

This is the pre-peer reviewed version of the following article: Crea, T.M., Evans, K., Hasson, R.G., III, Neville, S., Werner, K., Wanjiku, E., Okumu, N., Arnold, G.S., Velandria, E. and Bruni, D. (2023), Inclusive education for children with disabilities in a refugee camp. *Disasters*, 47: 99-113.  
<https://doi.org/10.1111/disa.12534>, which has been published in final form at <https://doi.org/10.1111/disa.12534>. This article may be used for non-commercial purposes in accordance with Wiley Terms and Conditions for Use of Self-Archived Versions.

Access to this work was provided by the University of Maryland, Baltimore County (UMBC) ScholarWorks@UMBC digital repository on the Maryland Shared Open Access (MD-SOAR) platform.

**Please provide feedback**

Please support the ScholarWorks@UMBC repository by emailing [scholarworks-group@umbc.edu](mailto:scholarworks-group@umbc.edu) and telling us what having access to this work means to you and why it's important to you. Thank you.

***Inclusive Education for Students with Disabilities in a Refugee Camp: How is School Setting  
Related to Children's Wellbeing?***

Thomas M. Crea<sup>1</sup>

Kerri Evans<sup>2</sup>

Robert G. Hasson III<sup>3</sup>

Sarah Neville<sup>1</sup>

Kelsey Werner<sup>1</sup>

Elizabeth Wanjiku<sup>4</sup>

Nobert Okumu<sup>4</sup>

Gregory St. Arnold<sup>5</sup>

<sup>1</sup> School of Social Work, Boston College, 140 Commonwealth Ave., Chestnut Hill, MA 02467  
USA

<sup>2</sup> School of Social Work, University of Maryland, Baltimore County, 1000 Hilltop Circle,  
Baltimore, MD 21250 USA

<sup>3</sup> Department of Social Work, Providence College, 1 Cunningham Square, Providence, RI 02918  
USA

<sup>4</sup> Jesuit Refugee Service (JRS) Kenya, Kakuma Refugee Camp, Turkana County, Kenya

<sup>5</sup> Jesuit Refugee Service (JRS) International Office, Borgo Santo Spirito 4, 00193, Rome, Italy

[as submitted to *Disability & Society* on May 29, 2020. Please do not disseminate]

***Abstract***

Children in refugee camps, and particularly children with disabilities, face unique challenges to accessing education and are at high risk of being marginalized. Best practices suggest that mainstreaming is the optimal strategy for serving students with disabilities. This study examines the extent to which mainstreaming in a refugee camp helps promote children's wellbeing, taking into account children's emotional and behavioral problems. In Kakuma refugee camp, Kenya, researchers collected data from parents of children currently enrolled in special needs education centers ( $n=65$ ) and from those who used to be enrolled at these centers but who then transitioned to mainstream classrooms ( $n=81$ ). Children in mainstream schools functioned better in terms of prosocial behaviors, but this relationship disappeared when factoring children's emotional and behavioral difficulties. In the context of a refugee camp, mainstreaming alone is not likely to help children's psychosocial and educational functioning, in the absence of supports, appropriate facilities and infrastructure.

**KEYWORDS:** Special Needs Education; Refugees; Refugee Camp; Forced Displacement; Educational Inclusion; Mainstreaming

## INCLUSIVE EDUCATION FOR STUDENTS WITH DISABILITIES IN A REFUGEE CAMP: HOW ARE SCHOOL SETTINGS AND CHILDREN'S WELLBEING RELATED?

### *Introduction*

Education is a basic human right for all children. For refugee children in particular, education can protect them from exploitation and abuse (UNHCR, 2019) and empower them with the knowledge and skills needed to advance in life. Inclusive education affirms that all children have the right to education regardless of learning ability or physical or mental disabilities. As articulated in the Salamanca Statement, the guiding principle of inclusive education is that “schools should accommodate all children regardless of their physical, intellectual, social, emotional, linguistic, or other conditions” (UNESCO, 1994, p. 6). Inclusive education calls for dismantling barriers that prevent marginalized populations from engaging in mainstream education settings, whether these are students living in poverty, linguistic minorities, or children with disabilities<sup>1</sup> or other special education needs (UNESCO, 2001).

