



Safe, Inclusive
Participative Pedagogy:
Improving Early
Childhood Education

Inclusion in Early Childhood Education

The Safe, Inclusive Participative Pedagogy (SIPP): Improving Early Childhood Education research project identifies and develops safe, inclusive and participative pedagogy, which is implementable and sustainable for communities where children experience particular stress and trauma. SIPP is a partnership project, working with research teams in each of the fieldwork countries (Brazil, Eswatini, Palestine and South Africa) and led by the University of Edinburgh, Scotland.

This briefing paper focuses on findings about inclusive pedagogies, exploring how intersecting inequalities affect young children and the different experiences of inclusion that impact early childhood learning.

Key messages:

- Inclusive pedagogical practices make a difference to children. Children identified and talked about practices which excluded them, which have significant implications for inclusion.
- Existing resources and expertise in communities can be maximised by their coordination, with a focus on ensuring inclusive education for all children.
- Enhanced and shared understandings of inclusive pedagogies can help improve children's experiences of inclusion, with attention to how such pedagogies can be implemented.
- Inclusion is intertwined with other social, economic, political and health factors, including safety and poverty.
- Ensuring children, family and community engagement and participation in decision making processes is key to inclusive pedagogy.

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Safe, Inclusive, Participatory Pedagogies of Early Years Education (2020-2024)

Early childhood experiences significantly influence children's later educational and health outcomes. Ultimately, if children flourish in the present and in their futures, this benefits children and their families, communities, and societies.

One of the biggest challenges is to 'reach the poorest, most remote and marginalised children' (United Nations, 2015) and to ensure high quality, inclusive early childhood provision even in the most challenging settings. Young children face deep inequalities and are often deprived of their rights, especially in challenging contexts where there are risks to their safety. Early intervention and prevention have become key international drivers for shaping early childhood policies and practices to address inequalities.

In particular, high quality early childhood education (ECE) can be a protective factor for children against the negative effects of poverty and other inequalities and can improve long-term developmental and employment outcomes. However, significant implementation questions arise, including:

- quality of learning experiences and professional support.
- culturally meaningful and appropriate learning opportunities.
- affordability, inclusivity, accessibility, and sustainability of ECE provision.
- pressures of, and responses to, the COVID-19 pandemic.

The Safe, Inclusive Participative Pedagogy (SIPP): Improving Early Childhood Education research project aims to identify and develop safe, inclusive and participative pedagogy, which is implementable and sustainable for communities where children experience particular stress and trauma. SIPP is a partnership project, working with research teams in each of the fieldwork countries (Brazil, Eswatini, Palestine and South Africa) and led by the University of Edinburgh, Scotland. The project focuses on children and their families under the age of 5 because children below compulsory school age are the least likely to be provided with education and learning opportunities.

SIPP is a mixed-methods research project. Early years education policy analysis and international systematic literature reviews exploring prevalence and burden of early childhood violence are complemented by in-depth community case studies in the four fieldwork countries.

This briefing paper focuses on findings about inclusive pedagogies, exploring how intersecting inequalities impact on young children and the different experiences of inclusion that impact early childhood learning. We present local experiences from three* of our community case studies and identify cross-cutting actions that would enhance children's inclusion in early learning spaces whether at home, communities or early childhood settings and programmes.

*Please note, as a result of the political context at the time of writing this briefing, our Palestinian colleagues were unable to contribute. However, the key messages and final recommendations reflect findings across the whole team.

Inclusion as a core concept

Inclusion is an increasingly popular word in national and international policy circles. Like many other popular ‘buzzwords’ (Cornwall & Eade, 2010), its meanings can proliferate and stretch as its popularity grows. Since its early and continued use within disability discourses, it has also been used to discuss social inclusion more generally and now included within the Sustainable Development Goals. Inclusive education has become a global priority.

UNESCO (2017) outlined in *A guide for ensuing inclusion and equity in education* what is required to embed inclusion and equity within educational policy and to ensure system-wide change. Its strapline, ‘Every learner matters and matters equally’, emphasises diversity not only in terms of disability or special educational needs, but also in relation to gender and poverty. The guide stresses that policy, systems, and practices are essential for change, including policy and practice regarding children in vulnerable situations.

