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Тема исследования:

Children with disabilities and inclusive education policy direction in Kyrgyzstan
How does the child representation define educational opportunities?

Краткое резюме (не более 200 слов):

This research is aimed to analyze how representation of children with disabilities defines inclusive policy in Kyrgyzstan. For this purpose, it conducts discourse analysis of eleven policy documents relevant to subject. It reveals pervasive 'rehabilitation' and 'adaptation' approaches to children. Despite the official claims about inclusion, the government preserves the 'medical' attitude, concentrated on child 'disabilities,' rather than 'opportunities.' This discourse towards children limits their education abilities and rights, dictating policy direction opposite to genuine inclusion.

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Abstract

There is a global tendency towards inclusive education policy direction. The emphasis on inclusion is related to development of disability studies. It introduced the distinction between 'medical' and 'rights-based' approaches to children with disabilities' rights to education. The former emphasized the impairment as the main restriction to mainstream schooling, while the latter defined the social barriers to inclusion process (Lawson 2006). Proclaiming equal access to educational institutions, the inclusive education supports the 'rights-based' dimension. Genuine inclusion requires a number of administrative and professional preparations. The case of Kyrgyzstan specifically emphasizes social and psychological barriers to inclusive education. Despite formal claims about inclusion, the government nevertheless promotes the 'medical' discourse categorizing educational opportunities according to disability. The analysis of eleven policy documents reveals pervasive 'medical' representation of children with disabilities. It jeopardizes the access to education and limits education to 'rehabilitation' and 'adaptation' purposes. Findings suggest strong connection between children representation in state documents with the inclusive education provision policy. The research also reveals the growing influence of international organizations in discourse formation process. Originally developed through social, historical and cultural interactions (Barnes and Mercer 2010), the discourse becomes the product of broader political changes.

Table of content

Chapter 1: Introduction

1.0 Children with disabilities and inclusive education

The access to education by children with disabilities is a global concern. There are more than 150 million children with disabilities in the world, where four out of five live in developing countries (UNESCO 2012). Children often have no access to education due to the poor infrastructure and social constraints. It is estimated that ninety percent of disabled children in developing countries do not attend schools (UN enable 2012). 'World conference on education for all' (Jomtien 1990) emphasized the access to education for the most 'vulnerable' and 'marginalized' stratums of society (Miles and Singal 2008:5). According to United Nations Convention of the Rights of the Child (1989) and the Salamanca Statement (1994), states are responsible to provide equal access to education for children with disabilities in mainstream or special schools (Article 23; 6-17). However, states are often unable to protect and support children, due to limited administrative and financial capabilities. That is why, children with disabilities' access to education, also known as the 'disability flagship,' was included in the Millennium Development Goals (Miles and Singal 2008:6-8). The issue of access to education in developing countries requires cost-effective measures, and inclusion is a reasonable alternative to special education, because it secures six to nine times lower financial costs (DFID 2010:5). In case developing countries have choice between inclusion and non-education, rather than mainstream or special schooling. In addition to school coverage, it also contributes to social awareness about disability. Thus, 'child–centered pedagogy' specifically emphasizes school development for a child, rather than child adjustment for the school (UNSECO Salamanca Statement 1994:6-7). As a result, society, not a child, becomes responsible for the access to education. It is believed that a lack of financial and infrastructural capacity is a major barrier to inclusion. Having strong sense of community, the developing countries often experience financial, rather psychological barriers towards inclusion (Saleh 2001:124-125). But the case of Kyrgyzstan specifically emphasizes social impediments to inclusion.

1.1. Inclusive education in Kyrgyzstan

Children with disabilities in Kyrgyzstan have limited access to education. Spending twenty percent of the state budget, Kyrgyzstan has one of the highest education expenditure rates among the Central Asian and East European countries (Knews 2012). The state Constitution and the Children's Code of Kyrgyz Republic guarantee free primary and secondary education for

children with disabilities (Article 47; Article 33). Moreover, Kyrgyzstan is the only country in the Central Asian realm to adopt the Children's Code to specifically protect children's rights (UN Kyrgyzstan 2008). The education system in Kyrgyzstan, in contrast to other countries in the Central Asian region, is highly decentralized. The Ministry of Education and Science (MOES), determines the national course of education policy (Law on Education, Article 34-35), but it has practically limited capacities. The financial issues are considered by the Ministry of Finance, whereas local authorities are entitled to policy freedom within their revenue allowances (OECD 2010:75-76). Policy implementation on the regional level is monitored by the local, rather than national authorities. Local authorities are specifically responsible to provide the education access for children with disabilities (Strategy 2012-2020:8). It has strong implications on educational opportunities for children with disabilities in terms of uniform policy implementation. There are twenty two thousands of school-aged children with disabilities in Kyrgyzstan, but only quarter receive state education (Kabar 2012). More than half of children with disabilities have no access to education. Fifteen specialized institutions are capable of less than three thousand children with special needs (MOES 2011:1). The United Nations Committee on the Rights of the Child concluding observations urged the government to improve the access to educational and recreational institutions for children with disabilities and generate reliable database about their location and living conditions (2000:41; 2004:47-48; 2007:28). To increase the education coverage, the government initiated reforms towards the inclusive policy direction. Mainstream schools, constructed during the time of the Soviet Union, are not designed for wheel chair movement. On the general level, children with disabilities still have the limited or no access to education.

1.2. Children with disabilities in Kyrgyzstan

Children with disabilities are subject to a two-fold definition from both 'disability' and 'childhood' aspects. This research employs a general definition of a child as person under the age of eighteen (UNCRC 1989: Article 1). But childhood representation depends on the number cultural and historical factors (Franklin 1995:7). Education might be the vivid example of the lack of child participation and dependence on parent decision. Children are often described to be 'vulnerable' and 'dependent' on parental support (Archard 1993:16). Emphasizing 'the best interest of the child' (Article 16), the state Constitution does not pursue child participation in decision-making process. Parents take primary decision about children's education. Child well-being is the primary responsibility of parents and governments intervenes only if the child has no parents or they cannot provide his contentment (Constitution, Article 45). Child dependence on

parents and state institutions is particularly vivid in relation to children with disabilities. Disability is not only medical diagnosis, but mainly political definition of a person. Thomas (2010) differentiates 'disablism' and the 'impairment effect,' where the former identifies artificial constraints imposed by the society, while the latter refers to inevitable impairment impact on individual activities (37). Although related, 'medical' and 'political' definitions of disability are fundamentally different. Impaired people might be not disabled as disabled people might not be impaired, for instance, the short-sighted vision or insignificant learning disabilities (Swain and Cameron 1999:77). Consequently, social perception does not always represent the impairment itself. In Kyrgyzstan, disability is identified by the Medical Social Expert Commission. Depending on the level of disability, and mainly its impact on live activities the commission defines 1, 2, 3 categories (UNICEF 2008:14). Children with disabilities are classified as 'disabled-children,' without identifying causes or levels of disability as in case with adults (Government 2011). This research refers to children with special educational needs as a synonym to children with disabilities interchangeably. The term 'needs' refer to significant, but not uncommon nature of necessities (Wilson 2002:63). Disabilities of mental and physical character have different impact on child education. This research acknowledges the difference and necessity to re-consider position of children with disabilities individually instead of defining common 'disabled category.'

Children with disabilities face not only administrative, but mainly psychological barriers to integration. In 2008 the government also adopted the law on 'Rights and guarantees to persons with disabilities' (2008) to eliminate discriminatory 'handicapped,' 'invalid' and 'deficiency' terms. However it did not bring positive changes beyond terminological alteration. Stereotypes about children with disabilities as 'uneducable' or 'feeble' are common to society (Time.kg 2011). Recent focus groups and surveys conducted with parents of children with disabilities illustrate pervasive stigmatization and discrimination in the society considering children to have 'disease' necessary to 'fix' (Burke and Pupulin 2009:65). Misperception in the society creates strong barriers to education by isolating children from the mainstream environment. There is common understanding of children with disabilities based on their impairments, rather than personalities and interests. This 'medical' model defines disability to be the main restriction of child's integration into 'normal life' (Lawson 2006:1). It considers the education to be part of the rehabilitation process, where the range of inclusion depends on the 'abilities' of the child. 'Rights-based' approach, on the other hand, defines social factors, rather than disability itself, to be the reason of exclusion (Lawson 2006:4). Education here is the right of the child, rather than impairment impact. Children with disabilities are often viewed from the 'medical' perspective,

which defines them to be part of broader disability discourse. The inclusive education policy supports the 'rights-based' representation of children by emphasizing particular social responsibility. Positive attitude would increase their opportunity to gain equal opportunities. These changes should start from state policies. Attitude is the key to inclusive practice. It not only shapes the daily life of children with disabilities, but also defines their opportunities. Discursive analysis of eleven state policy documents reveals that government still retains a 'medical' approach towards child access to education. This negatively impacts children by limiting their educational rights to 'rehabilitation' concerns. To sustain inclusive policy direction the state needs to reconsider children's representation in major legal and policy documents.

