Introduction

“There is no greater disability in society than the inability to see a person as more”- Robert M. Hensel. Around the globe in every single society, community and nations there are individuals which have variating forms of disabilities. It has been estimated by the World Health Organization (WHO) that 15% of the world’s population lives with a diagnosed disability, of this statistic approximately 2-4% experience major debilitating effects, yet this statistic is only an estimate and does not take into account those which are undiagnosed. Over time the prevalence of disability has become a more pressing and recognizable issue on a global scale, due to developments in populational and educational dynamics. In terms of the worldwide population there are related social, economic and medical factors which have caused the demographic changes. Due to advancement in medical technology and efficiency there is a worldwide ageing population which has created the prevalence of disability such as chronic conditions and loss of basic functions. Linked to this factor there have been forms of medical advances that have played advantageously by decreasing the risks and increasing life span for those who are disabled, but also has allowed for an increase to developmental conditions and learning impairments. Disability as a whole is known as a form of generalized term for a form of impairment in terms of cognitive, developmental, sensory or physical abilities, which can affect a person’s quality of life.

Individuals which are classified as to have a disability face a plethora of issues on the basis of having a disability such as discrimination, stigmatization and misplaced identification, this can cause many issues in the workplace, schools, and society. In particular children which have disabilities can face the most persistent forms of discrimination and stigmatism in schools, as many children face social isolation or exclusion. The lack of schooling and overall issue persists across the globe with an estimate of 93 to 150 children having forms of disability, but mainly middle to low income countries. Due to these countries having inadequate educational systems, facilities and experience with disabled person’s education methods there is an overall low rate of primary school enrolment. This has been a UN recognized issue as the World Health Organization and Plan International has stated that those with disabilities are 10 times less likely to go to school, than those without disabilities. There have been

Research Report | Page 1 of 14
identified barriers to educational entry such as lack of accessibility in terms of physical challenges and unsuited learning mechanisms and inferior educational systems which marginalize those with disabilities. Without access to education, persons with disabilities are vulnerable to living within a cycle of poverty and early death.

**Definition of Key Terms**

**Demographics**

Demographics are a form of statistical study and analysis on an overall society, group or population samples. The gathering and presentation of data can aid to identify people who fall under a specific category, this can be used to highlight people which experience a disability in certain areas.

**Disability**

A disability is a term used to describe a form of impairment experienced in a cognitive, mental, physical or sensory form. These impairments may be present from birth or occur at any point a person’s lifespan, to be classified as a disability, are known to disadvantage a person and obstruct on their humanly functions. Disability can be categorized by medical professionals into three dimensions of impairments; body structure function, activity and participation.

**Discrimination**

Discrimination is a form of human behavioral action or treatment towards a person/group of people due to a distinct attribute they have such as their age, race, gender, religion and ability status. In addition, forms of discrimination can be expressed by social exclusion, critical behavior and potentially violence. Those which are disabled can experience discrimination as they are perceived to fall out of ‘normal living’ standards, for reasons out of their control.

**Inclusivity**

A form of quality or action which a person/people can carry by not excluding other categorized people, in particular on the grounds of their gender, race and disability

**Intolerance**

Intolerance is the lack of respect and inability to accept forms of beliefs, behaviour or views of other people which normally differ from their own.

**Rehabilitation**
Rehabilitation is a form of treatment to restore a person’s function which many have been lost or diminished, in a form of physical or mental therapy. Individuals which have disabilities may undergo medical rehabilitation to ensure they are restored or maintain their optimal bodily function, have the mental tools to maintain mental acuity or enhance their self-sufficiency and independence.

Background Information

The United Nations Children's Fund (UNICEF) believes that every single child regardless of ability has the right to attend a school that fully considers their potential to learn within their communities. Over 90% of children with disabilities in low or middle income countries do not go to school. When considering how to develop the educational rights for disabled persons there needs to be several factors taken into account. These factors include the form of the individual’s disability, the overall educational system, educational accessibility and status of education development within the country.

Identification of Disabilities

As a whole, the term ‘disability’ classifies a large range of individuals and can be depicted as an umbrella term for the forms of impairments that people can experience in their day to day life. Therefore, there needs to be a clarification of the forms of disability people can have and the extent to which their livelihoods are impacted. Disabilities can be permanent or non-permanent, can be attributed to any human function impairment and often may reduce a person’s capacity in the field of day to day activities such as socialising, learning or mobility. Disabilities can be caused by genetic factors such as carrying a certain allele or chromosome which may give them a genetic predisposition to the condition and also environmental factors such as stress levels and traumatic experiences. The fundamental categories of disabilities are; physical, sensory, psychiatric, neurological, cognitive and intellectual.