Unfortunately, children in refugee camps have much lower educational attainment levels than the world population of children. Only 61% of children in refugee camps attend primary school compared to 91% worldwide. This number drops to only 23% attendance for secondary schools in refugee camps compared to 84% worldwide (UNHCR, 2019). Serving the educational needs of children with disabilities is even more complicated given the stark lack of necessary resources, personnel, and infrastructure (Oh & van der Stouwe, 2008; Womens' Refugee Commission, 2014). The literature is currently silent on whether inclusive education benefits children with disabilities in the context of a refugee camp. This study is designed to fill this gap

---

<sup>1</sup> We chose the term “children with disabilities” rather than “children with special needs” following research that shows the former is associated with a less negative connotation (see Gernsbacher et al., 2016).

in the literature, and examines the extent to which educational inclusion in a refugee camp helps promote children's wellbeing, taking into account children's presenting problems.

### ***Inclusive Education for Children with Disabilities***

For children with disabilities, a prevailing educational strategy is to include them in mainstream classrooms, an approach designed to dismantle barriers to education based on disabilities (UNESCO, 2001). In the United States, mainstreaming has been shown to improve school enrollment and retention for students with disabilities (Rojewski, Lee, & Gregg, 2015). This type of educational inclusion can also lead to improved academic outcomes for students without disabilities such that mainstreaming is helpful for students with and without disabilities (Cole, Waldron, & Majd, 2004).

Much of the existing research on inclusive education for children with disabilities is in Western contexts. Some research provides evidence of strategies employed by teachers to support inclusion, such as the use of cooperative activities in the classroom or prompting and supporting social interactions (Odom & Diamond, 1998). One study revealed that inclusive education provided significantly greater educational benefits for children with disabilities compared to children receiving supports in separate classrooms (Waldron & McLeskey, 1998). A number of studies have examined teachers' attitudes towards inclusive education (Avramidis & Norwich, 2002; Ross-Hill, 2009) with the underlying theory that a policy of inclusive education will be mediated by the beliefs and practices of individual teachers. Similarly, other research has examined the attitudes of children's parents (Elkins, van Kraayenoord, & Jobling, 2009) as facilitators of inclusive education.

An emerging body of literature has examined inclusive education in the context of low- and middle-income countries (LMIC). One study reviewed research over the course of 15 years on the implementation of inclusive education, and found that the most common strategies used included policy changes, organizational collaboration, teamwork between teachers and specialists, teacher training, as well as sensitizing and informing parents (Srivastava, de Boer, & Pijl, 2015). Another study in South Africa found that a deficits-focused orientation of teachers' original training was linked to poorer inclusive strategies employed in the classroom (Engelbrecht, Nel, Nel, & Tlale, 2015). Similarly, a study in Nigeria found that professionally trained teachers were more supportive of inclusive education than those without formal training (Fakolade, Adeniyi, & Tella, 2009).

### ***The Challenge and Opportunity of Inclusive Education in Refugee Camps***

Multiple barriers exist to serving the needs of children with disabilities in refugee camps. These challenges include lack of accessibility by children with disabilities, lack of appropriate teacher training, and large class sizes (60 or more students per teacher) (Kibias, 2015; Oh & van der Stouwe, 2008). Schools in refugee camps may not be equipped with the necessary equipment and infrastructure to accommodate the needs of children with disabilities, and teachers may not support the concept of inclusive education (Kibias, 2015). Children in refugee camps commonly experience stigma and discrimination related to their disabilities (Oh & van der Stouwe, 2008; Women's Refugee Commission [WRC], 2014), and these experiences pose an additional barrier to accessing education and decrease their overall wellbeing. One study across multiple refugee camps found that placing children in mainstream classrooms resulted in low attendance and high dropout rates, but that high numbers of children with disabilities were nevertheless served with appropriate curricula and classroom supports (WRC, 2008).

In spite of these challenges, inclusive education offers several advantages for children disabilities. As articulated by the Inter-Agency Network for Education in Emergencies (INEE, 2009) the main benefit for children's inclusive education is that "disadvantaged or previously excluded learners, who have been affected by emergencies, are visible in and enjoying a quality and participatory education" (p. 8). Being in school provides the opportunity for closer supervision and the ability to address children's social and medical needs (WRC, 2014). Having school in one's native language can be a protective factor, offering comfort and helping students to feel more capable (Fresia & Von Kanel, 2015). Education can also promote community resiliency, empower young people to live fulfilling lives, and educate them about the larger world helping them to gain skills to rebuild their communities (UNHCR, 2019b).