This research aims to answer the question of how does the child representation in state documents impact education opportunities. The research argues that there is strong relationship between child representation and education provision policy. Even though claiming about new inclusive policy direction, the state retains the previous attitude to children, based on their disabilities, rather than interests or talents. Comparative analysis of eleven relevant documents reveals pervasive 'medical,' rather than the 'rights-based' approaches to child education. Narrow focus on the impairment limits educational functions to the 'rehabilitation' and 'adaptation' purposes. In this case, children's educational choices depend on the level of their disabilities. The government needs to reconsider the child representation to ensure genuine inclusive policy direction.

1.3 Structure of dissertation

The research is structured as follows: The second chapter will introduce the general disability discourse and its relation to inclusive education policy. Building on theoretical explanations of disability studies it will define 'disability' as social phenomenon. The chapter will also explain different inclusive education types, advantages and challenges in the context of developing countries. The following analyzes the relationship between discourse alteration and policy change. It asserts that discursive representations are reflective to internal and external changes, while social advancement depends on the discursive nature and interests of key policy actors. The fourth chapter explains methodology of the current research and the document selection process. It also introduces frame analysis, as the method to track and verify the discursive representations. The following chapter will illustrate the most common discursive representations of children with disabilities in policy documents and analyze role of the state and international organizations in this process. The last chapter will make concluding remarks and suggestions for future researches. The supplementary material on discourse analysis of eleven documents is included in the appendix.

Chapter 2: Disability discourse evolution and inclusive education

2.0. Theories about disability discourse

The role of disability studies in education and political sciences is affiliated to the evolution of medical sociology and disability theory. These studies emphasized different consequences of disability impact on social interaction. According to medical sociology, 'social deviance' was the result of disability, while disability studies highlighted 'social oppression' (Thomas 2010:41-44). The notion of suppression introduced the emancipator approach towards people with disabilities, which reconsidered their position from social, economic and cultural perspectives. Most importantly it influenced globally inclusive education policy direction, marking the beginning of controversy between special and mainstream schooling.

Disability studies development can be considered in three broad stages. The first stage established the role of social interaction in individual self-perception. Parsons defined psychological, social and cultural factors defining interactions in social systems (1952:3-7). Individuals were believed to make choices related to these dimensions. Later on he was criticized for proclaiming 'medico-centric' control and regulation over the chronic illness as a 'serious destabilizing threat to society's equilibrium' (Thomas 2010:29). But his theoretical assumptions about the 'Sick role and the role of the physician' established the basic insight into relationships between disabled people and medical professionals (Parsons 1975:257). Emphasizing the role of social and cultural factors in the interaction process, Goffman (1963) asserted the term 'stigma' to define physical or mental deviance from conventional standards in community (2). Based on the difference from 'common' principles it was used to delimit minority groups. The 'stigma' initially marked slaves or criminals as social outcasts in ancient Greece, but it gained additional meaning of skin mark sanctity or physical disability in religious and medical institutions during Christian times (Goffman 1963:2-3). Goffman claimed that these perceptions did not change in the modern world and furthermore broadened to 'disgrace' the person, rather than indicate the disability itself (1963:2). The subject of 'stigmatization' was continued by Hunt (1966), who shifted personal disability experience to general economic, social, psychological, architectural and labor constraints, faced by people with disabilities in the society (Hunt review 795-795). This defined disability to be based on social restrictions, rather than personal issues.

The following stage was marked with 'emancipation' from a 'medical' definition of people with disabilities. In 1972 the Union of Physically Impaired against Segregation (UPIAS)

in the United Kingdom and in 1982 the Society for Disability Studies in the United States were established (Gabel 2008:1-2). Brisneden (1986) emphasized inadequacy and 'depersonalization' of 'medical' definition in understanding the social complexity of people with disabilities' lives (21). Identifying disability as a social, rather than a personal problem, Oliver (1986) criticized the conceptual fallacy of disability in policy studies literature and the necessity to generate the accurate definition to reconsider the role of people with disabilities in educational, social and economic dimensions (6-14). Materialistic approach emphasized the economy to be the main source of suppression (Riddell 1999:86-88). Finkelstein (1980) specifically emphasized the depreciated role of people with disabilities in labor and economic activities as the major disabling factor (Finkelstein 1993:3). Another dimension of disability oppression was referred to legal representation of disabled people in legislative documents. It criticized the categorization of 'learning difficulties' and 'special needs' in Warnock Report 1978 and the 1981 Education Act to be attributable to the assessment biases or lack of school equipment (Stow and Selfe 1989). Generally the second stage defined disability as the reflection of social oppression, rather than result of the impairment. Emphasizing social origins of disability and oppression, it rejected medical causes of impairments (Riddell 1999:85-86). Strong advocacy of the 'social model' transferred the issue to the international level.

The 'social model' in disability studies established the basis to understand disability as a social construction or a discourse, rather than objective representation. Corker and French (1999) supported Oliver's distinction between impairment and disability, but emphasized interdependence of two discursive representations (3-4). They have claimed that a person with impairments inevitably faces the disability discourse, while disability discourse is primarily grounded on impairment (Corker and French 1999:4). Thomas (2010) also claimed that complete appreciation of disability discourse requires both political and medical dimensions (44-51). Consequently the third stage of disability studies development supported the combination of both 'medical' and 'social' models. Social changes were attributed to discourse alterations, rather than alienation of disability from impairment (Corker and French 1999:7). Fairclough (1992) specifically emphasized the role of discursive practice in social changes (65), whereas Van Dijk (1993) defined the 'power and dominance' relationship between discourse creators and recipients (253-255). These theoretical foundations helped understand the disability as not only sources of social oppression, but rather as reflections of cultural and historical factors in the society.

Recalling Gamson (1985), three main actors in discourse formation process were identified, namely political institutions, mass media and culture (in Donati 1992:139). This divided the academia into three groups. One emphasized the role of mass media and culture in

producing negative images of people with disabilities as 'deformed,' 'cripple,' 'mentally handicapped' and 'subnormal' (Barton 1998:56). It was claimed that 'cultural images,' derived from mass media, legal rights and the level of protection attributed to people (Equality studies center 1994 in Barton 1998:57). Another dimension focused on social and cultural factors that contribute to 'disability identity' (Swain and Cameron 1999:68). Corker (1998) emphasized 'marginalized' representation of disabled people in Western cultures, referred as 'dependent,' 'deviant,' also known as the 'sick role' (221). 'Freak shows' or the 'Ugly laws' were claimed to be the expression of continuous discrimination against people with disabilities in history and culture of Western countries until the end of 19th century (Barnes and Mercer 2001:517-518).

Since most of the literature described disability experience in Western countries, there was the necessity to focus on developing countries, where most people with disabilities live (Barnes and Mercer 2010:239-240). Having a strong sense of community, the developing countries are often believed to experience financial, rather psychological barriers towards inclusion (Saleh 2001:124-125). Despite the common label of developing societies, countries have different cultural and social practices. But most of the literature on 'developing world' is focused on India, China, African and Latin American countries[1]. There is limited amount of literature on post-Soviet countries, covering mainly Russia, Ukraine and Eastern Europe[2]. But theoretical developments and practical experiences of people with disabilities in Central Asian countries remain in project papers of international organizations only. However, the evolution of people with disabilities' rights in developing countries has one common factor, namely the significant role of international institutions. Turmusani (2003) made an important contribution by analyzing the disability perceptions in Western and Islamic countries, by specifically emphasizing the role of international NGOs in promoting nondiscriminatory representation about people with disabilities (49-56). He claimed that from one side international involvement negatively 'institutionalized' people with disabilities separate care centers, while from another the process of 'colonialization' by Western NGO activities influenced local perception about people with disabilities (Turmusani 2003:56). Consequently, social and cultural understanding of disabled people in developing countries is significantly influenced by international organizations, specifically educational dimension. Most of the children in developing countries have no access to education. The access to education for children with disabilities was highlighted in Millennium Development Goals (Miles and Singal 2008:6-8). The adoption of standards rules on

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[1] For instance, Zinkin and McConachie (1995), Coleridge (1993), Ingstad and Whyte (1995)

[2] See Philips 'disability and mobile citizenship in post socialist Ukraine '2011, Sinecka 2008 in disability and the politics of education, Manning and Tikhonova Health and Health care in the New Russia 2009

the equalization of opportunities for persons with disabilities (1993) established the cooperative framework for action for major international institutions, namely the World Bank and the UN organizations.

