, the adults in the space, existing in the periphery could manifest inclusion. In this reflection, I recognised the inclusive space as one of co-creation by those present. I reflected upon the adults perception of place within the context of the school, and how this impacted the disabled child's access. Revealed was more than the space occupied. There was an interplay of power within the relationships exposed.

I lay witness to the stories told by participants in this exceptional time. In adopting a phenomenological approach to my understanding, I considered Merleau-Ponty's writings on the embodied experience of self, embedded in the social world with others. There is an intersubjectivity described as we make sense of being-in the world. Other writers applied these insights to inclusion in schools and centred the disabled child's intersubjective experiences in the complex and dynamic spaces created, associated with feelings of belonging, acceptance, and being valued (Haegele and Maher, 2023). It is this relational dimension, situated in the classroom that I examine in this chapter.

In the previous chapter, I began to understand disability-inclusive education from the participants perception of seeing more clearly the individual child. However, the visibility witnessed resided in a paradoxical space and time, where under non-pandemic conditions, the individual is rendered invisible within the special categorisation of the group (Pertherbridge, 2017). In this chapter, I attempt to unravel the complex, interwoven web of relationship spun around the disabled child by those occupying their classroom to ask what social encounters existed there usually and how the COVID-19 pandemic impacted the learning and social opportunities for the disabled child.

6.4.1 During COVID, the Habits of the Everyday Classroom Were Disrupted

The everyday classroom once taken-for-granted, with known routines, habits, and gestures, no longer existed during the pandemic (Pertherbridge, 2022). It is into this altered lifeworld of teachers and therapists, children, and their families, that I entered. For many, the walls of the classroom morphed into those of the home. The teacher no longer stood at the front of the class; they sat behind a glass screen. However, in the literature concerned with the impact of the pandemic on disabled children's access to learning opportunities, the practice of moving teaching and therapy online did not cause a lack of support for disabled children, but rather "exacerbated an already bad situation" (Geraghty and Lyons, 2021: 65). I heard an underlying tension to the education of the disabled child, and it is value-based.

Within the context of COVID-19, the participants experienced the tension between their expectation of the parents to complete at-home learning and the parents capacity to do so. An occupational therapist in Uganda witnessed the pressure of parental capability to teach their child at home, which like a teacher in England, recounted a negative impact on the child's development. The perceived lack of at-home input was witnessed by participants as a regression in skills for the disabled child. However, research at the time, suggested that for parents, there existed a complex risk-benefit analysis (Skipp, Smith and Wall, 2021). The decision to keep their child home, instead of sending them to school, was dependent upon the parents personal understanding and confidence in the outcomes to be gained in their child's attendance at school, versus the risk of infection (Hellawell et al., 2022; Green and Edwards, 2021). Furthermore, undertaking home schooling also came low down on parents priorities during the pandemic (Geraghty and Lyons, 2021).

Within the tension described, I sought to determine its origin. I believed I heard, buried in the expectation on parents, a fundamental narrative of the disabled child's education being of a lesser value than that of their non-disabled peers and aimed to explore this in my writing. I wondered on how the concepts of being valued infiltrated the experience of disability inclusion in schools (Haegele and Maher, 2023), and where the responsibility for educating the disabled child sat (Ainscow, 2016).

I began by considering the relational dimensions in providing educational and therapeutic support at home. In the literature, parents balanced academic engagement within the broader educational purposes valued during the pandemic, such as a sense of well-being. Where the professionals focused on low skill acquisition as a negative consequence of the pandemic, parents expressed concern for limited social interactions for their child out of school (Shepherd and Hancock, 2020; Geraghty and Lyons, 2021). This polarisation challenged professionals to recognise the parents' priorities and the differing educational values inherent in home-learning (Green and Edwards, 2021). A teacher shared their awareness of this tension for a parent who was fearful of losing their relationship with their son if they pressurised him to complete schoolwork at home. Within their recollection, the teacher saw the unique perception of the mother and her son in relationship and how changing their interactions would disrupt the reality of their shared lifeworld at home.

Merleau-Ponty reminded me that our very existence is one of embodied social encounters. It is in relationship, formed through intersubjective interaction with those with whom we exist in the world that our world comes into existence (Ramm, 2021). The pandemic created an opportunity for critical and ethical reflection, brining into sharp relief the differing embodied social encounters within the altered shared space (Petherbridge, 2022). Therefore, I returned to the data to critically reflect on this tension described between the embodied reality of the mother and the understanding of this by the participant. We tell parents to incorporate teaching into the everyday, and we send worksheets and therapeutic programmes home for them to complete with their child, but there existed a mismatch between the familial environment and that known by professionals. Green and Edwards (2021) contextualised our expectation of at home learning and therapy within the pervasive professionalisation of the parental role for those with a disabled child.

As practitioners, we are told there is a need to build relationship with parents from where they are (Green and Edwards, 2021). However, without entering the intersubjective space with them, we fail to understand the nuanced nature of their existence. The home is an environment that contains common properties to be shared as essential elements to meaning and integral to being-in relationship (Thorburn and Stolz, 2022), including a parents capacity to engage with school, associated with their socio-economic status and previous experience of education (Harris and Goodall, 2008). Expecting these elements to be universal across all contexts renders the professional ineffectual in building relationship with the parent.

Although the participants reflected on how the importance of the home environment materialised during the pandemic and they acknowledged it as an influencing factor on the child's learning, they continued to see progress arriving from the amount of instructional input received. A teacher recalled the positive impact of having a family member work with their child on a daily basis during school lockdown. However, rather than solely one of education, the interaction possessed a social and relational quality. I heard the prominence of the intersubjective experience guide the transactional embodiment of the material classroom.

I further explored this notion of relationship for the participants by moving from the home environment to the pandemic classroom. To halt the spread of COVID-19, the taken-for-granted habits and everyday routines of the classroom changed. There was a disconnect experienced in putting on the mask. For the child, it removed the face they knew. It eliminated their communication route and removed their friend, their teacher, their carer from the space. The participants recognised this. I was interested in how they experienced this space. It was this classroom and the happenings there that I asked participants to describe.

Participants talked of the changed seating arrangements; about how having rows of desks changed the feeling of the classroom and returned them to a didactic role. A teacher retraced an archaic vision of an authoritarian Dickensian classroom in their thoughts in the moment of describing. It was reminiscent of a time when the type of teaching philosophy applied was one of instruction and discipline. It impacted on the type of interaction possible. Classroom layout is known to affect the learning activities happening in that space, both in academic and social skill development (Gremmen, et al., 2016). Participants felt more fluid and dynamic groupings increased peer interactions, which supported learning for all. However, when I am told by teachers in England that the disabled child was happier outside of the mainstream classroom because there was less pressure to achieve certain goals, I wondered on who it was experiencing this pressure, what it consisted of, and from where it arrived.

In critical reflection, I heard how the teacher's understanding of educational purpose influenced their perception of learning in the classroom space. For example, where education was a means to attain qualifications on the way to accessing employment, a different learning environment was created in schools compared to one which promoted the development of social skills and social responsibility (Tondeur, et al., 2015). In the pursuance of outstanding scores, the priorities of the teacher impacted how they practiced education in the classroom.

I reflected on those children I heard of being educated in other spaces because they couldn't cope in the mainstream environment and questioned what was happening in that space where certain configurations permitted or inhibited positive learning interactions for some pupils more than others; where the distinction existed between those who can or cannot conform to the imposed rules of the classroom and still learn (Thomas and Loxley, 2022). In the intersubjective reality of the space described, there was a conforming majority, leaving others on the margins.

It was from the narratives heard that I drew the pandemic classroom layout and witnessed the impact on inclusive practice. Merleau-Ponty used the imagery of a painting to show the world as seen by self and that which is seen outside of self. Within the painting, the distinction between the artist and their world dissolves. However, the picture of the pandemic classroom drawn is one of imposed separation. Desks are in rows. Backs are viewed. It is a place where once the movement of pupils engaged in purposeful interaction softened the sharp lines of the tables and chairs. The new socially distanced classroom increased the teacher's sense of control over the space, while at the same time, the pupils are turned away from relational exchanges and engaging habits. However, in the participants narrative shared, this was not a painting only from the pandemic; the socially distanced classroom for the disabled child was a familiar place.

In the removal of the disabled child from the shared classroom space, we are proclaiming them to not possess the required characteristics or ability to be valued there, not enough to belong, to contribute to our shared meaning of the world. They once again become invisible in the space.

6.4.2 Doing Something Differently Means Doing More

As I dwelled in the data to reveal the essential and nuanced meaning of relationship in inclusion for the participants, I emerged to look to others writing on the subject of intersubjectivity and relationship in inclusive education. Haegele and Maher (2023) determined inclusion as centred in how others in the space evaluated the individual in relation to an agreed importance or quality. The concept of belonging was offered as "*at the heart of inclusion*" (Slee, 2019: 917) and is created through the engagement in reciprocal relationships and social connectedness experienced (Hammell, 2015).

Moreover, these concepts reflected the reciprocal nature of being-in the world together (Haegele and Maher, 2023). It was here I stood to further understand the essence of disability-inclusive education when the disabled child is often missing from the shared space.

I heard the participants description of the classroom during the pandemic as being one of care, welcoming and safety. These concepts extended beyond a didactic role in the pandemic classroom. They held the complexity of interpersonal connection in a shared space and were pushed to the fore when the participants talked of enacting inclusion. However, in seeking the lived meaning of their experience in the classroom, a duplicitous depiction of inclusion was described by participants; when they talked of what was happening in the classroom, the disabled child remained absent.

The participants told me of working in the corridor, of the child going someplace else for therapy, or commonly working with someone other than their teacher. I wondered on the origin of what was happening. I began with the challenge of who was described as having the responsibility for providing the necessary learning supports for the disabled child, to what extent, and at what point during the learning process. In applying a phenomenological approach to my reasoning, I reflected on who was in the shared space with the disabled child to create the intersubjective meaning of the inclusive experience. The embodied responsibility of delivery and engagement was beset with the intricacy of relationship in the learning space. It was defined in the shared experiences between the adult and disabled child, and between the adults present.

In attempting to fill the chasm of disability-inclusivity within classroom practice, practitioners are seen to frequently resolve it at the child level (Missiuna, et al., 2012).

Shaw (2017) discussed the difference of provision in special and mainstream settings, outlined findings from the 2006 OFSTED report in England and Wales that criticised mainstream schools where the main teaching support for the disabled child came from teaching assistants rather than specialists. Farrell and Ainscow (2002) described the difference in quality of provision when the responsibility of delivering inclusive education remains the auspice of non-professionals, who are neither teachers nor therapists, and discussed the irony of allocating the responsibility of delivering the most complex education to unqualified staff members. Thus, rendering lesser value to the education of the disabled child in school.

Other research has found that a consequence of the deployment of teaching assistants in England was that “supported pupils become separated from the teacher, missing out on everyday teacher-to-pupil interactions” (Webster, Blatchford and Russell, 2013: 80), and with natural interactions with their peers (Ainscow, 2004). A teacher experienced this relational separation with the disabled child in their class when recalling a conversation held with their teaching assistant. They felt less effective to engage the child in learning tasks because they didn’t have a relationship with them, the teacher was not relevant to the child’s perceived lifeworld. It was the teaching assistant with them every day, not the teacher.

Furthermore, as raised in the previous chapter, in England, in the crowded, fast-paced space of the mainstream classroom, the involvement of external health personnel was viewed as outside of mainstream educational provision. A teacher experienced the feedback from the therapists as irrelevant to the classroom environment and completely impractical to their day-to-day practice. There was a difference of perception for the therapist and teacher roles as to the routine and habits of the classroom. Whilst therapists continued to attempt to garner carryover of therapy into the child’s daily activities at school by sharing strategy recommendations and acted to collaborate with the existing classroom staff (Campbell et al, 2012; Silverman, 2011), education staff expressed a preference for therapists to withdraw the child for therapy to relieve some of the teaching pressures in the classroom (Carpenter, 2011; Hutton, 2008; Missiuna, et al., 2012). A reason in the literature offered is a lack of educational outcome measures stated by occupational therapists in schools (Hutton, 2009). The interpretation of therapy being outside of education, was also experienced by Ugandan participants, where specialists experienced reluctance from classroom staff to adapt their practice.

In their descriptions, participants in special educational settings talked of various people who come in and out of the during the day, including nurses, physiotherapists and occupational therapists. The impact of these other professionals in the learning space infiltrated their role as teacher, because at times they felt they had to do everything other than teach. Paradoxically, when describing the happenings in the classroom, the participants talked of the various guises worn that reflected a deep and fundamental aspect of their teaching honed in relationship. These qualities go beyond the purely transactional teaching role and clearly expressed the relational dimension implicit in their interactions in class. There was the acknowledgement of something ‘more’ in being a teacher for the disabled child.

In seeing themselves in the classroom space, the teacher’s reality was constructed in their relationship with the child, how they were seen and who they became in their role. It was an intersubjective experience situated in the classroom space with the disabled child that denoted a reciprocal incorporation of the other in the creation of meaning. However, the descriptions heard exposed a distortion in their perception, where comfort and care existed in a self-imposed charitable connection, but where a power dynamic that reduced the space for the disabled child to exist equally in class, continued to create the perception of ‘more’. The disabled child remained the object in place, existing for the teacher to act upon in finding meaning. Merleau-Ponty expands an application of reciprocity through a reversibility of “touching and being touched” (Merleau-Ponty, 2012:147). Unfortunately, there is a singularity in the direction of relationship unearthed in my understanding. The relationship described with the disabled child lacked reciprocity. The teacher continued to ‘do to’ the child, something extra.

The objectification of the disabled child in education resides in the separation applied to health and education, in the duality of mind and body, and in our understanding of disability (Nicholls, et al., 2016). In the rejection of this dualism, Merleau-Ponty is criticised for the ableist conflation applied (Reynolds, 2018) that assumes the disabled life reduced by a negative characteristic or lack of a particular skill or ability. Whereas intersubjectivity challenges the mind-body distinction so that we know others with whom we exist in the world by accepting their individual experience, shared. In seeing the individual, acknowledged is the impact of culture, society, history, and language of our embodied relationality (Merleau-Ponty, 2012). I reflected further upon this dimension in subsequent chapters. Here, I remained in the classroom to better understand this perceived additional workload for inclusion in the intersubjective realities experienced. I wondered on the value placed on disability-inclusive education as one of ‘more’, and where therapy is other than education’s responsibility in the descriptions of the everyday habits, gestures, and culture of the classroom.

6.4.3 The Humorous Habit of Exclusion

I sought understanding by reflecting on what the participants told me of their interaction with each other in the classroom space. In international guidance on the implementation of inclusive education, a core principle stated is the widespread commitment to inclusion among all professionals involved and the necessity to understand the inter-agency roles (IBE-UNESCO, 2016). Previous research described the requirement of time to build trusting partnerships between education staff and therapists for effective therapy to occur at school, within regular, daily school activities (Hutton, 2009). A therapist in this study experienced relationship with school staff that created an openness and trust. Ainscow (2004) stated that for effective disability inclusive education, time for planning and coordination among team members was required.

Participants stories revealed an imposed structural dualism of health and education in the lack of time available and the perceived relativity of the other in the space (Geraghty and Lyons, 2021). In England, the teachers perceived no time to listen to therapists’ advice and in fact, did not see the relevance to their role. In Uganda, the teacher and therapist occupied the same space but worked in separation, seen as a complimentary practice but not collaborative. There is an assumption that teachers and other professionals are aware of and have the skills to collaboratively engage, but in fact, they defended their particular role with little time or resource to do what is perceived as more work (Axford, 2019). In the separation of health and education, described in the participants lifeworld, therapist and teacher were seen to slip past each other in the corridor.

A therapist experienced themself as a visitor and were excluded from the school during COVID-19. The view that occupational therapists are visitors to a school and not an essential service for disabled children when following government guidelines during a pandemic, was reflective of the ongoing positioning of health services as separate to educational needs (Geraghty and Lyons, 2021). For inclusive schooling, increasing the practitioner’s awareness of the impact of their behaviour on learning outcomes and on developing a clear sense of co-responsibility for ensuring access to learning opportunities for every learner is indicated (Simon, et al., 2021; Johnson, Lewin and cannon, 2020). However, the disabled child was perceived as an “onerous adjunct to an already stressful teaching role” (Warnes, Done, and Knowler, 2022: 31). I looked to examine this understanding further as I explored the value of the disabled child in the shared, intersubjective classroom space.

In exploring embodied relationality of the classroom, it was further revealed in the habits and gestures normalised there. These everyday actions absorb and reflect meaning (Finlay, 2011). Brought to my attention in the text was an emotional response shared between the adults in their use of humour to hide an uncomfortable position, it held a dark perverseness. I wondered on this normalised ritual; a habit used to respond to situations that made the participants unsettled in the excluding space. The nuanced behaviour revealed a form of habituality to orientate us in our everyday life to the acceptance of the disabled child as different (Petherbridge, 2022). I wondered on divergent cultural norms between the Ugandan classroom and that seen in England and return to that in a later chapter.

However, I considered the lifeworld of the classroom in England and Uganda and the taken-for-granted nature of the experiences described (Finlay, 2011). Participants description of the humour used in England to hide their discomfort or ineffectuality in changing the habit of exclusion of the disabled child in school, revealed their situational and adaptive response to the disruption of their perceived social relations (Thorburn and Stolz, 2022). Their behaviour objectified the disabled child by exclusion. In Uganda, participants imposed conformity onto the behaviours of the child and themselves to not disrupt the learning of others. There is a discomfort in the noise made. Expelled from the normative space, the disabled body was stripped of its subjective autonomy, no longer valued intersubjectively, it was inscribed an identity colonised by an ableist perspective (Sparrow, 2018). This holds a moral and ethical component to the uncomfortable space experienced to be explored across both the Ugandan and English settings.

Merleau-Ponty emphasises the experience of the lived body as embodied subject, not just interacting with social and physical world, but inextricably enabled and disabled by the environments constructed and the people present there (Sparrow, 2018). The people who remove the disabled child from the shared space hide their moral shame in humour or tears; exposed was the importance of social and cultural norms (of the classroom) in how we experience our world (Sparrow, 2018). Thorburn and Stolz (2022) talked of a social ontology that conditions our obligations and enable a shared sense of communicative practice and empathy to develop. This seemed devoid in the practice experienced by participants and is explored further in the next chapter as I seek to understand the intertwined relations between school, home, and community, with the participants.

However, in focusing on the relational classroom, the participants experienced a cognitive dissonance that expected them to teach as if to a homogenous group of learners, with anything outside of this termed ‘special’, and defined as different, a negative, embodied quality (Simmons, 2018). Embedded are the social and cultural contexts that organised the body and buildings of certain spaces, and which in turn, created the disabling experience for the child (Petherbridge, 2022). The participants’ lived experience was one of a school culture that aimed to maintain the status quo, where standing out and being different was not normalised in the nuanced behaviours in the everyday space of the classroom. A teacher in England determined this to be a significant problem of inclusion in their class as they experienced a reluctance of pupils to put their hand up to ask for help, so as not to stand out as different, or as weak learners. Therefore, in drawing nearer to the origin of disability-inclusive education, I wondered on our role in shifting the notion of difference so that the education system celebrated the achievements of all (Farrell and Ainscow, 2002) and centred the disabled child in our intersubjective experience of the classroom to garner a sense of acceptance and belonging (Hagele and Maher, 2023).

6.4.4 Belonging is More than Being in a Shared Space

I returned to Merleau-Ponty’s insights on embodied perception, where certain bodies are signified as different from the norm in particular spaces (Merleau-Ponty, 2012). Within the space of the classroom, I heard of the separation of the disabled child, along with their teaching assistant and therapist. It is in the unfamiliarity created through separation where intimate and personal knowledge is forsaken, where without regular social engagement that the sense of difference develops (Simmons, 2018). The conceptualisation of ‘difference’ in schools was realised in the constructed roles of the participants in the classroom.

I understood the dualism described by the participants in the separation of mind and body, health and education. It was more than just a budgetary split. There was a division of responsibility, within the school, and in the relationship of the people present. In the idea of giving more in a caring relationship, there was a value-based, culturefuelled discrimination, disguised by a rhetoric of kindness and caring, hidden in humour. I wondered how participants found meaning in their roles and in their actions.

I explored the concept of the value of difference in my thinking as I returned to the data. I critically reflected on looking at the disabled child as an object in the intersubjective space to be absorbed instead of one that richly informed our world. Such practices of vision are situated in a broader context than the classroom and I will return to discuss these aspects of my thinking in greater detail in subsequent chapters. However, here I focused on the classroom experience, where disability is by degree, where a child with a little learning disability was easily included but where most were seen as too different to belong, and therefore, missing.

Within this concept of embodied difference is the notion of colonisation by an ableist perspective of the disabled body (Goodley, 2021). I realised this in talking with the participants in their acceptance of those children who were seen to be too different to be in the classroom. Their existence was intentionally denied validity and recognition in the learning space, where the universal assumptions of the somatic norm of able bodied-ness rendered them invisible (Petherbridge, 2017). The disabled child was no longer situated in our shared experiences in the world (Simmons, 2018), where sensemaking was sought. The labelling of difference in behaviour, communication, and social skills as aberrant often meant exclusion from the regular classroom (Tomlinson, 2018). Another twist to the tension of inclusion originated in how we justified the consummate expulsion of the disabled child from class.

Exclusion existed in the described identity of similar, understood as the individual's claim of commonality within a specific group of learners that enabled the disabled child to engage in all aspects of the school environment (McMurray and Thompson, 2016). However, Merleau-Ponty's concept of visibility and invisibility applied here to my understanding relinquished similarity to the shadow of difference; they are two parts that cannot exist without the other. Learner identity is described as encompassing notions of what or who we are perceived as and includes participation in social interactions between groups of students, but which also incorporates underlying values that relate to feelings of control and autonomy for the individual (Norwich and Koutsouris, 2017).

Applying a Merleau-Pontian framework to my understanding, I now saw the invisibility of the disabled child as a paradoxical equation of causality. There was the unitary position that said a sense of belonging was promoted through peer interactions with those experiencing similar access difficulties as themselves. This position fits well with the global narrative on inclusion. It firmly states an equality of opportunity, not outcomes, to be experienced and thereby, inclusion (Norwich and Koutsouris, 2017). However, this leads to some schools meeting their inclusion requirements by placing all disabled students together in separate units (Pesonen, et al., 2016).

It is this notion of participation with those like-us in the sense of belonging that I turned to next in my writing. There is a consequence to this tension, darker than the odd joke to hide our embarrassment as we pass each other in the corridor. Once again, to draw nearer to the origin of experience, I read Merleau-Ponty's insights of intersubjectivity where the other's gaze may objectify by denying another's perspective as an ambiguous unity being a mix of self and shared (Ramm, 2021). I looked from the child to the space they occupied, with others as being those from whom we do not distinguish ourselves, and it is here I saw exclusion. In coming again to the other's gaze on the disabled child; the direction must shift to the nature of the learning environment, instead of focusing on the disabled child's characteristics of difference, for inclusion to be realised (Thomas and Loxley, 2022).

Moreover, in the anecdotes provided by participants, the policy to provide alternative provision to meet the perceived needs of a homogenous group resulted in educational settings with intensely emotional charged environments. Participants described a setting that was unsettling; where pupils were provoked into certain behaviours by the adults present and the calming space was understood as a padded room, where staff showed limited knowledge or skill in their interactions. They described an emotional impact on them as adults, where they released all the tension built up during the school day in the car on their drive home. Schools justify the removal of the child from the classroom as providing the child with a safe space but in fact evidences the schools inability to manage and understand the child's place in the setting. Thomas and Loxley (2022) described this recent interpretation of the school-orientated approach to manage socio-emotional difficulties as a replication of the exclusionary practice of the past, in a different guise.

What I have heard is that familiarity is not enough to build a sense of belonging in schools. Social inclusion is not as simple as spending time together (Storey, 2007), nor in being all-the-same, but is through a community of shared and individual experiences (Haegele and Maher, 2023). Inclusion arrives from celebrating diverse elements of identity in the classroom (Thomas and Loxley, 2022). Schools need to embrace difference as an opportunity for diverse classroom interactions and therein, broad opportunities for learning (Farrell and Ainscow, 2002). Furthermore, a sense of belonging for disabled children is created and sustained in schools where adults work in multi-disciplinary collaboration, impacting on the acceptance of difference in the school culture (Pesonen, et al., 2015).

