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Education for disabled refugees in South Africa, Uganda and Zimbabwe: a cross-case analysis

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ABSTRACT

International treaties mandate the educational inclusion of refugees and disabled people, but many remain excluded with disabled refugees facing compounded exclusions. We compare research about educational access and inclusion for disabled refugees in South Africa, Zimbabwe, and Uganda, with data generated from policy analyses and interviews with disabled refugee students and families, education officials and NGOs. A vertical cross-case analysis was conducted, drawing on conceptual tools from a social ecosystem approach. We assert that for disabled refugees: Systems beyond education have a significant impact; Access to education is uncertain and insecure, and when education is accessed, participation, progression and success are not guaranteed; The family, school personnel and community influence the extent of educational access; and NGOs and community-based advocates are relied upon to secure the right to education. We conclude with a call to address imbalances in global and local power structures that constrain educational opportunities for disabled refugees.

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Introduction: education for all

Improving the inclusion of marginalised groups is high on the global education agenda. Despite various international agreements intended to give effect to inclusion, marginalised groups, especially disabled people, and those who are asylum seekers and refugees, find themselves disproportionately excluded from education. UNICEF (2021, 152) reports that worldwide, 240 million children are disabled in some way, and compared to their non-disabled peers, are 49% more likely to have never attended school. 3.7 million refugee children are out of school, with refugee enrolment in secondary education being two-thirds lower than enrolment levels for non-refugees (UNHCR 2019, 4–7). Hidden and unreported in these figures are students who are both refugees and disabled, and this article highlights their experiences in South Africa, Uganda and Zimbabwe. For consistency, we are using identity-first language (i.e. disabled student),

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although we acknowledge that person-first language (student with a disability) is often used in the three countries.

The literature about disabled refugees and their educational access

A significant number of refugees are disabled (Pisani, Grech, and Mostafa 2016) but disabled refugees have been described as ‘Too often invisible, too often forgotten, too often overlooked’ (Guterres 2008, 1). Their experience is of multiple and intersecting disadvantage (Kaya and Yildiz 2023; Loyd, Secor, and Ehrkamp 2023). Research interest in the experiences of those who are both refugees and disabled is ‘embryonic’ (Pisani, Grech, and Mostafa 2016, 286) and largely emanates from the Global North experience in the wake of the Syrian War, e.g. Raymond et al. (2022). Relatively less attention has been paid to Global South contexts, even though in 2021 (before the war in Ukraine), 83% of the world’s refugees were in low- and middle-income countries (UNHCR 2021a). Extant research about disabled refugees covers a range of issues including access to healthcare, social services, and the labour market (Korntheuer et al. 2021; Lätzsch 2020). While service provision for disabled refugees is generally inadequate (Burns 2020; Kett and Trani 2012), our focus is education. Access to education, which is important for effective integration, enables refugees to interact socially with local communities, and to gain skills to support livelihoods (Al-Hendawi and Alodat 2023; Smith-Khan 2013).

Disabled refugee students encounter several barriers to accessing education and educational support in low- and middle-income countries. Exclusion is attributed to limited training of teachers, high student to teacher ratios, unavailability of teaching aids and assistive devices, rigid curricula, inaccessible buildings and amenities, transport challenges and general poverty. These barriers are compounded by the underreporting of refugee children’s disability for a range of reasons, including immigration fears, stigma, language barriers and inappropriate assessment tools (Crea et al. 2022; Curtis and Geagan 2016; Walton et al. 2020). The consequence of this underreporting may be that students do not get the support that they need. Much also depends on the extent and availability of specialised services for disabled students, whether in inclusive or special settings in refugee camps or in other settlement areas (Crea et al. 2022; Werner, St Arnold, and Crea 2021).

Refugee contexts in the Global South differ considerably both within and across countries, and care should be taken not to homogenise experience nor to see context as a stable, pre-given background to research (Chisholm 2023; Pisani, Grech, and Mostafa 2016). Studies on the education of disabled refugee students often focus on one type of settlement arrangement, or one area. Werner, St Arnold, and Crea (2021), for example, focused on a refugee camp in East Africa; Crea et al. (2022) studied inclusive education in the Kakuma Refugee Camp in Kenya; and Bakhshi, Babulal, and Trani (2018) considered the crisis context of Darfur. These single country studies offer a depth of contextual understanding (Davidson et al. 2020). But there is little research that offers cross-context conclusions, which is problematic for an issue like disabled refugee education which is shaped by supranational policies and transnational aid and development organisations (Elfert and Monaghan 2019). In addition to the need for cross-context research, theorisation needs strengthening. Pisani, Grech, and Mostafa (2016, 286) complain that theory is ‘scarce’ in research about disabled refugees, and it is also

a ‘lack’ in comparative education (Elfert and Monaghan 2019, 68). This article contributes to the scholarship of education for disabled refugees with its cross-context focus and its theoretical framing.