2.1. Inclusive education

The 'social' model of disability understanding had a significant impact on inclusive education development. Although disability issue was introduced to education relatively recently, in four decades it became a well established branch in educational studies (Gabel 2009:1-2). Acknowledging the 'social' model of disability definition, inclusive education is aimed to provide equal opportunities through social integration. The idea of inclusion was developed to eliminate the segregation between special and mainstream schools (Farrell 2000:153). Dunn (1968) claims that the special education is 'legally sanctioned' segregation towards children with special needs that often infringes, rather than embraces their educational opportunities (cited in Meyer *et al* 2010:344-345). Often used as a synonym to integration, inclusive education, however, cannot guarantee the integration itself. The approach varies from permanent induction to random visits into mainstream schools (Farrell 2000:153). The level of integration often depends on the types of disability. Children with severe learning disabilities often remain in special schools, while others with milder concerns, such as Down's syndrome, integrate into the mainstream school environment (Farrell 2000:156). Initially bound by integration, the inclusive policy nevertheless implies certain level of segregation. Dyson and Millward (2005) claim that 'inclusive education' is an ambiguous term, often difficult to implement in practice (155-156). It requires complex set of administrative and technical preparations, often difficult to accomplish. The research conducted in Wales and England (1998) revealed major integration issues for children with behavioral difficulties and severe learning disabilities, attributed to technical, professional and methodological support shortage (Evans and Lunt 2002:8-12). In addition to administrative concerns, inclusion needs to balance interests of all participants. Hence, implementing educational rights of children with disabilities, one should not neglect rights of other children, parents and teachers, involved into education process (Farrell 2000:158-160). As a result, it should meet needs of all participants, which might be difficult in practice. On this subject Meyer *et al* (2010) claim that special schools were established to particularly appreciate the difference between students fulfilling educational needs of children with disabilities (343). From this point of view, special schooling provides favorable educational environment. But only inclusion can sustain the social integration, necessary for individual and future career development.

The notion of inclusive education not only facilitates the child integration into society, but also develops social appreciation of difference. Children with special needs often prefer inclusive classes for better peer communication, while mainstream school student are generally friendly towards their classmates with disabilities (Farrell 2000:158). This influences their attitude and perception about people with disabilities through better understanding and appreciation of people with disabilities. Recent research confirm that children having contact with disabled classmates often develop friendly and generally positive attitude towards disability in general and even choose to support these professions in their future (Farrell 2000:158). Early integration of a child may contribute to further segregation on the basis of disability. But inclusion can be different. Clark et al (1995) define inclusion as 'a move towards extending the scope of ordinary schools so they can include a greater diversity of children' (cited in Florian and Rose 2003:16). There are four categories of inclusive education: 'ideological' proclaimed in the Salamanca Statement, 'responsible' (Vaughn and Schumm 1995), 'cautious' (Kauffman 1995) and 'enabling inclusion' (O'Brien 2001) (in Evans and Lunt 2002:3). The first approach advocates complete integration of all children with disabilities in mainstream schooling, while other three support partial inclusion to fulfill needs of the child (Evans and Lunt 2002:3). Apparently, 'ideological' inclusion is difficult to implement in practice. Inclusive practice in African and Latin American countries suggests that most of the international programs remain on the level of 'pilot projects' (Eleweke C.J. and M. Rodda 2002:115). One of the main concerns is to what extent inclusive teaching method should meet 'special' requirements (Croft 2010: 15).

There is the lack of academic background and practical experience in this direction. It is suggested to consider 'special pedagogy' as the pedagogy able to include 'all learners,' beyond the small part (Croft 2010: 16). As a result, teaching methodology for inclusive education indicates improvements of the current, rather than establishment of completely new direction. According to Lavia (2007) international organizations over represent technical concerns but the cultural and political dimensions constitute the core (Croft 2010: 14). State commitment is an important precondition for effective implementation process. Developing countries often do not have 'enabling legislation' and effective control mechanisms to promote educational rights of children with disabilities (Eleweke C.J. and M. Rodda 2002:118-119). Sound legislation is important component of political commitment. State laws establish the basis for interpretation and discourse formation (Allan 2008:26-27). An accurate representation of children's educational rights in legislation and policy documents illustrates strong intentions of the government to promote inclusive direction. Generally, inclusive policy direction is the result of changed attitude towards people with disabilities. Its core idea coincides with the 'social model'

of disability perception as community product, but not an individual 'problem.' Genuine inclusion requires a number of administrative and infrastructural changes. In developing countries it also requires the 'enabling legislation.' The following chapter particularly analyzes why an accurate perception of children with disabilities is the key to policy success.

Chapter 3: Discourse and policy change

This research applies the political discourse and frame analysis to understand general representation of children with disabilities in state policy. There is growing interest in interaction between language and social reforms (Taylor 2004:433). Applying discourse analysis, the research is aimed to understand how specific discursive representation is related to state policy direction. Oliver (1986) emphasized the necessity to promote an accurate definition of persons with disabilities in social policies to ensure equal opportunities and policy efficiency (10). An adequate definition of children with disabilities is the key to effective inclusive education policy. There is the close connection between policy representation and children's educational opportunities, because legislation not only defines children's rights, but also generates discursive representations. According to Foucault, discourse is 'a group of statements, which provide a language for talking about – a way of representing the knowledge about – a particular topic at a particular historical moment… discourse is about production of knowledge through language' (cited in Hall 1997:72). The transformation of disability understanding from 'oppression' to 'discourse' is attributable to the work of Corker and French (1999). Supporting the 'social model' of disability perception they claimed that social changes towards people with disabilities are possible through discourse alteration (Corker and French 1999:3-4). One of the most influential pieces in language and social transformation belongs to Fairclough (1992). He defined the language as 'a form of social practice, rather than a purely individual activity or a reflex of situational variables' (1992:63). Consequently, language is a product of social interaction that has consistent character.

Discourses maintain the position of an individual in the society. Linguistic interactions not merely reflect, but rather create characters in social structures. According to Drake (1998): 'there is no such group as people with disabilities; there are people with impairments and disabled people, but they are quite distinct things; linguistically, politically and theoretically' (in Corker and French 1999:2). Discourses form 'social identities' or 'subject positions,' define 'social relationships' and build 'systems of knowledge and belief' (Fairclough 1992:64). Disability is the product of political and social interactions, beyond the impairment itself. Thomson (1997) proposes an interesting explanation of 'disability' representation, where she claims that 'non-disabled' people define themselves 'as normates or definitive human beings,' by excluding disabled people based on their differences (cited in Swain and Cameron 1999:75). This oppositional identity-formation process explains generally exclusive and discriminatory

practice. In contrast to female and male definitions, 'non-disability' is often taken for granted, while 'disabled' refers to the 'special' category of people (Swain and Cameron 1999:68). That is why, disability is often perceived to be a deviance from standards attributable to majority. Brisneden (1986) claims that both disabled and non-disabled people have limitations in terms of their mental and physical capacities, but only disabled people are perceived based on their impairments (23). This confirms the discursive construction of disability phenomenon.

However, the position of people with disabilities is changing. These changes are attributable to broader changes in cultural and institutional dimensions. The culture is based on practices and values, appreciated by all members of the community (Goodenough in Geertz 1973:11). Cultural background significantly defines the attitude towards persons with disabilities. But cultural perception is not static. Williams (1989) defines two parts of the culture, namely a 'traditional' level based on historical structures, and a 'creative' layer developed through interaction with others (in Barnes and Mercer 2001:516). Cultural and social values in developing countries are subject to considerable influence of international organizations. This impact is developed through mass media, international agreements and project operations. Most of the developing countries developed the 'positive' attitude towards people with disabilities after programs implemented by non-governmental and governmental institutions (Turmusani 2000:56-57). Cultural and social changes have boarder implications towards the 'social model' of disability perception.