Adopting a phenomenological approach to my understanding, intersubjectivity founds objectivity. The sense of knowing different perspectives, enables our knowing a common world and in turn, forms our understanding that our world-awareness is indeed only a perspective of one within many. It is through our understanding of the intertwinement of perspectives of the objective world that it becomes one for all (Moran, 2012). However, what I heard from participants was that there existed a pervasive invisibility of the disabled child in school. An everyday habit of removal accepted, hidden within humorous gestures and normative expectations on behaviour. For the disabled child in mainstream education, their lifeworld was not created through intertwining with others; they were ostracised, objectified as different, and sent to occupy a place outside.

6.5 Conclusion

Merleau-Ponty emphasises experience as cemented in certain cultural, social, and historical contexts, lived through our embodied encounters with others, inextricably enabled and disabled by the environments constructed and the people present there (Merleau-Ponty, 2012). In the classroom, I heard a nuanced concept of ‘more’ underlying the practicality of inclusion. Inclusion was doing something different; the disabled child was not known as part of the regular class. In nearing an understanding of disability-inclusive education, I turned to the perception of responsibility embodied in the interdependent relationships revealed there and heard it was reassigned as other.

In the vignette at the beginning of this chapter, I wondered on how as practitioners we were able to advocate from the periphery. What I heard was that we covered our embarrassment and ineffectuality in glib comments, in screams on our way home or within the aim for the disabled child to quieten and conform. I was saddened that our place, along with the disabled child, was outside of the mainstream classroom. We do not belong. We are sent elsewhere, to do something different, the ‘more’. We are silenced.

I aimed to explore further the phenomenon of disability-inclusive education as experienced by participants in understanding their contextual situatedness of the classroom by journeying to other spatial dimensions with them, outside of the classroom. In the following thematic chapters, due to restrictions imposed during the pandemic, it is from these perspectives, and not the child's that I continued to look. I wonder on the context of inclusion beyond the school gates. During the pandemic, links between home and school seemed to blur and responsibilities between home and school shifted. In the next chapter, I further explore this movement and its impact of the lifeworld of the participants. I wonder on the origin of the language used to categorise and describe disability, and believed it reaches further than inclusive practice in the classroom. I explored with the participants disability within every aspect of the school culture, from origin to practice, in further trying to understand our embodied experience of disability-inclusive education.

Chapter 7: ‘What’s Happening at Home?’

From Merleau-Ponty’s perspective, these observations on encounter illustrate another way experientially in which the lived body is immersed in place (Seamon, 2021: 14).

7.1 Introduction

In turning to Merleau-Ponty’s insights of being-in the world, in this chapter to delve deeper in the data, I asked the participants to tell me of how they are known in self and of others through the relationships experienced, and in the forming of those relationships, how they make sense of broader elements of themselves and others. The participants led me from the classroom to the surrounding community and asked me to understand how meaning is created in those spaces. I applied the phenomenological assumption of place, not as a physical environment apart from the people there, but something indivisible and entwinned spatially and temporally, in relationship with the human experience (Seamon, 2021). During the pandemic, the altered dimensions of the everyday social realm of the classroom, the school, and beyond, was held in stark contrast.

In my understanding so far, I have heard how disability-inclusive education is experienced by participants in the classroom as one of relative impracticality. The space they share with the child is often outside of the physical and educational mainstream. They experienced guilt and shame, covered by humour, or cast conformity onto the disabled child. Petherbridge (2022) suggests this ableising vision can be interrupted and transformed by events such as the pandemic. I explored this concept with the participants in understanding the influencing elements of where we look, as practitioners and what it is we see. They looked to themselves in the intersubjective space, and then turned outwards to ask who they were in the place beyond the school gates.

During the pandemic, the participants experienced a blurring of their roles in providing support to the disabled child and their family, and in that they questioned their responsibility in delivering 'more’. In this chapter, I looked to explore the broader contextual nature of their experience in which their practice is situated in the child’s home and their community, to better understand how they made sense of their practice in disability-inclusive education.

7.2 Where am I?

I am sharing a reflection here to illustrate the direction of my gaze as I entered the data during the initial reading of the text. I heard participants talk of the link with home overlaying their role as teacher and therapist during the pandemic. They talked in the moment of their increased awareness of the impact of relationship in learning and questioned their responsibility in educating the disabled child in various settings. As an occupational therapist, I see multiple landscapes for education and in turn, meaningful occupation, and participation. Learning is not restricted to the classroom. As I reflected on what I was hearing from participants, my memory drew me back to an experience in a country town in West Africa. This is Collette’s story.

It's 2008. I am working for a Disabled Persons Organisation (DPO) in a market town in West Africa. The president of the organisation asks me to meet with a family. I first meet with the mother. She is concerned for her daughter’s education. Collette is 14 years old. She attends the local Primary School and up until recently her father has been taking her to school on the back of his moped. However, both parents now work and live away for long periods of time and Collette’s older brother and sister are both studying at university in other towns. Collette lives with her elderly great aunt. She cannot take Collette to school because she is unable to lift Collette on and off the back of the moped. They want to find a way for Collette to get back to school.

The next day I met Collette. She is at home watching cartoons on the TV. Collette has Cerebral Palsy affecting all four limbs and the most infectious laugh. Her mother shows me the difficulties experienced at home with personal care activities, requiring adaptation to the environment and equipment. I sit with Collette on the sofa and ask her what she wanted to be able to do. Collette confides in me that she is bullied at school. The problem for her is not that her family can no longer carry her into the classroom, it is that she must crawl across the floor during the day. Her peers call her Snake.

Collette also told me that she knows her words but when reading a book, she loses her place as the words jump about and slide off the page, so her classmates laugh at her. More than that she wants to help her aunt with cooking and preparing vegetables because she says her aunt is old now and she feels it is her turn to help her aunt with household chores.

Over the following months, we work on many aspects discussed in the home. It takes time but we adapt a hand-tricycle so that Collette can mobilise independently using only her right hand. Collette is now a year older when the adapted tricycle is finally delivered, Collette is extremely excited.

She does not use the tricycle to go to school. She does not want me to provide a ramp or redesign the classroom space to enable access. School let her down by expelling her when she retaliated to the bullies. She doesn’t want to return. Her parents reluctantly agree. They see how Collette’s new freedom enables her to participate in her local community. She takes the biscuits and buns her aunt has taught her how to bake on her tricycle to the local drinking joints to sell. She tells me she meets her cousins and friends at the market. She makes money and can have her hair plaited there. She feels part of her community.

From Collette, I learnt that where school had let her down the community offered her a place to belong, to participate as an included member, with a valued role. Her sense of identity came from being accepted in the wider community. She laughed and joked with others there, her neighbours, extended family members, and peers. She brought them food and cakes. She participated in the space they occupied as customers, and she took part in the rituals and practices known there. Where did my work as her occupational therapist lay? I adapted the home environment and made splints so that she could hold a bowl and spoon to help her aunt. I modified the reading task to help Colette keep her place on the page. I adapted a mobility device, but she didn’t use it to go to school as I had intended. Colette asked me to look to her wider context for meaningfulness. I am curious as to how this wider context is understood in school and how, as practitioners, we understand our role in education. I questioned how I saw the purpose of education and how in my practice, I enabled learning for the child, to be entwinned with others in community and be relevant to their future adult life.

In the previous chapter, I explored the relational dimension of the classroom in developing a sense of belonging and what this means for disability inclusive education. In this chapter, I examine the shifting space where education took place during the pandemic and what this means for our understanding of the phenomenon, and for us as practitioners in this place.

7.3 During COVID, the Line Between School and Community Blurred

> “… *some families have been really kind enough, they allow the other children from the neighbourhood to come and attend those supportive classes with their children, and they agree with the teacher to add in some more money on to what they had agreed, just to allow the other [children] also have some schooling at least.”* (CT 9, Uganda)

This opening anecdote orientates me to the participant's experience of coming together to share resources to support one and other during school closure. Their intersubjective reality is mutually supportive to combine resources. Their experience sat among the people in their community, outside of the school. I heard an acceptance and understanding that everyone was in the same boat and needed to pull together during the pandemic.

Similar but arising from a different direction, this teacher in England experienced a responsibility they felt in their role. It originated from the government but was performed in the context of their school. There is a rationalising of a common ethical principle formulated in their description; in ensuring children receive food when in school continues in homes during the pandemic.

> *"… those phone calls just checking in how are you? Have you gotten food for this week? Is there anything you need? Is the family isolating how is everybody? … the government was telling us it was our responsibility, so we took it on board because a lot of our children are free school meals. We were responsible for giving [out] food."* (CT 5, England)

This teacher experienced more than just providing food. They were providing a pastoral service and social support that they were asked to perform. I wondered on the origin of this ethical and moral obligation experienced and I turned to the concept of responsibility within the construct of educational purpose.

Participants in both contexts applied a broader context to education purpose than the narrow performance-driven criteria often experienced. The inequity of home is experienced in schools.

> *"I think even in normal times, schools are asked [to] do quite a lot … to teach children how to wash, to teach children how to brush their teeth, to provide children with breakfast. Is it our responsibility these days?"* (CT 5, England)

This teacher in England talked of their role in providing personal care support as a routine element of the school day that fell beyond their teaching of academic material but could not be separated. Within their description existed their questioning of where responsibility for this broader approach to education lay, between the home and school.

> *"… I think it gave us an idea of what's happening at home, but it also forced us into being more flexible in our approach and I think that's something that we will definitely take forward because it was quite eye opener to see just how difficult things can be at home."* (OT 3, England)

Whereas a teacher in Uganda, in their exchange with a student, expanded this notion of breadth in education to expand beyond the classroom into the space occupied by adults. They recalled how for their student school no longer held purpose and in fact she sought identity through participation in their community.

> "… this girl is deaf. She's around 17. She tells me that she's had [it with] school … she's older than her other classmates, so she feels like she's not fitting in. She tells me she wants to go and get a vocational skill; learning how to plait hair." (CT 9, Uganda)

In the anecdotes shared, I heard a broadening of vision that situated the intention of education within interconnecting strands of experience outside of school, in the wider community in which we live. I wondered on that place outside school and how inclusion is influenced there.

From participants in both Uganda and England, I heard of a 'blindness' in their communities. Below, the teacher in England experienced their eyes opening only when they shared space with the disabled child in a special school. For the occupational therapist in Uganda, they experienced an awakening during their practical training.

> *"When it comes to SEND… and how severe it could be, it's important for people to know about it… it opens their eyes a little bit because they've never obviously experienced those sorts of things. That's what happened for me when I went to visit a special school..."* (CT 4, England)

> *"Before I came to OT… I was as ignorant [as] people in the Community. I did not know much about disability. I didn't know that this person can actually be totally skilled and do something productive. Well through training comes the evidence … you have a lot of books to read [and] there are practical skills that eventually you get to know how. And you are convinced."* (OT 8, Uganda)

I heard ignorance as a falling veil for those working with the child and their family, and for the wider community. The participants revealed their visual acuity only improving after spending time with the disabled child.

> *"… through working with children with special needs, seeing that they're not this 'big other' that maybe you thought before, you start to see their world and accept their way of how they act, and even like sensory things that somebody might think is really gross, does not faze us because we're just like, 'OK, cool, he's doing this… because of this."* (CT 6, England)

There is an embodied intersubjectivity of experience in our coming to see the disabled child, the person, situated in the shared space of community. I was told by a participant in a previous chapter that *'schools are a good place to start'* in building awareness. I wondered on the separation of the school and local community.

Participants in Uganda described how during the pandemic, with greater community awareness, their practice grew.

> *“It only took a month and then, I had some other kids who came to join in with special needs. So that's how it started me working with this child and others joining in. It started slowly… It didn't exist before the pandemic it started during the pandemic.”* (CT10, Uganda)

Participants expressed a responsibility to demonstrate their effectiveness when sensitising parents to identify children who may be included in schools.

> *“… you share the information with the parent but also to convince this parent you must do something which is visible, and this is when the parent will actually believe you.”* (OT8, Uganda)

Their experience is evidential. In ‘seeing’ the parents believe in their child’s ability to attend school.

> *“My role as a therapist is to raise awareness of disability and we talk about the differences we have in the society … about the disability and also telling the parents where to take their children to be helped by these professionals, And people actually tell you “oh, we didn't know that these children can actually go to school.”* (OT 8, Uganda)

Other Ugandan participants talked of how when children began to enter schools, they followed to provide peripatetic support.

> *“We're doing a lot of training, teacher trainings, hands on activities with these particular individuals. We move school by school trying to disseminate information about disability and inclusion because we find a lot of exclusion and negative attitude towards these children with disabilities, segregating them, not meeting their needs. They're not cared for. It’s still happening.”* (CT9, Uganda)

I heard them talk of movement from the home compound out onto the local streets, and into schools. In England, I heard something else happening.

> *“For a couple of years, I only had one SEND pupil in my class. But [that was] in my first class, second class, probably 3. So, I didn't really have much experience. Annual reviews happened and the SENCo seemed to take over. I didn't really have a clue because SEN is not really taught much.”* (CT 8, England)

I believed the teacher in England expressed the feeling that their disability knowledge and skills in practice was being reduced by the ‘specialism’ held in a post other than teacher. The responsibility to include every child was removed from the classroom.

In England, the situatedness of the experience for participants lay in pushing out the boundaries of education.

> *“Trying to reduce any barriers to participation for children in accessing education and activities starts in the school setting. Obviously, that's really broad but it is. I don't think education should only be about the academic side. It needs adjustment for some students in order for them to be able to actively participate in all areas.”* (OT 4, England)

The focus of this participants gaze is in school. However, they see a broader purpose to education and include wider areas of participation, including those outside of the school's playground.

> *"… more cross site learning where you look at areas of the curriculum that may be really helpful; social groups or extracurricular activities [that] lend themselves to crossover, on a regular basis. Not once a blue moon, but every class has the opportunity to be with another class every week… with a cohort that looks very different from them, different schools, different experiences, and different opportunities to develop friendships… even support networks". (OT 6, England)*
>
> *"From my experience, the classroom is a generic space, indoors [but] looking at new situations, for example, thinking of summer schools outside in the woods because … too much screen time is making children weaker and less able with fine motor skills and stuff … So yes, [a classroom] can be anywhere learning takes place."* (OT 1, England)

I wondered on what I heard in the difference of experience for the participants in the two countries and further explored the direction of the situated happenings. In Uganda, participants appeared to stand in the community and look towards the school setting; theirs is a movement inwards.

> *"It starts with colleagues, it [then] goes to the parent, then people in the community… you go to TV stations, Radio, as we celebrate different disability days… you have to make the public aware … to recognize the improvement of people with disabilities and then at the end, people will not undermine children with disabilities".* (OT 10, Uganda)

Whereas in England the participants gaze remained within the school setting, with glimpses through the window to see the broader context outside in which disability inclusive education sits.

> *"It's the ethos within the school, what the Senior Leadership Team are saying and showing in terms of how classrooms look and operate. Then obviously the teachers take some direction from whatever the school is saying on inclusion, what the message that the school is trying to put across."* (OT 4, England)

Throughout the stories told, I heard a normalising language used by participants and questioned its origin. Across sites and professions, a persistent understanding of disability-inclusive education is one of 'normalising' the child.

> *"[I'd] use my knowledge of child development and [see] where they were in terms of normal development level to set my targets, [to] understand that target and to look at next step. I'm a big believer in if you haven't gone through all those processes of development to be able to move on to the next one, if you're missing stuff out, you're just gonna come unstuck tomorrow."* (CT 1, England)

There remains the dominant voice of hierarchical milestones and judgement against the developmental norm for the disabled child to be included in the mainstream educational space.

> *“We are there looking at [how] other children are performing. But ideally you may not look at this child performing exactly as a normal child, but you’re hoping they'd at least try to perform to be independent in activities of daily living. It might not be as a normal child who attained the developmental milestones, but you [aim for] some level near.”* (OT 9, Uganda)

I heard that within this construct of disability as less than the embodied ideal of the classroom, lurked the placement of negative labels onto the child.

> *“One time I remember we were talking about learning disability. They thought the [children] were just stupid or being stubborn like they don't want to do class work.”* (OT 8, Uganda)
>
> *“There’s still quite a traditional view of the way a child needs to learn, and if they're not sitting at their desk and not looking at me, then they're not learning. For example, if we suggest trying a different position or putting in some regulation and sensory strategies before learning, sometimes there's the ‘Oh, well Jonny hasn't been behaving so he doesn't deserve to do that’.”*
> (OT 5, England)
>
> *“… from the school perspective, some parents think that children with special needs will in quotes ‘spoil’ … Some parents withdraw their normal children from the school thinking that they may also acquire some kind [of] … like those with disability.”* (OT8, Uganda)
>
> “It’s the attention deficit and the autism and the sensory processing type kids. It's a lot harder because their disabilities are that much more hidden. some teachers or staff would just see a naughty kid, or it was just an excuse.”
> (OT 5, England)

Stupid. Stubborn. Undeserving. Spoiling. Naughty.

However, amid the noise, I heard voices trying to shift the attitudes and expectations held, along with the words used by professionals and parents.

> *“In therapies people are still learning to shift that mindset from changing the child … this whole thing of making someone better or becoming as normal as they possibly can be is still in the language of many reports I read and is still in the ethos of much of the provision.”* (OT 6, England)

Revealed in this anecdote is stubbornness of the antiquated rhetoric where the child is seen as an object of intervention. The participant experienced the languorous nature of change within the profession in the time lag of applying new knowledge. Instead of normalisation, the therapist in Uganda brings our attention to their interaction with the parent, where acceptance of difference is in the *doing* achieved at the individual child’s level.

> *“…the parents had a lot of expectation that we were to normalize [the child]. We had to explain all the steps, all the training that we had to do with the child and the other skills we had to train their child [in] so that the child could be independent. The parents came to realize through therapy how the child was improved. Family and hope… ideally those are the starting point.”*

> (OT 10, Uganda)

I delved deeper to hear what is meant in the language used; in the hope expressed. The participants shared the conflict they experienced in implementing disability inclusive education in schools as it stalled at the child's interface with the community and broader societal values and influenced their identity inside that space.

I heard that there was a limit, a maximum potential, a glass ceiling for disabled children in education that impacted the child's whole life. The experience of participants was of trying their best in school to include, but that their effort veiled a futility felt when inclusion is not sustained outside of the school gates.

> *"When I was at the college, the SEN manager used to say, 'oh, you know it is the best we can offer'… it's that if somebody gets a job in a supermarket, we think that's the pinnacle of their … the expectations we have of them and maybe we were, as a group, limiting each individual's trajectory of what they could do in their lives."* (OT 1, England)
>
> *"I teach them things that they need for later life. It sounds cruel, but there are children in the education system that you know are not going to live independently. [They're] not going to have a job … because society puts the glass ceiling on them."* (CT 7, England)
>
> *"I always ask, if they work so hard, these children with disabilities, after their primary what do they do? … they're just left to try their level best to fit in with the societal public. If they don't, that's tough on them."* (CT 9, Uganda)

In the context of disability-inclusive education there exists a dualism of space, inside and outside the school gates. I wonder on the origin of this separation and what meaning it held for inclusion as the disabled child grew up.

Participants reflected on the importance of being-in a shared space but as we heard in previous chapters, familiarity alone is not enough for inclusion. The participants began to show us the intersubjective relationship formed through knowing each other, and as belonging in and relevant to their experience.

> *"…schools play a big role in improving children's social skills and in reducing stigma. So, when children start school with other children [with] special needs, they won't talk bad things of their peers, they become friends… they are aware that these are our friends. These are our brothers and sisters. There is no need to segregate or to isolate them."* (OT 9, Uganda)

In conversation with me, a participant in England showed their critical self-examination and in their understanding that inclusion existed beyond classroom practice.

> *"… is that where we need to work on it? You know trying to have better understanding. Therefore, better support is not even about just the families with children with additional needs, it's about everyone because where do our beliefs and expectations and understanding of what life is, come from?"* (OT 4, England)

In asking this of ourselves, our perspective is formed with those we share our lives. For the Ugandan therapist below, their understanding is in the act of assessment. In their review of the embodied world for the disabled child, they as the therapist are included, along with the people in the school and the child's home.

> *"I can make a comprehensive assessment in the environment and that's the people he's with, both home and learning environment. Then as I keep on interacting with the child, I will be able to know somethings that interests [them] then it will be able to get me in one way or another."* (OT 7, Uganda)

There is no separation in knowing self, with and from others around us. The reciprocity of relationship is seen. However, the therapist understands a difference in the intersubjective place dependent on the perceived relationship. It is through shared experiences that each other is unveiled.

> *"… in a group setting and maybe over a common condition, they would open up, ask so many things between themselves… 'my child does this or my child is like this', 'How about yours?', 'OK, so how did you go about that?' [The parents] are then much more active when you engage them directly. They get to see how others are doing things or how others are feeling. They get motivated much easier [rather] than me coming in and telling them what should be done."*
> (OT 7, Uganda)

The place occupied by the professionals is different to that of parents. In the scene described by a teacher in Uganda, the reciprocity in the embodied experience of disability inclusion in schools is illustrated through the holding of hands.

> *"… course we know anything is possible if we change our attitudes … we want to move 'Hand in hand' with the teachers or other school administration to show them what we exactly do with these individual learners … for us to go there to demonstrate or to discuss on the issues, the ways that are possible to include these children. So, when the schools already accept to give us time, I can say that is achievement number one."* (CT 9, Uganda)

The directionality of relationship is entwinned in our place in the world as subject and object, known in self and of ourselves from other. However, in determining the direction of the embodied experience, participants told me not to look at it as possessing a bidirectional quality, but one enmeshed in multivalent complexity.

> *"[Schools] should create a conducive environment to allow these children, who are there in the community, in their schools, and then they need to carry out refresher courses for teachers [because] they don't know what they're supposed to do, and it's not that you are blaming them, but the courses they did from the start, never give them room to understand what disability is, so it's upon the school to embrace inclusion and information about disability as a whole."*
> (CT 9, Uganda)

The culture of the shared space is value laden. In their understanding the participant asked me to not to blame the school for the ignorance that existed there. They suggested that disability awareness should not be an add-on but an integral element to the school environment, one that reaches into the local community, and into the home.

The participants described home as a dynamic place, rich with meanings. For this participant in Uganda, the integral meaning of the child's independence is entwinned in their active contribution and interconnectivity within the family's daily activities.

> *"Usually, parents bring children for therapy because they want to see their children do most of these things by themselves, to live independently. For example, a parent may want their child to be trained [in] eating because they cannot be there all the time, or [have] no time [for] taking the child to the bathroom."* (OT 8, Uganda)

There is an emotional, protective quality to the experience. This participant in England reveals the interwoven movement inwards and outwards of home. In the movement experienced in place for the disabled child, there exists differing levels of comfort.

> *"I think it's the challenge that it is to be a family … some just want to protect this child and say, 'we want to keep them at home, they are happiest at home… if we go to the shops it tends to be a very mixed experience. So, we try not to do too much'. And then there's other families [who] really want them to be going everywhere … 'the wheelchair needs to go on every single train... the shop is hard, but we want them to have that experience with us.' They're going to be the person who breaks down the barriers of Society…'. But then what does that mean for the child? I don't know it's complicated, isn't it?"* (OT 4, England)

I wondered on this conception of environmental embodiment possessing multiple strands of interconnectivity for the disabled child, emmeshed in place. As I listened to participants in England and Uganda, I heard school as a limiting place where the interconnections with home, part of the child's identity and integral in their whole lifeworld, are not seen.

To explore further the interpersonal connection in place for the disabled child, I returned to school with the participants to understand the everyday happenings there.

> *"We used to be a school for children with physical difficulties and communication needs, and within that you would kind of have very complex physical, medical needs [but] GCSE [pupils] who just can't use their legs or arms. But now we're not experts at all… I'm not saying it was perfect, but we knew what we were doing."* (CT 1, England)

I heard an identity for participants in their knowing and the experience of loss of self with the perceived loss of role. However, in doing so they lose sight of the child.

I heard an incomplete connection for the participants in *their own being-in* place. This is shown here in the following descriptions of the therapist and the teacher. One sees the child as integral to who they are in place.

> *"I think there's a lot of assumed competence by therapists that what your knowledge is, people can pick up the basics and run with it, but you forget that [therapy] isn't just common sense, it's something that you've trained for. It's a whole knowledge base that you have, that you know."* (OT 6, England)

The other remains outside, by bringing a detachment to their experience. Their interaction is governed by the knowledge of a third party and the application *of* … and *to* … not *as* or *with*.

