

ECDtf Message # 22

<http://www.gpcwd.org/early-childhood-development.html>

September 2015

Greetings, ECDtf members and friends,

This Message # 22 alerts you to recent activities and developments of interest, upcoming events, and new resources. Formal and informal gatherings and presentations by ECDtf folks are expected in October in Atlanta at the Division for Early Childhood (DEC) International Conference on Young Children with Special Needs and Their Families and in Cakovek at the 4th Croatian Symposium on Early Childhood Intervention, then in December in Istanbul at the International Developmental Pediatrics Congress. We hope you will join us at one or several of these meet-ups; details below. We welcome your comments and contributions as we move forward.

Featured resources:

<https://www.hrw.org/report/2015/08/18/complicit-exclusion/south-africas-failure-guarantee-inclusive-education-children>

<http://email.toysrus.com/H/2/v10000014f5578a8a9958cd0f4bbcfb648/HTML>

<https://www.youtube.com/watch?v=f7L1ceDjb5o&feature=youtu.be>

SEEKING COMMENTATOR:

If you would be interested in composing a “Task Force Talk” commentary on the Dark Side of Resilience as it manifests in ECD initiatives, please contact donald.wertlieb@tufts.edu Examples of current discussion include: <http://psycritiquesblog.apa.org/2015/05/is-there-a-dark-side-of-resilience.html>
http://psqtest.typepad.com/blogPostPDFs/ResilienceInterventionsAreHere_04-30-2015.pdf

Topics (detailed below):

1. ECDtf and GPcwd updates
!! CALL FOR MAPPING TASK TEAM VOLUNTEERS !!
 2. TASK FORCE TALK – Service gaps in LAMI countries: Communication disabilities
 3. Calls for Proposals
 4. Upcoming meetings
 5. Call for Applications: Inclusive Education Scholarships
 6. New resources
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1. ECDtf & GPcwd updates

- a) **CALL for Task Team volunteers:** The GPcwd ECDtf will undertake a global mapping of inclusive ECD and Disability initiatives in countries around the world. The mapping will be used to inform programming, identify key gaps and enhance coordination of activities on the ground. The survey will highlight cross-sectoral work by UNICEF and other stakeholders and give an opportunity to partners and regions to showcase their work and disseminate good or inspiring practices. The Mapping Task Team is in formation, and if you would like to volunteer to join or lead the team, please contact donald.wertlieb@tufts.edu by October 15 with a brief note conveying your interest, experience, and capacity. A small grant of \$8000 is pending to support the work of the Mapping Task Team in design and implementation of the survey and preparation of a brief report.

- b) Several formal and informal gatherings of ECDtf are in the works:

A meet-up of ECDtf folks is anticipated at the October 1-3 4th Croatia Symposium on Early Intervention http://depts.washington.edu/isei/Croatia-4th_Symposium-1st_ANNOUNCEMENT.pdf
Please contact donald.wertlieb@tufts.edu if you are planning to attend.

Hollie Hix-Small will convene an ECDtf session at the DEC International Conference on Young Children with Special Needs in Atlanta October 7-9. ECDtf colleagues Paddy Favazza, Camille Smith, and Deb Ziegler are among those planning to attend. Please contact hollie.hixsmall@gmail.com for logistics and to confirm your attendance.

Several ECDtf members are planning to attend the Developmental Pediatrics Congress in Istanbul December 2-5, so we anticipate a formal or informal gathering to discuss ECDtf business and recruit new members from among the attendees. If you anticipate being in Istanbul then, please let Paul Lynch p.lynch@bham.ac.uk and donald.wertlieb@tufts.edu know so you can be included in the planning and proceedings.

Similarly, if you are planning to present or attend the ACEI World Summit on Children in Costa Rica March 31-April 3 <http://www.acei.org/programs-events/global-summit-on-childhood/page-3.html> and would be willing to organize an ECDtf session or working meeting, please contact donald.wertlieb@tufts.edu

2. TASK FORCE TALK

Our ECDtf strategic planning process indicated great interest in cultivating ECDtf as a forum for exchange of ideas and support basic to advancing our mission. We continue here a regular feature of our ECDtf proceedings and messages with this essay submitted by ECDtf member Mel Adams and her co-authors Karen Wylie, Korle Bu Teaching Hospital, Ghana; Mel Adams, Multi Agency International Training and Support (MAITS), UK; Weh Yeoh, OIC: The Cambodia Project; and Josephine Bampoe, University of Ghana. Please feel free to suggest topics or submit brief papers for consideration for publication in upcoming newsletters. We also welcome your comments on this piece. If you would like to lead or join a task team that will develop this TASK FORCE TALK tool, please volunteer!