The general level of discursive changes depends on the involvement of national actors. Discourses not only maintain existing social relations, but also adapt to broader changes (Fairclough 1992:65). The abovementioned tendency of a positive attitude to persons with disabilities might have a 'temporary' character, attributed to the 'unstable balance' between the actors in power relations (*ibid* 58-66). Permanent discursive representation is unlikely because of the continuous struggle for the power and the number of participants. Specifically relating textual interpretation to discursive practice and broader social practice, Fairclough claims that textual 'rewording' reflects the 'social and political struggles' (1992:72-77). The 'power and dominance' theory of relationships defines two groups in the society, one exercising financial and communicative resources to produce the discourse and another accepting the outcomes generated by the former group (van Djik 1993:253-255). Gamson (1985) defined three major actors in discourse formation process, namely political institutions, mass media and the culture (cited in Donati 2002:139). All three actors have considerable impact on discourse formation

process. However, only the state has both legitimate authority and administrative capacities to enforce the discourse. However, its dominance in the discourse formation process is controversial. Laswell (1951) emphasized the state as the key actor, whereas Dryzek (1989) claimed the discourse to be the product of social interaction (cited in Hajer 2002:19). State forms and distributes the discourses by means of laws, regulations and policies. Specifically emphasizing role of the state in discourse formation process, the research does not neglects other participants. However the research states that social changes towards inclusive policy directions is possible only if there is a considerable commitment and consistency by the government, reflected by favorable legal and policy documents towards children with disabilities.

Chapter 4 Methodology

4.0. Document as the source of discourse

The results of discourse analysis significantly depend on selected data. This research analyzes state policy documents. Document is 'the written text' that is often used in qualitative analysis as 'more stable, more reflective' source (May 1997:159-160; Bryman 2008:515; Altheide et al 2008:132). Sources are differentiated according to their purpose and targeted audience, but their role varies depending on the research interest. In this way they can be either passive 'sources of information' or the 'agents in network of action' having 'active role' in knowledge formation process (Prior 2008:111-112). The state policy documents have significant impact on children, because they not only entitle their rights, but also define the behavior of other actors. The state policies and mass media sources significantly impact discourse formation in the society. They influence public perception by forming the 'reality of the documents' with specific purpose targeted at specific audience (Atkinson and Coffey 2004 in Bryman 2008: 526-527). As a result, the documents often present limited amount of information to the reader with an intention to form particular opinion. Genuine and straightforward, the state documents nevertheless subjective sources of data (Scott 1990 in Bryman 2008:516-521). This subjectivity is crucial for the research, specifically aimed to understand government perspective on children's educational opportunities. Specific focus on the problem, rather than research question, ensures flexibility of the discursive analysis (Fairclough 2001:236). To understand children's representation in different time periods research considers all state policy documents since independence (1991). But the discourse analysis nevertheless requires certain data reflection system (Altheide *et al* 2008:127). For this purpose the relevant documents are identified through 'key-word' strategy in the state policy and legislation database.

4.1. Data selection process

General data is collected from various sources, including state website, media and international organization websites. However, the state policy documents are specifically chosen from the *toktom* database. The legislative acts in Kyrgyz Republic are issued in state or Kyrgyz and official or Russian languages. But the quality of translation into Kyrgyz remains questionable and difficult to work with. For practical reasons, the legislative acts are reviewed in Russian and English languages, depending on availability. All the resources are consequently

translated into English [3] . Legislative acts are primarily filtered by the *toktom* [4] database, containing complete data on legislative acts and state decrees of post-Soviet countries, by using three key words 'инвалид образование Кыргызстан' (disabled education Kyrgyzstan). The term 'children' is deliberately excluded to retain the documents referring to disabled people in general, rather than children specifically, such as the law on the 'Rights and guarantees of persons with disabilities in Kyrgyzstan.' As a result, the database generates 218 items, among which nine documents are particularly relevant. To ensure information integrity on educational subject, the Ministry of Education website was also considered. As a result, the statement about inclusive policy, 'education for all' and the development strategy were included. Recently approved by the parliament, the 2012-2020 education strategy was not included into the database. Two statements have no official force, but they are explicit about state position upon the issue. Generally the documentary analysis provides the opportunity to understand the disability discourse and reveal actors involved into its formation. Interactive work with the original sources reveals the causes and actors contributing to document formation (Prior 2008:116). It also will also evaluate the policy changes, relationship between the local, national governments and donor communities. Since discourse is a changing, rather than a stable phenomenon, documentary analysis is the unique opportunity to track discourse throughout the time period (Altheide 2000:287-288). Identifying disability discourse, current analysis aims to further evaluate its relation to education policy. The analytical framework significantly depends on a researcher's interpretation (Bryman 2008:276). Apparently the discourse analysis is specifically bound by the researcher's interpretation. That is why, to verify the discourse representation validity the research applies the frame analysis.

4.2. Discourse and frame analyses

There is close connection between discourse and frame analyses. Johnston claims that there is the connection between the discourse as a symbol of 'micro' representations and frame as the 'macro' perception about the issue (1995: 217-219). Thus, the discourse is the narrow interpretation based on broader understanding about the issue. There are no conventional guidelines in framework determination process. Goffman claims that some frames are identified more easily through evident rules and procedures attributable to situation, but another category might not perceivable characters besides the general attitude towards the issue (1974:21). Frames

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[3] Please refer to the appendix for more details

[4] Law in Kyrgyz

defined in this research have no strict rules or procedures. Developed in state policy documents they have generally official character with informational and contextual purpose. Frame analysis illustrates how actors define their positions through cultural and social images (Creed et al 2002:38). This will reveal how discourses are introduced and what kinds of institutions are involved. Based on Snow and Benford's (1988) characterization, this research defines frames as 'collections of idea elements, tied together by a unifying concept that serves to punctuate, elaborate and motivate action on a given topic' (cited in Creed *et al* 2002:37). State policy documents have the primary purpose of indentifying the problem, justifying state position and proposing particular measures. Consequently frames in this analysis are primarily determined through the prism of action-plan. State position is formed through the process of interchange between local and international processes. Initially based on cultural and historical factors, policy frames also have broader implications. Goffman (1974) defined frames based on cultural and social affiliations, while Snow et al. (1986) and Johnston (1991) analyzed group frames, formed through individual perception and response to international changes (in Johnston 1995: 217; Laitin 1991:797). In this research frames are analyzed as not only cultural reflections, but also response to international changes. For this purpose, Snow and Benford's (1988) three framing functions are observed, 'diagnostic frames' identify the problem through accusation or attribution, 'prognostic frames' propose solutions and actors, while the 'motivational frames' define reasons as the 'rational for action' (200-203). These dimensions not only explain reasons of the state policy, but also reveal the actors responsible for education provision to children with disabilities. This will reveal how changes on international arena about the perception of children with disabilities initiated change of state policy direction. It will also reflect the extent of society and state involvement into the issue.

Frames define the context for discourse representation. Similar to 'picture frame' or the 'window frame,' they identify the borders of the issue by intentionally highlighting its specific feature (Creed *et al* 2002:26). They provide the environment for particular discourse interpretation. Political discourse analysis, also referred as critical, is different from linguistic and content analysis. Evaluating meaning of the text, it is concerned with wider social, cultural and political implications, rather than grammatical structure (Donati 1994:2; Fairclough 2003, cited in Taylor 2004:435). It extracts the main idea of the text to understand the reaction of the reader and assess particular research hypothesis without developing detailed coding system, employed in content analysis (Entman 1993:57; Donati 1994:16). That is why critical discourse analysis is more concerned with broader implications of the issue through understanding the meaning of the text. Moreover it is also concerned with the reaction of the potential reader to the

discourse proposed by the document, because discourses and frames are primarily developed to generate particular perception in the audience. Discourse is 'metaphor' or 'hyperbole' representing phenomena or actors, based on common cultural and ideological perspectives (Swidler 1986, cited in Donati 1992:137 Hajer 2002:19). As small part of the general picture, discourse can represent characteristics, roles and the objects themselves. This research applies the discursive categories, defined by prominent researchers on this subject, such as Marian Corker and Sally French (1999), Len Barton, Tom Shakespeare and Susan Peters (1996), Per Solvang (2009) and several others. Political discourse analysis, also referred as critical, is different from linguistic and content analysis. Evaluating meaning of the text, it is concerned with wider social, cultural and political implications, rather than grammatical structure (Donati 1994:2; Fairclough 2003, cited in Taylor 2004:435). It extracts the main idea of the text to assess particular research hypothesis without developing detailed coding system, employed in content analysis (Donati 1994:16). In comparison to content and linguistic analysis, critical approach is concerned with broader implications of the issue through understanding the meaning of the text. Main purpose of discourse analysis is to see how common disability discourses are represented in state policy documents.