> *"We have meetings [with] our SEND leader and we talk about a child… She'll say, 'have you tried to move them? Have you used the box?' And I'll tell her, 'I've tried all these things and it's not really worked out', but then she says, 'well, if this child doesn't like writing with a certain type of pencil or a pen, try this one because it doesn't make noise because some children are very, very sensitive to sound."* (CT 4, England)

I heard the situatedness of the child in school that is linked with those with them there. I wondered on the values held that backlit the disabled child's place.

> *"… schools [are] not actually made for people because they're having to work at this fast pace of learning, and it's all just like exams, exams, exams … it takes away from being able to accept pupils differences because if you're not meeting that expectation [of] all these good grades, the school's never going to be able to work in favour of people who can't."* (CT 6, England)
>
> *"Most of the leadership, the school administration [have] knowledge insufficiency about who should help these kids, how to get to make sure these kids benefit or have a much better environment to help them fit easily to school… It's letting schools [know] about the different services needed."* (OT 7, Uganda)

What I continued to hear is that schools are not made for disability inclusion; that children who don't contribute to their exam tally are not relevant and this is seen as filtering down from the leadership into the ethos of the school, where there exists for participants the child's potential as if it were a static element, embedded in the child.

> *"The kids themselves shun this [disabled] kid when they need to share… [they] talk about this kid in their home settings, [saying] 'I shared with such and such kid'. So, most [parents] end up dragging their kids from such schools. So, some administration won't admit them for the sake of killing their name."*
> (OT 7, Uganda)
>
> *"You need to look at the competency of your staff and allow training and time to support the staff training, whether that be teaching staff or therapy staff. It's about staff being able to work at the school level to say… 'What difficulties and what supports do we need to help them achieve their potential?"* (OT 6, England)

In an attempt to quantify what they do, an OT in England turns to the child and looks to their future. What is the best they can expect?

> *‘What we need to be doing is saying what are their interests, their strengths, and what skills do they really need to get the best they can out of life.”*
> (OT 6, England)

Their emphasis remained on the individual to get the best they can out of life. There is a mixed message of responsibility; from the child to those with them in various spaces, and back to the child.

> *“When we are working with the support staff, we're always trying to make sure we have someone alongside us that we're talking to, there’s more of an understanding when we're doing that in real time. They’re ‘oh, I need to be active in this' and be taking all of this in so that I can change the way this child's doing this’.”* (OT 4, England)

It is a vision that remains focused on changing the child to fit their school. However, the participants revealed themselves in the momentarily lifting of the veil on the shared knowledge required, glimpsing the intrinsic challenges for the participants to change themselves, not solely the child.

> *“Those [schools] give us their time and we take their teachers through the trainings on what they're supposed to do and develop resources to meet the needs of these individual learners. It's a process. So, we can train them in their class sessions with the individual children whom they think are challenging for them.”* (CT 9, Uganda)

Moreover, I began to hear that there is recognition of the broader social context of learning for the disabled child that engages people in their home and local community.

> *“I work with a development centre, like a school for children with disabilities and we work with the community, and with the families. We have outreach … we can go in their homes, for home visits, and conduct outreach in nearby health centres.”* (CT 9, Uganda)

The following anecdotes from therapists in England and Uganda, elicit the concept of acceptance of difference in an advocacy role. There is the understanding that we need to know, to be sensitised through knowing, to be able to embrace difference without prejudice or fear.

> *“I do think it’s really important that our schools are inclusive and are showing the strength of children with additional needs … and how differences can be accommodated… [schools] are massive in like accessing the groups you go to outside of school and everything else, for your family.”* (OT 6, England)
>
> *“…in the community they see few children [with] special needs as they segregate, they isolate them… sensitisation is key. We do that to reduce neglect by parents … those who are hiding their children at home will bring out their children to the community without fear.”* (OT 9, Uganda)

Expressed by these therapists in England and Uganda is the separation of place and the impact on the child and their family. It is seen in their being outside of the social groups that enrich lives and hidden from the sight of their potential neighbours and friends.

7.4 Discussion

In this chapter, I followed the participants as they left the classroom and ventured out through the school gates. I heard the importance of their interactions with the family, and the local community, during the pandemic. The participants drew on information of the child's home gained through their interactions with parents and others, during the shared crisis, and applied it to their understanding. However, within this expanding space, a tension of identity and role was expressed.

The infusion of school into the home placed the expectation to learn at the dinner table. It cast shadows of the classroom onto kitchen worktops and bedroom walls. It led me to examine others in the child's broader learning space. The uniqueness of every learner and their family environment, their particular familial culture, routine, and day-to-day habitual effect, emerged during this time for participants. The pandemic reflected the complex, interdependent relationship formed around the disabled child inside and outside of school.

In the vignette shared at the beginning of this chapter I presented Collette's story. They allowed me to see them not just as a disabled child in school requiring accommodations and adaptations to that environment but asked me to look further along their life horizon to one where they participated in community-based activities. For Collette, outside of school was where their identity and inclusion lay. I wondered on the difference in that place for Collette that enabled them to feel they belonged there.

As I repeatedly returned to the data with the participants, I reduced what I already knew of inclusion to realise it afresh in, and beyond, the pandemic classroom. In the previous chapters, I looked from the individual child, invisible in the mainstream classroom, to an understanding of their invisibility hidden in the sedimented attitudes and relational habits of the school. Merleau-Ponty talks of being-in the social space as meaning our self being known through relationship, with those we experience the world with, and in the forming of relationship, creating a shared meaning of our social world. In this chapter, I explored the broader educational context of home and community to better see the complex interconnections for the child, entwinned with many others, connected in place. I bring Merleau-Ponty's perception of place to know ourselves as practitioners in school and beyond the school gates.

7.4.1 During COVID, People Went Home

Recent literature highlighted various factors that influenced the child and their family's experience of the pandemic. We heard how for some children with Autism, their time at home reduced some of the stress and insecurity experienced when attending school (Shepherd and Hancock, 2020; Vincent, Oliver, and Pavlopoulou, 2023). As discussed in the previous chapter, other studies emphasised the difference in the priorities that parents and education staff placed on home learning during the pandemic (Hellawell et al, 2022; Green and Edwards, 2021; Geraghty and Lyons, 2021). Furthermore, a study exploring the well-being of parents, particularly for fathers and couples who worked from home, found spending more time with their family and children, a positive experience for all (Dawes et al., 2021). There is evidence that the changes to the work environment for some parents enabled flexibility, which particularly benefited parents of disabled children. However, for many parents this was not a viable option. The socio-economic position of families determined the resources available to them to engage with the school, adopt learning recommendations at home, and fund additional support (Skipp, Smith and Wall, 2021). The intersection of poverty for many disabled families is interwoven into the participants stories throughout this study but does not become the main character of the chapters.

In this study, I heard participants talk of the deprivation in their local settings being brought into stark relief during the pandemic. Teachers in England expressed how, due to the poverty in their local community, their role as teacher had expanded over recent years to include providing food, ensuring children were washed, and knew how to brush their teeth. In Uganda, a participant talked of how those with more resources shared with others in their local neighbourhood during the pandemic. However, in the 'coming together' experienced during COVID, responsibility felt by participants to meet the non-academic needs of children, highlighted the inequitable opportunities experienced by families with disabled children prior to the pandemic. The COVID-19 pandemic illuminated the existent discriminating attitudes and patterns of marginalisation evident for disabled children (Vincent, Oliver, and Pavlopoulou, 2023). It was within this framing of responsibility that I aimed to better understand how the moral and ethical obligations of educational provision are understood by participants and in particular, how it influenced their disability-inclusive practice.

As discussed in the previous chapters, during COVID-19, the embodied habit of social interaction in schools altered under governmental guidelines for social distancing. The ethical responsibility felt towards one another within the context of the pandemic, exposed levels of understanding held of each of us as vulnerable and mutually supporting beings (Petherbridge, 2022). I wondered on the ethical and obligatory elements found in this relationship and the resentment I heard there. A teacher questioned the level of responsibility awarded her role and their school to provide more than teaching. They felt they had been given the responsibility to be a central point of contact and support for families became even more evident during the pandemic

In the anecdotes shared, I heard that for participants a sense of obligation to provide pastoral care alongside academic teaching. However, the data collected during the pandemic, as schools attempted to form a sense of community and partnership with parents online, highlighted a perceived lack of support for families with disabled children in England existing prior to the pandemic (Hellawell, Smith, and Wharton, 2022). Literature from this exceptional time suggested that parents experienced various levels of support from professionals with some feeling overlooked and ignored (Shepherd and Hancock, 2020; Roberts and Bradley, 2021).

Moreover, within this gap of experience between practitioners and parents, participants described their understanding of themselves in the relationship formed, and queried who they were in that space, and who they became. I heard they had transformed through their experience working with the disabled child, and I wondered at the complexity of this intersubjectivity between the people in different locations. In the imposed separation of home and school, of schooling and caring, of self and other, I aimed to explore the origin of the transformation described by participants and its place.

7.4.2 Revealing Ourselves in Place

In the turning of our gaze towards ourselves, our responsibility as social and interdependent beings is revealed (Petherbridge, 2022) and within this, we bring an understanding of our own being-in the world to that of the child. As discussed in the previous chapter, in Phenomenology of Perception, Merleau-Ponty provided insights on our existence as inseparable from our social world, in the embodied encounters of self and others in place. In further critical reflection I wondered on how our perception of self is often understood as a separation of ‘I’ in place, rather than amongst and indistinguishable from those around us (Ramm, 2021). Seamon (2020) discussed a dialectical nature of place as inside and outside, useful here as I first stood with participants inside the school. To be inside place is said to embody a degree of comfort-ness, with its familiar habits, routines, and interactions; it builds an identity to and of place, a sense of belonging, and in contrast, therefore, a discomfort is experienced in being outside place (Seamon, 2020).

In the narrative of the participants, in the previous chapters, I heard that for the disabled child being-in school meant to be educated elsewhere, in the corridor or at a separate table, or potentially in a different place all together. I looked to this tension devised of place, in the knowledge and the language used. Effective educators are said to imaginatively and skilfully act through their ability to listen to, understand and empathise with their learners (Bullough, 2019). However, this interconnectivity does not take place in a vacuum. I wondered on how the inclusive place is experienced for the participants without the disabled child's voice in the classroom.

The concept of a knowledge insufficiency is revealed in the participants practice at every level. For those teaching across settings in England, participants talked of acquiring strategies to apply in practice with little understanding of why certain techniques may be applied for a particular child, nor what to do if they are seen as ineffectual. As presented in the previous chapter, there have been a substantial number of studies into teacher knowledge and how training influences their attitudes towards inclusive education. Teachers with experience of implementing inclusive education in the classroom generally hold more positive attitudes than teachers without experience (de Boer, Pijl, and Minnaert, 2011). However, there remains an ambiguity within the findings reported across studies, as although teachers tend to support the philosophy of inclusive education, many remain reluctant to implement it in their own classrooms (Imray and Hinchcliffe, 2012; McGhie-Richmond, et al., 2013), particularly when the degree of change to instructional practices is perceived to be high, for example for those students with complex presentations (Avramidis and Norwich, 2002).

Although, training has been found to support teachers in implementing inclusive education and improve their attitudes toward inclusion, a fault line in the provision of disability-inclusive education lies between procedural and propositional knowledge, emmeshed in the myth of a static and pre-determined ability for the disabled child. It creates a liminal place of learning for the disabled child. The ontological perspective focuses our gaze onto the child and causes the need to normalise, to fix them, through expert knowledge so that they may fit into the mainstream world (Culham and Nind, 2003; Mittler, 2013; Codina and Wharton, 2021). There is an historical perspective applied to this knowing. However experientially, the participants told me that they continued in this place of 'trial-and-error', and of expert in knowing. Therefore, I interpreted that the basis to the knowledge of disability-inclusive education, applied in schools today, is value laden and continues its place outside. For participants, there remained a doing-to experience in their encounters, rather than being with the child.

Furthermore, in the everyday happenings of the school, the terms used for recognition and description of the disabled child surfaced (Finlay, 2011; Hagele and Maher, 2023). The continued adoption by schools of the normalisation agenda perpetuates environments where children are labelled naughty, deviant, and maladjusted and incapable (Thomas and Loxley, 2021; Storey 2007; Mittler, 2013), and reinforces a normative corporeal inside place, placing the disabled child's unique embodied experience outside (Hagele and Maher, 2023). In acknowledging ourselves in this place, I heard words such as stupid, stubborn, and undeserving, or spoiling and naughty being used. In seeing the disabled child as deviant, negative, and unworthy, we determine their interaction as disruptive, a place apart, outside of the normative space (Seamon, 2020). The child's displacement is seen in the words used to portray them in place and positions our practice with them there.

For participants in Uganda, hands-on training offered sense-making in creating an inclusive place for the disabled child inside the school. Merleau-Ponty uses an illustration of grasping hands in his understanding of us as reciprocal beings, where our communal life embodies shared meaning (Merleau-Ponty, 2012). The participants in this study described an ambition to be 'hand-in-hand' with each other to shape practice. However, I wondered on an inequity in the grasp in whose knowledge held dominance. I questioned the reciprocal nature of relationship inside inclusion when the rhetoric remained that disability-inclusive education is where the specialist disability expert resides.

Inside the classroom space, disability-inclusive education is ambiguous for many practitioners as they struggle to understand each other's theoretical and philosophical positions (Suc, Bukovac and Kaplyuk, 2017). The uncertainty of roles, and responsibility for delivering disability-inclusive education, impacts on the dynamics inside place, which often results in unequal power relations between the adults within the classroom setting (Ainscow, 2004). This in turn, impacts on how the training offered education staff on disability issues continues a normalisation rhetoric instead of infusing disability awareness throughout the curriculum, necessary in promoting disability-inclusive education (Storey, 2007). Expert knowledge also resided outside the classroom for participants. However, the implementation of disability-aware curricula is complex and not a unidimensional problem of neither setting nor level of need alone, but a power imbalance inside schools, intentionally or otherwise constructing disabling spaces de-sensitised to the needs and abilities of disabled students (Soldatic and Grech, 2014).

Merleau-Ponty emphasises the experience of the lived body as embodied subject in place, not just interacting with the social and physical world, but inextricably enabled and disabled by the environments constructed and the people there (Sparrow, 2018). Inside school for the disabled child is disabling when compared to others or when seeing themselves through the eyes of others (Sparrow, 2018). For the disabled child learning existed in the place outside, seen there by the participants. There is a discomfort experienced, so I wondered on the elements external to schools that contributed the place inside.

7.4.3 Knowing Each Other in a Wider Place

I critically reflected on Merleau-Ponty's insights on place, where experience of being inside place is an ambiguous unity, being a mix of self and shared. Through interaction with other, identity in and with place is created, but where the other's gaze may objectify through denying another's perspective (Ramm, 2021). In the previous section I considered how inclusion existed inside place, moreover what it is to be seen outside of that experience. In this section I reflect on another opposing aspect of place as one that regards the outward and inward nature of experiencing place.

I attempted to draw nearer to the origin of inclusive place in education by examining the direction of our gaze, inwards to school culture, and outwards to the external pressures and context of schooling. Seamon (2018) discussed this dialectical nature of school as place with its integral qualities shaped and reflected in the interface with the larger social and communal world beyond. Therefore, I looked to understand how the participants perceived the purpose of the school, in and of itself as place. I heard it as one to promote life-long inclusion and purposeful participation, revealed in their description of school as a place related to being part of the larger world context. However, when the level of participation in extra-curricular activities for the disabled child remains lower than their non-disabled peers, I looked to understand the lived relationship as school revealed itself to be looking inwards, when saying it faced outwards.

For participants, during the pandemic, the everyday actions and taken-for-granted environments came into sharp relief (Petherbridge, 2022). Participants talked of learning happening outside of the classroom, of increasing engagement through individualised teaching to the child's distinct interests and in supporting families to engage in learning experiences in everyday activities (Canning and Robinson, 2021). I heard this broadening of vision that situated the intention of education within the wider community, in the place in which we live. Participants hoped for more cross site learning and wider support networks. They brought a desire for a broadening to their teaching experience. It was born through their developing understanding of the home, and how the child's embodied participation in everyday activities, formed in the family's habits and routines.

In Uganda, an occupational therapist reasoned their understanding of the child's broader contribution within the family's economic context. An occupational therapist in England expressed the importance of social networks for the disabled child and their family. There is an understanding elicited in the concept of contribution and interconnectivity of the child within the family, rather than the importance of independence or as self as existing separate from others. However, in the duality of place between home and community, the participants brought the experience of separateness, apart from those in the wider community. It is where the family resides, in isolation, because outside of the home they are not known.

In education, isolation for the disabled child resides in the sedimented attitudes and habits of the school (Pertherbridge, 2017). It exists in the embodiment of school culture and the educational ethos permeating practice. School culture diffuses through the school, created, and disseminated from the top, impacting on what values are prioritised and championed in the classroom. An inclusive school culture is described as one that embraces diversity through multiculturalism; where purposeful eradication of stereotypes is an educative goal (Storey, 2007). A disability-inclusive school culture requires total buy-in from school leaders to enable access to specialist knowledge, embedded within school teams, and celebrating the difference of all learners, particularly those with complex learning needs (Ainscow, 2020). It is created in multidisciplinary working and planning to embrace difference and create positive identity for all (Ainscow, 2004; Castro-Kemp and Samuels, 2021). Furthermore, the inclusive values exhibited by schools was seen to influence their response during the pandemic (Skipp, Smith, and Wall, 2021). The values and culture experienced by participants in school as place, was protective of itself , resistant and inwards looking. This was seen in the schools relationship with their wider social world, the local community.

During COVID-19, to insulate themselves from the spread of the virus, schools closed. However, in developing a deeper understanding of this separation in place for the disabled child and their family, I looked to how schools experienced being apart from, instead being a part of the wider social world (Seamon, 2020). The closure of schools during the pandemic exacerbated an already precarious access for disabled children, so that with the closure of extra-curricular clubs, and withdrawal of many statutory services, conditions compounded an already existent feeling of social isolation for many families with a disabled child (Geraghty and Lyons, 2021). The limited availability of professional support or access to services for disabled children in schools is experienced pre-COVID but worsened with school closure. It was seen that the pandemic did not cause a lack of support or inadequate services for disabled children, rather that it highlighted the ongoing battle for many families with disabled children to have their needs met (Berger, et al., 2020). I aim to explore this broader social inequity experienced in the gap between policy and practice, in the subsequent chapter for participants in both countries of this study.

At this chiasmic junction of understanding, I returned to see how the perceived purpose of education determined the interpretation of policy in schools. In the literature, schools are asked to acknowledge broader aspects of their practice to better to support every child's learning (Wapling, 2016; Miles and Singal, 2010). However, the pressure of meeting curricula demands negatively impacts classroom practices that would enable creative practices for every child (Simon, Muñoz-Martínez and Porter, 2021). In the resultant outward-ness experienced by participants, they recalled the power of social stigma and its influence on the schools. In internalising the external pressures placed on to schools, they feared losing positive reputation, or failing standards.

Furthermore, this fearful, inwards gaze continued to justify why certain categories of pupil were pushed out of the mainstream (Nes, Demo, and Ianes, 2018). In shifting our gaze on inclusion to measures of effectiveness that include 'citizen-focused' learning outcomes, it may prioritise peer learning, flexible groupings, and whole school approaches that include features outside of the school gates (Nind and Wearmouth, 2006; Banks, 2011) and nurture the involvement of community members (Simón, Muñoz-Martínez and Porter, 2021).

There is a call for schools and other public institutions to be held accountable for increasing social inclusion discourse to enable disabled children to participate in schools and in society (UNDESA, 2009). Expressed is a broader context to inclusive learning than the narrow performance-driven criteria predominantly experienced in schools (Thorburn and Stolz, 2022). However, mere exposure to disabled children in schools is unlikely to reduce prejudice or radically change stereotypes experienced in the community, as it requires curricula reform (Storey, 2007). If education is seen as a way society socialises its people and is not purely for learning the alphabet or times tables, then the priorities in how schools educate need to shift to inform on how to consider one another and provide opportunities to develop participation in society after school (del Pozo-Armentia, Reyero, and Cantero, 2020).

In continuing to identify the child's deficits over the influencing contextual elements in the learning environment (Villneuve and Shulha, 2012), the total, habituated, embodied experience of disability is reduced (Reynolds, 2018), which is seen as patronising and insulting as to what it is to be human (Shakespeare, 2013). The application of the normalising principle in schools arrives from the broader social, historical, and cultural situatedness of disability knowledge in education. The definition of disability and in turn, inclusion, applied in schools relates to the ableist rhetoric that exists in society, which is then replicated in the learning space (Slee, 2019). I heard the negative language used to categorise and describe the disabled child, reaching from school and back again, constructing the system in which the child is educated (Liasidou, 2008).

There was an interconnectivity expressed by participants of being-in the school with the disabled child. However, where school was an inside-place, it held placed the disabled child's lifeworld outside. The relationship schools held with their wider context was complex and integral to the place experienced for those inside its gates. In standing with the participants in the school, their experience was not inside or outside, inwards nor outwards looking, it was intertwined experientially and ontologically in multiple directions. It was complex and dynamic in relationship.

7.4.4 Multidirectional Strands Entwined in Time and Place

In England, during the pandemic, schools were seen to be awarded a central role in the liaison with families, not only to provide educational support but to expand their pastoral care remit with vulnerable families. They described an imposed responsibility from the government during the pandemic, forcing them to look outwards to the community. Their gaze refocused on how schools promoted acceptance and inclusion in a broader context. Whereas in Uganda, the participants' sights were on shifting the communities understanding on disability to enable disabled children to be in school. Participants in both contexts considered the collective responsibility. They highlighted the interconnected relations around the disabled child, and their experiences possessed a spatial and temporal quality. However, I heard a directional difference between participants in Uganda and England, in the expression of their role in disability-inclusive education and the methods sought to sensitise those around the disabled child.

In Uganda, participants experienced the stigmatisation of disability within the community, where the disabled child is perceived as not possessing the ability to achieve in school, and where parents of other children perceived their presence in the classroom to be a detrimental impact on their own child's learning, which then directly impacted on the reputation of the school. Whereas, in England, participants experienced the school as the stigmatising element, perceiving the disabled child's inability to pass certain exams as directly impacting on the schools reported scores, indicative of the school's quality and effectiveness. There was an experiential commonality expressed in how schools exclude, and it possessed a deferential relationship entwined in the values of the wider society (Slee, 2019; Mittler, 2000; Culham and Nind, 2003). However, there existed this directional difference in the participants action that I looked to better understand.

With the increased public narrative around 'vulnerable' and disabled children during the COVID-19 pandemic, participants in Uganda spoke of the position of disabled children in society as highlighted in the community. They described how more people were talking about schooling, which enabled more children to come to school, where previously they may not have. There was an understanding of community sensitisation around the child defined as a social responsibility (Mbazzi, et al., 2020). In England, this took the shape of weekly phone calls and wider conversations with parents, not just on their child's academic progress but also on how grandparents were doing and if the family had access to enough food.

The pandemic embodied the interconnectivity of person and environment, of place that encompassed relationship between the school and community, the adults and child, with their peers, and provided an opportunity for promoting school connectedness (Gowing, 2019) and in turn, the recognition of significant relationships existing outside of school (Hendricks and Wehmann, 2009). In entwining relationships across all aspects of the child's lifeworld, an image of an interconnected knot was formed, between many people, in different places, existing over time.

In expanding inclusion through participation, Rix (2021) argued for practical risks to be taken to create space for each other. They called for practitioners to challenge people in their use of language, roles, and attitudes to open up practice and recognise the need to be flexible, to take time to teach, and for people to enjoy themselves (Rix, et al, 2019). These concepts call for an acceptance of diversity, where the intersubjective experience of being-in the world embraces a complex and chaotic nature, inferred in being human that cannot be reduced to distinct parts (Nicholls, et al., 2016). In this chapter, I discussed aspects of place experience in dialectical terms, inwards and outwards, and inside and outside of school. However, in considering place as experienced by the participants, I ventured away from a dialectical understanding to a complex and dynamic perception that knew the parts of experience in school, only within the context of an interconnected wholeness of the child's life.