Thank you, Mel, for organizing your colleagues to present important thinking on:

Different Worlds? Addressing the gap between service needs and provision in low and middle income countries: the example of communication disability

Karen Wylie, Korle Bu Teaching Hospital, Ghana; Mel Adams, Multi Agency International Training and Support (MAITS), UK; Weh Yeoh, OIC: The Cambodia Project; Josephine Bampoe, University of Ghana

Early intervention for children with delayed development or disabilities is a laudable goal. Yet in low and middle income countries (LMICs) the situation is complex. Communication disability continues to remain a low priority globally in the development of services (Olusanya et al., 2006, Wylie et al., 2013, Hartley, 1998). The resulting reality for an enormous number of families who have a child with communication difficulties in LMICs, is that even when they seek some type of therapeutic or treatment services, they are rarely available (World Bank and World Health Organization, 2011).

Therapy Services for Communication Disabilities

In countries with strong economies and well established health services, children with communication delays, disorders or disabilities (here forth referred to as communication disabilities) are likely to be referred to a multidisciplinary therapy team for management, including a speech and language therapist/pathologist (SLT). Children with developmental delay or disabilities may encounter a range of services in LMICs, but are highly unlikely to encounter a speech and language therapist (SLT). Allied health professionals, who form the basis of many habilitation and rehabilitation programmes in high income nations are not readily available in LMICs (Gupta et al., 2011) with SLT services extremely rare in these nations (World Bank and World Health Organization, 2011).

In sub-Saharan Africa, gross estimates of the availability of speech and language therapists range from 0.44 to 0.02 SLT to every million population (Fagan and Jacobs, 2009, Wylie et al., 2012).

This compares to higher income countries such as Australia, UK and USA who have an estimated population ratio of SLTs of around 210-407 to each million population (Wylie et al., 2012). Not only is the workforce exponentially larger, but therapists typically operate as part of a complex and well organised web of therapeutic and early intervention services. For people with communication disabilities in LMIC, their reality is simply a different world to those born in high income countries.

Different World: Two LMIC Country Examples

An example, Ghana

Ghana has a population of approx. 25 million people (Ghana Statistical Services, 2012). Presently there are approximately 8 SLTs working in Ghana, all trained outside Africa. Just over half of these are Ghanaian nationals. SLTs work in the following settings: government hospitals, private practice, public university, not for profit inclusive school, NGO early intervention programme. Speech therapy services are not subsidized by the government or national health insurance programmes. Services at the main teaching hospital currently cost the equivalent of \$13 USD (@20th Sept 2015) per visit. The average per capita income from 2010-2014 in Ghana was \$1442 per annum (World Bank, 2015). This equates to \$27.73 USD per week. Whilst there is an enormous breadth of wealth in the country, for those with less income capacity, this represents a significant barrier to seeking rehabilitation or therapy for children with developmental concerns.

CBR services are offered in Ghana by both government, DPOs and NGOs. CBR programmes focus on those with defined disabilities rather than those with developmental concerns.

There is no nationally recognised qualification for a mid-tier rehabilitation professional. One early intervention centre uses a model of mid-tier workers, trained in communication techniques by a SLT. Local SLT training is being developed at universities, but as yet, Ghana has not graduated any SLTs.

An example, Cambodia

Cambodia has a population of 15.14 million people. It is also a country that has experienced a high influx of foreign aid, in particular since the United Nations entered Cambodia in 1994. Currently, it is estimated that there are over 3,500 nonprofit organisations working in Cambodia and approximately half a billion dollars in aid money coming in every year (Strangio, 2014). We estimate that 1 in 25 Cambodian people, or 600,000 people, require speech therapy services. Despite this need, there is not one single university trained Cambodian speech therapist. There is also no government policy to implement this, minimal community or government awareness and no plan to address this gap in Cambodia's development.