The discourses identified in these state documents have implications on the general disability representation outside the country. Discourse is often expressed through ideas, concepts and categories, used to discuss and represent the object within larger issues or 'emblematic themes' (Hajer 2002:19). These ideas and concepts not only represent the discourse, but also identify the broader contextual frame. Documents often contain 'signatures' or details attributable to one or another frame category (Gamson and Lasch 1980:3). Expression of these categories and ideas depends on the nature of the document. For instances, mass media sources in contrast to state policy documents contain the various literary expressions, while policy documents employ straightforward language. Because of the official character and advocating purpose of state policy documents, this research applies Gamson and Lasch's (1980) argumentative framework 'signatures,' namely *roots* reasoning the measure taken by the actors, *appeals to principles* about morality and values, as well as the *consequences* explaining the different policy outcomes (5-6). These dimensions are to certain extent similar to Snow and Benford's (1988) frame functions described above, although in additional to defining causes and actions, these concepts may reveal additional dimension of justification, based on the principles of morality or even opportunity. These techniques provide systematic, but also flexible frame and discourse identification in documents. Generally combination of frame and discursive

dimensions provide analytical clarity, because discourse interpretation without framework definition is often shadow (Johnston 1995: 218). Consequently frame analysis not only defines the discourse representation, but also ensures appropriate interpretation of the phenomenon.

Chapter 5: Analysis

5.0. Findings

This research applies the frame analysis to evaluate children with disabilities' representation in state policy documents. As it was mentioned earlier, there is the connection between discursive representaton and inclusive policy direction. Adopting law on 'Rights and guarantees to persons with disabilities' (2008) the government eliminated discriminatory 'handicapped,' 'invalid' and 'deficiency' terms. But the terminological changes did not affect general attitude towards children with disabilities. The analysis of eleven relevant documents reveals that despite formal inclusive policy direction the government still pursues the 'medical,' rather than the 'rights-based' discursive representation. Policy success depends on the coherence between frames and discourse representations (Creed *et al* 2002:36). There is the necessity to eliminate the contradiction between declared policy direction and attitude towards children with disabilities to ensure efficient inclusion.

The research applies the same analytical approach to policy documents, although it is important to note that they have different relevance, nature and purpose. But the combination of all relevant documents is the key to research validity and objectivity. In this case, sources directly connected to children and rights of people with disabilities produce more discursive representations, than the law on education for instance. The resources are divided into three general resource categories, namely laws, strategies/programs and declaratory statements:

1. **Laws** primarily focus on education, children or people with disabilities to entitle their rights and responsibilities. Target audiences are right-holders, their families, school authorities and relevant state institutions:

- *'The law on social protection of disabled people' (1991)* is one for the first documents adopted by newly independent Kyrgyzstan. It introduces state responsibility to provide social protection and education to 'invalids.' Identifying health care service supervision in education process, it considers the education to be part of 'rehabilitation' process.

- *'The Law on Education'* was initially adopted in *1992*, but replaced in *2003* because of the administrative changes and decentralization reforms. It declares general education accessibility with specific focus on several categories of children. 1992 and 2003 versions are identical in terms of children with disabilities' educational rights. Therefore the analysis focuses on the latest issue.

- *Children's Code of Kyrgyz Republic (2006)* defines and protects children's rights. Kyrgyzstan is the only country in Central Asian region to entitle children's rights in specific document. It also introduces the 'special needs' term.

- *The Constitution of Kyrgyz Republic (2010)* states general rights to education but no explicit reference to people with disabilities.

- *'Rights and guarantees to persons with disabilities' (2008)* replaced the previous 'Law on social protection of disabled people' (1991) to eliminate discriminatory terms. Initially aimed to promote different approach, it nevertheless continues similar discursive representation.

2. **Strategic documents/programs** highlight policy directions through detailed project descriptions. These sources have limited relevance to children's rights, but particularly useful to understand the actors involved into education process. The target audience includes the state agencies, general public and donor institutions as the evidence of accountability.

- *National program on state support to disabled people (1999)* defines social, economic and environmental disability causes. It is the only document differentiating social and medical aspects of disability. Also, it is the first to highlight not only state, but also social and parental responsibilities. But similar to other sources it uses the 'invalid' and 'handicapped' terms.

- *'National Action Plan on Education for All' (2002)* emphasizes liabilities of the state and society to protect 'vulnerable' categories, including people with disabilities. Similar to previous documents it uses the term 'invalid.'

- *'National Education development Strategy' (2007-2010)* criticizes the previous government for social inequality. The document enunciates educational and social isolation of children with disabilities. It also emphasizes the role of donor institutions in education provision.

- *'National Education Development Strategy' (2012-2020)* is aimed to improve PISA indicators mainly. The strategy emphasizes donor support in inclusive education implementation process. It introduces local authorities' responsibility in education provision to children with disabilities. In contrast to previous sources, the employs 'disability' instead of 'invalid' term.

3. **Declaratory documents** overview education policy achievements and future aspirations. Targeted at the public and donor institutions, they specifically emphasize state liabilities under international agreements:

- *'Education doctrine' (2000)* expresses special concern about children with disabilities. Recalling limited welfare capacities, it advocates targeted support to people with disabilities.

- *'Achieving declaration on education for all' (2007)* restates state obligations to ensure education coverage under the Jomtien and Dakar agreements. It refers to children with disabilities only once as 'children with developmental problems' only once.

- *'Information on inclusive education in Kyrgyz Republic' (2011)* advocates inclusion as access to education for children with disabilities. It employs 'children with special needs' term and generally avoids using the negative terminology.

To evaluate discourse representation the policy documents are initially screened for the essential terms, such as 'disability,' 'children' and 'education.' This 'words-markers' strategy ensures relevant section selection process (Donati 1994:6-15). For this purpose Microsoft Word and Foxit reader searching engines are applied. The resources are considered in chronological order to observe the disability discourse evaluation in time-period. The key term strategy ensures the resource validity and relevance, but it cannot detect synonyms and context (Donati 1992:146;1994:6-7). That is why, the documents are additionally considered for corresponding words and implicit meaning. As a result, several synonyms to 'disability' have been identified. The table below represents the searching process.

Table 1 Selection process

Document	'Key words' mentioned	Relevance
'The law on social protection of disabled people in Kyrgyz Republic' (Social law 1991)	'Invalid' 174 times[5], 'education' 15 times, 'handicapped children' 8 times	6 related 'handicapped children' and 'education'
The 'Law on Education' (Education law 2003)	'Children' 40 times, 6 times 'social benefits to special contingent of students,' 'children in need for long-term treatment,' 'children with mental and physical handicap' and 'children, representing social danger' (only particular group)	4 related to 'social benefits to special contingent of students,' 'children in need for long-term treatment,' 'children with mental and physical handicap'
'National program	106 times 'invalid' and 'disability,' 2	2 related to 'childhood