Conceptual framework: a social ecosystem model

A social ecosystem model is used to interpret the complex, life-wide and compounded challenges faced by disabled refugees when accessing education. This model is conventionally connected to an extension (and critique) of an entrepreneurial ecosystem model (Finegold 1999) and has been developed by Hodgson and Spours (Hodgson and Spours 2016; Spours 2021). These authors developed a framework for identifying the dynamics of an ecosystem that supports learning, living and working. In this respect the model shifts the focus from a narrow human resource development and human capital approach to skills, to a broader approach that is place-based and recognises the interconnections between policies, institutions, and individual agency. While the social ecosystem model as designed by Spours and colleagues is primarily oriented towards understanding skills development in the United Kingdom, it has been used more recently as a tool of analysis in various African contexts (Ramsarup, Lotz-Sisitka, and McGrath 2022; Wedekind et al. 2021). Social ecosystems are multi-layered and dynamic, and relationships operate vertically from macro- to microsystem, and horizontally between institutional and individual actors across time (Hodgson and Spours 2016).

Our focus is an understanding of the vertical facilitatory mechanisms and horizontal connectivities that impact disabled refugees’ access to education. Vertical facilitatory mechanisms are what Wedekind et al. (2021, 350) describe as the ‘top down’ ‘policies and actors that are intended to support learning, living and working’. On the horizontal axis, various institutions, networks, and individuals operate and collaborate locally. These axes are connected in a 45-degree ‘mediating’ space of ‘connective actors and institutions working between the vertical and horizontal dimensions to develop synergistic relations’ (Spours and Grainger 2023, 13). While early use of the social ecosystem model enabled the description of what worked in specific case studies, the more recent work in low- and middle-income countries highlights the absences and blockages in the system as much as providing a language of description. We find the dynamic, non-linear, multi-scalar and multidimensional nature of this framework useful to further our understanding of disabled refugee experiences with educational access and inclusion.

Project methodologies and cross-case analysis

The overall project was conceived as multiple case studies, with cross-case comparative analysis, bringing together the work of Bartlett and Vavrus (2017) and Stake (2006). Comparative case studies engage two logics of comparison, i.e. the traditional ‘compare and contrast’, and a wider understanding of the case by linking the local and institutional level to the national, international, and transnational context as part of the case (Bartlett and Vavrus 2017). This enabled us to 1) trace dimensions of the model across sites and scales; 2) comment on the workings of the social ecosystem in each locale; and 3) situate findings within global systems that engender and sustain oppression and inequality. The central concern of the project, that of educational access and inclusion for disabled

refugees, was formulated in what Stake (2006) calls a Quintain. The Quintain was examined in each individual case to understand both ‘uniformity and disparity’ (40) in its characterisation. This approach is valuable, given the very different contexts studied.

The three countries represent a range of approaches to refugee settlement. It is important that the histories, complexities, and challenges of each context are not lost in seeking to make Assertions (capitalised following Stake (2006)) across the cases (Chisholm 2023). There are also commonalities, which make these contexts interesting to study in relation to each other. All three countries are signatories to the UN Convention Relating to the Status of Refugees and to the UN Convention on the Rights of Persons with Disabilities. They are all Official Development Assistance eligible and all bear the legacy of British colonialism. Their national approaches are influenced by global discourses and various consultant and international development agencies and international Non-Government Organisation (NGO) agendas.

Researchers in each country had autonomy within the overall project to make contextually sensitive decisions about data generation and analysis. This was particularly important in navigating Covid disruptions, which limited travel and the time available to spend with participants.¹ In each country, previous research and grey literature were reviewed, and policy analyses were conducted. Semi-structured interviews were held with stakeholders who could reflect on various aspects of the case at different scales, with a particular emphasis on hearing from disabled students (aged between 8 and 21 years) and their families as experts in their own lives and experiences (McLaughlin and Coleman-Fountain 2019). The project team, including research assistants, worked together to develop a set of guiding interview questions for the different participants, and these questions were followed in interviews as far as possible across all sites. The focus of interviews with disabled refugee students and their families was on students’ current and or previous experiences in school, what enabled or constrained their access, participation, learning and social interactions, what their out-of-school activities entailed, and what their dreams and aspirations were. Interviewers were careful to show sensitivity to the impact of impairment and trauma that may have been the result of previous and ongoing crisis, and family dynamics. We were very concerned not to position disabled refugee students as research objects or subjects, whose only power is to share or withhold information in response to questions generated by others (Doná 2007). Instead, we tried to work towards dialogue with participants, acknowledging them as agentic social actors. To get a perspective from a different part of the system, the focus of interviews with education officials and NGO workers was on the work that they do, their knowledge of policies applicable to educational access of disabled refugee students, and their perspectives on the extent to which this group is accessing educational opportunities and succeeding in them. The interviews were audio-recorded and stored on a secure, encrypted drive from where they were transcribed (and translated into English where necessary), and anonymised. These interview data were shared with the research team and local collaborating partners for thematic analysis, to identify trends and patterns in the data, and to sense-check findings against policies and other data sources.