Overview of Types of Disabilities

The fundamental categories of disabilities are; physical, sensory, psychiatric, neurological, cognitive and intellectual. Physical disabilities are more identifiable visually to the eye and physical disabilities are related to insufficient functions of the nervous, circulatory, respiratory or muscular system. Some physical conditions are genetically predisposed e.g. muscular dystrophy and cystic fibrosis, while conditions caused by environmental factors may be due to abuse, forms of accident or injury. A sensory disability is any form of impairment to the sense of hearing and sight, the conditions of deafness and blindness fall into this category. The categories of neurological and cognitive disabilities are interlinked as it relates to forms of brain injury and sclerosis. Intellectual disabilities are related to forms of difficulty in the learning field and constitute issues in remembering information, making judgments or problem-solving. Psychiatric disabilities are associated with forms of mental disabilities such as anxiety, depression, phobias, and post-traumatic stress disorder.
Residual Functional Capacity

A Residual Functional Capacity is a form of indicator to a person’s maximum ability in performing physical and mental tasks despite the forms impairments a person has. The assessment of a person is done by a medical professional often in the Disability Determination Services Department. The assessment conducted would assess the number of impairments a person has, evaluation of functions and overall utilisation of functions in day to day life. The examination and reporting of a person’s Residual Functional Capacity can be useful for educational purposes and identification of a person’s overall functions in an educational environment.

United Nations

The United Nations since its formation has remained actively seized and persistent on the fact that “everyone has the right to education” in accordance with the Universal Declaration of Human Rights of 1948. The two most pivotal UN organisations involved in this issue are UNICEF and UNESCO (United Nations Educational, Social and Cultural Organisation). UNESCO has been instrumental in establishing an international standard for education and disabled person’s rights, with respect to being anti-discriminatory and fully inclusive in it’s suggested policies. Similarly, UNICEF’s mission has been to maintain the core principle of child protection and good treatment of children with disabilities, due to their comprehension of this group’s vulnerability to forms of child abuse, exploitation, and neglect.

UN Action Overview

From the 1980s till the present day there have been substantial and consistent resolutions made by multiple United Nations Forums such as the General Assembly, the Human Rights Council, the Economic and Social Council. Within the 1980s there was an international focus made on getting complete comprehension on the opportunities for persons with disabilities, and their overall integration into society on multiple levels. In addition to this, there were many international symposiums and reports published with the involvement of experts in the field of disability such as the International Symposium on Disabled Persons, the World Programme of Action and the Special Rapporteur on Human Rights. Within the 1990s there was UN orientation on the need for universal inclusion to have a ‘society of all’ and focused on the improvement of rights for more marginalized groups in societies. The General Assembly adopted the key principles and resolutions on mental illness, equalisation of opportunities and as a whole on social development. In the 2000s there was monumental action taken with the adoption of the Convention on the Rights of Persons with Disabilities and the Ad Hoc Committee. In 2011, there was the first World Report on Disability that was launched by the UN headquarters in association with the World Health Organisation and the World Bank.
Actions towards Developing Education Rights

The policies and actions made towards disabled persons can be outlined from the United Nations resolutions and the affiliated UN organisations advise. In order for these policies to be binding on an international scale, there needs to be full cooperation in terms of legal framework and policy implementation on national levels.

**Early Identification and Assessment**

As previously mentioned in the introduction, all present-day statistics about disabilities are only an approximation as there are still countries that do not accurately diagnose disabilities. Like many disabilities, many remain undiagnosed or only be diagnosed at a later time. Early identification allows individuals with disabilities to have the potential to receive adequate care. In many MEDC’s early identification methods such as genetic testing, pediatrics assessment and medical screenings are used. Genetic tests can identify congenital disorders, which are conditions that are present from birth and are normally genetically inherited, examples of these disorders are down syndrome, cerebral palsy and intellectual disabilities. While assessments and screenings are often done in the toddler age range to identify disabilities which can develop and only be noticeable after birth examples include sensory, visual and auditory disabilities. Although there are some variations between countries that use early identification methods, choose not to do testing until the child is in the age range of seven to twelve, as they feel that certain forms of impairment can only be shown when certain cognitive abilities develop. In terms of early identification. Many LEDC’s are disadvantaged, as they do not have the resources required for early identification and assessment. There are many reasons as to why early identification is not done adequate, the main factor is the limited training and exposure of medical professionals to a variety of forms of disabilities. In addition to this many people employed in the primary healthcare sector of LEDC’s do not have a focus on identifying disabilities.