### ***Research Questions***

The above literature suggests that the educational experiences of children with disabilities can be improved through inclusion in mainstream settings. In LMIC, inclusion may be more complicated given teacher training and infrastructure issues, a dynamic also seen in refugee camps. Yet, we were able to find no studies that examined whether educational inclusion is linked to children's wellbeing within the context of refugee camps. This study is therefore guided by the following research questions for children with disabilities in the context of a refugee camp in sub-Saharan Africa: (1) To what extent does placement in a mainstream classroom influence children's wellbeing? and (2) How do children's behavioral difficulties influence their wellbeing in different types of school settings?

### ***Setting***

Kakuma Refugee Camp is located in arid northwestern Kenya in Turkana, the poorest county in Kenya (Kenya National Bureau of Statistics, 2018). The camp was originally established in 1992

for the protection of Sudanese “lost boys” seeking asylum from conflict in their home country. In accordance with UNHCR’s vision for refugee social integration, refugees and members of the host community often live side by side so that each group enjoys equal benefits from support offered within refugee camps. The populations of Kakuma and the nearby settlement of Kalobeyei total 180,431 (UNHCR, 2017). Over half of the refugee population in the camp are children under age 17, with 36% of children under 11 years of age (UNHCR, 2017).

Jesuit Refugee Service Special Needs Centers. In 2010, JRS began implementing a day care center program in Kakuma camp for people with disabilities. The main objectives of the program were to provide protection and nutritional support to people with disabilities, who were especially vulnerable because of social stigma and the harsh conditions of the camp environment. By 2016, the number of centers increased to four, and the centers’ activities expanded beyond supervision and a daily meal program to include social activities, and basic instruction in functional skills of daily living. Also in 2016, programming at JRS centers in Kakuma began to shift towards a more educational approach rather than solely on protection, and were specifically named Special Needs Centers. JRS hired a dedicated coordinator trained as a special needs educator, invested in more educational services and training, and adapted and constructed infrastructure to support these changes. A major objective of the program was increased coordination with the formal education system. Strengthening coordination between JRS centers and formal schools helped provide pathways for children with disabilities to be integrated in the formal education system.



## ***Methods***

### *Sample*

In early 2019, researchers visited the four JRS Special Needs Centers in Kakuma refugee camp and collected data from parents of children currently enrolled in the JRS Special Needs Centers ( $n=65$ ). Researchers also collected data from parents of children who used to be enrolled at JRS Special Needs Centers, but who then transitioned to mainstream classrooms in one of six formal education centers ( $n=81$ ). Data were collected by trained research assistants in either English, Swahili, or Arabic, depending on the native language of the respondent. Data were collected by pencil paper and later entered into an electronic database. All participants were given informed consent prior to their participation and were provided with a small cash incentive upon completion of the survey. All study protocols were approved by the Boston College Institutional Review Board (IRB).

### *Measures*

**Dependent Variable:** The dependent variable in this study is the child's Prosocial Score from the "Parent Completed Strengths & Difficulties Questionnaire (SDQ)" (Goodman, 1997). The SDQ is a behavioral screening measure for children ages 3-16, to assess the following domains: (1) emotional symptoms (5 items); (2) conduct problems (5 items); (3) hyperactivity/inattention (5 items); (4) peer relationship problems (5 items); and (5) prosocial behavior (5 items). This measure has been used across multiple countries and cultures and is available in many different languages including Swahili and Arabic (Youth in Mind, 2016), respondents' primary languages in this study. The Prosocial Scale is comprised of five items on a 3-point Likert scale (0=Not True, 1=Somewhat True, 2=Certainly True) for a composite score ranging from 1-10. Sample individual items include "Considerate of other people's feelings," "Shares readily with other

youth, for example books, games, food,” and “Often offers to help others (parents, teachers, children).” Internal consistency in this sample was moderate with  $\alpha=0.61$ .

Independent Variables in this study include: type of setting (0=mainstream, 1=special needs center); length of time spent in the setting (in years); child’s age (in years); child’s gender (0=male, 1=female); parents’ perceptions of whether their child would learn better in a mainstream classroom (“Would your child learn better in the same class as children who do not have the same learning struggles?” 1=yes); and the Total Problems Score of the SDQ (0-40; Prosocial Scale not included in score;  $\alpha=0.56$ ).

