Government Policies on Education of Learners with Special Needs in Kenya

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Abstract: This article examines the government policies guiding parents in education of learners with special needs in Kenya. It applies a framework that originated in Kenyan constitution 2010 and Acts of parliament to her citizen for a successful education of learners with special needs. This study was undertaken between 2015 and 2018 in Migori County. The study is guided by three objectives; to determine the role of parents in education of learners with special needs; to establish government policies that guide learners with special needs; to explore the challenges faced by parents in educating learners with special needs. The findings show that the key role of parents was active participation in their children’s IEP team; the available policies were not implemented fully. The major challenges were: schools were overcrowded; child’s disability overshadowed the child’s ability in the eyes of teachers and stigmatization in the community. The study utilized descriptive research design and descriptive analysis from 10 schools with 47 teachers, 34 children with autism and 68 typically developing peers and 10 parents. The study brought distinct pathways in the respondents’ contribution to the creation and exchange of knowledge, demonstrating learners with autism where programme participants co-created know-how. In conclusion, legal frameworks guiding this process were available and needed to be implemented fully and parents to be actively involved in their children’s welfare.

I. INTRODUCTION

Throughout the world children who have special needs and many others who experience difficulties in learning have traditionally been marginalized within or excluded from schools. According to Birch and Johnstone, (1975) the greatest challenge in education today is ensuring that all schools are as readily and fully accessible to persons with Special Needs as well as those without. From every point of view, whether that of human rights, economic efficiency, or social desirability, the national interest should be to serve children with Special Needs equally with all others.

Recent international and national legislation has cast increasing light on the philosophy of Inclusion and Inclusive Education. Grounded in UNESCO’s education policy, adopted at the Salamanca Conference 1994 (UNESCO 1994), inclusive education is progressively being accepted as an effective means by which biased attitudes towards student with Special Needs may be reduced (Pearl Subban & Umesh Sharma 2006). The government of Kenya has taken measures to cater for the quality of special education in the country and the Ministry of Education has adopted an integration policy that provides children with special needs, both physical and mental to cater for their Special needs (Ministry of Education, 2000). Special education in Kenya was further addressed by the implementation of Diploma Courses at K.I.S.E and degree courses at Kenyatta University’s Faculty of Education. Special Needs Education (SNE) is disseminated through a centralized curriculum (Ministry of Education, 2008). Some schools have vocational training, integrated units in secondary schools and agricultural technical training schools to cater for learners who are able to physically work in skills and trade areas. Educational Assessment and Resource Centers (EARC) have also been established to provide early intervention services with assessment and appropriate placement. While this approach implies that all students attain the same learning experiences, their special conditions can be a limitation to their learning. Hence, the KICD is mandated to develop curriculum, research and develop relevant curriculum, and provide supporting materials for SNE.

Purpose of the Study

To establish government policies that guide parents in education of learners with Special Needs in Kenya.

Objectives of the Study

i. To determine the role of parents in education of learners with special needs

ii. To establish government policies that guides learners with special needs

iii. To explore the challenges faced by parents in educating learners with special needs.

Significance of the Study

The study aimed at establishing government policies that guide parents in education of learners with Special Needs in Kenya. This study is useful to children, teachers, parents, government agencies and policy makers. The study is expected to increase knowledge about peer mediated strategies for enhancement of social interactions among children with ASD, provision of appropriate advice and care and treatment. Parents will benefit by knowing peer implemented pivotal response training activities which they can use with their children with ASD to enhance social interactions at home. Government agencies and policy makers are informed on active formulation of national policies and legislation that are relevant and sensitive to the plight of children with ASD.
II. ROLE OF PARENTS IN EDUCATING LEARNERS WITH SPECIAL NEEDS

The most important thing parents can do is ensure they are involved with and take an active role as a member of the Individual Education Program (IEP) team that determines a learner’s path. According to Ainscow (1994), parent participation in special education decision-making process is vitally important. The IEP team is charged with making educational decisions for students, and addresses issues such as eligibility, evaluation, program development, and placement of a child in special education or gifted programs.

A study by Ainscow (1994) further states that, despite parents’ importance in education decision making, they sometimes feel overwhelmed by the IEP team process. Some parents may believe team members perceive them as less knowledgeable about teaching or as obstacles to the decision-making process, especially if they disagree with the educators. Parents and other guardians should not let school personnel intimidate them in this process, because their role as learner’s advocate is paramount. Parents and guardians know their children better than anyone else and have the most complete understanding of a child's physical, social, developmental, and family history. Parents are the only adults in the educational process who have been and will continue to be deeply involved throughout the child's school life and while they may not be educators themselves, they bring their years of experience in other professions and aspects of life to the process (Snell and Rosen, 1997).