The project was set up with national stakeholder forums as collaborating partners in each country. These forums were comprised of leaders of a range of disability and refugee NGOs, education providers, and key government workers at different levels.

The stakeholder forums assisted in participant recruitment, and like Shakespeare et al.'s (2019) study in Africa, we relied heavily on NGOs to link researchers with disabled refugee students and their families. We drew on the expertise of local disability advocacy groups for support regarding access arrangements where necessary, for example having information forms and consent sheets printed in Braille, the use of sign language interpreters, and other impairment-specific needs. The Children and Youth version of The International Classification of Functioning, Disability and Health (ICF-CY) (World Health Organisation (WHO 2007) approach to disability guided participant selection. The ICF-CY approach is acknowledged as being valuable for research in education (Simeonsson 2009) and is particularly useful in low- and middle-income contexts where measurements of functioning may be a more useful indicator of disability than diagnoses (Singal 2010). The ICF-CY sees disability as multidimensional and interactive, with functioning conceptualised as a dynamic interaction between a person's health conditions and contextual factors, which include environmental and personal factors (WHO 2007). Disabled refugee participants were included in the research if they or their families confirmed activity limitations and participation restrictions that arise from the interaction between their health conditions and context. To preserve dignity and privacy, to respect cultural sensitivities, and to ensure anonymity, the researchers did not ask further questions about the nature or impact of disability. The ethics of doing this work required careful consideration and negotiation, given the vulnerabilities of the participant population. Extensive consideration was given to risk identification and mitigation, and particular care was taken to ensure that contextually appropriate support was available for students and their families. Ethics protocols were scrutinised before approval by all involved universities and relevant country authorities, and safeguarding was ensured through adherence to these protocols.

A cross-case analysis expects the case findings to be presented in sufficient detail such that the Quintain is understood in the context of each case, before Assertions are derived across the cases (Stake 2006). For the purpose of this article, we direct readers to the detailed methodology, findings and analysis from each country's case report.² What follows is a brief account of relevant information on each country, with further detail about specific research choices.

South Africa

South Africa's Constitution (RSA 1996) outlaws discrimination and affirms education as a basic right. The Refugees Act (RSA 1998) and amendments set out rights and responsibilities with respect to asylum seekers and refugees, including provision for education and healthcare. White Paper Six (Department of Education South Africa 2001) describes the country's vision for a disability-inclusive education system, but there are still many barriers to its implementation, and many disabled students remain out of school (Walton and Engelbrecht 2022). Numbers of refugees, asylum seekers and undocumented migrants are uncertain in South Africa, but the United Nations Refugee Agency (UNHCR) counts 259,552 'people of concern' in this country (UNHCR 2021b) with countries of origin including Burundi, the Democratic Republic of Congo, Rwanda, South Sudan, Somalia, and Zimbabwe (UNHCR n.d.-a). Based on available, but not

necessarily reliable data, we note that almost five percent of refugee children are disabled, and 21.54% of disabled refugee children are not attending school (De Wet-Billings and Mabetha 2023, 5).

The research was conducted in Gauteng province, where the largest percentage of disabled refugee students live (De Wet-Billings and Mabetha 2023). Semi-structured individual interviews were held with five NGO workers, five education officials (people employed at various levels of the education system), 13 parents/caregivers of disabled refugee students and 10 disabled refugee students.

Uganda

Uganda hosts the third largest population of refugees in the world, with 1,673,715 refugees and asylum seekers in April 2024. 80% of the refugee population are women and children and over 18,000 refugees have disability-specific needs, with girls more affected (UNHCR n.d.-b). Policy promotes the integration of refugees in settlements alongside communities and allows them mobility within and outside the gazetted settlements in the country as they choose. The office of the Prime Minister oversees refugee affairs and works closely with the UNHCR for service delivery management. Service delivery is the purview of district officials, who are responsible for entire districts and include settlements and communities alike. The region of Uganda where most refugees are living is also recovering from 30 years of civil war that included rebels crossing colonial-drawn borders with South Sudan, where most refugees come from. The Uganda case data were generated from interviews with participants in three refugee-hosting districts in northern Uganda (Adjumani, Obongi and Lamwo). Interviews were conducted with 43 disabled refugee students and their families, three district education officers, 11 head teachers and teachers of selected primary schools, one representative for special needs education from the Ministry of Education and Sports, and seven NGO field officers. Translators recommended by local NGO partners were used where needed to translate from Arabic, Madi, and Luo.