There is a general lack of education and awareness about communication and swallowing disabilities. There have been fly in fly out visits by speech therapists from overseas, which have benefited individuals working in organisations to provide basic communication therapy. These individuals have used their knowledge with thousands of children and adults who need it.

But, due to the NGO-centric nature of social welfare in Cambodia, government ownership of the situation has been minimal, and basic infrastructure in terms of policy, university courses and so on are non-existent.

Models of Rehabilitation

SLT, and other allied health services, have frequently been associated with a 'medical model' of rehabilitation. Over previous decades, to combat the lack of 'medical model' rehabilitation services in LMICs, and to increase community based and community driven services, there has been a focus on development of two alternative approaches: (1) Community based rehabilitation (CBR) models of habilitation or rehabilitation, using volunteers or generic disability workers based in communities who receive variable types and amounts of training (International Labour Organization et al., 2010) (2) Mid-level workers with basic formal training across rehabilitation domains, such as the rehabilitation technician approach seen in countries such as Zimbabwe.

CBR in particular has emerged to offer a broader, more inclusive view of rehabilitation, focusing on rights and inclusion, yet it is geared towards individuals with well-defined disabilities rather than developmental issues. A continuum of more traditional 'medical model' rehabilitation and community based rehabilitation is required to meet the needs of all people with disabilities at differing life stages (Nganwa et al., 2013). Models using less specialised rehabilitation workers also offer the potential to train larger numbers of rehabilitation workers, for less cost, and increase community level interventions. However, it is well recognised that in LMICs training in intervention methods for communication disorders is frequently lacking (Nganwa et al., 2013). The end product of this lack of training is potentially a "rehabilitation" workforce without the capacity to work with families of children with communication disabilities

What is needed to improve services for communication difficulties in LMIC?

One size does not fit all. Both children with developmental concerns, and those with defined disabilities need access to high quality rehabilitation services to achieve their developmental potential and participation and inclusion in their communities (United Nations General Assembly, 24 January 2007). It is important that rehabilitation services in LMICs use approaches that suit the cultural, contextual, systems and economics of the community, and countries have 'ownership' of their own systems. Ultimately the organisation of such services may look different to the way that services are provided in higher income countries (McAllister et al., 2013). The debate is frequently about whether to train SLTs, mid-level workers or CBR workers. Yet all are required if the system is ultimately to function. There is potential in all models to improve services for communication difficulties. Yet the critical issue will be how these services dovetail together, and how workers in communication disability work together to ensure the needs of the whole community are met.

To improve conditions for families with a child with communication difficulties in LMIC, there is no doubt significant change is required. Simply training speech and language therapists is not sufficient. Even in economically strong countries with higher SLT: population ratios, services are not considered to be sufficient. In the past decade, both the UK and Australia have had enquiries into the availability of services for people with communication difficulties (Bercow, 2008, Speech Pathology Australia, 2014). Increasing the availability of local SLTs is only one part of the solution.

Whilst the expertise offered by local SLTs is desperately required, the time and numbers needed to train to improve services is staggering. For example, even if Ghana or Cambodia trained 50 SLTs per year, in 50 years the number of SLTs would continue to be well below current ratios of SLTs in their higher income neighbours. Additionally, it is unlikely that a struggling health system could support equitable access to services.

SLTs in such contexts are required to assist in training and support for other workers, acting as a resource for complex cases or advice and support for mid-level and CBR workers and a range of other activities. Mid-level workers, who are cheaper to train or to employ, such as therapy assistants, have capacity to increase throughput in the system, for lower costs. CBR workers or other community health workers with strong community engagement have the potential to break down barriers, facilitate early invention, and provide family education.

The Role of Training

Training – for all types of communication disability workers – is critical, however there are innumerable pitfalls, particularly when training is offered by high income countries.