The adoption of a non-binary position to inclusive practice, valuing diverse ability and participation of all, demands high level competency and effective resourcing in schools. However, this is limited by our understanding of the disabled child in school and their community. The contextual elements surrounding the disabled child act to shape their learning experiences and limit their opportunities for participation in school and in their communities (Slee, 2019; Devlin and Pothier, 2006). The inequity of opportunity to participate at school places limited expectation on the roles disabled people may occupy and the occupations they may participate in beyond schooling (Groce, 2019). Reconceptualising education as 'schools in community' applies a relational and democratic paradigm and shifts our focus to the learning environment (Arnove, 2020). It acknowledges all provisions working together for the benefit of every child and removes the concept of parallel education systems. It includes teachers as part of the community and parents as part of the school, enabling a system-wide ecology that involves everyone in information gathering and decision making (Hellawell, Smith and Wharton, 2022; Arnove, 2020; Simon et al., 2021).

Education happens everywhere and includes everyone around the child. For disability inclusive education to become a reality change is needed in the school culture, policies, and practices, and within the community it serves (Ainscow, 2016). In line with the literature, participants described schools as microcosms reflecting society (Malki and Einat, 2018). Where society placed a glass ceiling on the capacity of disabled people due to the restricted beliefs, expectations and understanding of disability, this is reflected in the schools. Within this understanding participants identified the interconnection between schools and the wider community, bridging the imposed gap between special education and the mainstream setting, and health and education. Participants revealed their acceptance of diversity was seen to come through exposure and familiarity; in being part of other's experiences, sanctioned by social institutions, including schools (Arnove, 2020).

In a previous chapter, the participants talked of schools as a focal point within their communities and a good place to start when building inclusive communities. Here they added being with the family. There is the potential of schools functioning as a hub from where strands of engagement reach out to community activities and where families, and other services reach in (Castro-Kemp and Samuels, 2022). Expanding the role of schools beyond the current narrow concept of education to be one of diversity and community engagement was experienced for participants during the pandemic. Their understanding of learning environments broadened , and they asked, instead of solely focusing on the child's characteristics, to instead look to the surrounding relational context in understanding inclusion. In considering place in our understanding of disability-inclusive education the importance of school in community needs to be acknowledged and developed so that it is a truly integral community hub, not just for disabled children but for every child and their family.

In the following chapter, I looked to examine what it meant for participants to be in community with others, experiencing a shared meaning in the shifting of societal, cultural, and historical understanding of disability, from normalisation to inclusion as a social responsibility reaching in and out of schools. There was limited understanding in the participants narrative of the social model of disability applied to the classroom, where disability is constructed by the environment in which the child is situated, nor the complex interplay between the environmental factors and the child's unique bodily presentation (Benjamin-Thomas et al., 2021). In this chapter, I learnt there is no inclusive place without looking to the contextual elements outside the school gates, which I further examine in the next chapter.

7.5 Conclusion

During the COVID-19 pandemic, the distinct separation between schools and their local community blurred. This chapter explored how participants experienced this shift in place. It explored how participants altered priorities in their workplace during the pandemic offered an insight into influencing factors in the child's home environment and the wider community. Participants contextualised their understanding through the expansion of their roles during the pandemic; of coming together to share resources and in questioning themselves in that place.

In this chapter, reflecting on the notion of place, I saw the interconnections with others in our social world, and I heard the participants consider their intersubjective reality with those who shared space with the disabled child, every day, outside of school. I wondered on how opportunities for inclusion for the disabled child are formed by the adults there. My understanding shifted to seeing place, no longer as opposing forces of in or out, but as a dynamic entwined place of interaction and identity, multidirectional and emmeshed in communal responsibility.

In the vignette at the beginning of this chapter, Collette took me from school to her place in the local community. She asked me to look to the wider context of her lifeworld. In exploring this place, between school and community, I have examined the integral qualities and external elements described by the participants in their experience of inclusive practice. Participants expressed a need for a change in school culture, from the labelling of some pupils as different with negative connotations attached, to creating flexible and creative learning environments. In looking outwards from school, they said it required purposeful action by schools to create acceptance of diverse identities amongst all its learners, working towards common educative and social goals that serve an inclusive society beyond school.

In trying to disentangle the knotted strands around the disabled child in school, the complex interconnections with those in place with them, became clearer. However, it remained a liminal place. The participants in realising their role as one of responsibility in supporting access to opportunities across the child’s lifespan, asked me to look again along the inclusion horizon. Therefore, the broader cultural and systemic elements experienced by participants in their practice will be discussed further in the following chapter.

Chapter 8: ‘I Stand in the Gap.’

> *“All I find is a gap or a void here. However, this void is special in that I am looking from here—it is self-evidently aware. It encompasses the scene.”* (Ramm, 2021).

8.1 Introduction

The impact of the COVID-19 pandemic is yet to be fully appreciated in terms of long-term effect on children’s access to education, globally. However, as a point in time, it disrupted the scene from which we looked. To understand better how the participants in Uganda and England retold their experiences prior to and during this exceptional period, I examined their inclusive practice situated within their specific contexts. In exposing the historical and social situatedness of such ‘practices of vision’ transformation is possible (Pertherbridge, 2017: 110). At this point in my writing, I return to Merleau-Ponty’s writings whose work on intersubjectivity exemplifies the interpretation of experience by drawing on the common cultural and environmental occurrences in the shared space occupied by the child (Thorburn and Stolz, 2022). It is where the participants talked of a fragmented service or one non-existent. I wondered how they experienced this gap in provision.

As the previous chapters raised, for participants there exists a complex entwinement of people in space and in the meanings shared, within which they asked me to examine the gap between policy and practice for the disabled child. I expand on the phenomenological assumption previously raised of place that people and their worlds are integrally intertwined in how place is experienced and known (Moran, 2000; van Moran, 2014). Moreso, in how practitioners experience themselves there.

The gap between international policy on the rights of disabled children to access quality education and its implementation across the globe is a common barrier described. However, I heard it is a void, a place in and of itself, rather than an innocuous gap. Therefore, this chapter explores how policy is understood by those implementing disability-inclusive education, how exclusion is reasoned and justified, and how meaning is applied to practice when exclusion happens. By exploring the tensions experienced by participants in both Uganda and England, this chapter aims to examine an understanding of the socio-cultural factors impacting disability-inclusive education, and the impact of residing in the void of practice.

8.2 Where am I?

In bringing my reflexivity to the data I heard in the time and space of the pandemic; I am returned to my experience of a place outside of my every day. It is a scene of unfamiliar colours, textures, patterns and pulse. It is one of place, situated in an unfamiliar culture, and of a time undefined, in an unrecognisable space, different to that which I know that causes my eyes to open and for me to question who I am in that place.

In 2004, in a village in rural East Africa, I am sitting on the veranda of a community health clinic with my OT colleague, a nurse, and a pharmacist. Mothers and grandmothers bring their disabled children to us for assessment. There is a sociable feeling in the gathering. They sit in the shade, sharing news as they wait to be seen. Their children are on their laps or wrapped tight in colourful cloth asleep on their backs. Older children are unwrapped, lying on the ground in the shade. Their many names, ages and conditions fill the ledger. We are screening some for a further visit, and signposting others to a hospital service. As the midday heat intensifies, a mother approaches while the other women look on. She talks of a child who is chained in a compound. My colleague agrees we will go and see him after the clinic.

With the outreach clinic disbanded, we are directed towards where the boy is staying. Outside of his compound, we attract the neighbours and there is a lot of talking and calling for others to come. I don’t understand why we are not entering. It is my turn to wait in the shade. A crowd begins to gather and among them a man steps forward, and signals for us to follow. Is he the father, or a village Elder? He stands to one side as we enter. There on the sandy soil, sitting outside an earthen hut is a boy of around 17 years, chained by his ankle to a stake in the ground. His skin is cracking and white. All four limbs are contracted. He is naked from the waist down. He is making excited vocalisations as we approach. I am told … his mother goes to work every day. His father doesn’t live there. His siblings go to school, so he is left alone. His mother is scared he may be stolen and trafficked for begging in the city, so she chains him for his own safety. He is naked so that his urine and faeces dry in the earth. There is a bowl of congealed porridge in the doorway to the hut. No one present knows his name.

We bring him water. We construct a small shelter from sticks stuck into the sand, with a cloth found from inside the hut, hung above. We explain to the people gathered that as the sun moves, they need to ensure the shelter is in the right place, until the hut forms a shadow over him. They agree. We show them how to dig a shallow pit to support his sitting position that releases some of the pressure on his legs contracted under him. We leave with promises to return.

I am left conflicted with more questions than answers. Is meeting the boy’s basic needs enough for us as professionals, as parents, as a community? Is it acceptable that his access to schooling, social interactions, and opportunities for self-expression are denied him because he has cerebral palsy?

Neglect is defined when the disabled child is denied access to basic resources like food, shelter, and hygiene, but injustice is evoked where equitable access to education, social relationships, and positions in society are denied the disabled person (Benjamin-Thomas, et al., 2018). In this chapter, I explore the concept of social injustice and inequality within the gap between international policy and the implementation of a child’s right to education. I explore how the participants experienced this, situated in their specific contexts.

The unique and localised meanings applied to practice are often lost in the internationally prescribed structures around disability-inclusive education emanating from the global North (Schuelka and Johnson, 2012). It is this juxtaposition between international policy and local implementation, and how it is understood in practice that forms the basis to this study. Having practiced occupational therapy in education and health systems in countries of the global North and South, the question for me remains why disabled children are warranted inequitable access to opportunities that impact their whole life, in areas of relationship, education, and work.

In the interim years between then and now, I reflected on how the notion of social injustice influenced my interaction with the world, not just as an OT but also, personally. I have worked as an OT in systems that continue to marginalise and set aside the disabled child. I have seen the inequities in access to quality education. With the participants, I explored how they experienced the moral and social responsibility expressed in the international policy of the rights of the disabled child to access education, and what happens in the void of practice they found themselves in.

8.3 During COVID, the Gap Between Policy and Practice Revealed the Void

“I'm hearing a lot of the stories from parents who have had these battles trying to get therapy involved during COVID. The risk of COVID transmission trumped everything during the pandemic, and I think the older children have really lost a lot ...” (OT 2, England)

Within this anecdote, I heard the reduced access to therapeutic services during the pandemic, not only in the parents struggle, but also in the therapist's fear. There is an unfinished sentence as to what was lost. They go on to talk of skills in the interview but in what is left unsaid here, a multitude of possibilities reside in the silent void.

I wonder on why it is that this teacher in Uganda feels they need to convince the disabled children to return to school and why the children don't want to go back when their schools reopen.

> *"We do a few home visits convincing these children to go back to school. So, when we look at this pandemic, students are telling me they don't want to go back to school."* (CT 9, Uganda)

There is a place experienced between the recognised battle of parents to demand the necessary supports in school for their child, and in the child's reluctance to attend. I wonder on what is happening in this place for the participants.

Participants of this study worked at the 'frontline' during the pandemic to provide education and healthcare services. However, the fear of transmission often overshadowed the right of the child to access school and restricted the provision of therapeutic services. Within this gap between policy and practice, fear lurked. Participants experienced how the pandemic altered the interpretation and implementation of the policy defining the right to education for disabled children.

> *"According to what has happened during this pandemic, weekly schools could not open because we have very many kids in school."* (CT 10, Uganda)

Under the guise of social distancing, limitations in the provision of education for disabled children during the pandemic are familiar to participants whose practice pre-pandemic is conditioned by overcrowded classrooms.

> *"If it's a government aided school, around 150 students or even 200 in that classroom, it means you're just going to randomly teach; you're not applying some of the methods like one on one, you won't have that time… So, as we're trying to do all sorts of training… convincing [them] that these children need to learn better than how they are doing it right now. But the challenge is, it all rotates on the attitudes, especially in the government schools."* (CT 9, Uganda)

The numbers are different in England. But what remains is the participants experience of what happens every day, usually, in their classroom.

> *"Since we've come back into school … the senior leadership team have been great saying that the curriculum is there [but] don't pressure yourselves to get in as much as possible. Give the children the time they need to settle back in. The lifting of the pressure has felt quite useful in terms of being able to provide that extra time to work one on one with a couple more children than I get to normally".* (CT 3, England)

There is expressed here an acceptance of the normality in their practice that to succeed is to cram the curriculum, under pressure, which means there is no time to work with those who require more intensive interaction from the teacher.

Furthermore, revealed by the pandemic is a systemic reliance on personnel who are temporary, not embedded in the school, in both countries.

> *"Before the pandemic, we usually get volunteers from abroad so we can share experience with them. This changed."* (CT 9, Uganda)
>
> *"… there's just not enough experienced therapists. And now with COVID, its only making the situation worse because either people don't wanna come over [or] they're not allowed to travel because they've got such significant COVID issues. It has exacerbated what was already a very dire situation."* (OT 2, England)

Travel restrictions during the pandemic fed into existent staff shortages. This led to what participants experienced as an immoral practice, justified in the context of the pandemic, but experienced within the interpretation of disability-inclusive education policy.

> *"I [had] a speech therapist email me to say, 'I've spoken to the child's mom'. How can you write targets in a legal document for a pupil you've never even met? I just think it's morally wrong …They went back to their manager and the manager was like, 'well, it's got to be [like this] because of COVID'."* (CT 1, England)

There is a morality attributed to our behaviour in how disability-inclusive education is implemented.

I wondered on how participants understood their role in the implementation of policy into practice. For the therapists in both countries, there is an understanding of increasing access and gaining equality in the opportunity to participate. In Uganda, their role is described as one of advocacy in raising awareness of the child's rights and in England, it inhabits a legal space.

> *"Inclusive education, I would describe it as a programme which allows everyone to get equal opportunities in attaining education … people actually don't know that these children can go to school and learn. I [see] my role is to raise awareness and also advocate for the rights of children with special needs."* (OT8, Uganda)
>
> *"[It's] equal access for all children and young people, regardless of their abilities or differences, being able to access the curriculum and have their educational needs met... there's a legal responsibility to get them to school."* (OT 3, England)

Furthermore, I wondered on how participants saw the factors prohibiting the implementation of disability-inclusive educational practice. I heard that they experienced conflict in trying to provide an inclusive practice. They feared how their action was interpreted by the parents. There was the reasoning of 'enough', a concept of quota filling described.

> *"It's a constant conflict … we do cater for SEND really quite well but we know a lot of our local schools will just say 'Er no, I'm sorry we don't have the resources to look after your child'… But then also, I've got my boss going, 'We can't, we literally can't have anymore'. I find it really difficult when parents come and I say, 'No, we don't want your child'. I don't obviously say it that way… But that's what I feel that they would be hearing."* (CT 5, England)

It is a moral conflict experienced. In the participants belief that they are doing what is right by including disabled children, they showed an awareness that their capacity to do so is insufficient in comparison to the actual need.

In their reflection on what this meant for their practice, participants from both Uganda and England identified a gap of resourcing; insufficient specialist supports in the mainstream setting, a lack of materials, and physical adaptations. All within the context of the cost of providing these in the mainstream setting.

> *"Most [mainstream] schools here will not have all those specialists in one school … [but] for my school we have occupational therapist, physiotherapist, special needs education and the psychologist. So usually this is the team that sits to assess this child and identify the needs of a child."* (OT8, Uganda)

> *"I think that's one of the problems with the typical mainstream classroom, is that [they] aren't able to cope with that type of learning… and there aren't often the supports around them to enable good learning to happen".* (OT4, England)

In the anecdotes shared, participants looked from the disabled child to the wider school environment. They raised a fear that quality educational provision without the necessary staff and materials does not happen, but there is a powerlessness experienced in how decisions are made.

> *"… to provide inclusive learning materials and make sure that they have Special Trained teachers who are able to work with these children when they are at school. To provide a conducive environment for an inclusive school because you don't expect a normal school to include special needs children without changing the school environment."* (OT 8, Uganda)

> *"… there's other external factors that just control like the whole picture … for us in our special [school] we're lucky because we have quite a lot of staff but say mainstream […] they don't have the resources that we do and I feel like that's something that people higher up kind of decide … where the money goes"* (CT6, England)

It becomes a self-fulling dilemma of practice, without the right supports inclusion doesn't happen, inclusion doesn't happen without the correct supports in place.

> *"It would be a dilemma for me [as] I have known highly physically impaired students do really well in mainstream schools, but they need the right supports, the right approaches and it's often much more costly because you've got to*

> *make all these adaptations to the environment that are already done in a specialist provision, you have to put in the ramps, you have to put in the specialist supports, you have to train the people, you have to have the nursing teams involved."* (OT 6, England)

They understood the gap as a matter of finance, where specialist provision is the cheaper option. It fits a capitalist narrative where disability becomes a problem to be fixed with spending.

> *"I think it's to do with funding … I can see for a lot of pupil's it could work. But then I think for a lot of pupils by trying to be inclusive, you're actually exclusive. … [they] could cope with having quite a lot of extra support in a mainstream class, but they would have a lot of our pupils just end[ing] up being in a room on their own … I don't think we're ready to give up the special school yet."*
> (CT 1, England)

There is in this participants reasoning the debate of special versus mainstream settings for inclusion and how inclusive education is interpreted within existent educational structures.

Participants reckoned a lack of exposure to disability and therefore, disability knowledge in mainstream settings fed into the narrative. Participants communicated their experiences of high staff turnover, continued ignorance, and ultimately, rejection of the disabled child across mainstream settings.

> *"… the deputy at the nursery school [was] practically in tears... saying '[we] keep teaching them [teaching assistants] and they keep leaving' … these children should be going to Special school. Right? And for those children like this … staff just keeps changing because they're so complex and they're really hard to teach"* (CT 1, England)

Where ensuring having sufficient trained staff is problematic, other solutions such as environmental adaptions are sourced to solve the perceived problem of disability inclusion.

> *"The awareness, especially in our government schools, is not all that … we've built 10 accessible toilets for 10 schools that we want these children who have special needs to access because some of these schools actually reject these children".* (CT 9, Uganda)

Participants understood the problem of disability-inclusive education situated in its broadest context, outside of the child's classroom and school. It involved their parents, the community in which they lived, and the socio-political scene surrounding them.

> *"[X] has got Cerebral Palsy and he needs a wheelchair. The issue of money comes in. The parent needs to buy a wheelchair for this child which might be expensive, then there's transport from home to school… the fees [and] other expenses are going to be high, the school needs to be ramped, the road is potholed, so this parent may end up giving up on that kid … this child should stay here. Let these others go to school".* (CT 10, Uganda)

The intersection with poverty is raised by participants in both countries. In Uganda, participants realised this impact at the familial level and saw the responsibility of parents in deciding who benefited from the limited resources available. In England, participants viewed the inequities of access to technology and food during COVID-19 as exposing entrenched socio-economic inequalities affecting families living in certain areas.

> *“There was an issue with technology at the beginning of the year when we first locked down but [we] managed to obtain 200 tablets from a company and told the parents to let us know if they needed one and they were immediately all taken.”* (CT 8, England)
>
> *“It's being a lot more aware of the impact of the socioeconomic background of pupils and ... there's a lot of Breakfast Club and things like that … they can't work [or] learn if all they can think about is their stomach that's rumbling”.*
> (CT 1, England)

The pandemic acted to magnify the persistent real-life impact of poverty on accessing learning for many disabled children and their families.

> *“… [for] these children, the environment is going to set them aside. [It’s] the people they are living with. [They] look at them as on the extreme and even in usual circumstances [it] takes so much time for them to get to a given point, [their parents] look at it as a wastage of resources. It's a disadvantage to the child … it's a big barrier 'cause you find that when the resources [are] not there it's very hard to do.”* (OT 7, Uganda)

In wondering on the attitude of waste in a cost-benefit analysis of who received what, I asked participants to tell me how disability is understood locally. In Uganda, they talked about the interface of ‘professional’ knowledge and traditional beliefs held by parents and themselves.

> *“Most of the [parents] agree [after] hearing the information from the professionals… but then add the African background; if you actually [have] traditional beliefs you can think that it's witchcraft.”* (OT 9, Uganda)
>
> *“Everything was OK until this child all of a sudden could not talk. As a therapist, you got your old ways of thinking… like what could have happened… you want to attach it to the spirits, but again, you know anything can happen as a child is growing so you get conflicting ideas… through training comes the evidence. You have a lot of books to read [and] there are practical skills that eventually you get to know how. And you are convinced”.* (OT 4, Uganda)

The Ugandan participants experienced transformation through specialist knowledge and aimed to share this with parents, However, in England, participants exposed the continuing normalisation agenda applied to disability understanding within the prevalent specialist knowledge in their schools.

> *“There’s still quite a traditional view of the way a child needs to learn, and if they're not sitting at their desk and not looking at me, then they're not learning…*

> *I think from a therapist point of view we understand that just because a child's not sitting, they could be bouncing on a ball and actually listening better than if there were just sitting at their desk."* (OT5, England)

The traditional views held globally of disability existing as a corporeal problem remaining at the individual level, and requiring financial solutions, may be missing the existent noise described by the participants in the gap between policy and practice.

Participants, across settings, both teachers and therapists, in Uganda and England, expressed a sense of suffocation in the void left by the structures in which they work. The gap experienced is that between being able to effectively use their skills and knowledge in practice and the systems determining disability-inclusion in schools.

> *"… if I think about most therapy teams … almost every single team is underfunded and therefore under resourced, not enough therapists available to deliver provision what's in the [EHC[11]] plans, let alone provide any additional support."* (OT 2, England)

In England, participants expressed a feeling of being lied to within the structures set up to provide the necessary supports.

> *"I think [the] biggest barrier is the money thing, because having more support from all the different agencies and even having the support that it says they have on a piece of paper, but they don't, would be [a] massive change … It shouldn't be that the parents that can and will fight, get it for their kids. It should be that it's just a matter, of course."* (CT 1, England)

Within the English culture, participants expressed the weight experienced by parents in fighting for the rights of their child's access to education.

> *"There's been a couple of serious cases taken to the High Court … and quite quickly after that case law happened for OT, which meant that all of a sudden local authorities were starting to come to the realisation that they were going to have to find some of the therapeutic interventions… and I think that was mainly because of the demographic of parents who had all clubbed together and it was from there that the serious Case reviews happened … [they] had to legally review all of their statements and fund … OT within them."* (OT 6, England)

Within the English legalistic culture, participants witnessed the parents fight to gain access to the supports written into provision but not provided. They questioned the morality of such a system, as only those who have the capacity to fight, can do so in the courts.

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[11] EHCP = Education Health Care Plans are a statutory requirement to ensure the necessary supports are available for disabled children in educational settings in England.

In Uganda, participants described a similar influence of finance penetrating disability inclusion, where provision is re-prioritised away from the children for whom the structure is set up to benefit and protect.

"I can say we have representatives… we have the District Education Officers… [and] special needs coordinators. Those people are there. But what I can say? They're not representing disability the way it should be represented because [in] special schools, the ratio here is supposed to be one teacher, three children with special needs in the space but what we find is 1 teacher having more than 20 and [is also] given other responsibilities." (CT9, Uganda)

Participants questioned the measure of need provided in education structures for disabled children and how the siloed provision of health services within schools prohibited inclusion of children with complex learning presentations.

> *"The biggest con is that we rely on someone else to be writing the provision [and] we're getting provision coming over that is nowhere near adequate. It comes from a lack of understanding [of schools]… So, it's very limiting, particularly in cases where there's severe disability involved."* (OT 3, England)

There is a distinct separation between health needs and educational access. It was experienced by participants in the locations where specialists were found, and who paid for them.

> *"I used to be in a normal classroom setting so these other professionals were not there at all … from maybe hospitals where we go to find them there."*
> (CT7, Uganda)

> *"I think that's where the education system falls down … the health professionals in mainstream schools don't have enough time to be able to provide that collaboration and that support to create an inclusive environment. Effectively, I think it comes down to funding, doesn't it?"* (OT 3, England)

The participants discussed the inadequacies in an education system that talked of change to become inclusive but wanted to achieve it on the cheap.

> *"… people think therapies is cheap and people also assume that the balance model[12] is a cheaper option. Everybody's gonna get this universal offer and then that's going to lessen how many people you have at targeted, and specialists offer, but actually to deliver a really good, robust, universal[13] offer, is in [itself] time heavy. You can't just go in, give over a lecture to a load of people, and then leave and say it's time they know about it, because that doesn't translate into the classroom."* (OT 6, England)

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[12] The Balance Model is a tiered approach to SEND provision to make best use of scarce specialist resources

[13] Universal provision is a concept of ordinary available supports in school.

I heard these common, habitually identified barriers to disability-inclusive education and wondered on what was happening for the participants in this gap between policy and practice. Instead of an empty, gaping hole, I heard the experience of a void.