While kids attend school about six hours a day, they only have a few minutes of teachers' divided attention in a class. Parents have the opportunity to sit side-by-side with them, working through homework and other learning activities for extended periods. Parents may be the only adults who closely observe learners' work and get feedback from their children. Consequently, no one else has the perspective of a parent in a meeting. Parents should strive to attend meetings to ensure participation in decision making and to provide input on all aspects of their children’s programs. It's also critical for parents to be well-versed in the laws and policies of the land so that they can be sure school administrators are following the rules. (MOE, 2008).

Parents are vital to the IEP team process. They provide information on the child's strengths and weaknesses at home, background information on the child's history and development and information on any family factors that may affect the child's learning. Parents should be prepared to offer insight into whether current strategies and instruction are helping the child learn (even when not specifically asked), and provide suggestions for change and improvement. This back and forth communication—listening to your child's educators so you can practice at home and having the educators hear your thoughts so they can follow through at school—will not only be less confusing to your child but will reinforce efforts on both sides (Ainscow, 1994). Transition meetings are held to discuss movement from one school level to another, from one program to another, or to a postsecondary program, job, or assisted living program. Only the parent accompanies the child throughout these important school and life transitions. The parents’ input at each transition can ensure that appropriate services and supports are in place and increase the chances of the child's success in the new program (Ainscow, 1995).

There is no one as interested in and motivated to see a child succeeds and thrive than his/her own parents and this alone places the parent in a crucial role on the IEP team. Ways parents can advocate for their Children are: Know the historical background of their child from birth; Learn as much as their can about their disability; Observe their child's learning styles. Despite the specialized tests which attempt to discern how children learn best, parents are in the best position to watch this in action every single day; Keep careful records of their child's education, including any testing and any IEP reports and they find a way to file these carefully so that they have them on hand readily if needed; Correspond with teachers and other professionals in writing whenever possible and hang on to this information. Hopefully, parents will not need to refer to any of these records, but if the need arises, they will have them in black and white; Parents form support groups to advocate for their children’s rights; Provision of school supplies and assistive devices such wheelchairs (Heward, 2003).

III. GOVERNMENT POLICIES FOR LEARNERS WITH SPECIAL NEEDS

The Constitution of Kenya, 2010 recognizes the existence of every person, for instance Article 27 guarantees the right to equality and freedom from discrimination. It expressly prohibits discrimination on the ground of disability giving a Constitutional threshold of 5%. It further guarantees equal treatment including the right to equal opportunities in political, economic, cultural and social spheres. Article 50 recognizes that every person has a right to a fair and public hearing. Further, Article 45(3) provides that parties to a marriage are entitled to equal rights at the time of the marriage, during the marriage and at the dissolution of the marriage. However, negative societal perceptions on marriage of persons with disabilities have made it difficult for them to realize their right to find a family.

The Government of Kenya recognizes that learners with disabilities have a right of education without discrimination and based on equal opportunities (GoK 2011). It also recognizes that they have a right to access quality education. It further acknowledges the importance of education as a vehicle to enable persons with disabilities to participate in society and fight marginalization. The adoption of the Constitution of Kenya, 2010 marked one of the most important milestones with regard to education for learners with disabilities. Article 43 (1) (f) guarantees every citizen a right to education while Article 53 (1) (b) states that every
child has a right to free and compulsory basic education. Article 54 makes access to inclusive education by persons with disabilities a Constitutional right. It stipulates specific entitlements for PWDs including the right to be treated with respect and to be referred to in a manner that is not demeaning, the right to access educational institutions, reasonable access to public transport, information, the use of sign language and access to materials and devices to overcome constraints arising from the person’s disability. The State is required to ensure on a progressive basis that at least five per cent of members to appointive and elective positions.

Human Rights Policy’s goal is to provide a framework for the integration and mainstreaming of fully implement the provisions of the Constitution of Kenya, 2010 and the Kenya Vision 2030. It recognizes the challenges that currently face persons with disabilities in Kenya. It goes ahead to make policy recommendations that will afford better protection to persons with disabilities. The National Disability Policy 2018 seeks to establish a framework within which the Governments shall provide services and further protect persons with disabilities while according them an environment conducive for the enjoyment of their freedoms, liberties and pursuit of happiness. Employment inclusion and integration require access to a range of workplace and non-workplace activities. Traditional economic outcomes need to be augmented by examining a range of employment opportunities, including self-employment, entrepreneurial activities and temporary employment.