### *Analysis*

All analyses were completed using Stata 15. Bivariate tests examined differences between school setting (mainstream vs. special needs center) and the following covariates: SDQ Total Problems Score (independent samples t-test); SDQ Prosocial Score (independent samples t-test); Age (Mann Whitney U); Length of Time in School (Mann Whitney U); and Parental Positive Attitude Towards Mainstreaming (chi square). Stepwise OLS regression analyses were completed to assess the relationship of each covariate to prosocial behaviors. Model 1 regressed prosocial behaviors on educational setting, number of years attending the setting, and child’s age and gender. Model 2 included the additional predictors of parent’s positive attitude towards mainstreaming and children’s behavioral problems.

### *Results*

Bivariate results (see Table 1) showed that children tended be older in mainstream classrooms ( $M=13.2$ ,  $SD=0.4$ ) compared with special needs centers ( $M=12.0$ ,  $SD=0.7$ ,  $p<.05$ ). Boys comprised a greater proportion in mainstream classrooms (65.4%) compared with special needs centers (50.8%,  $p=.07$ ). Length of time spent at school did not differ to a statistically

significant degree between the school settings, averaging 3.1 years ( $SD=0.2$ ) in mainstream classrooms and 2.8 years ( $SD=0.3$ ) in special needs classrooms. Parents were more positive about mainstreaming if their child attended a mainstream classroom, with 59.3% endorsing a positive view compared with only 29.2% if their child attended a special needs classroom ( $p<.001$ ). The number of children's behavioral difficulties was significantly lower in mainstream settings ( $M=18.9$ ,  $SD=0.6$ ) compared to special needs classrooms ( $M=20.9$ ,  $SD=0.7$ ,  $p<.05$ ). Children's prosocial behaviors were higher in mainstream classrooms ( $M=7.7$ ,  $SD=0.2$ ) compared to special needs classrooms ( $M=6.0$ ,  $SD=0.3$ ,  $p<.001$ )

**[insert Table 1 about here]**

Results from Model 1 indicated that placement in special needs schools ( $b=-1.89$ ,  $p<.001$ ) was associated with fewer prosocial behaviors (see Table 2). Each additional year attending school predicted greater prosocial behaviors ( $b=0.3$ ,  $p<.01$ ) regardless of setting. Child's age and gender were not statistically significant.

In Model 2, children's greater behavioral problems were associated with fewer prosocial behaviors ( $b=-0.13$ ,  $p<.01$ ). Yet, parental opinion that child would learn better in a mainstream classroom positively predicted prosocial behaviors ( $b=1.4$ ,  $p<.01$ ). With the addition of the new Model 2 covariates of parents' attitudes towards mainstreaming and children's behavioral problems, the significant relationships of mainstream setting and length of time and prosocial behavior, respectively, were no longer statistically significant. Child's age and gender was not significant in Model 2.

**[insert Table 2 about here]**

## *Discussion*

To our knowledge, this study is the only existing empirical examination of how educational settings are related to functioning of children with disabilities in the context of a refugee camp. Existing policies suggest that greater educational inclusion for children with disabilities will improve their learning outcomes (Cole et al., 2004) as well as school enrollment and retention (Rojewski et al., 2015), but no studies to date appear to examine the psychosocial correlates of educational inclusion. In our study sample, children in mainstream classrooms had previously been enrolled in special needs centers. As such, the study design approximates a quasi-experimental design in that it captures wellbeing from children currently in special needs centers, and who have graduated from these centers to mainstream classrooms, while controlling for the influence of time spent in each.

The results of this study suggest that children placed in mainstream schools in Kakuma refugee camp functioned better in terms of prosocial behaviors. Yet, the relationship between school setting and improved functioning is erased when taking into account children's emotional and behavioral difficulties. These patterns do not appear to shift with more time spent at a particular setting. The implications of these dynamics are twofold. First, special needs centers in Kakuma are serving children with a higher level of need, as might be expected. Second, however, children's emotional and behavioral difficulties seem to outweigh the benefits of educational setting, a finding that may shed light on the particular context of a refugee camp and how special needs are best addressed in this context.