Zimbabwe

Historically, Zimbabwe's refugee legislation provided for the local integration and naturalisation of refugees but more recently the country has adopted a camp confinement policy. Refugees come from the Democratic Republic of the Congo, Mozambique, Burundi, and Rwanda (UNHCR n.d.-c). As the country grapples with an increasingly deteriorating economic and political situation, confining refugees in camps means that they depend mainly on humanitarian assistance from the UNHCR rather than competing with citizens for jobs in cities. Most refugees in Zimbabwe (currently over 17,000) reside at the Tongogara Refugee Camp where they are confined to the camp unless they are able to receive a permit to leave for a specific reason. Travelling outside of the camp to a special school within the wider settlement community would be one such reason. While encampment is meant to provide basic needs, it denies the refugee group the opportunity to earn a living and be self-reliant. This poses a challenge to refugee children in their quest for quality education (Taruvinga, Hölscher, and Lombard 2021).

Interviews were conducted with 46 participants including 14 education officials, two refugee camp officials, five NGO representatives, 12 disabled refugee children and 13 parents of disabled refugee children. Interpreters, including sign language interpreters were also recruited from the community to assist with the interviews where necessary.

Cross-case Assertions and discussion

Assertions in a cross-case study are our overall findings about the Quintain. Arriving at the Assertions was a dialogic and iterative process that involved reading and reflecting on the individual case findings in relation to the Quintain in what Stake (2006) calls a ‘case-quintain dialectic’ (46). It was important to be confident that our Assertions are supported by evidence from all the cases, and to this end we tabulated and cross referenced the Assertions with the individual case findings. A further step was to interpret the Assertions in the light of the social ecosystem model, by identifying the actors involved and locating them within the model on the horizontal and vertical axes and understanding the relationships between them. Relationships were characterised as collaborative on the horizontal, facilitatory on the vertical, and mediating where actors brought them together in the diagonal mediating space. In addition, by using the model as an ideal, we were able to highlight instances where relationships or indeed institutions were absent or not connected in a functional way. We discuss the Assertions in terms of vertical facilitatory mechanisms, horizontal connectivities, and mediating spaces.

Vertical facilitatory mechanisms

Vertical mechanisms are what the state or other powerful institutions do or are responsible for through various departments and agencies. In other words, these are top-down policies, directives, resource allocations, and provisions. In a well-functioning social ecosystem, these mechanisms should facilitate access to education. But in the case of education for disabled refugees in the three countries, these mechanisms are more often partially functioning, or absent, or function against their interests, with negative consequences for educational access. This is evident as we make the following two Assertions:

Systems beyond education have a significant impact on the educational experience of disabled refugee students

This Assertion points to education as part of the wider social ecosystem, and to the importance of recognising how policy and provision in non-education sectors impact the educational experience. We illustrate this with reference to the imbrications of access to education with access to employment and health services.

The economic activity of refugees and asylum seekers may be directly or indirectly limited by policy mechanisms, which, in turn, affects livelihoods and the ability to pay educational costs. In South Africa, various laws restrict participation in the labour market for asylum seekers and refugees, with Carciotto (2021, 3) commenting on ‘hostile policies’ that affect the livelihoods of asylum seekers. Many refugees and asylum seekers are unemployed or are in precarious and informal work (Smit and Rugunan 2014) and this impacts the extent to which parents can carry the costs of schooling. An education

official said that one of the problems contributing to the non-enrolment of disabled refugees was ‘the parents don’t work’. A South African refugee caregiver explained the problem from her perspective, ‘After the lockdown, as a single mother, to pay for two transport cabs and his school fees, I told his principal that my boy is not going to come back to school’.

In Uganda, 91% of households in refugee settlements are assessed as highly vulnerable economically (measured by income and food security) or highly protection-specific vulnerable (measured by water, sanitation and hygiene, health, shelter, non-food items, education, energy). 81% faced both economic and protection-specific vulnerability (UNHCR, WFP and REACH 2020). Within this 81% there are overlapping dimensions of increased vulnerability in households with disabled children, child-headed households, and female-headed households. The assessment demonstrates the complex and compounded challenges faced by disabled refugees that education must consider. Our research indicated that caregivers were struggling along these same dimensions as they tried to access education for their children and raise money for tuition fees. As one Ugandan caregiver shared,

I struggled to do little farming where I sold the produce and used the money to enrol (her daughter) to school but currently there is not good yield and I am worried whether I will get the amount of groundnut to get my daughter to school.