The National Council for Persons with Disabilities role is to promote the rights of persons with disabilities and mainstream these rights in all aspects of national development. The Council is mandated under Section 7(2) (d) of the Persons with Disabilities Act, 2003, to oversee the implementation of the and further to co-ordinate the provision of services to persons with disabilities and advise the Minister in charge of disability issues accordingly. Similarly, under the Persons with Disabilities (Access to Employment, Services and Facilities) Regulations, 2009 emphasize on the promotion of prevention of disability; rehabilitation including community based rehabilitation; development of assistive devices including their psycho-social aspects; job identification for persons with disability; on site modifications in offices and factories. The Council is further required to undertake research and baseline surveys to ensure availability of disaggregated data on persons with disability.

By and large, the Constitution of Kenya, 2010, confers upon its citizens, including persons with disabilities, the right to enjoyment of all human rights and fundamental freedoms. The basis of these protections is spelt out in the national values and principles of governance. Article 10 binds all State organs, State officers, public officers and all persons applying or interpreting the Constitution to make or implement public policy decisions that among other things promote nondiscrimination. The Constitution seeks to minimize barriers to equalization of opportunities for persons with disabilities in all aspects including socio-cultural, economic, and political life. Under Article 232, the values and principles of public service include affording adequate and equal opportunities for appointment, training and advancement, at all levels of public service of persons with disabilities.

To enable persons with disabilities access their rights, Section 15 of PWD Act, 2003, specifically prohibits discrimination by employers against persons with disabilities. Section 38 requires the Attorney General to make regulations for the provision of free legal services for persons with disabilities with respect to the violation of their rights. To give greater effects to the Act, Section 44 requires the relevant Minister to make regulations specifying and describing the nature of acts of discrimination against persons with disabilities. The principles of equality and non-discrimination have received legislative recognition in other Statutes. This includes the Employment Act, 2007 that seeks to ensure that persons with disabilities achieve equalization in employment. Sections 5(1) and (2) of the Act imposes a duty on the Minister, labour officers, and Industrial Court to promote and guarantee equality of opportunity in order to eliminate discrimination in employment and to promote equal opportunity. Children with disabilities are also particularly vulnerable and therefore have further protection from discrimination under Section 5 of the Children’s Act, 2001.

Persons with disabilities face various barriers in their day to day life. These barriers range from environmental, communication, social and economic. In this regard, the Government has put in place legislative, policy and administrative measures that seek to mitigate these challenges and further assist persons with disabilities to live an acceptable and dignified quality of life. These measures seek to promote equalization of opportunities for the full and effective participation of persons with disabilities in economic, social, cultural and political life (GoK, 2011).

The rights of persons with disabilities have been safeguarded under Article 54 of the Constitution of Kenya, 2010, which guarantees that persons with disabilities are entitled to reasonable access to all places, public transport and information; access to educational institutions and facilities for persons with disabilities that are integrated into society to the extent compatible with the interests of the person. The National Disability Policy, recognizes accessibility as a cross cutting concern which should remain an underlying consideration in the built environment, information and services. To this end, it provides a policy framework that seeks to create an environment that is conducive for persons with disabilities to realize their full potential and contribute to the development of society.

Public Procurement and Disposal Act 2015 and Regulations 2006, reserves thirty percent of public procurement for women, youth and PWDs as a means of empowering them. The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) promotes the full integration of
persons with disabilities in societies. Specifically references the importance of international development in addressing the rights of PWDs. The International Labour Organization (ILO) promotes rights at work, encourages decent employment opportunities, enhances social protection and strengthens dialogue in handling work-related issues. The Public Officers’ Ethics Act of 2003 creates an environment that nurtures respect for diversity including disability. The Act demands of public officers to treat fellow public officers, including PWDs, with respect while discharging their mandate.

The employment Act 2007 recognizes disability and outlaw’s discrimination on grounds of disability in employment both in public and private sectors. Increasing dialogue among corporations and government about disability and diversity is one strategy for increasing awareness of issues of importance to people with disabilities, and for promoting attitudinal change. Despite the new approach toward a national disability employment policy of inclusion, millions of disabled individuals who are capable of working remain unemployed or underemployed (Schwochau & Blanck, 2000). Individuals with disabilities may be less prepared for competitive employment in the future (Seelman, 2000).