Existing literature highlights the many barriers to providing quality education to children in refugee camps. Lack of teacher training, poor infrastructure and very large class sizes conspire to reduce the efficacy of children's education (Kibias, 2015; Oh & van der Stouwe, 2008). These

problems are further compounded for children with disabilities who require specialized teaching skills and supports, appropriate equipment and school supplies, and accessible classrooms, few of which are available in most refugee camp contexts (Kibias, 2015). In addition, children with disabilities frequently experience stigma and discrimination in the larger community (Oh & van der Stouwe, 2008; WRC, 2014). Given the large class sizes and inherent lack of support and supervision in mainstream classrooms in refugee camps, it is highly likely that stigmatizing attitudes from the larger community will find their way into the classroom. Thus, in the absence of appropriate supports, children with disabilities in mainstream classrooms may be at heightened risk for discrimination and stigma that will negatively affect both their academic performance and psychosocial wellbeing.

Effectively serving the needs of children with disabilities demands customized supports and strategies to address these difficulties. In most mainstream settings in refugee camps, these supports and strategies are likely to be insufficient given the barriers articulated above. This dynamic calls into question the conventional wisdom that mainstreaming is always in the best interest of children with disabilities. Most of the existing literature on the benefits of mainstreaming derive from Western contexts (Cole et al., 2004; Rojewski et al., 2015) but applying these findings to refugee camp settings ignores the context and unique challenges faced by educators and students in such camps. All children should be accommodated in educational settings regardless of disabilities or other conditions (UNESCO, 1994). However, when placement in mainstream settings results in low attendance and high rates of dropout (WRC, 2008) or places children at risk of further discrimination, the prevailing wisdom of mainstreaming needs to be challenged. In the context of a refugee camp, more attention needs to

be paid to the unique needs of children with disabilities, as blanket policies of mainstreaming may not be effective in improving academic or psychosocial outcomes.

Other findings of this study bear examination. Given existing gender disparities in education from refugees' countries of origin (Crea, 2016), it is perhaps surprising that no psychosocial differences emerged between boys and girls in this sample. One explanation is the relatively young age of students in this sample, an average of about 12 ½ years of age overall. It is possible that with an older sample of youth more gender disparities would emerge. It is also worth noting that children in mainstream classrooms were predominately male (65.4%) whereas an even gender split existed in special needs centers (50.8% male). Thus, it appears that educational gender disparities may be perpetuated in mainstream classrooms, as fewer females are attending those schools. Such an underlying disparity may also be masking differences in psychosocial wellbeing between boys and girls overall.

Parental attitudes towards mainstreaming were predictive of children's greater psychosocial functioning. Parents were also much more likely to support mainstream education if their child was currently enrolled in a mainstream classroom. We were unable to locate any literature on parental attitudes towards mainstreaming, although studies on teacher attitudes show links between professional training and having a strengths-based orientation (Fakolade et al., 2009; Srivastava et al., 2015) and improved acceptance and use of inclusive strategies. In the current study, parental positive attitudes towards educational inclusion were a more important predictor than school setting, even when controlling for children's behavioral difficulties. It may be that a parent's clear signaling a positive orientation to school to their children in general may help them function better while in school. Alternatively, the positive parental assessments of mainstreaming in special needs centers may reflect a readiness for children to graduate to a

mainstream classroom, a dynamic that would reflect children's better psychosocial functioning in general.

### *Limitations*

This study has limitations. The design is cross-sectional although it does take into account time spent in educational settings. Follow-up data collection is currently being planned so that a longitudinal comparison will be possible between educational settings. The internal consistencies of SDQ scores were relatively low. We believe this dynamic is related to the variety of cultures and countries of origin of our participants: Sudan, South Sudan, Uganda, Somalia, Burundi, Democratic Republic of Congo, among others. Children's functioning was assessed using parental report. Direct observations of children's behavior, although difficult in a refugee camp context, would provide more accurate data on children's wellbeing within the classroom.

### *Conclusion and Implications*

For children with disabilities in a refugee camp, focused attention needs to be paid on how best to meet these needs. The results of this study show that children's emotional and behavioral issues outweigh the influence of educational setting on their wellbeing. Existing best practices that emphasize mainstreaming are derived from Western contexts. These guidelines do not consider the many systemic barriers in refugee camps to providing quality and supportive education to children with disabilities. Mainstreaming alone is therefore not likely to help children's psychosocial and educational functioning, in the absence of structured supports and appropriate facilities and infrastructure. Further research should examine whether combining mainstreaming with such additional supports leads to children's greater wellbeing over time. Future research should also examine parents' and key stakeholders' perceptions of

mainstreaming and educational inclusion, in light of the stigma often experienced by children who are refugees with disabilities. Such insights would add to a deepened understanding of how to operationalize and implement inclusive education in the context of a refugee camp.