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[5] Frequency

on state support to disabled people' (National program 1999)	times 'education,' 4 times 'handicapped children'	disability,' 'handicapped children' and 'education'
Education doctrine (2000)	95 times 'education,' 8 times 'children,' 2 times 'persons with childhood disability'	2 times 'invalid since childhood'
'National Action Plan on Education for All' (Action plan 2002)	'Disabled people,' 'vulnerable children' and 'handicapped-children' four times	3 related to 'vulnerable children,' 'disadvantaged' and 'handicapped children'
'Children's Code' (2006)	'Children' 305 times, 2 times 'children with special needs,' 'children with physical and mental deficiencies,' 4 times 'education'	4 related to 'children with special needs,' children with physical and mental deficiencies' and 'education'
'Achieving declaration on Education for all' (Declaration 2007)	1 time 'inclusive class,' 11 times 'children,' 47 times 'education,' 1 time 'vulnerable and unfortunate children,' 1 time 'children with developmental problems'	No explicit reference to 'disability,' but 1 time 'children with developmental problems'
'National Education development Strategy' (Strategy 2007-2010)	'Invalid,' and 'handicapped children' eight times, 3 related to 'handicapped children' and 'education' (implicit)	3 related to 'handicapped children' and 'education' (implicit)
'Rights and guarantees to persons with disabilities' (Social law 2008)	'Disability,' 'disablement,' and 'disabled' 27 times, 'person with disabilities' 181 times, 1 'handicapped child' and 'children with disabilities' 16 times, 10 related to education, referred as study, 12 specifically related to 'children with disabilities' and 'study' (education)	10 related to 'children with disabilities' and 'study' (education)
The Constitution of Kyrgyz Republic (2010)	Everyone's right to education (Article 46)	'Disability' term is not mentioned
'Information on inclusive education in Kyrgyz	1 'people with special needs,' 19 times 'inclusive education,' 35 times 'children,' 6 times 'children with	6 times 'children with special needs,' 1 'children with mental and physical handicap,' 1

Republic' (Inclusion 2011)	special needs,' 1 'children with mental and physical handicap,' 1 'children with mental development defects,' 4 times 'children with disabilities,' once 'children with mental handicap'	'children with mental development defects,' 4 times 'children with disabilities,' 1 'children with mental handicap'
'National Education Development Strategy' (Strategy 2012-2020)	80 times 'children,' 1 'handicapped children,' 7 times 'children with disabilities,' 1 'people with disabilities,' 7 times 'inclusive education' and 1 'social justice' (state support), 7 times 'children with special needs'	1 'handicapped children,' 6 times 'children with disabilities,' 2 times 'inclusive education'

As seen from the table, the resources often use the 'disability' term, but only small is relevant all three aspects, namely 'children,' 'education' and 'disability.' The Constitution of Kyrgyz Republic has limited pertinence besides the general emphasis on education. Therefore it is excluded from the analysis. Introducing 'children with special needs' term, the 'Children's Code' (2006) does not influence the terminology of subsequent sources. The turning point is the Social law (2008) adoption. It not only introduced 'children with disabilities' term, but also initiated subsequent changes in the 'Labor Code' replacing the 'invalid,' 'handicapped child' and 'invalid since childhood' with 'a person with disabilities,' 'a child with disabilities' and 'a person with childhood disability' (Government of Kyrgyz Republic 2008). As a result, the following Strategy 2012-2020 mentions the 'handicapped child' only once by using 'children with disabilities' instead. There is the tendency to build positive image of persons with disabilities. However the following analysis reveals that terminological changes did not later the discourse itself.[6]

5.1. Discourse analysis

To understand representation of children with disabilities the discourse and frame analyses are applied to relevant policy document sections identified in the table 1. Frame analysis is based on Snow and Benford's (1988), *punctuation* (problem description), *elaboration* (responsible actors) and *motivation* (actions to be taken) dimensions in (Creed *et al* 2002:42). It not only verifies the discourse representation validity, but also defines the actors involved into

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[6] For reliability and validity purposes, the appendix contains the sections from all abovementioned documents

discourse formation process. Discursive analysis of eleven documents reveals that sources apply 'medical,' rather than 'rights-based' approach to children with disabilities rights in education.

Table 2 Discourses and frames

Document	Discourses observed	Frames identified
Social law 1991	'Rehabilitation,' 'deviance,' 'reasonable discrimination,' 'special needs,' and 'compensation,' 'integration,' 'adaptation,' 'rehabilitation' and 'compensation,' 'meeting individual needs'	Education through rehabilitation, 'best' educational opportunity, 'partnership with parents,' embracive development through integration, adjustment to 'normal' life, state support through rehabilitative education, comprehensives educational choice
Education law 2003	'Meeting individual needs,' 'other' and the 'minority status'	'Best' educational opportunity, categorization for special care/attention
National program 1999	'Normalization' and 'disability prevention,' 'social model,' 'rehabilitation' and 'integration,' 'equal opportunities'	Anticipate the disability rate, social recovery, human rights
Education doctrine (2000)	'Other' and the 'minority status,' 'in need' for special care	State support to special categories
Action Plan 2002	'Disadvantaged' and 'vulnerable'	Joint support to disadvantaged groups
Children's Code 2006	'Deficiency,' 'integration' and 'adaptation'	Special education for special needs
Declaration 2007	'Deviance,' 'problem'	Equal opportunities to special needs
Strategy 2007-2010	'Rehabilitation' and 'integration'	Educational access through inclusion
Social law 2008	Disability as the 'loss,' 'rehabilitation,' 'in need for protection,' 'rehabilitation,' 'meeting individual needs,' 'deviance,' 'reasonable discrimination,' 'meeting individual needs,' 'integration,' 'prioritization,' 'compensation'	Rehabilitative education, State support to disabled people in education, Comprehensives educational choice, 'best' educational opportunity, 'best' educational opportunity, Embracive development through integration, Positive discrimination, 'Partnership with parents'
Inclusion 2011	'Integration,' 'emancipation,' 'integration'	Inclusion is integration, Inclusive education as the opportunity to 'decent life,' report on inclusion process

Strategy 2012-2020	The concept of 'intelligence' and its measurement, 'integration,' 'socially disadvantaged'	Categorization, Spending report on inclusion, Education provision to disadvantaged categories

Despite the discursive commonalities, the child and adult definition in policy documents is different. The comparative analysis of the Social laws 1991 and 2008 reveals that there is the tendency to separate a person from his disability. In this way, the former law considers disability to be integral part of personal representation, while the latter distinguishes the individual from his disability:

> *'Invalid is a person in need of social help and protection, due to his life activity restrictions as a result of physical or mental handicap…'* (Social law 1991:Art2)

> *'Disability is human health impairment with long-term body function disorders… A person with disabilities is a person, who has health impairments with long-term body function disorders…resulted in life activity restrictions and necessity for his social protection'* (Social law 2008:Art1).

Both documents present 'dependence,' necessity for protection and care as a result of disability. This is the discourse defines disability as the 'loss of an attribute necessary to be fully human' (Swain and Cameron 1999:75). People with disabilities are compared to non-disabled in terms of physical or mental differences, rather than general similarities. Depending on 'conformity' with 'normal' standards, three disability groups are differentiated:

> *'Depending on degree of body function impairment and life activity disturbances, I, II and III disability groups are defined, children before 18 are included into the category 'disabled child'* (Social law 1991:Art1; Social law 2008:Art2).

Children with disabilities are defined into single 'disabled' category. It 'problematizes' disability as an issue itself, although people with disabilities may have different experiences depending on their gender, ethnicity or financial circumstances (Miles and Signal 2008:13). Children with the same impairment often have different educational needs, while those with different disabilities may have similar necessities (Stow and Selfe 1989:24). Single 'disability' category does not contribute to inclusive policy development. Impairments may have temporary character, while the title implies permanent disability (Stow and Selfe 1989:24). As a result, the 'handicapped' categorization is the misleading. The following analysis will show that this categorization often restricts, rather than promote educational opportunities.

General discourses identified in policy documents are 'rehabilitation,' 'integration,' 'problematization,' 'defectological' and 'compensational' representations. These characters define disability as a personal 'problem,' 'pathology' or 'dysfunction' to 'fix' by 'rehabilitation,' 'integration' and 'compensation' measures (Corker 1999:5; Peters 1999; Priestley 1999; Swain and Cameron 1999). These terms vividly represent the 'medical' approach to children with disabilities educational rights, defining the impairment, rather than social barriers to be the main reason for exclusion (UNICEF 2008:13). However, the 'integration' emphasizes social responsibility in inclusion process. Consequently it is attributed to the 'rights-based' approach. But its representation is controversial. Besides the positive meaning, the integration has the negative 'assimilative' implication (Solvang 2000:8). As a result it may recall homogenization but not the opportunity enhancement process. The sources also implicate 'meeting individual needs,' 'other' and the 'minority status' representations of children, based on children's educational needs, attributable to their disabilities (Luke 1995-1996:37-38). According to Solvang (2000), these characters refer to 'us/them' antagonistic self-perception, based on linguistic, religious and educational differences (8). The documents often describe children with disabilities to be 'dependant' and 'in need of care' (Corker 1999:8). Physical and educational differences represent 'normality/deviance' situation, where medical and educational policies are specifically aimed to 'prevent disability' through 'normality policy' (Solvang 2000:5-6). In terms of educational opportunities, children are often 'categorized' by 'intelligence measurement' according to their impairment severity (Stow 1989:5). In terms of attitude to children with disabilities, special needs additionally pursue 'equality/inequality' paradigm as well as the 'client role' in welfare system (Oliver 1990 in Solvang 2000:6-7). It determines children to be socially 'disadvantaged' and 'vulnerable' due to their disability status. Generally the discursive representation is uneven. The table below illustrates its distribution.