Children’s participation in decision-making has not always been strongly positioned in discussions of educational inclusion, despite it being a key right of children under the UN Convention on the Rights of the Child (Article 12) and the UN Convention on the Right of Persons with Disabilities (Article 7). Social exclusion/inclusion has been criticised in a European context for not questioning the norms of social inclusion (Hickey & du Toit, 2007) or for continuing to make people responsible for their own exclusion rather than addressing the structural issues and - fundamentally - poverty and socio-economic inequality (Levitas, 2005).

The inclusion agenda has increasingly argued for a systems approach, recognising the need to address embedded power dynamics and to move away from long-standing, deficit approaches (Davis et al., 2018). This had particular relevance to the research undertaken by the SIPP Project, with its focus on community engagement and participation.

Inclusion in local contexts

Each country explored inclusion within their own context to understand inclusion within their local environments and how differing aspects around inclusion were perceived. Below, are key findings from Eswatini, Brazil and South Africa.

Eswatini

The Eswatini *National Education and Training Sector Policy* (2018) recognises the need to invest in early childhood education. ECE is seen as the foundation for effective human resource development, which can help ensure that every child aged 0 to 8 years is enabled to achieve their full potential.

Eswatini adopted a case study design for their research undertaken at community level. Focus group discussions and semi-structured individual interviews with teachers and with parents revealed that there was discordance in teachers' and parents' understanding of key concepts in inclusive education. There appeared to be a homogenised understanding of concepts of inclusion, participation, and safety among research participants.

Participants tended to provide examples of activities that would exemplify inclusive pedagogy. When talking about inclusion in particular, their definitions varied:

“I think inclusion in education means that doing something collaboratively yields better results than when doing it alone, because when you are together each one of you brings an idea that will assist in what you want to achieve.” **(Teacher)**

“I think it (inclusion) is to engage with people. Where you are able to share your views with people and you learn something from them.” **(Parent)**

“Maybe it is to learn inclusive, inside not outside. It is learning within.” **(Teacher)**

Participants described inclusive education as non-discriminatory in nature, especially as it relates to children with physical disabilities and mainstreaming:

“Ok, my understanding there is that school should be opened to everyone ... At the right age you must be at school despite any disability one may have. One may also say these partitions in schools need to be there. Primary school, pre-school, separate. And then with the disability, they need to be included depending on the severity of their disability because some will need special ... so much special that they cannot be accommodated in the normal school.” **(Government policymaker)**

Examples given by the participants focused more on inclusive education than inclusion itself:

“So, my understanding of inclusion in education is policy programme directive where we make sure that children, regardless of physical abilities, mental abilities or any other factor, are included in the education system. Those factors should not be a barrier to them accessing education and the education itself must be responsive to those particular needs that they have. We know in Eswatini there is an inclusive education policy, there is a programme, there is a department where the country has made strides in that regards which is excellent. We are moving away from special schools to focus more on inclusivity within the mainstream which is a better approach.” **(Development partner)**

Brazil

Ongoing community work on inclusion in Brazil is supported by the Brazilian Constitution (1988, 2016) which mandates: family participation for the protection and advancement of children; equality of conditions for access to and remaining in school; the duty of all to protect children and youth against all forms of discrimination; and educational assistance for children with disabilities, preferably within the regular school system.

The research undertaken at community level revealed participants had different understandings and expectations of inclusion. Inclusion was not a common term understood by parents, but once explained by fieldworkers it was seen as a broad concept, including access to education, health care, leisure, transport and income. As one parent responded:

“For me inclusion means that a child is very welcome in the early childhood center, in the community ... in the spaces he frequents.” **(Parent)**

Many teachers viewed inclusion as involving all children in the activities at school including the tired, the bored, the shy and those having a bad day. Some teachers referred to ‘old-style’ teachers who did not listen well to the children. Teachers also viewed involving parents in the process of the child’s development and learning as inclusion.