**Rehabilitation**

The process of rehabilitation for disabilities is an area where policies and actions have been rapidly evolving. From the 1960s the relationship between disability and rehabilitation had started shifting as society’s perception of disability moved from being unchangeable to adaptable. As scientists and policymakers recognised that disabilities have formed a large proportion of the world’s population. In recent years many MEDC’s, particularly in Europe and North America, have experienced larger costs for rehabilitation programs, which are thought to make disabilities more manageable. Rehabilitation is critical for many forms of physical disabilities to improve the individual’s bodily functions and ease their performing daily life tasks. For the form of intellectual disability rehabilitation conducted at an early age, particularly in the range of before kindergarten
and primary school, it can make the most impact. It has the ability to rapidly enhance their physiological functioning capacity and improve cognitive ability.

**Stigmatisation**

In a social context, many individuals can face a range of stigmas due to the types of disabilities they have, and this can negatively impact their educational participation. These stigmas are generally a form of negative beliefs about a person based on their characteristics and have caused many people with disabilities to feel socially isolated, stereotyped and discriminated against. The process of stigmatization in the social sense has been deemed essential to create a comfortable learning environment for children and foster healthy social interactions between disabled and abled individuals. Many non-governmental organisations have been advocating for stigma-free interactions and highlighted how to establish these forms of environments especially in the classroom. Most of the outlined steps highlight how to make respectful communication, understand disability identity and creating student privacy. A large part of destigmatisation in countries has been the government's acknowledgment and acceptance of Special Educational Needs (SEN). The SEN gives forms of extra support for children and young adults in terms of learning. The four main areas which they aid in is; communicating and interacting, cognition and learning, social and mental health difficulties, sensory/physical needs.

**Major Countries and Organizations Involved**

**Germany**

Germany has made one of the largest reformations overtime to their outlook on disabled persons from the 1930s to the present day. Within the time of Adolf Hitler’s dictatorship, there was a disgraceful mentality and stigmatism formed against disabled people in the country. There were several discriminatory policies formed such as the Sterilisation Law of 1933 and Operation T4, which allowed the process of sterilisation and ‘mercy deaths’ were administered. After the Second World War, Germany has made significant reforms to their perspective and treatment of disabled persons in employment, education and social classification. Key examples of initiatives that Germany has taken in recent years is the Inclusive Early Childhood Education Project which aimed to improve educational quality for 3-7 year olds and the Multicultural Diversity and Special Needs Education Project to enhance the connectivity between special needs education and immigration. To promote the unification of the different education systems in East and West Germany, on 31st August 1990. This had drawn attention to the collaboration and challenge present in the special education field. In 2009, Germany reflected its commitment to the United Nations Convention on the Rights of Persons with Disabilities.
United Kingdom

The United Kingdom has been one of the most prominent nations since the 1900s in the actions and policies put into effect. All medical treatment within the UK falls under the National Health Service (NHS) which is essentially free healthcare, which has been effective for people with disabilities to access and identify the resources they require at minimal or no cost. The NHS has multiple schemes and monetary policies for vulnerable groups in the country, to receive adequate treatment for their disabilities. The NHS has provided forms of support such as wheelchairs, hearing aids, and surgical braces. In terms of mental disabilities and associated illnesses the NHS has comprehensive online resources for over 20 mental health disorders with self help guides. In addition to this also has recently established Transition Care Plans to aid childhood mental health patients move to adult mental health services with ease. Within the UK they have numerous forms of financial and social care services for groups within society. This service has been especially effective within the country, with the provision of Personal Independence Payment which is a form of living allowance for people with disabilities over the age of 16.

An area of concern for the government is the demographic for families with disabilities. The 27% of the disabled working-aged population have less than 50 pounds to spend on their necessities and 53% identifying that they have a worsened mental health state. In terms of educational opportunities for children with disabilities, they have specified requirements and provision of higher education. This can be done in forms such as the creation of an Education and Healthcare Plan (EHCP), for students with complex forms of disabilities, which education professionals may be unaware of how to deal with.

National Disability Authority (NDA)

The National Disability Authority is an independent agency that was established under the Department of Justice, Equality and Law Reform through the National Disability Authority Act of 1999. The NDA as a whole convenes monthly in order to discuss the progression of the organisation. Overall the NDA has three advisory committees which are representatives of Standards, Research, and Mental Health. The NDA as a whole is a smaller non-profit and is orientated towards assisting national bodies, gathering statistics and monitor the implementation of practices.