Table 3 Discourse frequency

Discourse	Frequency	Category
'Rehabilitation'	7	'Medical'
'Integration' (controversial)		'Rights-based'
'Meeting individual needs'	6	'Medical'
'Compensation'	3	'Medical'
'In need' for protection/special care		
'Reasonable discrimination'	2	'Medical'
'Adaptation'		
'Other' and the 'minority status'		
Disability as the 'loss'		
'Dependent'		
'Prioritization'	1	'Rights-based'
'Emancipation'		
'Equal opportunities'		
'Social model'		
'Vulnerable'		'Medical'
'Deficiency'		
'Problem'		
'Intelligence' and its 'measurement'		
'Normalization'		
'Deviance'		
'Disability prevention'		

There are two discursive categories in the table, the first is 'medical' with the darker filling, and the second is the 'rights-based' with no filling. As seen from the table, the most frequent discourses reflect the 'medical,' rather than 'rights-based' approaches. The analysis focuses on the first five categories with the least frequency of 3 times to explain the most common representations of children with disabilities in education. But the documents often

employ the combination, rather than single discursive representations. Therefore discussion of first five categories also refers to other characters, with the emphasis on the most frequent.

First of all, education for children with disabilities is often considered to be part of 'rehabilitation' process. It is referred to help persons with disabilities to adjust to 'normal' life through medical treatment (Corker 1999). As a result education is bound by 'medical,' rather than social characteristics. The fragment below clearly reflects the rehabilitation as the key 'healing' method towards persons with disabilities:

> *... Education authorities, together with health care and social protection institutions, are required to ensure preschool and extracurricular activities to handicapped children, obtaining secondary (complete) education, initial vocational, secondary and higher vocational education by invalids in accordance with individual rehabilitation programs* (SPDP 1991:Art21).

The passage defines the education to be bound by the 'individual rehabilitation program.' Major problem (*punctuation*) is the individual disability, which requires the health care and social protection services to participate (*elaboration*). Initially aimed to provide the access to education (*motivation*), the passage in fact limits educational opportunities to disability factor. Specific responsibility of health care actors, it creates the image of 'uneducable' child with disabilities (Miles 2008:3). As a result, educational opportunities are formulated in accordance with the impairment, rather than desire or personal interests of the child.

The second discourse common to policy documents is 'integration.' This character pursues both 'medical' and 'rights-based' representations. From one side it emphasizes social responsibility in child integration process while from another it differentiates integration levels. The following passage suggests the 'right-based' representation, where integration is viewed as an important part of child development process (*punctuation*):

> *For the comprehensive and harmonious development of children with special needs, educating their social activity, incentives to work, introduce to science, technology, art and sports, education authorities and other state institutions are required to provide the access to extracurricular activities for children with disabilities by establishing all necessary conditions* (RGPD 2008:Art36; SPDP 1991:Art25)

The passage suggests the embracive development through integration framework. It claims integration to be the necessary condition for the child full-fledged development process (*motivation*). It employs 'rights-based' approach by defining the state (*elaboration*), rather than

child responsibility to integrate into society. However, the 'integration' pattern in policy documents is not consistent. For instance,

> *For children with physical and mental deficiencies and children with special needs, unable to receive education in the mainstream institutions on the common basis, special groups, classes or organizations are established to provide care, education, training, social adaptation and integration into society, according to the legislation of the Kyrgyz Republic* (Children's Code 2006:Art33).

The passage suggests the integration to be dependent on disability range, under the common frame of 'special education for special needs.' The problem framed behind this passage is child inability to attend the mainstream schooling (*punctuation*). As a result it claims the child inability or 'deficiency', instead of social failure in the mainstream schooling. The state is responsible to provide the special schooling because of disability character, rather than child's rights to education. In this case the 'integration' serves to 'problematize' people with disabilities, by emphasizing their difference from non-disabled (Swain and Cameron 1999:75). Based on physical and/or mental differences, the education is aimed to provide the 'social adaptation,' rather than encourage personal interests and choices. That is why, 'integration' discourse is often represented along with 'rehabilitative' education model

> *Social consequences, rather than the* defect *itself, define the destiny of an individual. Rehabilitation is not only prevention, treatment and employment, but also a fundamentally new approach towards the patient, namely re-socialization, recovery of the personal and social status of an* invalid (National Program 1999:1-3).

National program (1999) is the only document mentioning social dimension of disability impact. But similar to other documents the issue is represented through 'social recovery' framework, defining a person with disabilities as 'patients,' in need for 'rehabilitation' and cure.

The third representation common to policy documents is 'meeting individual needs.' This classification, also referred as Foucault's (1979) 'grid of specification,' differentiates 'physically and cognitively challenged' groups of children based on cultural, social differences or 'learning difficulties' (Luke 1995-1996:37-38). This discursive representation not only presents children's statuses in institutions, but also defines the institutional attitude towards them. Aimed to 'meet individual needs,' the institutions assign common characteristics, although children from the same 'category' might have different concerns. For instance,

'Integrate inclusive approach into all education levels, but preserve special schools for children with disabilities,' with 'special schools for children with disabilities (with intellectual disability)' and 'special schools for children with disabilities (without intellectual disability)' (Strategy 2012-2020:5-6).

The passage claims to 'meet individual needs' through 'inclusive' education at separate levels. Similar logic applies to school and higher education (Social law 2008:Art36, 38). The discourse is introduced through categorization framework. The main cause of opportunity limitation refers to disability impact on educational choice (*punctuation*). Initially motivated to provide the best capacity to the child, the policy is nevertheless bound by 'child capacity' principle. This 'ability-based hierarchy' over the education choices aims to 'fix' the disability of a child (UNICEF 2008:13-14). As a result, disability-based education is viewed to be part of individual 'rehabilitation' program. Undoubtedly, children with disabilities have different educational needs and concerns. The categorization does not enhance child capacities but produces the discourses of 'intelligence' and its 'measurement' instead. This not only limits children's opportunities, but also attempts to estimate the 'ability' and 'educability' characteristics (Stow and Selfe 1989:32). Even though initially bound to provide accessible education for all children this type of opportunity representation has negative social implications. Following the logic of inclusive education, their opportunities should be defined by rights, rather than disability itself. Consequently, disability-based categorization is inconsistent with inclusive policy direction.

The fourth discourse common to state policy documents is 'compensational.' This discourse clearly represents the state and society liabilities to ensure the educational access, or provide the financial compensation for the child to receive the education at home. For instance,

In cases when there is no opportunity to educate and train children with disabilities in mainstream or special preschool and school institutions, education and training with parental agreement can be home-based. In this case, one of the parents or the surrogate parent is entitled with financial support and benefits...

Education authorities and organizations provide the home-based education to children with disabilities according to their mainstream or individual rehabilitation program.

Relevant educational institutions, domiciliary to children with disabilities, assist parents to provide home-based education (Social law 2008:Art39)

'Partnership with parents' framework suggests financial and administrative compensation to parents if their child cannot receive the mainstream or special schooling. To ensure the access to

education, the article defines broad state, school and parental responsibility (elaboration, motivation). But the reason for exclusion is similar to previous 'categorization' discourse. Swain and Cameron (1999) describe such attitude as the 'compensational' discourse, when government aims to reimburse the disability (75). Generally 'special medical circumstances' and 'parents' agreement' can be the reason for home-based study with compensation and assistance from the government, in addition to the support already assigned to children and families as the matter of their 'disability'(Social law 2008:Art39; Social law 1991:Art24). Apparently, the government might not be eligible to ensure the fully fledge access at the beginning of inclusive development, although child disability should not be the excuse for segregation.