In Zimbabwe, refugees cannot take up employment outside the camp, with an official confirming that, ‘Refugees are allowed to participate in the labour force only within the confines of the camp’. However, the livelihood options in the camp are limited to small-scale informal trading and farming which generate very little income. This constrains parents’ ability to fully support their disabled children’s access to education, particularly by providing the necessary assistive technologies and devices such as hearing aids and spectacles. Relying entirely on donor handouts means that families must wait for long periods of time. Delays are due to the slow acquisition and distribution of assistive devices resulting from the high demand for both citizens (who also largely rely on donors) and refugees. In this regard, one parent wished, ‘If the child had hearing aids they could be just fine but these are yet to be availed’.

The functionality and capacity of the health system is also implicated in the extent to which disabled refugees access education in the three countries. One South African student had a positive experience, noting that at the hospital, ‘I was diagnosed at three years old. Then I was placed on a waiting list. Within 6 months, I was accepted at the school’. This was an outlier statement, but one which shows how the health service impacts educational access. In Zimbabwe, health assessments are required for placing disabled children in the school system and this inhibits the quick placement of disabled refugee students in appropriate classes and schools. One education official explained the system and its difficulties thus:

There are some difficulties because in order for us to have learners with intellectual disabilities in a resource unit, there are processes to be followed. First, the child has to be identified in the community, followed by assessment to be done by educational psychologists who are stationed in the province. Then, after assessment has been done, they make recommendations followed by placement.

A Ugandan caregiver of an out of school child explained that access to health services was very difficult, and that the health needs of the child kept her out of school,

They [the mother and child] were told to wait for the other Doctor ... the doctor did not come ... When she [the mother] goes to the hospital, she does not have money to hire the car to take her [the child] to the health centre.

Health and social services need to be coordinated in policy to promote inclusion in education (Cerna et al. 2021). This coordination is clearly lacking for many disabled refugees in the three countries.

Access to education by disabled refugees is uncertain and insecure and their participation, progression and success is not guaranteed

This Assertion is made on the grounds of findings across all three contexts about difficulties in securing appropriate education placements for disabled refugees. Resources and infrastructure impede access and hinder learning, as do inaccessible or inappropriate curriculum and pedagogy. Teachers do not always have the skills and capacity to teach students with a range of language and learning needs and often students are in school but not learning or are not being treated well. Progression beyond basic education is often not available, limiting the realisation of young peoples' life ambitions. We regard these issues as vertical mechanisms as they fall within the policy and resource providence of the state. But, as we show below, the policy mechanisms required to secure equitable access to education by disabled refugees are not sufficient in these three countries.

Securing an appropriate educational placement is difficult for disabled refugees in all three countries. In South Africa, policy makes it clear that refugees cannot be excluded from school for not having required documents (Department of Basic Education South Africa 2020). But the reality is that many participants were refused admission because, as one refugee caregiver without a South African identity document said, 'They want the child's documentation for the child to be enrolled in the school'. Xenophobia is compounded by disablism. Another refugee caregiver said, 'When I told them that he is epileptic, they said "no we don't want [sick] children ... because they are going to make the other children not to be fine"'. In Uganda, access to education is a right, but not one that is fully realised by disabled refugee students. One NGO fieldworker reflected, 'Most families understand that a child has to go to school ... but they were in a begging process. To beg for the child to be allowed and to be provided services'. One caregiver of a child who was out of school explained that when she took her son to a primary school she was rejected, 'The school said it is difficult to manage him in [name] Primary School, he needs to find a specialised school'. In Zimbabwe, while legal frameworks that promote the right to and access to education exist, the encampment policy means that the process of allocating disabled children to a special education class is slow. A refugee parent complained, 'The school is taking long to place her in an appropriate class. She does not benefit if the teacher doesn't know that she is not like others'.

Decisions about resource allocation mean that across the three contexts, much existing educational infrastructure remains inaccessible to disabled students, and transport is either unavailable or unaffordable for those living far from schools. A South African student who uses a wheelchair said, 'My mom had to go to some schools where there

were no disabled children, and she was told that it wouldn't be conducive for me to learn there. There are no ramps, only steps'. Inadequate resourcing for disabled students leads to decisions being made to exclude refugee children. A South African NGO worker confirmed this, saying, 'Priority is given to South Africans which can be turning other students away given the limited resources and there is also just general xenophobia against these children'.