In the past, LMICs have received frequent volunteers or visiting projects on communication disability from high income countries offering project support in aspects of communication disability. Whilst such partnerships, particularly if sustained over a long duration, can provide many benefits, they also offer a range of pitfalls:

- Short term approaches: Training programmes supported by individuals and organisation in high income countries are frequently short term (i.e. over months or years, rather than decades) and frequently lack interim support models (i.e. support for workers on the ground between training bursts) or sustained follow-up. This is a common complaint from host organisations and usually leads to local staff being the trainers before they are really ready.
- Siloing of training: Often training is offered as a partnership between organisations, rather than across organisations. For example, training may be offered to workers in a particular NGO, rather than to workers across the whole community or region. Such an approach tends does not facilitate cross sectoral, or cross organisational engagement.
- Culturally Specific Training: Training is frequently not tailored to the culture and context, let alone the language, and is offered by people with little awareness of the context and appropriacy of a western model of rehabilitation.
- Funding and Priorities: There is an imbalance of international focus or support for developing and providing appropriate interventions for certain impairment groups, with a bias towards more physical, visible disabilities. Current global funding priorities tend to target disability rights rather than therapy and rehabilitation. As a result, little specific funding seems to be available to support capacity building in communication disability, particularly for those with developmental delay or concerns, and without identified disabilities. This is even more critical as communication disability is frequently a silent disability (Speech Pathology Australia, 2014) with many people with communication disabilities unable to advocate for themselves.

An Ideal World

In an ideal world, services for communication disability in LMIC would look very different. A few key points are offered below:

- LMICs would be able to develop sustained long term partnerships with those in high income countries to help support training capacity at regional, rather than an organisational level, in order to try to break down 'siloing' between services. Such partnerships would offer a plan of both training and ongoing support rather than simply fly in-fly out training. Training would be tailored to and sensitive to cultural and contexts in LMICs.
- Three levels of workforce would develop simultaneously – communication disability specialists (such as SLTs), mid-tier workers (such as therapy assistants) and community level workers (such as community health workers or CBR workers with skills in communication rehabilitation). These workforces would offer an integrated model of services, and would be supported by each other. Training would target the range of workers, rather than one level alone.
- There would be an understanding that the way forward in LMICs is not replicating services in high income countries, and that communication workers may need to work differently. There would be more focus on awareness raising and levels of prevention in for the more hidden disabilities, including communication disability (McAllister et al., 2013).

The Reality

Services for communication disability in LMIC are currently far from the vision outlined above and there is little policy level engagement on the topic, but incremental shifts from the grass roots are resulting in gradual improvements to services and increasing awareness of communication disabilities. But without

policy and funding support, will changes in communication disability rehabilitation ever be enough to mean equity for those with communication disabilities? In the meantime, families in LMIC continue to look for answers and rehabilitation services to deal with communication disability wherever they can find them. Perhaps, one day they won't have to look so hard.

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3. Calls for Proposals

ACEI Global Summit on Childhood – due September 28, 2015

<http://www.acei.org/programs-events/global-summit-on-childhood/page-3.html>

CONFERENCE ON RESEARCH INNOVATIONS IN EARLY INTERVENTION Due September 28

CRIEI will be held in beautiful San Diego at the Hyatt Regency Mission Bay Spa and Marina from February 11-13, 2016. This multidisciplinary conference was created by researchers, specifically for researchers in early intervention (birth-8). It is a unique 2 1/2-day meeting focusing on methodological advances, research in progress, innovative approaches to combining methodologies, issues in conducting research, and controversial topics related to interventions with young children with disabilities and their families or those who are at-risk for developmental delays. All attendees present their own research during the conference, which typically includes about 150 participants from more than 20 states. CRIEI also provides a unique opportunity for graduate students to present work in progress and receive guidance and suggestions from those who have firmly established themselves in the field of research. See call for papers: <http://criei.fpg.unc.edu>

DISES International Roundtable – due October 31

“Moving toward inclusion in schools and the community to improve the lives of vulnerable children” Specifically, the strategic plan focuses on three areas: **Topic 1: sharing research and scholarship in international special needs education ; Topic 2: offering examples of international collaborations in special needs education ; Topic 3: international policies and advocating for human rights for special needs populations.** DISES invites participants to submit a proposal for discussion in one of these three areas. There are a limited number of proposals which will be selected. However the voices of all participants are valued in the discussions and important to our collective understanding of the pertinent issues in special needs education. If you are interested in having your work presented for discussion, contact dises.cec@gmail.com

Havana Cuba, “Building Bridges Towards an Inclusive Society” -- due November 15

FYI-CSI, llc and the Cuban Chamber of Commerce are excited to be Co-hosting one of the first International Conferences to support the learning of all students. The conference will be held in Havana, Cuba, July 24-28, 2016. Contact FYI-CSI@COMCAST.NET