“Inclusion ... for me is to have the father and the mother, the grandfather, all the world included in the education of the child.” **(Teacher)**

Inclusion was viewed by some participants as the possibility of children being in educational spaces of listening and coexistence – simply having the child present, or physically included, was not enough. But sometimes these spaces prevented children from being present:

“One example of a problem is that we have stairs in the school but no ramps. This is difficult for certain children who have difficulty walking and moving around. It is a bit difficult for them to get to the classroom.” **(Teacher)**

The community stretches up a steep hill with most homes only accessible by alleys or concrete stairways. The two major streets are full of dangerous traffic and just getting children to places can be a major challenge.

Research in the community discovered that most of the families liked the activities that taught their children resourcefulness, to speak and to develop independence. One parent explained:

“I have two nephews of the same age; one went to daycare at 9 months and the other went to daycare at 5 years old. The one who went to the daycare center earlier, today knows a lot that the other doesn't know.” **(Parent)**

Research within communities also found that social and economic factors played a significant role in whether a child attended. Many parents could not afford the private early childhood centres and sometimes non-profit centres if they charged fees. There were not enough free public centre places. Among all participants there was a sense that the children who were treated differently were those who lacked the support of their families, perhaps because parents were busy working or the precariousness of family income or unemployment.

Inclusion was perceived as limited by considerable health problems in the community, with ill-health limiting children's possibilities for inclusion. As one participant put it:

“We have a high incidence of sickness here in Rocinha ... tuberculosis, meningitis. And here people live next to an open sewer, full of rats, open to the sky and nobody comes to clean it.” **(Community respondent)**

South Africa

The research in South Africa revealed a broad understanding of inclusion at community level, which linked well to the country's policy of ‘all children are actively welcomed and supported so that they can optimally participate and benefit from early learning and development opportunities ... to enable them to participate on an equal level with others’ (*South Africa National Integrated Early Childhood Development (ECD) Policy, 2015*).

“We do not discriminate against the child's race or colour or their language. We include all of them. We make them feel part of the group, so it doesn't matter which religion you are, which preference, which food you take.” **(Principal)**

Participants raised capacity constraints in ECD centres, associated with engaging in activities and caring for children with disabilities. An example was provided from one classroom with two teachers, where one teacher spent the day caring for a child with a disability. The teacher “did not mind doing this” but felt it meant that she could not engage with other children's learning activities. It appeared that the disabled learner was not learning with other children.

Although many participants mentioned ‘disability’ when discussing inclusion, there was also a broader understanding of inclusion, including issues such as equity, access and non-discrimination. Participants reported that children for the most part did not attend and participate in their ECD centre when parents were engaged in substance abuse.

In South Africa, access to centre-based care depended on the parents' ability to pay fees, as this was not publicly provided until children enter formal schooling. The parents who were interviewed understood inclusion mainly in terms of access. Whilst fees might not seem high, they were not insignificant relative to parental income and the prevalence of unemployment in the community. While a few ECD centres received government subsidies, these were quite small per child and parents had to top this up, with any subsidies provided going towards food, salaries and operational expenses.

Many local stakeholders felt that parents needed to be understood as a key link to inclusion – in terms of what children were taught at home impacting on inclusion. It was suggested that parents needed to be more actively involved in the life of the ECD centre to promote participation and inclusion, which in turn required intentional effort to build stronger relationships between ECD centre staff and parents.

Staff in ECD centres often lacked the skill to identify developmental delays in children. Where developmental delays were identified, additional challenges existed involving a referral system for a child to access the required support, which also had limited resources and capacity constraints. Further, parents could be unreceptive or frustrated, if their referral pathways did not include access to care and support for their child:

“We always, we focus on the child but, at the end of the day, the parent, they do not really know which way to go or where to go and find help or where to get support. So sometimes the support system for the parent, there is no support for the parent. The parent now (does) not care anymore because she knows the barrier, especially the mother, I would say. She knows the barrier for her child but she has not got the support or somebody who can lead or guide her.” **(Principal)**

Children reported generally that they felt happy at ECD centres, and researchers took this to mean children felt included. Efforts made by ECD centres to foster inclusion included the use of persona dolls to promote discussion in the classroom and noting that young children said they enjoyed being provided with a daily, nutritious meal. The concept of inclusion was hard to describe for children. They were more able to articulate what exclusion was rather than what inclusion was. Children described, for example, a child who is excluded as someone who “wets their pants” or doesn't want to play with them. Children described solutions to being excluded, for example, asking their mom or someone else to play with them. They also listed ways of promoting inclusion, including offering someone food if they didn't have any, or sharing toys with them.