In Uganda, there are significant resource challenges related to large classrooms, toilet facilities and transport. One of the teachers summarised some of these challenges as,

The classrooms are not enough for the learners. There are too many children in the school but few classes. Others come in the morning from far off places, we also have few latrines, some of the latrines do not have rooms for the disabled and then the other roads from the community to the school are not okay especially if it rains it becomes impassable.

Furthermore, assistive devices are not available, including spectacles, wheelchairs and braille machines. One Ugandan local ministry official explained that this lack of devices keeps students from accessing schools,

Because of the gadgets that are not there, many special needs students are not accessing schools . . . the number of students with disabilities are overwhelming the resources of the district . . . as a district we may be able to identify, but cannot support. [We] appeal for help from funders, but it is limited.

A lack of assistive devices is also a concern in Zimbabwe, with a major barrier to education being the slow acquisition and distribution of prescription glasses and hearing aids. A parent noted, 'My child has been waiting for the hearing aid since two years ago. It is a long time and I don't know if they have forgotten about it'.

Disabled refugees in South Africa have mixed experiences of curriculum and pedagogy, indicating unequal opportunities to benefit from quality learning experiences. Many refugee participants said that the learning needs of disabled students were not acknowledged or met. One caregiver expressed this as, 'Their teaching also doesn't accommodate each child's learning needs'. A student expressed frustration about the limited curriculum offering that, 'There are no subjects. We only do one curriculum. We were marginalised because we have a disability and thus the school believed that we don't need a curriculum'. Others seem to have a better experience. A principal said, 'When the child comes, we checklist and see what the child needs and on which level the child falls and then place them according to that level.' In Uganda no reference was made to curriculum in terms of subjects being taught but in Zimbabwe, teachers and education officials praised the curriculum for covering both academic and vocational subjects.

Teacher education was an issue raised in all three countries, and is linked, in part, to low quality education experiences. Many South African participants were concerned about the lack of teacher training and qualifications. A refugee caregiver said, 'According to me it is not a school. I can even say it is more of a crèche. They [the teachers] are mothers just like us. I can say they are just looking after our children'. Other participants spoke positively about the training that teachers had had, which enabled them to use Alternative and Augmentative Communication devices, to work collaboratively with allied professionals, and to deliver individually relevant learning opportunities.

The local project advisory board in Uganda noted that there is only one university currently offering inclusive teacher education, and their programme does not include the particular case of refugee students. NGOs offer some short skilling courses for the schools with which they partner, but lack of teacher capacity was seen as a major barrier to quality of learning for disabled students. A ministry official explained, ‘When it comes to their [disabled refugee students] access and participation . . . teachers are not able to acquire the required skills’. Giving the example of ‘a child with visual impairment’, this official continued to say, ‘At the same time you go to schools and find most of the children do not have materials or they do not have a teacher who knows braille so they end up not participating’.

In Zimbabwe, while many schools have embraced inclusive education, most teachers in mainstream classes are not regarded as being adequately equipped to respond adequately to disabled students’ learning support needs. For example, teachers’ attempts to address students’ psychological challenges comes with limited professional training and structural support. A lack of disability-specific training is also a concern. An NGO worker identified a problem of ‘a mixture of children with various types of disabilities’. This range of disabilities was seen as problematic because ‘special needs teachers’ are only trained in a specific disability (like visual impairment) and then are ‘also expected to deal with those with intellectual disability, those with hearing impairments’ despite not being ‘competent enough’.

Future opportunities for skilled work and valued livelihoods for many disabled refugees are thwarted through a lack of educational pathways beyond primary or compulsory school. A South African refugee caregiver was aware of limited options beyond school and observed,

In most institutions, they are very selective and when they don’t choose certain children, some of their requirements are too much to the point that you see that they think that at this age, the child should not proceed to the next level. Life ends there.

Researchers in Uganda found that initiatives and policies that are in place are mostly oriented towards primary school. When we enquired about secondary school, it became evident that the opportunities were not available. A senior education official working in inclusive education with refugees reflected, ‘At the settlement . . . I have not seen much transitioning by a disabled child where he leaves primary level and goes to secondary level. In the refugee settlement, the transitioning is very minimal’. In Uganda, students are generally expected to enter vocational education when they leave school. We found this to be a similar pathway for refugees, however there was limited provision for disabled refugees. We spoke to several disabled refugee students in vocational programmes who highlighted problems with access, attitudes, and equipment. One explained, ‘You know those people who train the disabled should be friendly people. Sometimes they bring people without disabilities and they don’t know how to deal with people with disabilities.’