IV. CHALLENGES FACED BY PARENTS IN EDUCATING CHILDREN WITH SPECIAL NEEDS

Parents of children with special needs have to deal with a number of challenges and one of them involves managing the physical demands of the child's condition. They also need to understand and manage the child's emotional needs as well as their own. Although their experiences may differ, many parents have similar emotional dynamics. Therefore, parents have to be aware of the various emotions involved, learn how to address them and realize that their experiences and feelings are normal (Snell & Rosen, 1997).

According to Folkman, (2010), parents may grieve the loss of the 'perfect baby'. They could be filled with a sense of inadequacy because they feel ill-prepared to cope with both their 'loss' and the child's disability. Parents could feel anger towards themselves or the child for the condition, and overwhelmed whilst managing the child's various medical appointments or when administering medication. There may also be a sense of guilt for the child's suffering or in the inability to protect him. Depression and resentment towards others with 'normal children' may arise, causing them to avoid interaction with others before the feeling of isolation sinks in.

A study conducted by the African Population and Health Research Center (APHRC) in 2013 found that more than 47% of children with special needs living in Kenyan slums were enrolled in low-cost private schools, usually characterized by temporary structures on small parcels of land with inadequate facilities. This means that they, too, are beyond the reach of students with physical disabilities. Public schools are already overcrowded; many families in urban slums enroll their children in low-cost private schools. Low-cost private schools are ineligible for government capitation grants, which prevents them from acquiring the proper tools and equipment needed to make learning easier for children with special needs (Yura, n.d).

The deficits in these schools do not stop with the facilities, an APHRC study in 2013 found that 59% of teachers in six major towns across the country were untrained in basic academic subjects, let alone in the additional areas useful in responding to the particular requirements of learners with special needs. This amounts to double exclusion: not only are young people in urban slums at a disadvantage when it comes to quality education, but if they have special needs, even the facilities available to them are inadequate (APHRC, 2013).

A new community and institutional approach to special needs education is needed. Already-burdened parents need tools and community support to help them care for their children. Investments in special needs education have been widely documented to be smart investments. A study by the World Bank (2013), found that investment in learners with special needs can help reduce welfare costs as well as current and future dependence.

Parents also may be concerned that the child's disability may overshadow the child's abilities in the eyes of teachers. Perhaps the teacher will focus on the child's "label" and not see the learner. Maybe the teacher will see the student's struggles with math but miss his or her gift for art. Perhaps the teacher will be unable to see past the wheelchair to the bright and eager young person using it (Heward, 2003). Parents may have concerns that the teacher will make erroneous assumptions about the child's ability to learn because the child has some kind of disability but perhaps the disability does not affect the child's cognitive functioning at all. Parents also will likely be concerned that teachers may focus on what the child cannot do to the exclusion of what the child can do. School counselors can serve as advocates for children with disabilities within their schools and can help to educate teachers to look beyond the child's disability to his or her abilities (Heward, 2003).

V. PROCEDURES AND METHODS

The study adopted a descriptive survey design to establish peer-mediated strategies for enhancing social interactions of children with Autism Spectrum Disorders. The study was carried out in public primary schools attended by children with Autism Spectrum Disorders in Migori County, Kenya. The sampling techniques used in this study were stratified random sampling and purposive sampling. The sample size constituted 30% of 37 schools, 10 head teachers, and 37 assistant teachers. Thirty-four children with Autism and 64 typically developing peers also participated in this study. Five Educational Assessment and Resource Centre coordinators from each Sub-County education office in Migori County and 5 parents of children with Autism also participated in the study. Mixed method was used to gather data. Both primary and secondary data was collected through semi-structured questionnaires, Focus Group Discussion (FGD) and review of
The research instruments used were questionnaires and Focus Group Discussion (FGD). The data collected was analyzed using both descriptive and inferential statistics. The main technique used to analyze the data was Statistical Package for Social Sciences (SPSS) software version 22.