DEC Recommended Practices Monograph Series -- Due December 1, 2015

Environment Recommended Practices: Creating Inclusive and Responsive Environments for Young Children With Disabilities and Their Families. The Division for Early Childhood of the Council for Exceptional Children (DEC) will publish its second monograph in the DEC Recommended Practices Monograph Series in 2016 concentrating on the Environment topic area. We are interested in manuscripts that highlight the Environment recommended practices from multiple paradigms to support young children from birth to age 5 with or at risk of developmental delays and disabilities and their families. We hope to publish manuscripts that represent the breadth and depth of each of the six Environment recommended practices that

can be [downloaded here](#). The monograph will be dedicated to discussing and providing evidence-based strategies that demonstrate effective implementation of the Environment recommended practices in a variety of inclusive settings for children with disabilities, birth to age 5, and their families. We are especially interested in (1) innovative strategies for promoting children's access and participation across a range of settings and (2) system supports that are necessary for successful implementation of the Environment recommended practices. We also seek focused essays that include discussions regarding implications for practice, a vision for future areas of research, or how the Environment recommended practices might be used to influence neighborhoods, communities, and schools. **Please contact the co-editors Tricia Catalino, tricia.catalino@tun.touro.edu, and Lori Meyer, lori.meyer@uvm.edu, with any questions.**

4. Upcoming meetings

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|--------------|---|
| October 1-2 | Readynation Global Summit on Early Childhood Investment, NY
http://www.readynation.org/event/2015summit |
| October 1-2 | http://youngchildexpo.com/spokane-conference Spokane WA USA |
| October 1-3 | 4th Croatian Symposium on Early Intervention , Sveti Martin na Muri
http://depts.washington.edu/isei/Croatia-4th_Symposium-1st_ANNOUNCEMENT.pdf |
| October 4-8 | 6th Africa Forum, Kampala, Uganda
http://www.perkins.org/international/africa/africa-forum |
| October 7-9 | 31 st Annual DEC International Conference on Young Children with Special Needs and their Families. Atlanta, GA USA
http://www.dec-sped.org/Conference |
| Oct 15-16 | Institute for Child Success Greenville, SC, USA https://www.eventbrite.com/e/institute-for-child-success-2015-early-childhood-research-symposium-tickets-7520517069?utm_source=News-%26-Resources+ListServ&utm_campaign=accf1eafde-N_R_News_Resources_6_6_2013&utm_medium=email&utm_term=0_4e06137379-accf1eafde-86644441 |
| Oct. 21-23 | Accessibility, Diversity and Inclusivity: The Journey Continues
https://oaicd.ca |
| November 1-2 | Ruderman Inclusion Institute, Boston, MA USA
https://www.regonline.com/builder/site/Default.aspx?EventID=1731121 |
| Nov 6-7 | HICN Workshop Understanding the Role of Institutions During and After Violent Conflict. Toronto, CA |

- December 2-5 International Developmental Pediatrics Congress Istanbul, Turkey The 1st IDP Congress will be in Istanbul, Turkey, organized by the Developmental Pediatrics Association (Gelişimsel Pediatri Derneği) in Turkey and Ankara University. The theme for the 1st IDP Congress is “ADD-ECD: Addressing Disability and Difficulties in Early Childhood Development.” <http://www.idpcongress.org>
- Plans pending for meeting for ECDtf side-event.
- February 11-13 Conference on Research Innovations in Early Intervention; San Diego, CA USA <http://criei.fpg.unc.edu>
- March 31-April 3 ACEI Global Summit on Childhood, San Jose, Costa Rica <http://www.acei.org/programs-events/summit.html>
- June 1-4, 2016 International Conference on Cerebral Palsy and other Childhood-onset Disabilities ; Stockholm
- June 26-July 1 DISES Roundtable: Moving toward inclusion in schools and the community to improve the lives of vulnerable children Nicaragua http://dises-cec.org/site/events/dises-events/nicaragua_round_table
- July 24-28 Building Bridges Towards an Inclusive Society, Havana, Cuba FYI-CSI@COMCAST.NET
- June 8-10/16 ISEI, Children’s Rights & Early Intervention, Stockholm, Sweden <http://depts.washington.edu/isei/2016conf.html>
- August , 2016 International Council for Education of People with Visual Impairment (ICEVI) and the World Blind Union (WBU) will be jointly holding their General Assemblies at the Rosen Centre Hotel in Orlando, Florida, USA, from 18th to 25th August 2016. The overall theme for the General Assemblies is “**Human rights and the CRPD: What lies ahead**” <http://icevi.org>

5. Call for Applications: Inclusive Education Scholarships

For 2016–2017, in addition to awards in law, the Disability Rights Scholarship Program will offer two awards for master’s degrees in education, focusing on inclusive education. Participants will build a foundation in the principles, values, and practices of inclusive education, and upon completion of the program will be equipped to lead reform of education policy and practice in their home countries.