The Zimbabwean experience is different, where various vocational training projects are available and accessible to disabled refugee students in schools and in further training. One teacher reported that ‘In addition to hair cutting, fence making and poultry, we are planning on doing gardening . . . the projects are meant to help learners to choose projects of interest’. The success of the projects includes income generation, as a teacher explained, ‘The projects which they are doing here, for example poultry, they

are managing to feed the community and even earn some money for themselves'. After secondary education, disabled refugee students can access technical and vocational education institutions at the Tongogara Refugee Camp. These include the College of Horticulture and the Technical and Vocational Education Training Centre, where the programmes, according to an education official, 'are exactly the same programmes that we have accredited for other polytechnics' and have the same registration, curriculum and certification provisions. It is clear from these countries that a focus on access to schooling is necessary but not sufficient to enable disabled refugees to realise their dreams and aspirations (Monk et al. 2024). Inclusion must consider transitions from schooling into secondary and further education.

Collaborative horizontalities and the mediating role of local actor networks

Horizontal connectivities must compensate for the absent or weak functioning of the vertical mechanisms that should secure education for disabled refugees. We find less of a mediating space that neatly connects geometrically defined horizontal and vertical axes as envisaged by Spours and Grainger (2023), and more of a fluid and organic arrangement of actors and actions doing what they can to make educational access possible. In many cases, actors, like NGOs, are not mediating connections between civil society and state provision, as one might expect in an optimally functioning social ecosystem. Instead, they are filling the gaps in that provision. This, we argue, detracts from the contribution that 'mediating factors and forces' (Spours and Grainger 2023, 13) might have in the ecosystem, as, in effect, institutions and actors on the horizontal axis must do some of the work of the vertical mechanisms. If the state (the vertical) was providing adequate policy frameworks and resources, then the nature and functioning of the horizontal connectivities would be less of a determinant of educational access. We illustrate this with two Assertions:

The family, school personnel and community make a difference to the extent of educational access and inclusion for disabled refugees

Parents or caregivers are influential and agentic in enabling educational access for disabled refugees, but also in constraining that access by choosing to keep children out of schools. Across the three countries, there was evidence of parents and caregivers who took an active role in searching for schools and who made financial sacrifices needed for additional transport and learning equipment. Noteworthy in this regard are the caregivers in Uganda who attempt to compensate for shortfalls in vertical mechanisms (the provision of human and material resources) for disabled children. The research team observed caregivers, almost entirely single women, going to great lengths to understand the needs of their children, access the required services, and earn money to pay for them. One caregiver's support is described thus: 'When they are doing the examination, they could call me to go, then I go, I sit with (the child)'. However, caregivers face many of their own challenges including disabilities, trauma, language barriers, and trying to earn a living (UNHCR, WPF and REACH 2020). They have limited time and capacity to sit in schools full time with their children, and the schools themselves do not have the space. Here, the lack of expected provision by the state (vertical) is compensated for by a caregiver, who in turn cannot focus on horizontal activities, like earning a living.

Parents and caregivers may thwart access, by keeping children out of school for financial reasons, or to protect them. The financial burden is just too much for some refugee families and they make the decision to keep their disabled children at home. A South African student said, ‘My mother found another school for children with special needs. The problem now is that I can’t go because my mom cannot afford the school fees there. And that is the reason why I am staying at home’. In Uganda, some children are not in school because their family heads (fathers or uncles) do not see it worth paying the fees. For example, one caregiver explained that if given the chance she would like to take her son to school, but was uncertain if she could because, ‘I am worried about the father who may say it would be wastage of money’. Here it is important to note that while our research demonstrates that stigma plays a role, there are numerous other compounding obstacles related to access and quality of education that make decisions about schooling difficult. If free education were available, the student would likely be in school.

The safety of disabled children is a concern for parents in all three contexts. One Zimbabwean parent keeps their child at home ‘Because I don’t think that he benefits from the current school set-up owing to his disability. I feel he is not secure among his peers’. A refugee caregiver in South Africa keeps their child out of school because of bullying from peers and daily beatings from teachers. Many Ugandan caregivers indicated they lacked trust in schools’ ability to care for their children, such as a mother who feared that her daughter would fall if she, the mother, did not push the wheelchair. Others also complained about ‘beatings’. Here too, we are reticent to blame parents/caregivers for keeping children out of schools that are unsafe and unresponsive to their children’s needs. And not all parents can compensate for the failures of vertical mechanisms, nor should they have to do so.