VI. RESULTS AND FINDINGS

A study conducted by Ogogo (2017) in Migori County on peer-mediated strategies enhancing social interactions of children with Autism Spectrum Disorders (ASD), revealed that parents have roles of ensuring that their children with special needs are in involved in the peer-mediated strategies such as peer implemented pivotal response training. Parents of children with special needs alluded to the fact that when their children were exposed to the strategies with their typically developing peers, they initiated play activities and had a prolonged interaction with the typically developing peers. It was noted that when the children are exposed to role play, they are able to demonstrate the same activity very well. These children were able to model their typically developing peers in things like bathing. Parents’ confirmed that children with ASD initiated play to their friends’ social initiations during Peer Implemented Pivotal Response Training, they copy what peers do and they do the same e.g. kicking balls. In response to their friends’ social initiations during Peer Implemented Pivotal Response Training, they imitate what friends do, say and are able to perform some activities through imitation hence enhanced social interactions.

When teachers were asked to give their views on the extent to which they agreed with statements regarding the effects of peer- implemented pivotal response training on social interactions of children with ASD. The responses given were based on the Likert scale through which the respondents rated the extent to which they agreed with the given aspects which were indicators of the identified factor on a scale of 1 – 5 where (1 was strongly disagree and 5 was strongly agree). Table 1.1 presents the findings.

<table>
<thead>
<tr>
<th>Peer implemented pivotal response training activities with children with ASD are involved</th>
<th>SD (1)</th>
<th>D (2)</th>
<th>N(3)</th>
<th>A (4)</th>
<th>SA (5)</th>
<th>Mean ± S. Dev</th>
</tr>
</thead>
<tbody>
<tr>
<td>The peer implemented pivotal response training is an effective method for improving children's social interactions</td>
<td>0 (0.0%)</td>
<td>1 (2.7%)</td>
<td>0 (0.0%)</td>
<td>19 (51.4%)</td>
<td>17 (45.9%)</td>
<td>4.41 ± 0.64</td>
</tr>
<tr>
<td>When peer implemented pivotal response training is introduced, I noticed an increase in social interaction for my learners with ASD</td>
<td>0 (0.0%)</td>
<td>1 (2.7%)</td>
<td>0 (0.0%)</td>
<td>19 (51.4%)</td>
<td>17 (45.9%)</td>
<td>4.43 ± 0.55</td>
</tr>
<tr>
<td>When peer implemented pivotal response training is introduced, I noticed a decrease in solitary behavior for my learners with ASD</td>
<td>0 (0.0%)</td>
<td>2 (5.4%)</td>
<td>4 (10.8%)</td>
<td>19 (51.4%)</td>
<td>12 (32.4%)</td>
<td>4.11 ± 0.81</td>
</tr>
<tr>
<td>The children with ASD enjoy peer implemented pivotal response training activities to enable them enhance social interactions</td>
<td>1 (2.7%)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>24 (64.9%)</td>
<td>12 (32.4%)</td>
<td>4.24 ± 0.72</td>
</tr>
<tr>
<td>The children with ASD make new friends when peer implemented pivotal response training is introduced</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>4 (10.8%)</td>
<td>17 (45.9%)</td>
<td>16 (43.2%)</td>
<td>4.36 ± 0.64</td>
</tr>
<tr>
<td>I would be willing to use peer implemented pivotal response training with children with ASD in my classes to enhance social interactions</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>23 (62.2%)</td>
<td>14 (37.8%)</td>
<td>4.38 ± 0.49</td>
</tr>
<tr>
<td>The children with ASD understand how to initiate play to their friends’ social initiations during peer implemented pivotal response training</td>
<td>1 (2.7%)</td>
<td>1 (2.7%)</td>
<td>4 (10.8%)</td>
<td>19 (51.4%)</td>
<td>12 (32.4%)</td>
<td>4.08 ± 0.89</td>
</tr>
<tr>
<td>The children with ASD respond to their friends’ social initiations during peer implemented pivotal response training</td>
<td>0 (0.0%)</td>
<td>2 (5.4%)</td>
<td>4 (10.8%)</td>
<td>19 (51.4%)</td>
<td>12 (32.4%)</td>
<td>4.11 ± 0.81</td>
</tr>
<tr>
<td>The children with ASD want to play more with their friends even after the peer implemented pivotal response training has been stopped.</td>
<td>1 (2.7%)</td>
<td>1 (2.7%)</td>
<td>4 (10.8%)</td>
<td>16 (43.2%)</td>
<td>15 (40.5%)</td>
<td>4.16 ± 0.93</td>
</tr>
</tbody>
</table>

Note: SD-strongly disagree, D-Disagree, N-neutral, A-Agree, SA-Strongly agree, S.Dev. - Standard deviation

As shown in Table 1.1, out of thirty-seven teachers, majority (97.3%) of the teachers agreed that peer implemented pivotal response approach was an effective strategy for improving social interactions in children with ASD. Majority (97.3%) of the teachers also agreed that when peer implement pivotal response training was used there was an increase in social interactions of learners with ASD. The study further revealed that all (100%) of the teachers were willing to use peer implemented pivotal response training approach with children with ASD in their classes to enhance social interactions. This approach enabled children with ASD to participate well in varied activities both in class and outside class hence led to highly developed social skills.