More than a gap, which is space between two elements, the void is a place of absence. For participants, I heard the lack of safety, respect, effectiveness, and power. I heard not just the lack of money creating the gap, but an absence of value in the void.

What is experienced there for participants is feeling conflicted, a dilemma of conscience, of being combative but powerlessness, of being lied to and devalued. It was an echoey chambre, but not a place of nothing.

In seeing themselves in this place, the participants experienced their role in the split between health and education, as promoting awareness, and ultimately change.

“You know we still were doing our NHS work, but we had this huge arm of therapists who were going out in the community, and I don't think we really looked at whether those services should be different. We just used the same model really that we used for our community-based NHS[14] service but just did it in the schools rather than in community and overtime I think that must change dramatically.” (OT 2, England)

> *“…when I explained to the Head Teacher, he's like ‘OK. So, you guys have a big role to play’ [and] I told him I have a have a client, she's a kid. Six years but he was like ‘wait a minute so you want to bring that child here. That's not possible’. They couldn't afford paying the amount I needed. But because they have the passion for what I'm doing… they facilitate. And I stand in that gap”.*
> (OT 7, Uganda)

There is the desire and passion experienced but not the power to disable the status quo currently applied to disability-inclusive education.

> *“Ideally, a classroom would be a place where the child’s strengths and individual differences are supported to enable them to achieve the learning aspirations … But that's not what a traditional classroom model looks like … just in the UK as a whole education is wrong… doing what we've always done.”* (OT 6, England)

In describing the scene, participants asked me to step into the void with them and to make sense of the barriers erected in disability-inclusive education, for them, in their practice. They described a structural, top-down effect happening that removed them from the place of practice, leaving them invisible and ineffective there.

> *“[It’s] government policy, the push [for] follow up [and] schools improving on these kids with disabilities. They’ve done enough to help these kids get to*

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[14] NHS = National Health Service

> *school… But I went to most of those schools... maybe this one can afford to have an occupational therapist, but most of them had never heard of that service … so they were like ‘Uh, if we had heard about it, may be by now [we] would be having one’. So that is leadership in the government.”* (OT 7, Uganda)
>
> *“[We] will make recommendations to local teams and that's when you really see how much of a postcode lottery it is for therapy services. So much depends on where you are, and it’s down to the individual service to an extent because different services function very differently.”* (OT 2, England)

There is a sense of structural suffocation, a helplessness to effect change within systems that don’t value the education of disabled children. They recognised their role as teacher, limited in this void.

> *“It [is] so many different things. It's [at the] classroom level of teacher, then headteacher, then government level, everyone needs to work together, [but] it's hard to change a culture, to change ideas because there's so many aspects that need to work together to then be accepted as the norm, a new way of living, the new way of thinking, a new way of acting, the dream would be that everyone would wake up one day and just believe this and work this way and everything would be transformed … but that's the most difficult to change, society.”*
> (CT 6, England)
>
> *“It's almost like a utopian vision, isn't it? There needs to be a system … That we all work towards; that we have a goal … we might have different journeys towards that goal but... I don't know. I don't know what the answer is.”*
> (CT 2 England)

In finding their place among the larger influencing elements within disability-inclusive education, the participants did not talk of inclusion as an unobtainable dream.

8.4 Discussion

For the participants, the COVID-19 pandemic called into question the economic and political context of policy implementation where in practice, they are left to fill the gaps. They described a moral void in their practice in schools, where inclusion is professed without adequate supports or knowledge. They experienced their place as void of value, not just money.

I heard the participants describe the lack of political will and understanding, and experience the resultant limited funding, within the context of the dominant ableist attitude on disability in schools. They described multiple barriers between international policy on disability-inclusive education and effective practice in the classroom. In describing the gap, the participants logically drew on their experiences pre-pandemic to create their understanding expressed at the time of COVID-19. However, it was a void not an empty space, which they described.

Furthermore, in listening to the participants, I heard a contextual variance in their view on the child's right to education expressed. Both participants in Uganda and England, experienced inclusive education as a right to equal access to education in school for all children. However, the discrimination perceived for the disabled child is regarded as a moral and legal matter by the participants in England, and a prevalent disability awareness issue, from government to the child's local community, for the participants in Uganda. This directional difference is of interest to me as I wondered on the practice void described by participants in both countries and how they saw themselves there.

The experience of void is understood as a distortion of the experience of our lifeworld, which cannot be reduced to nothing-ness but is experienced as something (Micali, 2013). Merleau-Ponty (2012) offered insights on this concept of void, which is conceived of as a place at the centre of our perceptions that cannot be ignored as the unseen holds meaning to that which is seen. In this chapter, I seek to understand how participants made sense of the gap described between policy and practice, in wondering how the temporal and spatial situatedness of these physical and material aspects of our lifeworld are perceived as an absence of value in and of practice, more than solely a lack of resources.

8.4.1 'I Just Think it's Morally Wrong' … During COVID-19, Nothing Changed

The impact of the COVID-19 pandemic is yet to be fully appreciated in terms of the long-term effect on children's access to education. However, in exploring how the pandemic disrupted the everyday practice of disability-inclusive education, participants in Uganda and England, asked me to travel back along their practice horizon prior to the pandemic to describe what was happening there. Participants in this study reflected on their understanding of the battles they saw parents fighting to access therapy, where the pandemic exacerbated an already dire situation. The chronic lack of investment in the provision of disability-inclusive education across diverse contexts became acutely obvious during the pandemic and has been extensively reported on in the literature (Berger, et al., 2020; Orsander, et al., 2020; EASNIE, 2021).

However, the pandemic has been described as a smokescreen for the problem of limited access to quality provision in schools for disabled children. Where there was already a shortage of essential staff, the pandemic exacerbated the problem. Rather than causing poor disability awareness, or inadequate services for disabled children, it highlighted the ongoing battle for many families with disabled children to have their needs met (Orsander, et al., 2020). The inequitable access to essential services for disabled persons during the COVID-19 pandemic is currently a primary topic for participatory research by many NGOs and third-party organisations, globally (UNESCO, 2020).

Within the international narrative on the pandemic’s impact on educational provision globally, is the persistent issue relating to a lack of material and personnel resources. I asked participants to further unpick this in their context and I heard a common expression of futile familiarity in attempting to access sufficient therapy, not only due to lack of therapists, but also due to a lack of understanding from leadership. I wondered on how the participants perceived the moral dilemma in provision. In England, they expressed a resigned anger at the injustice witnessed for disabled children in not accessing the supports recommended in statutory documents. Whereas, in Uganda, they perceived the impact of inadequate educational provision on the disabled child as an inevitability of disabled children not being sent or refusing to go to school.

The negative experiences of schooling for disabled children during COVID-19 reported in the literature in England, reflected the disadvantage for disabled children and their families when schools reopened. Either they were not permitted to return to school, due to an increased identified risk in the child’s inability to follow social distancing policy, or their personal care needs could not be met because of a lack of personal protection equipment (Skipp, Smith, and Wall, 2021). Moreover, other reports focused on the negative educational experience for disabled children, highlighting their anxiety about returning to school, due to poor social interactions, unrealistic teacher expectations, and difficult school environments (Shepherd and Hancock, 2020). Literature from countries in the global South, reported also on the impact of food insecurity, reduced health access, and loss of income for the family (Sharp, et al., 2021; Saalim, et al., 2021). These elements paint the scene of parental fear during the pandemic, but also of a reluctant attendance for the disabled child existing prior to COVID-19.

Therefore, I examined the sense of moral injustice experienced by the participants from the perspective of the gap in both countries that reduced the disabled child’s educational experience. The international policy frameworks applied to inclusive education are based within ethical and moral obligations defined by a just society (Thomas, 2013; Allan, 2005; Armstrong, 2005). However, it is argued that the expression of these values in practice reflects the local realities of a specific place and time, creating differences in understanding and the definitions applied across countries (Kamenopoulou, Buli-Holmberg, and Siska, 2016; Walton, et al., 2020). Therefore, I wondered on the commonalities experienced between both countries, before further examining their distinct characteristics,

8.4.2 'I stand in the gap' … What is this Gap Inhabited?

In defining education for the disabled child, participants in both countries evoked the concept of education as a human right, demanding equal access to education for every child (UNCRPD, 2006). However, I wondered on the common understanding applied to disability-inclusive education as a human right and how it was experienced within localised practice.

In the literature, the notion of the rights of a child to access education and to be heard in all matters affecting them is relatively new in international policy, with varying local impact of statutory care and education provision around the globe (Beaton, 2021). Outside of a global North context, the presumption of a child holding a comparable capacity as an adult, may not receive equal consideration, nor exist outside of broader social networks (ISER, 2020; Goodley and Swartz, 2016). Moreover, within countries of the global North, exists the risk of the child's voice becoming tokenistic in the interpretation of policy, particularly for children who may not use traditional methods of communication (Beaton, 2021). Therefore, I wondered on how the international discourse promoting the right to education for every child, especially those living with disability, held meaning in daily practice for the participants in both countries, when potentially it lay far removed and distinct from their local realities.

Within the global literature, a common contributor to the gap conceptualised in disability inclusive education is the lack of available resources. There is a powerful global narrative that describes provision of disability-inclusive education as an economic burden on society. It encapsulates a capitalist narrative that the education of the disabled child is more expensive, with limited benefit to society (Datzberger, 2018). It exposes the monetary value attributed to education, which is seen to relocate provision for the disabled child to the charitable model in countries of the global South (Talley and Brintnell, 2016) and justify the call to make best use of scarce resources in specialist settings in the global North (Sandri, 2014; Frattura and Topinka, 2006). In considering this narrative, I wondered how it may hold meaning for the participants in their practice.

Participants in both countries applied an economic framework to their reasoning of the gap experienced. In Uganda, a participant understood parental poverty to impact on the disabled child's right to education as practically they could not afford the expense of uniform and books. Whereas in England, a participant described the socioeconomic status of the parents impacting on their ability to advocate for their child’s rights or garner legal redress. Within the participants descriptions from both contexts, there existed a common expectation on parents to meet the perceived additional expense of their disabled child’s right to education.

Furthermore, I heard the participants in England rationalise the lack of resources in mainstream school by problematising the child. In their justification, it was not the inadequacy of staff training, poor staff retention, nor the quality of teaching, but the child’s level of disability that prevented their inclusion. Furthermore, to reduce the perceived expense of educating disabled children, participants found it necessary to have all the resources in one place. Their justification for specialist provision was embedded in the rhetoric that disability is a problem to be fixed with additional resources (Abrams, 2021).

In the attempt to better understand the broader processes impacting the participants perception of the gap between the rights of the child and provision, I considered the socio-political production of the disabled child’s embodiment in school that alienated them as lacking and different (Kinkaid, 2020), within a process of excluding capitalist social relations (Abrams, 2014). For example, participants in Uganda described the creation of a new post in their governments interpretation of international policy. I heard them tell me that people were employed to advocate for the disabled child’s inclusion in their local school but that they were never seen on the ground. While in England, participants expressed frustration in the mismatch between the level of provision written in national policy and what they experienced in the classroom. I heard a feeling of deception creep into the inclusive classroom, in both contexts. It left a dark shadow on the participants practice, where a lack of value resulted in resources being distributed elsewhere or omitted entirely.

I adopted a critical perspective from which to explore this concept of value. The ableist perspective pervasive in the conceptualisation of disability-inclusive education globally, situates disability as a problem needing to be rectified (Abrams, 2014; Shakespeare, 2013). It locates the limiting conditions within the child (Kinkaid, 2020), and legitimises segregated schooling for many disabled children, especially those identified with complex learning needs, because they don’t fit the normative ideal (Storey, 2007). Furthermore, the embodiment of the disabled child in school as a problem, shaped the meaning and value of disability in the shared educational space (Abrams, 2014).

I considered how this positioning created meaning in the participants educative practices. The teaching of disabled children is said to be influenced by how society perceives and defines difference and disability, which reflects the society's cultural norms and values (Bourke, 2007; Singhal, 2010). In drawing nearer to the essence of the experiences described by participants, it was necessary to expose the sociopolitical situatedness of practice to understand the phenomenon under focus (Pertherbridge, 2022). The complex social relations surrounding disability, constructed within specific cultural belief systems and attributed value dependent on local conditions, prevent people, including practitioners, to easily recognise and articulate discriminatory practices (Lalvani, 2013; Bourke and Carrington, 2007).

Current educational practices across the globe are shaped by notions of perceived incapability of disabled people that lead to their marginalisation in education and in turn, society (Meekosha, 2011; Murthi and Hammell, 2021; Nicholls and Gibson, 2010). It determines the way learning is organised in schools and acts to create a particular type of curriculum that employs normative learning outcomes to promote the production of self-sufficient, malleable, labouring citizens and excludes others (Goodley and Lawthorn, 2019; Allen and Slee, 2019).

Furthermore, the narrative raised by participants emitted the concept of financial value applied to the education of the disabled child as less worthy for resource-expenditure than their abled-bodied peers. Poverty is described as a socially constructed phenomenon leading to long-term social exclusion and poor health outcomes (Marmot, 2010; Groce, 2019), particularly for families with a disabled child (Shaw, 2015). However, more than solely access to money, poverty is experienced in how access to resources enable participation in those activities that hold meaning, relative to values held within a distinct culture, for the person (Hammell, 2015; Hocking, 2017; Murthi and Hammell, 2020). Moreover, where resources are not allocated equitably within populations, a social justice driven, rights-based approach, emphasising international and national commitments to human rights, has little value (Groce, 2019), and thus restricts the disabled child access to schooling.

I heard a commonality in the participants experience of inequitable resource allocation for the education of the disabled child in both countries. They rationalised the separate education of the disabled child by the continual denial of certain qualities such as capacity and intelligence, and in the difficulty and expense experienced in teaching them. The misconceptions endemic in the perception of a disabled person's ability as limited is shaped by everyday interactions and personal experiences shared by disabled and non-disabled people (Barbareschi, et al., 2021). Here, I return to Merleau-Ponty's insights on reversibility by disassembling the divide between the experiencing body and of self, reimagined in and with other embodied beings to understand the socio-cultural values individually and collectively constructed by and with participants. Reproduced by their action was the participants contribution to the society's ethical practices and moral codes, which in turn influenced the scope of their practice.

Schools are described as microcosms of society reflecting an existent discrimination that results in decisions as to who is accepted into which type of school, promoting the stigma associated with certain conditions, and the differing expectation of learning for some children (Malki and Einat, 2018). Furthermore, values are assigned to a particular context, or group of people, through the process of socialisation that prioritise certain ways of being over others, limits the child's access to opportunities for participation at school, and impacts participation in work and other civil activities (Bloome and Beauchemin, 2018; Norwich and Koutsouris, 2017; Storey, 2007; Bourke and Carrington, 2007). Therefore, a moral value is ascribed to the practice experienced by participants.

I heard a conceptual discordance for participants between the proclamation of inclusion in education and the continual denial of access for those children whose performative value is deemed less than those fitting the normative criteria applied (De Gennaro and Lufter, 2022). Where inclusion, conceived as an aspirational value in education, remains within normative frameworks on ability, few appropriate measures will be put into the system for equality to be realised (Ainscow, Booth, and Dyson, 2006; Terzi, 2010). This position was expressed by a participant in England, 'the whole education is wrong… doing what we've always done.' There is a conflict experienced by participants in the desire for change.

In applying an economic framework to the implementation of disability-inclusive education, the gap between the inclusive rhetoric spoken in international policy and the provision for the disabled child is described in a lack of resource. However, participants in both contexts evoked a moral positioning, an encapsulated responsibility that fell to them to stand in the perceived gap between policy and practice. In exploring the gap further, I asked participants to tell me how they saw themselves in that space. They expressed an awareness of themselves being as an object influenced by other's perceptions of them there. However, in inhabiting the gap, they experienced a void.

8.4.3 ‘As a Whole Education is Wrong’ … Experiencing the Void

The void suggested is not an empty place but one of absence. I heard in the participants experience of the gap, an absence of provision, unavoidable and common place. However, in this absence there existed an echo of responsibility and I wondered on how this was experienced by the participants.

Merleau-Ponty illuminated the presence of a void in the suspended points of material objects in our subjective perception, touching but external to each other (1968). It is a place where meaning circumscribes the centre of the perceptual realm, and a certain void resided. I asked how that void was experienced by the participants; in the seeing of themselves at the centre where other’s perceptions met theirs.

In wondering on this void, I heard participants in England focus their experience on the school setting. A participant is caught between the budgetary restraints enforced by the school leadership and in explaining to a parent why their disabled child is not going to receive a place. They internalised the perceived rejection felt by the parent. It was in the intersubjective realm where in being seen by others, we perceive of ourselves (Ramm, 2021). In applying my understanding, it is not a reflection as in a mirror but a reforming of an image to be seen through the eyes of others. In that there is a defining and refining awareness of self.

In Uganda, I heard the participants relocate from the school to the child’s home. There, the participant experienced their practice as seen through the eyes of the parent whose expectation meant the therapist was seen as ineffectual. In trying to normalise the child as the primary outcome, the disabled child’s education is negated. The participant is seen by the parents and thereby, sees themselves in this absence of value.

I find myself looking at the different places in which the void is located, and I wondered on the difference in the direction of responsibility found, from school to home to government. In England, it is experienced in the schools. Whereas in Uganda, it encompassed a wider circuit around the child, where they looked to their leadership to disseminate inclusive information. There was an absence of support experienced before the child reaches the classroom, in the lack of transport and presence of potholed roads. I wondered on the encapsulated responsibility evoked in the denial of educational access for these children and where it lay.

The bodily experience of the participants is not seen to establish a boundary between themselves and the inhabited world, instead it becomes an informing and forming space, where through the relationship with others, they developed an awareness of self (Ramm, 2021). Within the basis of phenomenological understanding, presented by Merleau-Ponty, amongst others, is the reciprocal nature and reversibility of being in the world. I aimed to explore this further with the participants as they experienced the void.

If societal beliefs construct our understanding as to where and for whom educational resources are allocated, and for what purpose, then this shapes the way we act in the classroom. If the purpose of education, through schooling, is to socialise children to the dominant societal norms and values, by assimilating them to culturally defined roles, then no part of the education process can be seen as free from socio-cultural influence (Storey, 2007). However, I asked the participants how they experiences responsibility is within this construct.

In the anecdotes heard, participants saw themselves as part of the ineffectual distribution of resources for disabled children, created through the structural division of education and health systems, globally. It may be said that social injustice continues in the systems that restrict the opportunities afforded disabled people (Hammell, 2022). In acknowledging and combating the socio-cultural values that limit the child's opportunities to participate, by standing in the gap, participants accepted a responsibility in practice for the injustices experienced. However, for the participants in this study, a common origin of the experience was described. The fragmentation of health and education systems for the disabled child, kept the therapist as a school visitor, retained their practice in the health sector, and persisted the myth that the child's experience at school takes place in a vacuum separate from other informing structures.

Merleau-Ponty offers a concept of reversibility that evokes the complexity of the experience (2012). More than dualistic in nature, the form of subjective experience is shaped by the tensions and forces surrounding it, existing within the system in which we find ourselves (McCartney, 2011). This brings to my understanding the projected image of self, dispersed in different directions, but which resided in the 'fold' between that inside and outside to one another (Merleau-Ponty, 1968 p.264). Therefore, I wondered on this structural fold, the point at which self and other meet. I heard a sense of helplessness through a structural suffocation experienced within the participants feelings of inadequacy in the everyday-ness of insufficient inclusive provision.

Participants asked me to hear a morality in the absence of provision experienced and to look beyond their practice as to where responsibility lay. In England, participants experienced variation in the level of therapy provision between wealthier and deprived areas of the country. In Uganda, a participant described how they also experienced the gap at a structural level, where government policy promoted enrolment of the disabled child, without understanding the support services they required. The Office of National Statistics in England acknowledged the need for joined up provision across health and education services to provide appropriate support and care in schools and communities for the disabled child (ONS, 2020). This was highlighted by the impact of the pandemic where health services withdrew or were not allowed in the school setting. Moreover, I heard the participants perceived self, shaped by their sense of being lied to within the practice void. Participants in England, reflected on what they perceived as the fallacy of disability-inclusive education in England, and the con of inclusion.

In seeing themselves within the gap in provision, the participants experienced a place of no value, of inadequate provision, frequently redistributed. There was no distinction perceived between participants consciousness and their everyday engagement with the world, and therefore, an acquirement of the others perspective impacted on their sense of self (Ramm, 2021). The participants acquired the sense that their daily practice is of little value. In line with current international literature, I heard in the participants lived experience a forceful tension of a desire to provide creative, individualised, and inclusive practice, within a welcoming environment that promotes positive relationships for all, but which is currently impossible to implement due to the competing demands of the systems in which they work. Although international policy on inclusive education regards access as a Human Right, its interpretation locally continues to be defined by the contextual understanding applied to a child’s ability, their level of educational need, and how available resources may best meet that identified need (Miles and Singhal, 2010). The localised interpretation of inclusion policy when perceived to be unrealistic and out of touch with current classroom practices permits exclusion through the daily activities and decision making of practitioners (Kruth et al., 2018).

I heard the impact of a moral void in the antithetical experience of participants between a belief in the rights of the child and their feelings of being lied to and un-valued, resulting in expressions of powerlessness to change the system in which they worked. In hearing the con of provision for the disabled child from participants, I wondered on the missing potential for quality disability-inclusive education. In looking from the void, something more promising may be experienced beyond the brink (McCartney, 2011). The void is not ‘nothingness’, and therefore, it is a realm of understanding from which something more promising may be realised. In the next section, I considered this possibility with the participants in their distinct contexts.

8.4.4 ‘It's Almost Like a Utopian Vision’ … Realising the Dream

Participants expressed disability-inclusive education as an impossible dream. They found no solution to alter the dominant ableist norms applied to the exclusionary practices experienced. They brought forward a sense of powerlessness to make change in the dominant culture of the society and posited the inevitability of exclusion when it may not serve the purpose of those in power to change the social structure and negotiate between all actors, to do so.

I wondered on this necessary change of narrative and how it may take place at the edge of the void. It is suggested that values assigned to a particular context or group of people through the process of socialisation that prioritise certain behaviours, may be changed through shifting the narrative (Jones, et al., 2016). The change in the disability-inclusive education narrative is one that is required at every level of society; from the political, to the institutional, and the personal. Exclusionary factors are seen to operate at every strata of implementation and therefore, call for a shared responsibility, from government to school level, to transform education systems and develop inclusive outcomes in education (Schuelka, 2020; Mittler, 2013). If disability inclusive education is to become a reality, the restructuring and reforming of educational practices, including assessment, curriculum design, and instructional strategies is required (Simón, Muñoz-Martínez, and Porter, 2021); Mu and Royeen, 2004). It requires a shift in the direction of our gaze onto the phenomenon.

In standing at the brink of the void with the participants, I attempted to explore some of the distinct characteristics of each context to see in which direction they scanned the horizon. Education systems are described as influenced by the policy position and dominant socio-political ideology of a specific time and place (Norwich, 2010), which may not interpret meeting the rights of the disabled child as a priority or in the same way as the international development community. The interpretation of international policy into national education systems is dependent on how inclusive education is reasoned within the perceived value of meeting the society’s needs and may in fact reflect other disabling notions of disabled people within a society. However, to authentically lay bare the experiences lived remains problematic as they result from a specific mixture of time and place (Grech, 2015). Therefore, I aimed to critically reflect on my interpretation of the experiences described by participants in both countries.

I began with my understanding of the process of globalisation of health and education systems that has implanted the medical model onto local understanding and grafted professional frameworks onto practice in the global South from the global North (Galvaan, 2021). The resultant conflict with localised belief systems is often disregarded when empirical 'science' holds supremacy (Dorji and Schuelka, 2016; Rao and Kalyanpur, 2020), and where ableist norms act as a barrier to the disabled child's access to education, especially within the dominant assimilation development model applied to education globally (Datzberger, 2018). The challenge faced is in allowing primacy of subjective experience over the dominant assumption that experience of the world holds an objective dimension (McCartney, 2011).

For therapists in England, the entrenched 'Victorian' beliefs of schooling are seen to persist as historical antecedents to the stigmatising narrative experienced (Taylor, 2018). A therapist illuminated the restrictive, normalising notion applied to teaching in their description of how this discriminates those who learn differently, 'if they're not sitting at their desk and not looking at me, then they're not learning'. They experience the value laden attitude of 'normalcy' to conform to expected 'majority' behavioural norms of what learning needs to look like in the classroom. The tension experienced for participants in England, lay in the juxtaposition of the application of historical concepts of teaching that constrict a teachers interaction with diverse learning populations.