### *References*

- Avramidis, E., & Norwich, B. (2002). Teachers' attitudes towards integration / inclusion: a review of the literature. *European Journal of Special Needs Education*, 17(2), 129-147.
- Cole, C.M., Waldron, N., & Majd, M. (2004). Academic progress of students across inclusive and traditional settings. *Mental Retardation*, 42(2), 136-44. [https://doi.org/10.1352/0047-6765\(2004\)42<136:APOSAI>2.0.CO;2](https://doi.org/10.1352/0047-6765(2004)42<136:APOSAI>2.0.CO;2)
- Crea, T. M. (2016). Refugee higher education: Contextual challenges and implications for program design, delivery, and accompaniment. *International Journal of Educational Development*, 46, 12-22. <https://doi.org/10.1016/j.ijedudev.2015.11.005>
- Elkins, J., van Kraayenoord, C. E., & Jobling, A. (2009). Parents' attitudes to inclusion of their children with special needs. *Journal of Research in Special Educational Needs*, 3(2), LF142–LF158.
- Engelbrecht, P., Nel, M., Nel, N., & Tlale, D. (2015). Enacting understanding of inclusion in complex contexts: classroom practices of South African teachers. *South African Journal of Education*, 35(3). doi: 10.15700/saje.v35n3a1074
- Fakolade, O.A., Adeniyi, S. O., & Tella, A. (2009). Attitude of teachers towards the inclusion of special needs children in general education classroom: The case of teachers in some selected schools in Nigeria. *International Electronic Journal of Elementary Education*, 1(3), 155-169.
- Fresia, M., & Von Kanel, A. (2015). Beyond space of exception? Reflections on the camp through the prism of refugee schools. *Journal of Refugee Studies*, 29(2), 250–272. <https://doi.org/10.1093/jrs/fev016>

- Gernsbacher M. A., Raimond, A. R., Balinghasay, M. T., & Boston, J. S. (2016). "Special needs" is an ineffective euphemism. *Cognitive Research: Principles and Implications*, 1(29). DOI 10.1186/s41235-016-0025-4
- Goodman, R. (1997). The Strengths and Difficulties Questionnaire: A Research note. *Journal of Child Psychology and Psychiatry*, 38, 581-586.
- Inter-Agency Network for Education in Emergencies (INEE) (2009). *Education in Emergencies: Including Everyone. INEE pocket guide to inclusive education*. Available from: <http://www.ineesite.org/en/inclusive-education>
- Kibias, B. J. (2015). *School based factors influencing inclusion of learners with disabilities in primary schools in Kakuma refugee camp, Turkana County, Kenya*. Nairobi: University of Nairobi. Available from: <http://erepository.uonbi.ac.ke/handle/11295/90757>
- Kenya National Bureau of Statistics. (2018). *2015/2016 Kenya Integrated Household Budget Survey (KIHBS): Basic Report*. Nairobi: Kenya National Bureau of Statistics. Available from: [https://sun-connect-news.org/fileadmin/DATEIEN/Dateien/New/KNBS\\_-\\_Basic\\_Report.pdf](https://sun-connect-news.org/fileadmin/DATEIEN/Dateien/New/KNBS_-_Basic_Report.pdf)
- Odom, S. L., & Diamond, K. E. (1998). Inclusion of young children with special needs in early childhood education: The research base. *Early Childhood Research Quarterly*, 13(1), 3-25.
- Oh, S., & van der Stouwe, M. (2008). Education, diversity, and inclusion in Burmese refugee camps in Thailand. *Comparative Education Review*, 52(4), 589-617.
- Rojewski, J. W., Lee, I. H., & Gregg, N. (2015). Causal effects of inclusion on postsecondary education outcomes of individuals with high-incidence disabilities. *Journal of Disability Policy Studies*, 25(4), 210-219. <https://doi.org/10.1177/1044207313505648>