More than three quarters (83.8%) of the teachers agreed that children with ASD were able to respond to their typically developing peers’ social initiations and reciprocated the advances of their friends’ positively. More than three quarters (83.8%) of the teachers also agreed that the children with ASD responded well to their friends’ social interactions. The
findings of this study revealed that more than three quarters (83.7%) of the teachers observed that children with ASD were willing to continue with the peer implemented pivotal response training activities with their friends even after the activities were stopped. This therefore was an indicator that peer-implemented pivotal response training approach was an effective strategy in enhancing social interactions of children with ASD.

When peer implemented pivotal response training strategy was introduced to children with Autism Spectrum Disorders, teachers noted that it was an effective method for improving children with ASD social interactions (mean 4.41 ± 0.64), there was increase in social interactions of the children with ASD (mean 4.43 ± 0.55), teachers would be willing to use peer implemented pivotal response training with children with ASD in the classes to enhance social interactions (mean 4.38 ± 0.49), and the children with ASD made new friends (mean 4.36 ± 0.64) when peer implemented pivotal response training was introduced.

This concurs with a study by Wheeler and Huang (2006), who conducted a survey based on two 10-year-old children with ASD who were socially nonresponsive and who had difficulty in expressive verbal abilities. After several weeks of intervention, the two boys showed progress in initiating play and social conversation with peers who were trained. The treatment gains were maintained during a follow-up period, and one of the boys showed response generalization to untrained peers.

The researcher also organized FGD for parents of children with ASD in Migori County. A focus group is a specially selected group of people who are intended to represent the general public. Five parents participated in the Focus Group Discussion whereby each parent was sampled from each Sub-County using simple random sampling technique. Concerning peer-mediated strategies and enhanced social interactions, parents with children with ASD stated that:

Parent A, “my child does minimally initiate play with their typically developing peers”. They rarely initiated conversation with their peers”.

Parent B, “my child when playing is able to have a prolonged interaction with the typically developing peers”.

Parent C, “I have noted that when my child was exposed to role play, he was able to demonstrate the same activity very well”. This child was able to model what his typically developing peers were doing in skills like activities of daily living such as bathing, brushing teeth and independent toileting among others”.

Parent D, “my child with autism initiated play to their friends’ social initiations during peer implement pivotal response training where she copied what peers did and she did the same e.g. kicking balls. In response to her friends’ social initiations during peer implemented pivotal response training, she was able to imitate what friends did, said and were able to perform some activities through imitation”.

Parent E, “the head teachers should encourage teachers to attend to learners with autism and involve them in group work and sporting activities. He also observed that the school heads encouraged and did sensitization on the learners with autism. Once the teachers accepted them, the other learners also accepted them”.

VII. CONCLUSIONS

The Government of Kenya has since realized that these laws are not adequate therefore disability in Kenya was and still is viewed by some members in society as a curse, taboo and a burden. Persons with disabilities are often concealed from the public and subjected to physical and psychological abuse due to ignorance, poverty and lack of awareness. While it is possible to lodge complaints in normal courts on being discriminated on the grounds of disability, there are no investigation cases that have been filed in Kenya.

This study finding concluded that during activities for daily living skills, the typically developing peers performed various activities as children with ASD observed and later tried to perform the same activities in the same way but with challenges due to their poor eye gaze. From the findings of this study, it was concluded that peer implemented pivotal response training had minimal effect on enhanced social interactions of children with ASD.

VIII. RECOMMENDATIONS FOR FURTHER RESEARCH

A study in Migori County also revealed that most parents of children without special needs are not very positive when their children interact with children with special needs; this area still needs sensitization for everybody to know that the children with special needs can also learn just like “normal” children. From the findings of this study, it was concluded that peer implemented pivotal response training had minimal effect on enhanced social interactions of children with ASD and that there was need for more training for peers as role models.

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