Participants in Uganda experienced the juxtaposition of imported professional knowledge from the global North and that which is known locally, which challenged their traditional beliefs on disability (Brundle, 2023). A Ugandan therapist told me of their experience of a cognitive shift following their professional training, from traditional concepts of sin and sorcery to a 'new' knowledge from books that also impacted how they could convince the parents of disabled children to engage with them. There resided the powerful assimilation model of international development derived from being a health professional, and practicing 'science', within a local context of non-scientific forces. In the description is the tension in the translation of international inclusive education theory to local contexts, experienced by participants in Uganda between the pre-existing socio-cultural construction of disability locally and the professional knowledge imported from the global North.

However, this reveals a perverse injustice in international development, where the implementation of international inclusive education policy is absent in both countries.

Moreover, as professional knowledge is constructed by the specific time and space of it being known, for example, occupational therapy as a practice, as well as teaching, and in turn, inclusive education, cannot be reduced to a set of procedural steps, outside of its specific context (Sherry, Creek, and Allen, 2022). Therefore, critically engaging with diverse belief systems to develop internationally prescribed inclusive education policy is required to guard against repeated injustices based on notions of ‘modernisation’ (Gebrekidan, 2021) that in fact are ghosts from the past.

I delved deeper into the anecdotes shared by participants to unearth the assumptions made and reflected on the profession of occupational therapy as an elucidating example. Occupational therapy provision in both countries predominantly remains under the jurisdiction of health and not education. Historically, occupational therapists work extensively with children identified as having complex disabilities and predominantly work in special education settings or in related services (Mu and Royeen, 2004). The prominent assumption underlying the profession is that health and well-being is acquired through independence and making the ‘right’ health choices (Hammell and Murthi, 2020). However, Galvaan (2015) questions choice as being a socio-political construct rather than an individual phenomenon and is seen to morph depending on the temporal and situational context (Lacey and scull 2015). In England, the burden of responsibility remains with individuals and their ability to cultivate their own human capital (Taylor, 2018). Whereas, in Uganda, distinct understandings of a reciprocal responsibility or obligation to one-another (Onazi, 2014), although it may not apply to all groups equally (Goodley and Swartz, 2016).

A directional difference was evident in how participants looked from the void, from an advocacy role amongst the community in Uganda, to an individual responsibility for the family to fight for the rights of their child through the legislative system. Participants expressed a feeling of structural suffocation that restricted their practice when different government agencies, private and third-party organisations held varying degrees of responsibility for inseparable parts of the system. Accepting that the perceptual field was not made up of isolated visions, but from the dispersal of multiple perspectives expanding in different directions, converging at spatial points, with meaning suspended at each centre illustrated the challenge of implementation for participants in both countries.

In England, participants experienced the fragmentation between health and education services for the disabled child in the practice model applied. They told me of the expectation that working in the same way they delivered occupational therapy in hospitals was a mistake in homes and schools. They recognised the difference in culture of the settings. In examples found in the literature, effective inclusion in schools requires a collaborative, coordinated and comprehensive support system across sectors, in which co-teaching and co-planning approaches, within a caring, welcoming, and respectful school community, aim to meet targeted, and individualised goals (Simon et al, 2021; AuCoin, Porter, and Baker-Korotkov. 2020).

Furthermore, strong leadership and role identity are essential elements for successful inclusion for the disabled child (Banks, 2018) to develop a responsive environment that reflects the relationships nurtured in school, with peers and adults, and values multiple pathways of representation and expression, with flexible instruction and alternative means of engagement and participation is recognised (Lyons and Arthur Kelly, 2014). However, the transformative nature of this approach to education demands an opening of not only schools, but political systems and social structures, where inclusion is conceived as a necessary value, and where ‘difference does not justify exclusion’ (Felder, 2018 p.54).

A participant in England described their hope for transformation in sharing a new way of thinking and thereby, a new way of acting. They brought a supernatural quality to the fore in their anecdote. In waking up to this magical new place, the ethical motive to reach an aspirational inclusion requires the moral obligation to bring education itself to a place that anticipates the difference in each of us to attain equality for all of us (De Gennaro and Lufter, 2022). By reframing the concept of difference as one of equality, we allow the person, their circumstances in which they live, the meaning actions hold for them, and how this varies across distinct cultures (Hammell, 2022). Moreover, education embeds the core value of diversity at the centre of curriculum and changes the narrative of teaching to shift the purpose of education from providing acquisition of knowledge to one ensuring social wellbeing, where diverse identities belong (Goodley and Runswick-Cole, 2016). The concept of diversity is embodied by a participant as they recognise the aspirational shift required in the journey towards disability-inclusive education, while acknowledging there may be multiple paths to that shared goal.

8.5 Conclusion

Within the experiences described, the participants revealed how their divergent contexts were both interwoven with a common thread. In describing the gap, participants in both Uganda and England shared their experience as a lack of resources, human and material. Their descriptions revealed a narrative of expense. It surfaced in diverse locations, at varying points in the story and rested on the shoulders of different people, but ultimately, it possessed a common language of value.

It is in critical reflection of the young man's story presented in the vignette at the start of this chapter that I position myself. I felt a resonance with the stories shared, revealing similar dilemmas embedded in the lived experiences of participants of this study. The young man's situated context drew a stark image of what it means to be excluded from society, reasoned through the child's lack of ability and the inadequacy of the conditions surrounding them. I raised questions regarding the provisions made and found myself in a moral and ethical void of provision.

This chapter aimed to present disability-inclusive education as a complex phenomenon, situated in international policy on Human Rights, contextualised by local understandings of disability, and positioned within the broad framework of social justice and the specific needs of the individual. However, in realising the inadequacy of resource distribution for effective disability-inclusive practice, participants revealed the distorted morality in denying difference and questioning how they saw themselves in this excluding place.

In adopting a phenomenological approach, I applied my understanding to that described as a void. Experienced by participants in the 'fold' of perceptual meaning of self and other. There is a moral responsibility spoken of but not lived, shared but not acknowledged. In this void, the participants saw themselves in the subjective experience of others, unvalued. However, from the edge where the participants stood, multiple directions of gaze were revealed that reverberated across the space and revealed diverse routes out of the void.

Chapter 9: Conclusion

"To understand is to experience the harmony between what we aim at and what is given between the intention and the realisation." (Merleau-Ponty, 2010: 146)

9.1 Introduction

This chapter concludes my reflective reasoning applied to the writing of this thesis. I aim to summarise the preceding chapters to clearly draw together my insights as I shift the direction of my gaze on disability-inclusive education and draw a conclusion. This thesis reflected on four main themes derived from stories told by occupational therapists and teaching staff working in schools and centres in Uganda and England, during the COVID-19 pandemic.

The four thematic chapters revealed how I heard and interpreted, through applying a hermeneutic reductive analysis, a new understanding to that what was already known. In this chapter, I will summarise those chapters and seek to link the themes to practice, and policy implementation across diverse contexts, and to create a cohesive narrative to disability-inclusive education globally. I aim to answer the research questions posed to show how I have understood the sense-making of practitioners in England and Uganda, while experiencing the impact of the COVID-19 pandemic on their inclusive practices.

In this concluding chapter, therefore, I consider the research questions posed.

i. How do classroom adults working with the disabled child in England and Uganda make sense of their experience of disability-inclusive education?

ii. How is the impact of the COVID-19 pandemic on inclusive classroom practices understood by the classroom adults around the disabled child?

iii. How does my understanding as an occupational therapist bring meaning to the interpretations made of the data?

In attempting to answer these questions, I hope the contribution of my understanding on disability-inclusive education as a global topic considers how, through critical reflection, I bring meaning to the interpretations made as an occupational therapist and researcher to rethink the well-known barriers to disability-inclusive education. First, I explore how each theme may inform principals of inclusive education, and then what this may mean for practice in the inclusive classroom in diverse settings. I then consider how I came to the topic and the transformation of knowing I committed to, and where I now stand. I suggest that in coming to the topic anew, a change in narrative is possible and in so doing, the possibility to create inclusive practice for disabled children, everywhere. Finally, I identify implications for policy and research, and outline the strengths of the current study, its limitations, and potential direction of future work.

9. 2 Thematic Summary

It is through the application of a phenomenological approach, and the interpretive nature of the methodology used that I opened myself up to hearing what was being said by the participants differently. The narratives shared are not purely anecdotes of the participants experience of the classroom during the COVID-19 pandemic but hold a meaning constructed in the moment of the interview, between the participants positioning and mine. It is a unique and specific understanding reached through relationship, within a co-construction of meaning through that intimate interaction experienced. I do not aim to generalise but wish to bring a new insight to disability inclusive education.

Throughout the research process I aimed to bring a complex balance of data immersion and critical reflection. At times, I believe I was successful, at others I floundered. In this chapter I summarise the essence of the participants experience within my interpretations to reveal the unique understanding reached. I look at each theme in turn to clarify the key points raised and I consider my interpretation and how the use of personal vignettes offered a ‘stick in the ground’ from where my interpretation started. I do not believe I completely threw those sticks on the fire, but I do think I have been able to see the shadow cast on the ground from a different angle.

It is this new perspective that I aim to share from this inquiry.

There is no ‘compare and contrast’ between Uganda and England in the conclusions reached. This was never my intention. Therefore, I do not dwell on the socio-cultural differences, although relevant to the broader conceptualisation of the phenomenon. I learned from both contexts and therefore, I shared where the commonalities lay, and in turn, where an alternative view illuminated the scene from which learning occurred.

9.2.1 Becoming Visible Means Centring Disability Knowledge

With the exceptional backdrop of the pandemic, participants stories described the altered classroom, where time and space shifted. Participants described how the changed classroom during the pandemic, enabled time to get to know the child and individualise their teaching style. They described their ability to see anew the children in the space, whether in the smaller, less crowded classroom or online. However, it brought into stark contrast time as a commodity that is bartered to enable a semblance of inclusion to exist during non-pandemic times.

The disabled child is perceived as creating an additional workload in the regular overcrowded and time pressured classroom. Participants described the structural restraint to their real efforts, rather than inclusion being an expression of worthwhile endeavour. They expressed feelings of ineffectiveness due to the paucity of disability knowledge at all levels of the education system in both England and Uganda. They regarded inclusion as a futile endeavour, an impossibility in practice, within the current pressured world of schools. The impracticality of inclusion is revealed in feelings of being ill-equipped to include every child in their local school, even if they believe it is the 'right' thing to do. There is a common expression of confinement in practice that prevents them from including the disabled child. However, in Uganda and England, the participants' sense of helplessness to emit a change within the systems in which they work arrived from differing directions, a resource access problem in Uganda and a resource distribution problem in England.

Between both perspectives, participants experienced the inclusive classroom as a place where a lack of knowledge and specialist support restricted their ability to include. It is in this context that the learning needs of those not considered pertinent to meeting the external educational demands placed on schools is awarded a lessor educational value and therefore, the teaching of the disabled child happens outside of the main educational space and is proportioned insufficient resource.

Here the dilemma of provision in both countries resided in how the lived-time of the classroom is constructed by the knowledge framework applied and in turn, determines how we teach the disabled child. It is this realisation that I grappled with when I reflected on my practice in Egypt, revealed in the vignette of chapter five.

I painted a scene from Cairo and reflected on how the child's individual ability to learn is diminished by the disability knowledge of educators applied in practice. I saw the perceived potential of a child to learn enmeshed in negative concepts of disability, determined by societal factors that discriminate and impact on their access to necessary resources and learning opportunities. I was critical of how disability knowledge was being constructed in that place, focusing on the child's divergence from normal learning behaviours, rather than the practitioners lack of pedagogical skills.

However, although I stood in the children's centre in Cairo, I had experienced the same reductive attitude in schools around the globe.

More than just a different framing of practice, which I believed was needed at the time, I began to examine the construct of disability knowledge in the participants places of work. The 'right' knowledge was not procedural, it was attitudinal. It was derived from and reinforced by how the participants defined their learning expectations of certain categories of pupils, based within their current knowledge base, and it rendered the disabled child invisible; disregarded by the perception of their inability to learn.

During the interviews, participants brought forward the paradox of inclusive practice in the current educational climate. Globally, governments and schools say inclusion is the aim. It is in black and white on policy papers. However, participants tell me, 'We are not yet ready'. Within the concept of readiness, is the integral catch, when the prejudice entrenched in our knowledge frameworks applied to disability in education, continually means educational practice for the disabled child is de-valued; when the learning expectation is nil, nothing different is done and therefore, the self-justification of the need for separate provision is continued, relative to what is known, change does not happen. As in Escher's perpetual staircase, it is a matter of shifting the gaze from the impossible.

When participants experienced the changed classroom during the pandemic, the child with complex and unique learning patterns became central to their practice. They embraced diverse ways to engage each learner in different learning activities and teaching environments. The participants asked for more time to plan their teaching for every child. They welcomed more shared working and ideas to understand diverse learning presentations. They hoped to be able to place the disabled child at the centre of the inclusive classroom. However, they wondered from where this would come.

9.2.2 Being in Relationship Means Participating in Sense-Making

Following on from the previous theme, I critically reflected on the relational aspect of the classroom space and wondered how meaning was shared in the space created when the disabled child was continually absent. The pandemic was seen to disrupt the regular, everyday habits of people's lives, in the home, and in schools. It placed a magnifying glass on the participants interactions with families and parents, and on their interactions with the disabled child, and each other. When schools closed, the relational dimension of learning was first experienced as transactional, where parents were instructed on how to deliver opportunities for learning for their disabled child, during everyday activities at home. Not unique to the pandemic, I wondered on the value placed on therapeutic and pedagogical intervention for the disabled child when the expectation on the parent is to be their child's teacher and therapist too.

This 'taken-for-granted' perception of the teaching role for the disabled child was experienced by participants during the pandemic in the unfamiliar space of home, but it resided in both countries prior to the pandemic. Participants experienced the classroom as a shared space from which the disabled child was removed; removed from the responsibility of the class teacher to teach and removed from the classroom for 'therapy' into the corridor or to a different room. The feeling of exclusion experienced was an uncomfortable truth for participants to share.

I wondered on how a sense of belonging was experienced by those continually removed and shared my own anecdote at the beginning of chapter six of being silenced in a hallway in a mainstream school in London. It was a time where I experienced the cruel relationship of being in the space and trying to fit in by not disrupting the ableist status quo, but always being seen as on the periphery, an interloper. I wondered on the origin of the feeling of belonging, and what it meant for inclusive practitioners as the potential advocates for disabled children in school.

I asked the participants how they saw themselves there, with the disabled child. The inclusive classroom existed out in the corridor or in separate provision. Moreover, it survived, cloaked in a perverse humour to hide the shame experienced by the participants who saw themselves there. I saw the invisibility of the disabled child, not just in the distorted perception of their inability to learn but also in the sense making of the practice that was happening in schools.

Participants in both Uganda and England talked of their role in providing specialist provision for the child's benefit to reduce their feeling of being excluded. They saw the child's inability to adapt to the pressured world of the mainstream school as a reason to move them to another space where their specific needs could be met, and where they would feel the same as others in that place. However, I heard in the removal of the disabled child from the shared mainstream space in the proclamation that the disabled child does not possess the required characteristics nor the ability to be there, not enough to belong, nor contribute to the shared meaning of the school.

Moreover, I heard a duplicitous depiction of inclusion described by participants. When they described what was happening in the inclusive classroom, heightened during the pandemic but also a priority at other times, they talked of the classroom as being one of care, welcome and safety. These concepts hold a complexity of interpersonal connection and are often pushed to the fore when citing inclusion. However, this safe place did not include every child. Participants in both settings spoke of the degree of a child's disability as the influencing factor for inclusion, where certain categories of disability could, and others could not, be included into the mainstream classroom. Moreover, they experienced a fatalistic acceptance of this discrimination in their work.

The relational objectification of the disabled child in the inclusive classroom exposed a distortion in the participants perception of disability. The expressed comfort and care existed in a self-imposed 'charitable' connection with the disabled child. However, it existed within an ableist power dynamic in which the disabled child is not equal. It created the perception of 'more' work in providing education for the disabled child. I looked to the phenomenology of the intersubjective lifeworld to further explore what I was hearing from participants as they navigated the inclusive classroom. Instead of a reciprocity in meaning crafted, I interpreted a singularity in the direction of relationship, where the teacher is unable to see the disabled child as a valued part of the classroom. Therefore, they continue to 'do to' the child and in the doing, perceive it as more. There is no reciprocal value received in the disabled child being in their class.

I understood how this objectification of the disabled child, which lies within this construction of 'more' in the mainstream space, enables the provision of special education to re-emerge. The understanding I reached saw conflict between a pluralist context without sufficient supports resulting in exclusionary practices, and a need to meet individualised learning profiles for children with complex requirements, resulting in separate provision. However, in this division, I also heard the consequence of removing and othering the disabled child. It was encased in danger, fear, tears and screaming for the practitioner. No-one heard the absent child.

9.2.3 Blurring Lines Means Broadening Learning

I examined place as a phenomenon to better understanding disability-inclusive education. In the vignette at the start of the chapter seven, I shared my experience of working in rural West Africa. I was with Collette as she was expelled from school but gained meaning in relationship with people in her community. In doing so, I considered that which resided in the school and its relationship with the outside world, and wondered on what it was like to be inside, to belong, or to be kept out. Participants showed me it was not a dialectical relationship, but multivariant and complex.

During the pandemic, the participants, in both contexts, experienced a broadening to the educational purpose and it lay between the home and school, in the wider community in which we all live. I heard participants talk of the deprivation in their local settings brought into stark relief during the pandemic, enmeshed in a sense of obligation to provide pastoral care alongside academic teaching. Participants in England talked of providing food, iPads, and counselling. Whereas in Uganda, participants spoke of families coming together to share limited tutoring resources during lockdown. It was within this framing of responsibility that the moral and ethical obligations of schooling surfaced, and a directional difference was witnessed between participants in Uganda and England.

In Uganda, the sense of coming together happened in their community. In England, responsibility originated from government rhetoric and was performed in schools. In both contexts, participants experienced an intersubjective reality that was mutually supportive to reach a common goal during a crisis. Participants saw themselves in a shared place with the disabled child and their family, rather than existing in the separate place of school.

Considering normal practices that isolated the disabled child, I reflected on the sedimented attitudes and habits of the school experienced by participants that existed in school culture and the educational ethos permeating practice before the pandemic. I heard of values that created school as a protective and inwards looking place; a resistant force, instead of being part of the wider social world. In talking with the participants in both contexts, their understanding of themselves in that liminal place revealed their acknowledgement of the need for themselves to change.

Participants in Uganda expressed a responsibility to demonstrate their effectiveness when sensitising parents to include their child in school and to reduce the stigmatisation of disability within the community. Their direction of focus was on advocating in the community and moving from there, inwards into schools. In England, I heard something else happening. The participants experienced pushing out the boundaries of the classroom into the community space. However, participants experienced the school as the stigmatising element.

Participants became conscious of the institutions in which they worked. In both Uganda and England, their practice was informed by governmental priorities, and they experienced fragmented systems, where certain knowledge was siloed to different professions. There was an experiential commonality expressed in the deferential relationship entwined in the values of the wider society that reduced inclusive practice in schools, where participants witnessed their ineffectiveness and experienced a sense of failure.

9.2.4 Closing the Gap means Leaving the Void in Diverse Ways

In chapter eight, I stood in a sandy compound in Uganda with a young man chained to a stake in the ground. In my rationalisation of what was happening there, in the compound in Uganda, I questioned my role in the continued separation of the disabled child. I wondered on the practitioner's limiting role and considered the morality of acting to meet only the child's basic needs that continued to deny them certain qualities attributed to other children.

I heard the participants experience the moral responsibility of practice happening in a void, without adequate supports or knowledge. The participants experienced their place in the inclusive classroom as void of value, not just money nor as a gap in resources. In describing the void in their practice, participants drew on their experiences pre-pandemic. Once again, in listening to the participants, I heard a directional difference in being in the void described by participants in Uganda and England. Participants in both contexts expressed the disabled child's right to education. However, the discrimination experienced is regarded as a moral and legal matter by the participants in England, and as a disability awareness issue across all levels, from government to the child's local community, for the participants in Uganda. There is a shared responsibility for the problematic implementation in Uganda, whereas in England it rested with the legislature.

In describing the void, it is not an empty space, nor can it be ignored. It is perceived by participants as an absence of value in and of inclusive practice. Participants perceived a 'normality' in their practice borne of the moral conflict. In England, experienced through a resigned anger at the injustices witnessed, and in Uganda, revealed in the resultant refusal of the disabled child to return to school after the pandemic. Therefore, I examined the meaning of daily practice for the participants in both countries, when the international discourse promoting the right to education for every child, especially those living with disability, was not the participants reality.

The participants described a common origin of the void in the split between health and education systems, but a difference in the direction of responsibility found. It took on a personal and moral obligation where an injustice was experienced. The participants expressed a forceful tension of desire to provide creative, individualised, and inclusive practice, within a welcoming environment that promoted positive relationships for all, but which was currently felt impossible to implement due to the competing demands of the systems in which they worked. Moreover, they felt ineffective to evoke change there.

Their sense of powerlessness to make change is experienced as a structural suffocation by participants in both countries. They told me they are restricted in implementing authentic disability-inclusive educational practice, as it does not serve the purpose of those in power to change the social structure, nor negotiate between all involved. In the void, the participants accept the inevitability of exclusion. However, from the edge of that negative space is a desire to combat the socio-cultural values that limit the disabled child's opportunities to participate, and by experiencing being in the void, the participants acknowledged their responsibility to advocate for inclusion through their practice and through their ability to see themselves in that place.

Therefore, in the thematic reasoning applied, the conclusion drawn is that the occupational therapists and teaching staff interviewed find value in their work with disabled children in the intersubjective space. They obtained value in their role in getting to know the child and the adults around them. This was curtailed by the structures in which they worked. The direction of influence was experienced differently between the two diverse contexts. In Uganda, participants revealed their work was one of advocacy and education emanating in the community and leading them into schools, but which was influenced by a lack of access to necessary resources as these were not seen in the community setting. Whereas, in England, participants described the influence of specialist knowledge and resource being segregated to spaces outside of the mainstream setting, in special schools, so that inclusion remained focused on the remediating the disabled child's deficits for them to fit the educational practice available. In both settings the lack of disability knowledge and pedagogical approaches created the belief that schools were not yet ready for inclusion and that the disabled child belonged outside of their regular local school. However, in perceiving their position within these systems the participants revealed an awareness of themselves as advocates for change and a shared responsibility to shift the narrative if the proclaimed rights of the disabled child were to be met in schools.

My continued thematic reasoning further answered the question of the impact of the COVID-19 pandemic on inclusive classroom practices and how this was understood by the classroom adults. The impact of the COVID-19 pandemic was understood by participants as one of reflection on their practice. This was augmented by the process of taking part in research during this time. In discussing the impact of the pandemic on their practices, although starting in the present participants' stories revealed a comparison to pre-pandemic conditions. The pandemic disrupted normal practices sufficiently to provide a cleft within the everyday so that it became an object of reflection. The questions asked did not specifically focus the participants attention to the pandemic. The pandemic became a character I introduced to the stories told to delve into what was being shared and understood. However, it was past events that participants placed centre stage and in doing so shared an understanding of who they were in the everyday space.

Moreover, in answering how my understanding as an occupational therapist brought meaning to the interpretations made is the critical reasoning I share throughout this thesis and in the transformation I experienced through the process of undertaking this study. Rather than a static understanding of my position as an occupational therapist entering the process, it is through critical reflection that my understanding shifted. It is this transformation that I described throughout the writing that elucidated the position applied to the interpretation.

Through my interaction with the participants during interview, my consciousness demanded that I critically reflect on my own practice. It is through the process of completing this research that I see myself transformed as a researcher and practitioner. It is this transformation through critical reflexivity that I discuss in the next section.

9.3 What I Learnt in Becoming Critical

To provide a meaningful response to the questions of this study, I presented my reflections on the interpretations made throughout the research process to lay bare the transformation in understanding I experienced.

Initially, on entering this study, I adopted an international social justice perspective to my understanding of disability-inclusion in schools. I believed that in emphasising a social justice driven, rights-based approach to international commitments to human rights I would explore the barriers to inclusive education for the disabled child and it would reside in inequitable resource allocation and discriminating socio-political power dynamics. I felt I knew this from my previous studies in the field of disability and professional experience as an occupational therapist. However, my transformation emerged from a different direction during the research process than that expected.