Whilst resources to improve inclusion were seen as essential, training by non-governmental organisations on inclusion was already taking place in the community and therefore a lack of training was not perceived to be a challenge. Rather, ‘learning

by doing' remained the challenge for practitioners within ECD centres, in terms of ongoing support for proactive promotion of inclusion after training was complete. Maintaining, sustaining, and applying knowledge learnt from training was seen to be key, as was workplace-based training.

What needs to be done?

Key recommendations arise from learning across the SIPP Project. The recommendations are not in order of priority.

ECE policy needs to move beyond availability and accessibility of early childhood education to ensure good quality services and communities that support inclusive pedagogy in ECE.

While important, simply placing children within a service does not equate to an inclusive pedagogical approach: provision must be adequate, accessible, and safe. These elements must be extended to children's ability to access ECE provision and other community services, with due attention to the security of communities in which children live.

A shared understanding of inclusive pedagogy must be developed, with recognition of what is needed for implementation.

A common understanding of inclusive pedagogy needs to be built across all those involved in ECE. This needs to include service availability, access to and quality of services for all children.

Poverty can prevent children's inclusion.

Financial inequality and poverty can prevent children accessing inclusive education opportunities. The affordability of ECE services must be ensured. In the circumstances where fees are paid, attention is needed to ensure consistent education for children even if families have inconsistent income to pay fees.

Effective support for children with disabilities and/or health issues and their families is vital.

While inclusive education has been broadened, to include characteristics such as gender or circumstances such as poverty, significant issues remain for children with disabilities or who are unwell. Children and their families need screening, early intervention and diagnosis, with clear pathways for further support and access to service provision.

Early childhood educators and teachers require ongoing resources, support and staff development that empower them to embed inclusive pedagogy as an everyday practice.

Training on inclusive pedagogy is necessary for all ECE staff, particularly on its implementation in the particular context and settings. This must be complemented by resources and support for children, families, and staff.

Resources need to be co-ordinated, to enhance what ECE services can offer all children.

Many communities have multiple stakeholders with different aims and capacity working in ECE. Attention to how these services could fit together, including potential tensions and opportunities, provide possibilities to improve children's experiences of ECE.

How can you find out more?

SIPP has produced a series of briefings, including one that details its methodology. For these and other information, visit: [**www.sipp.education.ed.ac.uk**](http://www.sipp.education.ed.ac.uk)

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References

Cornwall, A. & Eade, D. (2010). Deconstructing development discourse: Buzzwords and fuzzwords. Warwickshire: Practical Action Publishing in association with Oxfam GB.

Davis, J. M., Ravenscroft, J., & Bizas, N. (2018). Transition, inclusion and partnership: Child-, parent-and professional-led approaches in a European research project. In *Valuing Disabled Children and Young People* (pp. 54-70). Routledge. DOI: 10.1080/13575279.2014.976543.

Eswatini Ministry of Education and Training (2018). National education and training education sector policy. <https://www.unicef.org/eswatini/media/336/file/UNICEF-SD-Education-Sector-Policy-report-2018.pdf>

Hickey, S. & de Toit, A. (2007). Adverse incorporation, social exclusion and chronic poverty. CPRC working paper No. 81, Manchester: Institute for Development Policy and Management, University of Manchester.

Levitas, R. (2005). *The inclusive society?: Social exclusion and new labour*. Springer.

Republic of South Africa. (2015). National integrated early childhood development policy. Pretoria: Government Printers. https://www.gov.za/sites/default/files/gcis_document/201610/national-integrated-ecd-policy-web-version-final-01-08-2016a.pdf

UNESCO (2017). Guide for ensuring inclusion and equity in education. UNESCO. <https://unesdoc.unesco.org/ark:/48223/pt0000248254>

United Nations (2015). The millennium development goals report. [https://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG%202015%20rev%20\(July%201\).pdf](https://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG%202015%20rev%20(July%201).pdf)