World Health Organisation (WHO)

The World Health Organisation (WHO) was established on 7th April 1948, what responsibility for enquiring on the status of international public health. The WHO has become a critical organisation in developing new resources and methodologies to viably measure disability statistics. One of the most instrumental resources produced by the WHO and the World Bank was the World Report on Disability in 2011. The report gave extensive information and a review of evidence on the international situation regarding disabilities. As a whole the report was beneficial for many of the member states, to examine
their overall understanding and measuring of disability. In addition to this, the World Health Organisation had established a Global Disability Action Plan of 2014 to 2021, this was an action plan that is endorsed by the member states of the WHO.

**United Nations Educational, Social and Cultural Organisation (UNESCO)**

The United Nations Educational, Scientific and Cultural Organization has been one of the most active universal organization in the actions towards gaining social and educational rights for disabled persons. UNESCO was founded on the 4th November 1946, it is a specialized UN agency with the main aims to contribute towards international collaboration in the educational, scientific and cultural fields. In UNESCO’s scheme of work, the organization has taken a rights-based approach towards improving the rights of disabled persons, as exemplified through their involvement and support for multiple human rights treaties/resolutions. The main aim of UNESCO has been to ensure that disabled persons have access to a quality form of education, with adequate information and knowledge to take with them into society. The organisation is heavily involved in exchanging data and resources through the use of databases in the ‘Inclusive Education in Action’ in collaboration with the European Agency for Development in Special Needs Education. This has displayed UNESCO’s commitment to the social inclusion of individuals with disabilities by means of utilising information technology.

**Timeline of Events**

<table>
<thead>
<tr>
<th>Date</th>
<th>Description of event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1913</td>
<td>The Mental Deficiency Act was established in the United Kingdom in order to make amendments to the institutional treatment of disabled people, to move away from institutionalization and imprisonment.</td>
</tr>
<tr>
<td>August 3rd 1944</td>
<td>The Education Act was set up within the United Kingdom to make major changes to reform the provision of education in secondary schools. This act highlighted the need to make schools more inclusive environment to teach children with disabilities.</td>
</tr>
<tr>
<td>July 3rd 1946</td>
<td>The American Congress and the 33rd President Harry S. Truman passed the National Mental Health Act, to make the mental health of individuals post-war a national priority. As many individuals that had served in the war suffered from post-birth disabilities and experienced a debilitating mental state, so this allowed people with disabilities to become more normalized in society.</td>
</tr>
</tbody>
</table>
1949  In Japan, the Law for the Welfare of Physically Disabled Persons was put into action, provided information and guidance regarding forms of counseling, physical impairments care equipment and rehabilitation which are to be provided.

1960  The first Paralympic Games were held in Rome, as a form of Olympic Games with over 400 athletes from over 23 countries which included athletes which had a range of disabilities such as muscle impairment, passive range of motion and physical deficiencies. This was a monumental step for societal education and awareness of people with disabilities.

1970  The Disabled in Action civil rights organization was established in the United States, New York City, which had the main aim to end discrimination against people with disabilities in education.

1981  The United Nations had designated the year for “The International Year for Disabled Persons” to

1990  The Americans with Disabilities Act was signed by the American 43rd President George W. Bush.

1995  The World’s 1st International Symposium was held in Beijing, China on the issues which Women with Disabilities experienced.

2007  The United Nations Convention on the Rights of People with Disabilities was made open and applicable for signing by member states.

2010  The British Parliament passed ‘The Equality Act’ which directly outlawed all forms of discrimination towards people with disabilities and also outlawed the association or perception of a disabled person.

Relevant UN Treaties and Events

- Declaration on the Rights of Disabled Persons, 9 December 1975
- World Programme of Action Concerning Disabled Persons, 3 December 1982 (A/RES/37/52)
● Convention Concerning Vocational Rehabilitation and Employment of Disabled Persons, 20 June 1983


● Inclusive Development for Persons with Disabilities, 24 January 2017 (A/RES/71/165)

Previous Attempts to solve the Issue

For this issue at hand, there has been a multitude of proposed solutions and efforts made, by the universal collaboration between the United Nations Member States, affiliated organisations and bodies. The conclusive aim which all groups have decided is that disability is a major human rights issue, and education for those with disabilities will make the most fundamental changes to their livelihood at young to older ages. The information below gives a select few of the previous attempts to solve the issue, as there has been numerous efforts made by member states, in particular after the 2000’s