As an occupational therapist working on international projects to support the inclusion of disabled children in education in African countries, and in special and mainstream schools in England and Australia, I brought a specific lens from which I viewed the topic. I wondered on the context giving rise to the social and educational exclusion of the disabled child I saw across the diverse contexts. By adopting a critically reflective stance in this research, I acknowledged my epistemological roots. Stemming from an ecological systems framework, I saw concentric rings around the disabled child. I saw the child situated amongst others in the classroom. I recognised my social constructivist past in wanting to examine the common barriers to disability-inclusive education in the structures surrounding the child. However, in my writing I applied a hermeneutic reasoning that demanded I critically reflect on my positioning as the researcher.

Therefore, I included personal vignettes in each thematic chapter to orientate the reader to my positioning as a practitioner as I entered the study. These vignettes are real situations that sprung to the fore of my consciousness when speaking with the participants and from dwelling in the data. I believed they described a scene in which my experience resonated with the shared stories told by the participants. Moreover, they expressed a place from which I stood, from where I took my first step as an interpretative researcher, offering a place of judgement for the reader to validate the interpretations reached.

In the methodological chapter, I considered my privilege and power in the positioning of being a researcher from the global North, speaking with participants working and living in a different socio-cultural and economic context. Furthermore, I acknowledged this warranted further investigation, but was not the focus of this study. In my reflexivity I captured my initial fore-thinking and in doing so, through the process of writing, recognised my professional and personal assumptions of individual responsibility and independence, arriving from my distinct cultural background. In critical reflection, I opened myself up to a transformation in my understanding.

In my initial reading of the data, I held tight to an ecological systems theory of understanding to what I was hearing. In trying to find a new understanding, I investigated the literature of occupational science and found a framing to my understanding that evoked a temporal notion to being and becoming who we are, in the doing of what we did every day. Reading the international research literature, I moved within the structural to embrace the temporal conceptualisation of disability to understand the situatedness of the individual within their local context, including educational and health practices . Reading critical disability studies literature, I looked to understand the divergent power dynamics in the global arena and my place therein.

In the data, at this early stage, five themes arose, and they placed the child at the centre of those irremissible concentric rings. I applied an iterative process to the data analysis, but there remained a concentric taxonomy with the child at the top. However, my focus shifted from the child to better understand what was happening in the surrounding rings, by the people in the learning space, community places, societal values, and liminal futures. As I searched for a deeper meaning to that being heard, I became critical in my reflexivity of how I interpreted the data. Therefore, I invested in the hermeneutic and reductive process of examination in my writing.

No longer concentric, I considered the application to practice in demanding an openness to diversity to achieve occupational justice in disability-inclusive education. Although my questions remained one of person and place, I acknowledged the socially constructed world I knew but allowed it to sit quietly in the background to better understand the experiential. I wondered on how disability knowledge in the learning space is experienced by those present, rather than focusing on its social construction. I heard it remained focused on normalising the child, educating them elsewhere but also, I heard how participants experienced shame and conflict in being ineffective in what they said they should do and what they were currently doing.

I began to understand the barriers to disability-inclusive education existing in a moral void, fearful of not doing what is believed to be right for the disabled child, under the imposed educational pressures, we look the other way. I explored deeper in this direction of self-evaluation, and the places in which the participants worked. The frequently described barriers to inclusion, a lack of teacher time, insufficient material resources, lack of effective pedagogical knowledge, inappropriate curricula, a paucity of specialist support, did not disappear but became known to me anew, naked, revealed, and raw. They reformed to become the product of our practice not the reason for failed implementation. They are created by what we are doing in the classroom.

9.4 Transforming the Narrative

For disability-inclusive education to be realised, I now see that a shift in action is required. It is formed in acknowledging the value of the disabled child in every classroom of the inclusive school, and in the connection with place and people beyond the classroom walls. It is relational. This is the essence to that which I now understand as disability-inclusive education and which I have applied to this study.

There still exists a strong sense of social justice in how I understood the data, but in looking at it anew, the notion of value refocused how I saw the disabled child in the common educational spaces of school and community. It appeared from every aspect, from resource allocation to teaching methods, from placement to setting. Moreover, it is not seen as a static concept, but one which evolves over time, in different spaces, with a diverse range of people. Therefore, I do not categorise between the global North and South. My understanding offers a place from which we learn from different practices, acknowledging diverse contexts, within a commonality of experience, in which inclusive policy is not reflected in practice.

While the current disability knowledge applied in schools globally continues to force diverse learning profiles into rigid criteria of success and leads to excluding practices, the potential for change to occur in practice resides in a shared responsibility embraced by all involved, including governments, policy makers, trainers, practitioners and educators. It can no longer continue to see the disabled child as ‘extra’ to education but instead shift them to the centre of the inclusive classroom.

There is a need to rethink how the disabled individual becomes part of the shared world of the school and in turn, society. I critically reflected on the participants description of their everyday interactions in the classroom and saw the continued invisibility of the disabled child in the normative space as a problem of difference to be solved. I wish to reframe inclusiveness in education as an acceptance of difference, a common human characteristic within a diverse landscape that places the disabled child at the centre of educational policy and practice, while demanding practitioners expand their gaze to every corner of the classroom, to themselves in that place, and beyond the confines of the school gates. This new understanding has implications for disability-inclusive education policy, research and practice, which I discuss in the subsequent sections.

9.4.1 Implications for Policy

In 2002, Farrell and Ainscow (2002) suggested the solution for inclusive education was the valuing of difference in an education system that celebrated achievements of all. This position on inclusive education is one that requires diversity to be championed in every classroom, where the disabled child is included as one of many, so that specialist interventions become embedded in the ethos of the school, and in an understanding that every child requires differing degrees of support in learning. This international policy position hasn’t changed over the past twenty years. However, nor has it been effectively translated into practice around the globe.

In 2020, UNESCO drew up a policy paper on inclusive teaching. It located the dilemma for policy development in many countries within the notion of diversity and its implementation within current education systems. International policy describes the adoption of a non-binary position in practice, valuing diverse ability and participation of all. However, this requires prepared teachers with the values, knowledge and attitudes that permit inclusion (UNESCO, 2020c). Therefore, in an attempt to achieve a positive paradigm shift for inclusive education globally the focus of international policy is on developing effective pre- and post-qualification teacher training programmes (UNESCO, 2020).

However, this study demands consideration of the context in which teaching takes place, rather than solely providing training on disability as a topic. The promotion of inclusive culture in schools requires a more flexible approach to delivering curricula by enabling schools to have the scope to permit transformative school leadership (Shields and Hesbol, 2020). Critical awareness of disability at every level of the education system is required to create open and flexible service delivery models for inclusion to be a success (Thomas and Loxley, 2022; Ainscow, 2016). The idea to promote disability-inclusive education through policy change has been previously explored internationally, with few examples of where it works.

In New Brunswick, Canada inclusion policies demanded a commitment to effective, inclusive, and community-focused schools, with investment from all levels (Simón, Muñoz-Martínez and Porter, 2021). In Italy, in 2019, the law changed to demand compulsory training for teachers in inclusion principles (UNESCO, 2020c). The attention was on creating individualised support to meet needs, residing within a community of agreement that systematically developed school culture to become welcoming for all learners. However, reported from these countries, classroom practices predominantly remain focused on working directly with the disabled child to remediate their perceived learning deficit, within a normative culture.

Opiyo (2019) reports transformation of education systems means not just adding to existing structures but requires changes in the embedded assumptions and attitudes that create and endorse certain curricula, particular teacher training programmes, and special pedagogical approaches. It means shifting teacher training programmes content from categorisations of disability to one of changing attitudes to embrace whole system transformation in building inclusive school communities (UNESCO, 2020c). Therefore, an important factor affecting the provision of inclusive education is not only the quality of teachers (OECD 2005), but also the appropriateness of the training offered to them (Sharma et al., 2013). The complex interface for the disabled child in mainstream schooling is only realised in classrooms with educators with the ability to design effective instructional and assessment activities and shape inclusive practices in their classrooms (Mariga, McConkey, and Myezwa, 2014; Simón, Muñoz Martínez and Porter, 2021).

Furthermore, policy reform in 2013 in Canada, shifted educational focus to external influences on learning, through a school connectedness and community (Aucoin, Porter and Baker-Korotkov, 2020). Nes et al., (2018) in their examination of inclusive practices in Norway and Italy described education policy that put both regular and special education teachers in the classroom. Effective collaboration between specialists and general education teachers in the classroom was seen to extend the knowledge base of the teaching staff to be able to better include individual children (Paju, Demo, and Ianes, 2018). It is this concept of learning communities that must be strengthened through policy reform locally.

Inclusive policy reform in France highlighted the role of non-professional classroom staff and embedded their training into policy, while other policy reforms in Portugal, provided for a panel of inclusion specialists in each school to advise and train personnel (UNESCO, 2020c). Real-life, quality training of teachers on inclusion principles and infusing disability issues throughout the curriculum is necessary in promoting disability-inclusive education (Storey, 2007). Furthermore, inclusion policies must recognise the role of specialist, including occupational therapists in supporting the inclusion of disabled children in schools (Seoane-Martín and Rodríguez-Martínez, 2023; Pettersson and Ström, 2019; Graham and Wright, 1999). It is the potential for quality inclusive education that is missed when policy continues to focus on provision to ‘fix’ the disabled child, instead of ensuring access to effective pedagogical approaches that embrace every child’s individual learning support needs.

Ainscow (2020) suggests that for effective moves towards inclusion, policy needs to ensure that the principles that guide policy reflect the local community and are reflected in the criteria used to evaluate the schools inclusive performance. Moreover, flexible curricula that enables creative teaching to a child’s distinct interests involves teaching outside of the traditional classrooms’ norms and assumptions. Curricula reform is needed for a flexibility in teaching that reflects diverse identities, histories, and learning characteristics (Banks, 2018; UNESCO, 2020). It lies within a paradigm shift in education, where inclusion is not questioned as a fundamental concept and embeds the core value of citizenship at the centre of curriculum to shift the purpose of education from providing acquisition of facts and figures to ensuring social wellbeing, where diverse identities belong (Goodley and Runswick-Cole, 2015). The concept of belonging is further discussed in implications for future research.

By seeing the inclusive educational space differently, there is the potential for opening up to diversity, where schools rather than turning inwards become accountable for increasing the social inclusion discourse. Educational policy needs to create opportunities to develop participation in a society for every child during and after schooling. Furthermore, if educational policy enables the expansion of schools beyond the current narrow concept of education to one of diversity and community engagement, enabling an integrated approach of specialist into the local school, there are implications for practice for countries both in the global North and South.

9.4.2 Implications for Practice

The opening up and broadening of the understanding of inclusion in education has implications for the practice models applied. If disability is considered an aspect of human diversity rather than human pathology, it follows that such a philosophical framing will influence classroom practice (Connor, Valle, and Hale, 2012). Discussed in the previous section, is the need for educational policy reform to support attitudinal change and enable flexible systems that support the combination of mainstream and specialist knowledge in schools. This opening up of educational practice, rather than solely a dialectical construct, is complex and dynamic. It requires an interconnected wholeness of the school, intertwined experientially and ontologically in multiple directions with a range of people and places.

For disability-inclusive education to become a reality, change is needed in the school culture, policies, and practices, and within the community it serves (Ainscow, 2016). The idea of doing things differently to how they have always been done demands alternative service delivery models in schools to resist the rising hegemony of special education strengthened by the legitimacy given to separate schooling for the disabled child (Connor, Valle, and Hale, 2012). A model that embraces the broad spectrum of learning abilities in every classroom to reduce inequalities in outcomes, requires a shift in disability awareness and knowledge, and calls for action at every level.

The demand for practitioners and educators to be critically reflective of their practice is growing within both the teaching and occupational therapy professions globally.

Beyond the lament of feeling helpless to change an inequitable system, researchers and writers are calling for practitioners to become agents of change within their places of work (Schiller et al., 2023; Rudman et al, 2019; Creek and Cook, 2017). In Brazil, to address diversity and exclusionary practices, a social inclusion movement demands learning from those living at the margins of society and to question inclusive practice there (Malfitano, et al, 2014; van Bruggen, 2014). However, within this rising discourse is a caution that without critical self-reflection of the professional assumptions and bias applied to practice, the risk of continued discrimination through disability problematisation remains. Transformative initiatives need to go beyond the conceptual professional base to consider diverse ways of everyday practices, affording the opportunity for all practitioners to rigorously examine their own beliefs and values on disability within their practice and to enable schools to express a collective social responsiveness (Connor, Valle, and Hale, 2012; Schiller, et al., 2023). It is this recentring of the disabled child, from client-centred practice to a shifting of our gaze to the conditions that marginalise, including ourselves.

In education practice, this opens up the mainstream classroom where teachers have access to other specialists, parents, and professionals to collaborate in assessment, planning, and provision across traditional professional boundaries to develop programme improvements (Villeneuve and Shulha, 2012). It is seen that through collaboration, health professionals develop a deeper understanding of the challenges faced in teaching a class of diverse ability range, while teachers develop their understanding of how to increase each child’s participation in classroom learning activities (Kramer-Roy, et al, 2020). This study in Pakistan revealed it took time for both professions to discover and appreciate the unique professional knowledge and skills of the other. There is a false assumption of shared knowledge in the interactions between teachers and therapists in schools (Hutton, 2009). It is only in working together that discovery of the uniqueness and compatibility of each other’s skills can be appreciated in practice (Kramer-Roy, et al, 2020).

In rural Sweden research indicated that class teachers valued the collaboration they received from specialists, consulting through professional exchange and mutual problem solving, where the support increased the teachers confidence in their inclusive practice (Patterson and Strom, 2019). This has implication for practice in local areas where there is minimal access to disability specialists. In countries in the global South, the problem with access to specialist healthcare is one of supply and demand where a lack of community awareness reduces demand for services and where limited demand for services means fewer trained specialist health care workers are employed to identify local need (Lynch, et al., 2023). The building of community awareness and strengthening disability knowledge across sectors including health and education, enables earlier identification and intervention for the disabled child, and supports collaborative knowledge sharing at the local level, which in turn, may support planning for inclusive practice with schools.

Therefore, providing outreach and in-reach services, where schools are no longer protective agents of educational outcomes but share a social responsiveness means working with communities (Schiller et al., 2023). The concept of the school as the hub of a learning community provides specialist knowledge within the mainstream and recognises the importance of the wider community in sharing of knowledge to support a diverse range of learners, across contexts (Ainscow, 2020). Within this reconceptualization of education, the focus of practice moves from a selective approach of identifying divergent needs, to one of difference being a unifying characteristic so that educational practice engages every learner (van Bruggen, 2014; Murdoch, et al., 2020).

This concept of universal provision needs to be greater than a base from which certain children are selected for special provision, but one that embraces every child's differing requirement for learning support. Universal provision as a mechanism for social change, proportionate to the level of disadvantage, affects a reduction in inequality of access and increases social cohesion (Marmot, 2020). Focusing this principle to the educational context, creates theoretical debate suggesting an opposition between universal, targeted, and specialist supports. For example, McLinden, et al (2016) explored the provision for visually impaired students within an inclusive curriculum that is shared but also embraced individualised relevance to specific groups of students. They noted the difficulty for specialist teachers in balancing targeted support for individual learners with a particular impairment, within the shared curriculum. However, targeting support for children within an effective universal provision may be seen as countering the 'paradox of redistribution' by embracing targeted intervention to support greater access as a dynamic and fluid approach, irrespective of categories such as socio-economic position or diagnosis (Francis-Oliviero et al, 2020).

This theoretical model has been translated into practice for occupational therapy, and other health provision in schools in England as a tiered model of practice (Hutton, Tuppeny, and Hasselbusch, 2016). In England, recent research suggests that occupational therapists still predominately deliver their support at specialist level, with limited universal activities due to liminal factors such as the school leadership’s poor understanding of their role (Salazar Riviera and Boyle, 2020). Therefore, a flexible and dynamic approach to inclusive and collaborative practices is required to promote transformative leadership and culture change in schools. In applying this transforming narrative to inclusive educational practice for the disabled child, focus must shift from the disabled child’s characteristics as othering, to the nature of the learning environment to be able to embrace difference, and the relationships experienced there for the child, their family, within the wider community. Future research may provide a better understanding of how this may best be put into practice.

9.4.3 Implications for Future Research

From a critical phenomenological position, while building on the ‘dilemma of difference’ (Norwich, 2010) in the formation of identity, I recognise that bodily difference matters in how the world is experienced. Therefore, the experience of the disabled child in the inclusive school cannot be ignored. It is this perspective that demands further research. Although, in looking from the position of the practitioners in the classroom has afforded a view of the void, it is the embodied subjectivity of the disabled child that should determine our route out.

Asbjørnslett and Bekken (2016) explored the tension of identity within an inclusive environment from the disabled child’s position and found that the child acknowledged the differences in their performance but still wished to be a part of the wider school activities to feel part of the school community. However, school participation is still consistently measured lower for disabled children than their non-disabled peers, particularly in extra-curricular activities (Coster et al., 2013). In the recent policy advice paper from the National Council for Special Education, in Ireland, regular consultation with and the inclusion of the voices of students with lived experience of disability is recommended in the move towards inclusive education systems (NCSE, 2024). There is an added value to research that engages students themselves in the process of identifying that which holds importance (Ainscow, 2020). However, further research is needed to develop innovative and respectful methods to collect their diverse voices.

Kennan, Brady and Forkan (2019) identified the importance of a positive, trusting, and stable relationship in promoting participation in worthwhile discussions regarding educational experiences, forged by spending time with the child, and engaging with them in play and social activities that created a safe space in which to share their views.

Moreover, Murdoch et al,. (2021) suggested that for children to feel heard in school, it was the adult's ability to cultivate educational relationships to foster environments where every learner, and their particular academic and/or socioemotional differences were valued as integral to the learning community. Simmons (2018) explored a phenomenological approach to capture the nuanced lived intersubjective experience of pupils with the most complex learning and communication needs. The study found the building of experiential evidence to understand the child's experience necessitated more intensive and richly interpretivist forms of data collection, through familiarisation and working with the child and the teaching staff in contexts that shaped their social experience (Simmons, 2018).

The social experience of disabled children was further explored by Pesonen, et al., (2016) in Finland, who found that a positive school climate of inclusion supported a sense of belonging for every child, and which in Australia, was primarily found in schools in which adults worked in multidisciplinary collaboration to create an accepting and supportive school climate (Laragy and Fisher, 2020). Furthermore, the importance of peer relationships emerged as the most important for successful inclusion, evident in the students reports of connectedness and feelings of belonging in school (Gowing, 2019; Vianello and Lanfranchi, 2011). In defining inclusion as an intersubjective experience, it centres the experience of the disabled child and amplifies their voice in and about education spaces. Therefore, it remains the challenge faced by researchers to determine imaginative and diverse methods of data collection to authentically capture the richness of the disabled child's unique ways of being in the world of school.

Furthermore, future research is needed to unravel the intricate, interconnected web of experiential identity of the disabled child outside of school, with peers and their parents. Parents' attitudes of non-disabled children towards the inclusion of a disabled child was seen to vary depending on the specific type of disability present in the classroom (Paseka and Schwab, 2020). Therefore, disability remains in the void of understanding between school and home. To develop a deeper understanding of disability-inclusive education, international research must ask what is happening in the wider community on the disabled child's way to school.

9.5 Limitations of the Current Study

In adopting an interpretative phenomenological approach to this research, I acknowledge the potential risk of falling into solipsism. I acted to combat this by adopting a critically reflexive stance to my writing and I hope I have explained who I am and how I listened. However, the view presented is only one interpretation amongst many possible, a weakness of this study or its unique position. I hope this study provides a deeper understanding of what is happening in the inclusive classroom by bringing a new understanding to that which was already known.

Moreover, I did not intend to adopt a phenomenological approach at the beginning of this research. I hoped to have been sitting in the classroom with the practitioners and the children. However, the COVID-19 pandemic limited the access to schools six months into this study. Therefore, a weakness identified is the methodological transformation that occurred through discovery and exploration over the duration of this study. It changed how I understood the research questions posed, the data collected, and the analysis undertaken. I experienced a transformation of understanding in my writing, which I hope to have captured, but this is not the way to complete phenomenological research and therefore, I acknowledge my learning throughout the process.

Furthermore, the pandemic moved this study online. There is a problem with online research in exploring such a nuanced and tense topic as disability inclusion in school. Not only did collecting data online incur problems of connectivity and translation, but it also distanced the relationship between myself and the participants. Deciding to complete remote research also impacted on the number of participants I was able to recruit, particularly in Uganda, where practitioners were harder to identify through professional networks. Moreover, the pandemic impacted this study by removing the disabled child from the research. In focusing on the adults in the inclusive classroom and not capturing the experience of the child, this study changed fundamentally. However, I hope the insights presented may enable future researchers to ask the questions differently to gain a detailed understanding of the disabled child’s experience of inclusive practices in schools.

9.5.1 Additional Ethical Considerations

The use of vignettes as a research method is described as offering a richly descriptive and co-constructed piece of writing to illustrate the interplay between the individual’s interactions with the world and the interpretation applied by those undertaking research (Simmons, 2018). It enables reflection and interpretation to challenge misconceptions and reconstruct the meaning of events in the telling and reading. However, consideration needs to be given to the consent that vulnerable people, for example, children and young people with significant and complex learning and physical disabilities, may be able to give. The inability to provide full and informed consent for participation in research does not necessarily limit their participation. However, additional consideration of the issues and procedures to safeguard against misrepresentation and exploitation are needed. For example, participants who may not use literacy skills for understanding or speech to communicate, information may need to be presented in alternative formats, with diverse means of acceptance offered. The methodological reasoning applied by Simmons (2018) to mitigate this was to employ member-checking with those observing the event or who knew the disabled child in the vignette well to enable ongoing negotiation of the interpretations made. Furthermore, in becoming part of the researched space by spending time with the participants in their everyday environments, Simmons (2018) creates a dialogue whereby the participants are not solely the objects of research, but in getting to know the children in the study, they become subjects consulted in the construction of meaning.

In the vignettes used in this research I reflected on my previous experiences that illustrated that which was being heard from the participants. They were not of this research but provided a description of my, the researcher, positioning on the theme. In two of the stories told the characters were young adults with significant physical and/ or learning disabilities. As the recollections I brought forward to illustrate my reflexivity happened 15 and 20 years ago respectively, consent for their story to be shared could not be sought for the purpose of this research. With the passage of time, lack of consent becomes a different ethical challenge of relational ethics in how the information is shared sensitively so that the person is not objectified within the story told.

Traditional ethics in social research considers the importance of respect, confidentiality, and safeguarding throughout the research process for vulnerable participants, whereas a relational level further extends reasoning to consider the interactions between the researcher and the vulnerable person (Törrönen and Petersen, 2021). In reflecting on the vignettes included in this research, the events described happened whilst working as an occupational therapist in countries in the global South, and one within the UK. Therefore, this further brings in the professional theoretical frameworks informing the relational aspects of the interactions and the power dynamics intrinsic within the relationship revealed. In the retelling of these events, I reflect on the context of those involved giving rise to my reflection.

Protecting the anonymity of the young person, their family, and those around them who may also be affected by the details of the story is one level of protection, and efforts to ensure this was made. Moreover, in the vignettes used in this research, the interaction with colleagues, as well as the vulnerable young people, also needs to be understood. The themes I discuss involve describing the responses of colleagues and myself in sensitive situations, in order that I may discuss topics such as social justice, advocacy and agency, neglect, exclusion, and social responsibility. I scrutinise their behaviour and reflect on my own responses for the purpose of clarity and transparency in my research. Therefore, it is necessary to reflect on the power dynamics and relationships re-emerging with the passage of time and in the distance between the event and its re-telling. I acknowledge how, in my hope to engage in reflexivity of self, I may have compromised the positioning of other.

As a criticism of this research, reducing the ethical consideration of the vignettes written in this thesis to a single element of anonymity is insufficient. Further understanding of the complex and multiple relationships evident in the scripts between myself and all those situated in the event is required. Simmons (2018) highlights the ethical importance of locating the subjective understandings in the text to avoid misrepresentation of vulnerable people in research. In acknowledging this complexity the use of vignettes as a piece of reflection, I attempted to write with dignity and respect for all those involved. However, there is an acknowledgement of prioritising my reflection over the other persons present to inform my learning from the interactions experienced. Moreover, I acknowledge this was not a bi-directional relationship and did not offer the other in the story an opportunity to possess equal power or ownership of the story told. The use of vignettes in research offers an opportunity for richly informed data but requires ethical and methodological understanding to mitigate for the potential risk of unintentional misrepresentation and objectification of other.