Access to education for disabled refugees is enabled by connections among parents/caregivers, teachers, and community (Tadesse 2014). But these horizontal connections are potentially weakened by negative attitudes and stigma about disability. To counteract this, Ugandan parent associations are independently taking the initiative to promote understanding of disability and secure representation of disabled voices in local government. A representative of a parent association explained,

We brought the parents together, we sensitised them. We talked about the causes of disability, and how to care for that disability, so that we bring their mind closer to these children . . . And our target is to fight the negative attitudes of people towards disability.

Connections between parents and teachers are found in Zimbabwe, where Early Childhood Development and primary school teachers met with parents to harmonise sign language used at school and at home and teachers followed up with disabled children who would have missed school, thus improving attendance. In Uganda, one NGO field worker described the extra effort made by a teacher: ‘the child was carried to school and carried back home [by the teacher] because there was no wheelchair’. By contrast, a lack of parent/teacher collaboration was expressed by a South African disabled refugee student who said, ‘The teachers don’t care because there is not even a meeting where they call our parents to school to talk’. Notwithstanding this negative example from South Africa, and some complaints from some NGO workers in South Africa about an apparent passivity among refugee parents with respect to seeking support, we have identified acts of

agency among parents and caregivers in the three countries in pursuit of educational access for their children. In many cases, parents and caregivers achieve this by working with or through NGOs and other community-based advocates, expressed in our final assertion.

Disabled refugees and their families rely on NGOs and community-based advocates to secure their right to education

All three countries provide evidence of ways in which various NGOs and community-based advocates enable educational access for disabled refugee children and on behalf of their families. The involvement of NGOs in educational delivery, monitoring, and advocacy is well documented, particularly in countries that receive overseas development aid (McGrath 2018; Tikly 2020). But the reliance on NGOs is a source of inequity, reinforcing the contingent nature of educational access for disabled refugees. There is a range of NGO activity reported across the three countries, including introductions and referrals, financial support, provision of assistive devices, setting up schools, and teacher education. The ideal version of the social ecosystem would show NGO workers and other community-based and civil society advocates functioning in the mediating space to connect the vertical mechanisms and the horizontal networks. But because the vertical mechanisms do not reliably secure the right to education, access is highly dependent on the availability and functioning of local and international NGOs as well as community-based advocates.

Concluding comments

Disabled refugees occupy a particularly precarious position in the educational social ecosystem in the three countries involved in this research. This project goes some way towards making this group of students visible, while also identifying the factors that contribute to their vulnerability and precarious life circumstances. We are fully cognisant of limitations in the design and execution of the project, and of what is possible in presenting findings across the cases within the constraints of a journal article. Without comprehensive and robust disaggregated student data based on age, gender, or disability, we are not able to draw conclusions about how these characteristics differentially affect educational experiences in each country. There is also much contextual nuance that necessarily gets backgrounded in an analysis that seeks to find generalisations and abstractions across, rather than within cases.

The social ecosystem model has been a useful conceptual tool in the identification of the workings of and relations between actors and agents involved in educational access at different levels and across the three sites. We acknowledge, though, that the ideal social ecosystem depends for its logic on the normative functioning of the vertical, horizontal and 45-degree (mediating) processes. The model is also based on a (western) conception of the social democratic welfare state that provides health and education. Our research suggests that the model does not fully account for absent or non-functioning vertical mechanisms, where actors in horizontal networks step in on behalf of the state. Stake's (2006) multiple case analysis method has allowed us to compare the dimensions of vertical inadequacy across multiple local contexts, and 'situate local action and

interpretation within a broader cultural, historical, and political investigation' (Vavrus and Bartlett 2006, 95).

This cross-case comparative investigation demonstrates the absence of structural support for disabled refugees and highlights the broader international failure to provide education for all as mandated by international agreements, which could otherwise be construed as the failure of individual nation states, poor education systems, or decisions made by parents or caregivers. Education systems (a collective international responsibility) are not meeting the needs of disabled refugees, and parents, caregivers, teachers, and communities recognise this. This research demonstrates that there is significant work still to be done in the provision of education for disabled refugees. Policy-makers in all three countries need to first, ensure that the right to education for all students, including disabled refugees, is secured in policy and practice, irrespective of the availability of community or family advocacy. Second, they need to recognise the compounding effect of having multiple marginalised identities and inform policy with intersectoral dialogue so that disabled refugee students are not inadvertently excluded from education by falling between group-specific policy provisions. Finally, they should attend to transitions through and beyond the education system to support valued livelihood opportunities for disabled refugees.

Notes

1. See <https://nottingham-repository.worktribe.com/output/29000732> for more details
2. Available here <https://nottingham-repository.worktribe.com/output/28999817>.

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