A critical period when attempts were made towards the issue, was after World War Two when the United Nations was founded, and individual countries began to recognise disabilities that have arisen after the period of war. The 10th December 1948 Universal Declaration of Human Rights was a step for all nations as it detailed how fundamental human rights are to be protected. Following on from this, national policies such as the 1944 Disability Employment Act were established in countries to give promised sheltered employment and education for those with disabilities, by the setting of quotas and government payments of subsidies. While the initial intent of this act was promising the overall implementation was limited and slowly progress as many countries had to rebuild their foundations ad economies after the period of war. In addition to this, there were many campaigns and social movements such as the ‘Silent Reproach’ which created activism for the disabled. Similarly, in America, the civil rights movement had created inspiration to take direct action to aid people with disabilities in a social sense, with a corresponding Disability Discrimination Act. As a whole this advocacy by members of the general public, had aided to decrease stigmas about discussing disabilities and normalised disabled people getting treatment. Henceforth in the 1970s to 1980s there were monumental changes made towards, moving away from institutionalisation and asylum confinement. This improved the perception and treatment of individuals with mental disabilities, as they were able to start integrate back into society without the pressures of reinstitutionalisation.
In more recent years there have been efforts by the UN-affiliated organisations of WHO and UNESCO, to create an inclusive educational model for people with disabilities. These organisations have worked on smaller to a larger scale to create a sustainable model of education for disabled persons. On a larger scale, the organisations have created global frameworks, action plans, reports on disabilities and goals similar to the SDG’s. On a smaller scale the organisations have collaborated with charities and national advocacies for the disabled, as well these individual countries have had specialised plans drawn up to improve their access for people with disabilities. While progress has been made in particular in MEDC’s and generally for physical, neurological and sensory impairments there still remains a widening gap for progress in LEDC’s particular in the field of cognitive and mental disabilities.

Possible Solutions

In order to create viable solutions for the issue at hand, there needs to be a consideration for the country in which improvements need to be made and the potential for such solutions to be implemented. The first major area to tackle to develop education for disabled persons is to consider the global education systems and the basic principles around the system. As a whole most educational systems are based around the premise of academic excellence, which in most countries the system is based around pupils achieving the status of ‘perfection’ in performance.. There is a need to have considerations made as to how education systems can be altered for people with disabilities. In addition, the educational system should consider how to mitigate social issues which children experience in schools, and how to assess the education required for people based on their physiological and residual functional capacity.

In terms of adapting the educational system, the first step is to consider accessibility. In order to improve access for those who have sensory, physical and mental disabilities there should be policies made to improve wheelchair, mental stimulation, and care facilities. For accessibility for those with cognitive and mental disabilities, there needs to be more direction for establishing mental health professionals, teaching support staff and cognitive behavioral therapy resources. Another step towards access is within the teaching and social context, by comprehend an individual's needs in terms of class sizes, lesson durations, class resources and attentiveness of teaching professionals. In particular, for the social side of the treatment of people with disabilities, there needs to be education on a community level for children of an early age. As children at an early age have the most mouldable mindset and this will have an impact on how they treat disabled people in the middle to older ages. The potential way to create changes in this direction is to enforce information based on social and community initiatives. Beyond the schools and classrooms themselves, when teaching staff and professionals are gaining their qualifications to teach there needs to be more exposure on how to adapt and adequately aid children.
with forms of disability. This could be done by adding to or making specific policies towards providing a minimum number of hours orientated on teaching people with disabilities in a teaching degree or qualification.

Furthermore, improving the overall education for disabled persons can only be done by looking towards the external community and society, by looking towards the treatment of disabled persons in employment, healthcare, and social situations. In terms of this wider community, there needs to be a collaboration between multiple sectors. The solutions which can be implemented could be creating public health campaigns or seminars for increasing public information. On a legislative level, there should be governmental support to create forms of quotas and requirements for access for people with disabilities.

Guiding Questions

1. How can the global educational system evolve for disabled persons?
2. How does the nations government view the concept of disability?
3. How can the standards of education become enhanced?

Bibliography


ICED Facility. “Disability Inclusive Infrastructure - Opportunities and Challenges.” Medium, ICED Facility, 16 Mar. 2019,


Appendix or Appendices

   The site above gives a fully comprehensive information on persons with disabilities and was published by the World Health Organisation and the World Bank. The seventh section is specific on Education and Disabled Persons.

   This site above provides information, and potential factors to consider for children/students with disabilities and can be useful when stimulating possible solutions to the issue at hand.

The site gives a relevant UNESCO gathered information on specific member states, and their actions made towards implementing policies for the disabled people.