We welcome applicants from various professional backgrounds. Eligible applicants are citizens of Argentina, China, Colombia, Malawi, Mexico, Mozambique, Peru, Sudan, South Sudan, Tanzania, Tunisia, and Zambia.

[For further details, please see the detailed call for applications](#) and use the sharing widgets to share the call with your contacts on Facebook, Twitter, Google+, and LinkedIn. The application deadline is November 2, 2015. **About the Disability Rights Scholarship Program**

The Disability Rights Scholarship Program provides awards for master's degree study to disability rights advocates, lawyers, and educators to develop new legislation, jurisprudence, policy, research, and scholarship to harness the innovations and opportunities offered by the United Nations Convention on the Rights of Persons with Disabilities (CRPD).

Related: [Meet the New Disability Rights Defenders](#): In this short video, disability rights scholars and faculty talk about their experience in the Open Society Disability Rights Scholarship Program—a yearlong master of laws program that's changing the landscape of disability rights

6. New resources

(these have come to our attention since our last communiqué; please feel free to contribute and share other resources with a “reply-all” to this ECDtf Message, pending our establishment of our ECDtf Collaboration and Resource Sharing Platform. Please consider elaborating upon or critiquing one of these resources as a contribution to our new feature, TASK FORCE TALK)

- a) <https://www.hrw.org/report/2015/08/18/complicit-exclusion/south-africas-failure-guarantee-inclusive-education-children>
- b) <http://www.childreninadversity.gov/news-information/newsletter>
- c) [http://childhub.org/child-protection-online-library/solution-focused-practice?language=en&listlang\[\]=***CURRENT LANGUAGE***](http://childhub.org/child-protection-online-library/solution-focused-practice?language=en&listlang[]=***CURRENT LANGUAGE***)
- d) https://www.hrw.org/sites/default/files/report_pdf/southafrica0815_4up_0.pdf explicit on inclusion begins at the beginning – early years
- e) <http://email.toysrus.com/H/2/v10000014f5578a8a9958cd0f4bbcfb648/HTML>
- f) <http://www.siliconvalleycf.org/center-for-early-learning>
- g) <http://files.ctctcdn.com/1929fcc9001/8af58a4d-8c76-4f70-866f-4334fc4217d2.pdf>
- h) <http://www.acei.org/images/stories/ChildhoodExplorerSummer2015.pdf>
- i) <http://www.parenttoolkit.com>
- j) http://www.rudermanfoundation.org/blog/disabilities-rights/the-kids?utm_source=Blog+RSS+Subscriptions&utm_campaign=879613bd0a-RSS_EMAIL_CAMPAIGN&utm_medium=email&utm_term=0_b6b2a18caf-879613bd0a-289561637
- k) <http://www.brookings.edu/research/reports/2015/07/financing-education-opportunities-global-action-steer-smith>
- l) <http://www.nber.org/papers/w21454.pdf> latest Heckman analyses
- m) http://www.academicped.org/specialInterestGroups/pdfs/Armstrong_MR_Global_Child_Health.pdf
- n) <http://www.lcrn.net>
- o) <https://brightfutures.aap.org>

- p) <http://unesdoc.unesco.org/images/0022/002291/229188e.pdf>
- q) <https://www.youtube.com/watch?v=I-BKGebLy28&feature=youtu.be>
- r) <https://www.youtube.com/watch?v=f7L1ceDjb5o&feature=youtu.be>
- s) <http://www.worldbank.org/en/news/press-release/2015/08/26/world-bank-novak-djokovic-foundation-partner-to-promote-early-childhood-development-in-serbia-and-globally>
- t) <http://www2.ed.gov/policy/speced/guid/earlylearning/joint-statement-full-text.pdf>