9.5.2 Dissemination of Current Research

Results from this study are written up as a final thesis for the purpose of completion for the degree of Doctor of Philosophy. As part of this process, I undertook dissemination activities, including presentation at international and national conferences,

- 3MT presentation on '**Inclusion in the time of COVID'** at The World Federation of Occupational Therapy (WFOT) conference, August 2022, Paris. *Winner of section.*
- '**Schools Role in Valuing Inclusive Community'** at the British Education Research Association (BERA) conference, September 2022, Liverpool.

In 2023, I published an article in a peer-reviewed international journal special edition on inclusive education (see form at the front of this thesis). In 2024, I presented online to an international audience of occupational therapists at a General Meeting of the charity OTFrontiers to share the methodological positioning of this research and engage attendees in reflection on their positioning of being practitioners from diverse contexts.

On completion of this Doctoral study, I will use various dissemination methods to reach a wide audience, including professional and informal networks, and publication in professional journals. Moreover, to ensure access of information to participants and wider stakeholders, I will distribute the links of the published articles, along with a concise summary sheet detailing the main interpretations made with the hope that it will be an interesting read for some. It is in understanding how a change in narrative may enable practitioners and policy makers to shift their gaze on the disabled child in education, which may impact practice globally. I hope this research contributes to future discussions held. Furthermore, I recommend future research into how best the views of the disabled child and their families are captured on disability-inclusive education provision, across diverse contexts, to ensure they are heard as part of the ongoing debate.

9.6 Conclusion

In rethinking disability-inclusive education, I acknowledged the usual suspects where a lack of teaching time and resources are discussed. However, I reframed them to see anew. Time in the classroom is a bartered commodity in which the disabled child holds the loosing hand. It is the lack of value applied to the education of the disabled child that renders them invisible so that limited resources are redistributed elsewhere. Therefore, a key discriminatory factor in the equitable provision of quality education for the disabled child is the continued application of knowledge frameworks applied globally that act to exclude, and therefore justify, exclusionary practices. The direction of change needs to embrace disability knowledge to ask what is not known and in doing so, open up to the concept of diversity in schools and an acceptance of difference in the inclusive classroom.

There is a shared responsibility in demanding change. Practitioners need to stop cowering in embarrassment in the corridors, but to re-enter the classroom. Those pupils who need less teacher time to work independently may indeed benefit from receiving this learning opportunity, and for those requesting more help, to receive it from the teacher. In inviting the disabled child into the inclusive classroom, they add to the sense-making happening in schools.

In reframing education as a moral and ethical endeavour to promote inclusion, there is a directional difference acknowledged between distinct contexts. It exists in relationship, multidirectional and complex, reaching into and out from the school. The directional difference experienced between Uganda and England did not negate the common relational value experienced that demanded a shared responsibility at every level and for practitioners to advocate from the periphery.

The experienced lack of value described in this study resulted in inclusive practice happening in a void with resources being distributed elsewhere or omitted entirely and practice taking place within a moral conflict, which ultimately leads to feelings of failure and helplessness. In stating inclusion is conceived as a necessary value, and where difference does not justify exclusion, the ethical motive to reach an ambitious inclusive outcome requires the moral obligation of everyone to critically transform. However, the starting point of this transformation may be continually debated.

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Appendix A: Interview Schedule – First Round Interview

Thank you for agreeing to talk with me today. Please feel free to stop me and ask questions whenever you need to clarify something. If you want to stop the interview at any point, please just say, and we can take a break or stop completely. Let's start.

1. How would you describe Inclusive Education to someone who does not know anything about it?

2. Please tell me the story of how you come to be working with disabled children.

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3. When you think about a classroom, how would you describe its main characteristics?

- What is the classroom like on a typical day?

(How has the classroom changed with the pandemic?)

- How would you describe your role working with disabled children?
- Please describe the other adults in the classroom and what they do.
- How do you feel your role working with disabled children in the classroom is perceived by others?

(Please describe what impact the pandemic has had on your role.)

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4. What do you feel needs to change to improve the inclusiveness of the classroom?

(Following the pandemic, as we find our 'new normal', how do you feel the classroom should include disabled children?)

Ok. That's the last question for today. I would now like to read to you a short classroom scenario, which we can discuss afterwards.

Thank you for your time. Is there anything you would like to tell me that we haven't talked about today? Next time I will ask you more about some of the things you mentioned today. When would be a good time to next meet?

Appendix B: Vignettes – First Round Interview

Vignette 1:

Peter is 5 years old. He has been told to go and sit on a chair at the back of the class while the rest of the children are sitting on the carpet listening to a story because he kept pushing and kicking the children around him, particularly one boy who he usually plays with. Peter was given a warning by his teacher and told to stop but he didn't. Peter is saying 'No fair', as he walks towards the back of the class and he begins to push at tables. When he gets to the back of the class, he picks up the chair he is asked to sit on and throws it towards the children on the carpet. The children shriek. Peter begins running around the class swearing and pulling down the bookshelves and sweeping items off the tables onto the floor. The teacher is on her own as her classroom assistant has gone for her break. She calls to Peter to stop as all the children are now laughing at him. As she gets up to go get him, Peter goes to the door and runs outside, laughing hysterically. The teacher sends another child to the classroom next door to get an adult to come and look after her class while she goes to collect Peter from the playground. This is the third time the past month Peter has behaved like this but usually it has been during lunch or after he has been out in the playground with everyone. The classroom assistant is usually there to take Peter out of class for a walk to calm down when it has happened before. The class teacher is worried that Peter's behaviour will negatively influence the other children in the class and feels Peter probably doesn't have a good home life. The Headteacher says she will speak to Peter's mother.

Vignette 2:

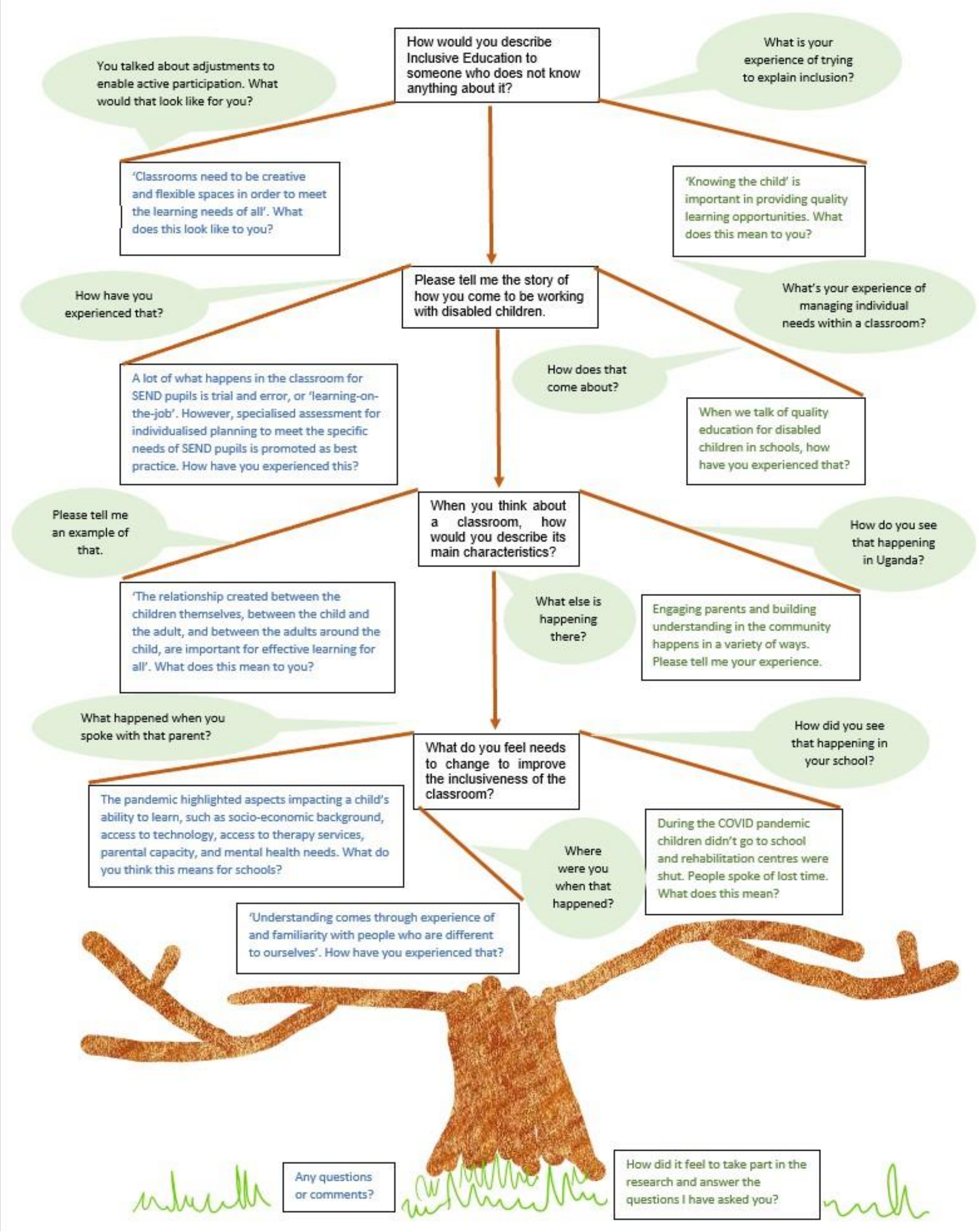
Jacob is 8 years old. He has two older siblings and lives with his mum and dad, in their own home. Jacob loves to play video games with his older brother and dance to music in the kitchen with his mother when she is cooking. Jacob was born prematurely and sometimes has difficulty breathing. Someone pushes him in a wheelchair to get about and he is fed by an adult as he cannot hold a spoon, but he is having difficulty swallowing and often chokes on liquids. His parents and teachers are concerned Jacob is not getting enough nutrition anymore. Jacob requires help from someone to wash and dress, and he is still wearing nappies. His mother is convinced Jacob can understand everything that is going on around him. He can become very distressed if people ignore him. Jacob is non-verbal and blinks to communicate, yes and no answers to questions, although his teachers query whether it is fully intentional. Jacob goes to a special school and his teachers report Jacob is happy at school and needs the specialist support they can give him. It takes nearly an hour each way for Jacob to get to school by transport, and sometimes if it does not come Jacob has to stay at home and so his mother cannot work. His mother is convinced he could learn and express more, and she wants him to go to the local primary school with his sister and brother.

Vignette 3:

Rebecca is 14. She attends a regular secondary school but is educated in a ‘special’ classroom most of the time. Rebecca has been diagnosed with Autism. She has worked hard, and her literacy and numeracy skills are now in-line with some of her neuro-typical peers. Rebecca has always found noisy and busy environments difficult and when she was younger, she found the regular classroom too chaotic. She would often become very distressed, crying, and biting herself. Now, her class teacher has arranged for Rebecca to attend the lower stream of maths in the regular classroom, and so she goes every day, for the hour session. Rebecca knows her way to the regular classroom and is able to follow her timetable to get there on time, but the school insists an adult from the resource unit goes with her, ‘in case something happens’. The assistant sits next to Rebecca at the back of the class. The class teacher is reviewing work on simultaneous equations and has divided the work into three categories, ‘easy’, ‘medium’, and ‘hard’. Rebecca starts her work and completes the easy questions by herself. The classroom becomes nosier as most of the other children are unable to do the work. They start tapping their pencils to annoy the teacher, and putting their arms inside their jumpers, pretending to have big breasts/ no arms, bumping into their neighbour. They all laugh, although each time the teacher looks, they pretend they are working. Rebecca starts to say

‘Shhh. I’m trying to work’, but the class continues to get nosier. The class teacher ignores Rebecca and glares at the class. They ignore him. Rebecca begins to get upset and shouts out, ‘Stop it. I came here to do Maths.’ Her assistant tells her to be quiet and to get on with her work, but Rebecca in a loud voice says, ‘I can’t concentrate. They are making too much noise. He’s not doing anything to stop them’, pointing at the teacher. The Assistant says Rebecca will have to leave the class.

Appendix C: The Question Tree



KEY:

TRUNK : Round 1 questions

BRANCHES: Round 2 questions branching off for England and Uganda

LEAVES: Examples of probing questions used

Appendix D: Notification of Ethics Approval

UCL RESEARCH COMMITTE
OFFICE FOR THE PROVOST

27/11/2020

Dr Maria Kett

Epidemiology and Public Health

UCL

cc. Claire Brundle

Dear Dr Kett Notification of Ethics Approval.

Project ID: 18871.003

Title: Inclusion in the time of COVID: How do we enable meaningful learning interactions for all in the socially distanced school?

Further to your satisfactory responses to the Committee's comments, I am pleased to confirm in my capacity as Joint Chair of the UCL Research Ethics Committee (REC) that your study has been ethically approved by the UCL REC until **19/12/2021.**

Ethical approval is subject to the following conditions:

Notification of Amendments to the Research

You must seek Chair's approval for proposed amendments (to include extensions to the duration of the project) to the research for which this approval has been given. Each research project is reviewed separately and if there are significant changes to the research protocol you should seek confirmation of continued ethical approval by completing an 'Amendment Approval Request Form' http://ethics.grad.ucl.ac.uk/responsibilities.php

Adverse Event Reporting – Serious and Non-Serious

It is your responsibility to report to the Committee any unanticipated problems or adverse events involving risks to participants or others. The Ethics Committee should be notified of all serious adverse events via the Ethics Committee Administrator (ethics@ucl.ac.uk) immediately the incident occurs. Where the adverse incident is unexpected and serious, the Joint Chairs will decide whether the study should be terminated pending the opinion of an independent expert. For non-serious adverse events the Joint Chairs of the Ethics Committee should again be notified via the Ethics Committee Administrator within ten days of the incident occurring and provide a full written report that should include any amendments to the participant information sheet and study protocol. The Joint Chairs will confirm that the incident is non-serious and report to the Committee at the next meeting. The final view of the Committee will be communicated to you.

Covid-19

In view of the fast developments of the pandemic, the numerous projects being initiated and the constantly changing framework, please provide us with regular updates **every 4 months** regarding the ethical aspects of your project and the specific problems (if any) that you have encountered. At the end of the study, as part of the final report you have to submit to the UCL REC, please include alongside a brief outline of the research outcomes, any experiences which would be valuable for informing the fast-track COVID review process, and in turn subsequent fast-tracked studies.

Final Report

At the end of the data collection element of your research we ask that you submit a very brief report (1-2 paragraphs will suffice) which includes in particular issues relating to the ethical implications of the research i.e. issues obtaining consent, participants withdrawing from the research, confidentiality, protection of participants from physical and mental harm etc.

In addition, please:

- Ensure that you follow all relevant guidance as laid out in UCL's Code of Conduct for Research: www.ucl.ac.uk/srs/governance-and-committees/research-governance

- Note that you are required to adhere to all research data/records management and storage procedures agreed as part of your application. This will be expected even after completion of the study.

With best wishes for the research.

Yours sincerely

Signature removed

Professor Michael Heinrich

Joint Chair, UCL Research Ethics Committee

Appendix E: Participant Information Sheet

Participant Information Sheet for Therapists, Teachers, & Assistants
UCL Research Ethics Committee Approval ID Number: 18871.003

YOU WILL BE GIVEN A COPY OF THIS INFORMATION SHEET

Title of Study: Inclusion in the time of COVID: Meaningful learning interactions for all in the socially distanced school.

Department: UCL Institute of Epidemiology & Health Care

Name and Contact Details of the Researcher(s): Claire Brundle
claire.brundle.19@ucl.ac.uk

Thank you for volunteering to take part in a research project as part of my PhD programme. Before you decide, it is important for you to understand why the research is being carried out and what will be expected of you as a participant.

Please take your time to read the following information carefully and discuss it with others if you wish before you decide to take part. Ask me if you have any questions or if something is unclear.

This research is interested in understanding the interactions within the classroom that promote or hinder inclusion for children with disabilities. It is interested in understanding how you describe what goes on in the classroom, and how this has changed with the Covid-19 pandemic.

As you are currently working with Special Education Needs and Disabilities pupils, I would like to interview you to better understand how you describe the classroom and what you believe the impact of Covid-19 has been. I have invited teachers, support staff and therapists to participate via professional networks or organisations, and they may have suggested others who they feel may be interested to participate in this study.

Taking part in this study is completely voluntary. If you do decide to take part, you will be given this information sheet to keep (and be asked to sign the consent form attached). Refusing to participate will involve no penalty or loss to you. If you do decide to participate, you may choose to withdraw from the study at any time, without having to give a reason. Your school or employer will not be notified of your participation in this study. The information gathered and opinions expressed during the interviews will remain confidential and not shared with anyone not directly related to this study.

I will invite you to talk with me online about your experiences. I will ask you questions about education for SEND pupils to understand better what you tell me. I will also use short stories about what happens in schools to get your thoughts and opinions. I may invite you to up to three interviews over two terms. Each interview may last for approximately one hour, although sometimes the information can be covered in a shorter amount of time. The interviews may take place outside of working hours, at your convenience.

I am hoping to gather the information over the first two school terms next year (2021), from both the UK and Uganda. I will provide any additional internet data necessary for you to be able to connect with me online for the duration of the interviews. The findings should be ready for publishing by mid-2022. They will be shared with you, for your opinion.

The interviews will take place via Microsoft Teams. The audio recordings of our interview will be stored on a secure site at UCL. The transcription service via Microsoft Teams will be used to transcribe the interviews, and the accuracy will be verified by me. The audio recordings and transcriptions will be held solely for the purpose of data analysis for this research project and will be pseudo-anonymised so that no identifiable information will be used. No one outside the research will have access to the original recordings, in any form.

Pseudo-anonymised means the data will be given a code, so that you will not be identifiable from the things you say or the information you provide at interview. Anything you say will be treated as confidential. You will not be directly asked about safeguarding concerns. However, if unsolicited safe-guarding or child protection issues are disclosed, your consent will be sort, and support given, to notify the appropriate recognised safe-guarding lead, relevant to the setting. If, at any point you feel uncomfortable with a question asked, you may stop the interview or decline to answer, with no detriment to yourself.

Whilst there are no immediate benefits for participation in this research, it is hoped that the results of this study will provide further understanding of the issues surrounding inclusive education across the globe during a pandemic. Although, the researcher is a qualified occupational therapist, they are unable to provide any clinical advice or knowledge relating to a specific child's case. Should practical questions arise during the interview process, the researcher will provide relevant onward referral information for you to access, relevant to your location.

Should you wish to raise a complaint relating to your participation in this research project, you are advised in the first instance to contact m.kett@ucl.ac.uk However, if you feel your complaint has not been handled to your satisfaction, you may contact the Chair of the UCL Research Ethics Committee – ethics@ucl.ac.uk

Local Data Protection Privacy Notice: The controller for this project will be University College London (UCL). The UCL Data Protection Officer provides oversight of UCL activities involving the processing of personal data, and can be contacted at data-protection@ucl.ac.uk

This 'local' privacy notice sets out the information that applies to this particular study. Further information on how UCL uses participant information can be found in our 'general' privacy notice:

For participants in health and care research studies, click here

The information that is required to be provided to participants under data protection legislation (GDPR and DPA 2018) is provided across both the 'local' and 'general' privacy notices.

The lawful basis that will be used to process your personal data is: 'Public task' for personal data.

Your personal data will be processed so long as it is required for the research project. If we are able to anonymise or pseudonymise the personal data you provide we will undertake this and will endeavour to minimise the processing of personal data wherever possible.

If you are concerned about how your personal data is being processed, or if you would like to contact us about your rights, please contact UCL in the first instance at dataprotection@ucl.ac.uk.

University College London (UCL) is the organising authority for this research.

Contact for further information:

Claire Brundle - claire.brundle.19@ucl.ac.uk
Dr. Maria Kett – m.kett@ucl.ac.uk

Thank you for reading this information sheet and for considering taking part in this research study.

Appendix F: Literature Search Methodology

At the commencement of the literature review, online databases, such as Google Scholar and ERIC, were searched between January and April 2020 for specific articles relating to an international perspective on inclusive education. Articles included were those written or translated into English, published in peer reviewed journals, and published since 2000. Throughout the literature search Google Scholar and ERIC formed the main search engine databases. Bibliographies of included articles formed a further source of material. Initially, ‘inclusive Education’ formed the primary term applied in searches, combined with ‘HIC’ and ‘LMIC’. From there, specific countries of interest that had arisen during professional conversations on the topic of inclusive education practices and personal experience were chosen. These countries included Italy, Sweden, Finland in Europe; South Africa, Egypt, and Uganda in Africa; and the UK. Initially, twenty-one articles were read and screened for relevant material. Included were those relating to the education policy, inclusion systems in place, and evaluation or critique of effectiveness for children with SEND. From these original searches, expansion of search terms included ‘teacher’, ‘parent’, and ‘Occupational Therap [truncated]’ with ‘children with [learning] disability’; also ‘school-based occupational therapy’, a common term used in the literature, was encompassed in the search. Articles predominantly reporting on ‘disability’ and ‘health practices’ or ‘rehabilitation’ were excluded. Terms relating to qualitative methodological and analytical approaches in education formed a separate search criteria and included terms such as, ‘ethnography’, ‘critical realism’, phenomenology’, ‘grounded theory’, and ‘thematic analysis’.

The use of specific terms relating the concepts encased in the professional framework of occupational therapy formed the search bridging the OT professional literature and education. Terms such as ‘engagement’, ‘participation’, ‘individualised learning’, and ‘differentiation’, ‘adaptation’, and ‘modification’ were combined with search terms, such as ‘Curriculum [truncated]’, ‘strategies’, and ‘tools’ to reveal articles relating to school-based practice. Other terms added included ‘learning disability’, truncated to include disabilities and disabled, ‘Special Educational Needs and Disability’ or SEND, a common term used in policy documents, along with ‘Profound and Multiple Learning Disability’ or PMLD, which generated reports from advocacy groups, such as PMLDlink and ALFIE (the Alliance for Inclusive Education). Including other terms in the search relating to diagnostic definitions and categorisations applied to learning difficulties expanded the search, including ‘Severe Learning Disability’ or SLD, as well as ‘mild’ and ‘moderate’, were terms applied to the search to determine differing levels of provision and statistics within the literature. ‘Mental retardation’ was excluded at this stage as this is a term used predominantly in US literature. However, articles published in the USA and Canada were included when the search term ‘inclusive education’ revealed relevant articles. Search terms such as ‘classroom culture’, ‘conceptual frameworks’, ‘anthropology in education’ created lines of inquiry relevant to the methodology of this research project. Furthermore, specific searches were made for international and national policy documents on inclusive education, applying terms, ‘UN’, ‘WHO’, ‘World Bank’, and ‘Global Education Monitoring Report’, as well as ‘UK Department of Education’ and ‘SEND Code of Practice’. Further areas of interest to this research, led search terms such as ‘social justice’ and models of disability, particularly ‘rights-based’ and ‘social model’ of disability.

Later in the search, between May and July 2020, articles specifically on teaching practices dominated the search. Terms such as, ‘curriculum framework’, ‘differentiation’, ‘pedagogue [truncated]’ and combined with ‘tools’, ‘strategies’, and ‘assessment’ informed the search. Twenty-one articles and chapters from two books were included at this stage, out of thirty-seven found. In the final stage of the literature review, articles discussing Covid-19 were included, combined with ‘education’. Other epidemics were considered in the search, including ‘Ebola’ in West Africa and ‘child health’. However, nil search results were found relating to key terms of ‘inclusive education’ or ‘learning disabilities’. Articles relating to disability prevalence in children following the Ebola epidemic, were excluded at this stage as these predominantly considered health strategies. A secondary literature search from 2022 focused on concepts revealed in the data set. This included terms such as, ‘visibility’ and ‘relationship’. My search considered writers on phenomenology, particularly those writing on ‘inclusion [truncated]’, ‘disability’ and ‘education’. I read on concepts such as temporality and spatiality, embodiment, intersubjectivity and reversibility to inform my understanding as I wrote. Therefore, in the process of writing during 2022 and 2023, a further 200 articles were included, categorised by qualitative methodology, theoretical and conceptual frameworks, COVID, education, and international disability.