- Ross-Hill, R. (2009). Teacher attitude towards inclusion practices and special needs students. *Journal of Research in Special Educational Needs*, 9(3), 188–198.
- Srivastava, M., de Boer, A, & Pijl, S. J. (2015) Inclusive education in developing countries: a closer look at its implementation in the last 10 years. *Educational Review*, 67(2), 179-195.
- UNESCO. (1994). *The Salamanca Statement and Framework for Action on Special Needs Education*. World Conference on Special Needs Education: Access and Quality, Salamanca, Spain, 1994. Available from:  
<https://unesdoc.unesco.org/ark:/48223/pf0000098427>
- UNESCO. (2001). *Open file on inclusive education: Support materials for managers and administrators*. Retrieved from: <https://unesdoc.unesco.org/ark:/48223/pf00000125237>
- UNHCR. (2017). *Kakuma and Kalobeyei Population Statistics by Country of Origin, Sex and Age Group, 09 Jul 2017*. Geneva: UNHCR.
- UNHCR. (2019). *Education*. Retrieved from <https://www.unhcr.org/education.html>
- Waldron, N. L., & McLeskey, J. (1998). The effects of an inclusive school program on students with mild and severe learning disabilities. *Exceptional Children*, 64(3), 395-405.
- Women's Refugee Commission. (2008). *Disabilities Among Refugees and Conflict-Affected Populations*. Available from:  
<https://www.womensrefugeecommission.org/resources/document/609-disabilities-among-refugees-and-conflict-affected-populations>

Women's Refugee Commission. (2014). *Disability Inclusion: Translating Policy into Practice in Humanitarian Action*. Available from:

[https://reliefweb.int/sites/reliefweb.int/files/resources/Disability%20Inclusion\\_Translating%20Policy%20into%20Practice%20in%20Humanitarian%20Action.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/Disability%20Inclusion_Translating%20Policy%20into%20Practice%20in%20Humanitarian%20Action.pdf)

World Health Organization. (n.d.). *Process of translation and adaptation of instruments*.

Available from: [https://www.who.int/substance\\_abuse/research\\_tools/translation/en/](https://www.who.int/substance_abuse/research_tools/translation/en/)

Youth in Mind (2016). *Information for researchers and professionals about the Strengths & Difficulties Questionnaires*. Available from: <http://www.sdqinfo.com/>

**Table 1. Bivariate Comparisons of Mainstream Classrooms vs. Special Needs Centers**

	Mainstream Classroom ( <i>n</i> =81)		Special Needs Center ( <i>n</i> =65)	
	<i>M</i> ( <i>SD</i> ) or <i>n</i> (%)		<i>M</i> ( <i>SD</i> ) or <i>n</i> (%)	
<i>Child's Age (years) *</i>	13.2	(0.4)	12.0	(0.7)
<i>Child's Gender</i>				
Male	53	(65.4%)	33	(50.8%)
Female	28	(34.6%)	32	(49.2%)
<i>Length of Time at School (years)</i>	3.1	(0.2)	2.8	(0.3)
<1 year	8	(9.9%)	6	(9.2%)
1 year	11	(13.6%)	9	(13.9%)
2 years	16	(19.8%)	14	(21.5%)
3 years	6	(7.4%)	2	(3.1%)
4 years	17	(21.0%)	6	(9.2%)
5+ years	19	(23.5%)	11	(16.9%)
Missing	4	(4.9%)	17	(26.2%)
<i>Parents' Positive Attitude of Mainstreaming ***</i>				
Yes	48	(59.3%)	19	(29.2%)
No	15	(18.5%)	44	(67.7%)
Missing	18	(22.2%)	2	(13.7%)
<i>Number of Behavioral Difficulties (range 4-34) *</i>	18.9	(0.6)	20.9	(0.7)
<i>Prosocial Behaviors (range 0-10) ***</i>	7.7	(0.2)	6.0	(0.3)

\*  $p < .05$ ; \*\*  $p < .01$ ,  $p < .001$

**Table 2. Predictors of Prosocial Behavior**

	Model 1			Model 2		
	$\beta$	SE	<i>p</i>	$\beta$	SE	<i>p</i>
<i>School Setting (1=Special Needs)</i>	-1.89	0.41	<i>p</i> <.001	-0.81	0.45	n.s.
<i>Child's Age (years)</i>	0.05	0.05	n.s.	0.08	0.05	n.s.
<i>Child's Gender (1=Female)</i>	-0.23	0.41	n.s.	0.06	0.41	n.s.
<i>Length of Time at School (years)</i>	0.30	0.10	<i>p</i> <.01	0.14	0.10	n.s.
<i>Parents' Positive Attitude of Mainstreaming (1=yes)</i>	--	--	--	1.39	0.44	<i>p</i> <.01
<i>Total Number of Behavioral Difficulties</i>	--	--	--	-0.13	0.04	<i>p</i> <.01