This section identified common representation of children with disabilities by specifically focusing on five most common discourses. However, the children are subject to twenty representations in education process. Despite the variety, they generally propose the idea of 'medical,' rather than 'rights-based' approach to inclusion process. The findings suggest two observations. First, terminological changes introduced in 2008 did not influence general perception and attitude towards children with disabilities. Hence, the latest Social law retains most of the discourses proposed by the 1991 version. Passive representation initiates the 'rehabilitation,' 'compensation' and the categorization approaches in education process. There is inconsistency between 'medical' discursive representations and the 'rights-based' inclusive policy direction. Effective inclusion requires the coherence between the discourse and policy direction. That is why government needs to take further actions to harmonize initiatives with institutional practice. The terminological changes clearly reflect the state policy direction alteration. The following observation suggests that these changes are connected to state obligations and cooperation with international institutions. The policy actors were subject to moral pressure and financial incentives to ensure the new direction. The following chapter suggests broader implications of terminological changes.

5.2. Broader implications

This section explains the role of state and international organizations in discourse formation and maintenance process. Discourse analysis demonstrates how social relationships changed and which actors are interested in retaining existing relations (Donati 1994:12-13). As it was already mentioned, the terminological changes did not result in discourse alteration, although they clearly reflected state intention to introduce inclusive policy direction. Fairclough

relates the 're-wording' to power struggle between policy actors (1992:77). This process involves the variety of actors. Gamson (1985) political institutions, organizations, mass media and culture participate in discourse formation process (in Donati 1993:139). Similarly, the terminological changes involve the same list of actors. To understand their role the research applies 'actantial' or common model of behavior generally accepted in the society (Donati1994:13). In this case it refers to 'power and dominance' relationships among participants, differentiating the dominant and subordinate groups in the society (van Dijk 1993:253). The state possesses both administrative and communicative power to impact the discourse formation process. However, emphasizing role of the state in discourse formation process, the research does not preclude other participants. On contrary, findings demonstrate increasing impact of international organizations in policy changes. Even though the documents did not reflect the discourse alteration, terminological changes demonstrate the tendency towards the discourse alteration.

First of all, there are changes in terms of policy actors responsible for the education provision to children with disabilities. Frame analysis specifically defined the liable institutions by attributing the issues to specific policy level (Donati 1994:9-10). Comparative analysis of the documents reveal that at the beginning the issue of children with disabilities and education was attributed to health care, education and national government institutions, later it included the responsibility of parents and then shifted towards the competence of local self-governance institutions solely. Besides the institutional responsibility, the frames also indicate the extent of society involvement and most importantly, the place of persons with disabilities in the society. Therefore, gradual involvement of family, society and national institutions indicate the growing importance of the educational access by children with disabilities.

> *'Education authorities, together with health care and social protection institutions are required to provide preschool and extracurricular activities to disabled-children …'* (Social law 1991:Art21)

> *'…Increasing the responsibility of parents, state and local self-governance institutions…'* (Action Plan 2002:2).

> *'For children in need for long-term treatment, the Government or Kyrgyz Republic and local self-governance institutions provide conditions for their education in healthcare… '* (Education law 2003:Art31)

'...Local self-governance institutions must take measures on the compulsory education for school-age children, organize and implement all necessary work on their accounting, with particular focus on low-income and disadvantaged families, handicapped children and families with parents working outside the country ...' (Strategy 2012-2020:17).

The fragments above clearly illustrate the evolution of actors responsible for the education provision. According to the last fragment, local self-governance institutions are solely liable to provide educational access to children with disabilities. Thus, the national government alienates itself from the issue. On the broader political level, these administrative changes result from decentralization reforms initiated by the government after 2006 failure on PISA testing. Centralized governance the lack of decision-making abilities at the local level were mentioned to be the reason of poor performance (Government 2007:10). However, these changes also indicated another tendency common to policy documents, namely increasing role of international organizations.

International organizations play significant role in policy change process. The documents are generally explicit about state incapacity to ensure opportunities for people with disabilities (National program 1999:1). Comparative analysis revealed that the latest policy documents emphasize the support from donor institutions. In this way, the Strategy 2007-2010 and the Strategy 2012-2020 highlight financial support as the key to inclusive program realization. The documents particularly link the inclusive policy success to donor institutions' consistent financial contribution (Strategy 2007-2010:62-63, Strategy 2012-2020:15-16):

'Subject to stable funding and sufficient human resources, it is anticipated that by 2020 implementation of the NEDS 2020 will ... establish the basis for inclusive, multicultural and multi-linguistic education ...' (Strategy 2012-2020:58)

In this way inclusive education policy success depends on not only local performance, but also external support. This passage shifts the inclusion from national framework to broader international impact. Similar to other developing countries, education reforms in Kyrgyzstan depend on the support of donor institutions. This includes, but not limited to activities of the World Bank (WB), Japanese Fund for Poverty Reduction, the United Nations Children's Fund, the Organization for Security and Co-operation in Europe and the Asian Development Bank (ADB) (Strategy 2012-2020). Pilot projects are accomplished in cooperation with the ADB in forty schools throughout the country, receiving training, logistical and technical support from the

bank (Inclusion 2011:2). In 2010 the government adopted the Sector Wide Approach to increase expenditure transparency and improve the cooperation with donor institutions (OECD 2010:78). It established the basis for the interactive collaboration, beyond the 'donor-recipient' framework. In the Strategy 2012-2020 policy implementation the government agreed to ensure infrastructure, while donors provided around 400 million USD financial supports to project (FOR.kg 2012). There is strong cooperation between state and international institutions on educational matters.

In addition to financial instruments, international organizations apply the moral pressure urging the government to take responsibilities. The United Nations Committee on the Rights of the Child concluding observations on Kyrgyzstan emphasized the limited access to recreational services, the lack of reliable data about children for daily assistance and inclusive policy direction to provide the access to education to children with disabilities (2000:41; 2000:42; 2004:47-48; 2007:28). The impact of moral pressures is controversial. But the United Nations (UN) survey suggests that about eight percent of countries reconsidered 'their thinking in response to the 'UN Rules on the Equalization of Opportunities for Disabled People' (cited in Priestley 2001:5). The national governments take actions to confirm with international standards. The vivid example is the signature of Kyrgyz Republic to the 'UN Convention on Rights of Persons with Disabilities' (CRPD) (2011). The country has not ratified the convention yet, but singing the document it nevertheless expressed its consent with principles and values contained in international document. The significant impact of these documents is also attributable to the WB activities. The organization is one of the key partners in the UN policy support. Recently the bank established its authority over the human rights issues, and more specifically those concerning persons with disabilities. The organization claims that poverty needs to be understood in the broader context, while WB economic activities often relate to the human rights dimension, and consequently the support to the rights of persons with disabilities does not intervene into 'political affairs' of member countries (Guernsey et al 2007:18). In this way the CRPD was included into the WB Operational Policies framework in recipient countries (Guernsey et al 2007:20). As a result, the compliance with rights of the persons with disabilities comes in 'package' with financial investment to developing countries.

The combination of legal liabilities with the financial incentives has significant impact on country's policy adoption. The terminological changes observed in eleven documents demonstrate policy changes as a result of state cooperation with donor institutions. Generally the state has the capacity to impact discourse formulation process on the national level, although the

analysis reveals that connection of terminological changes in policy documents of Kyrgyz Republic to broader changes towards the rights of people with disabilities in international context. Consequently, there is the 'power and dominance' model extends from individual, society, local and national governance institutions to the broader impact of international organizations. Recalling Fairclough (1992), the discourses often have 'temporary,' rather than 'permanent' character because both cultural and social relationships are open to changes and have largely interactional and dynamic character. As a result, perception about children with disabilities' access to education is also changeable, although the donor influence does not guarantee the discourse alteration without subsequent actions taken by the government and society acceptance. Generally the topic of children with disabilities access to education does not contradict to core ideological values hold in Kyrgyz society, although the changes might take longer time, because in the long run, discourse is the product of interaction, rather than one actor decision.

Chapter 6: Conclusion

This research was aimed to understand the connection between children with disabilities' representation in policy documents and educational opportunities. It revealed that despite formal claims about inclusive policy direction, the government nevertheless defines the child disability to be the main factor for the exclusion. Comparative analysis of eleven policy documents revealed that child education is often based on 'medical,' rather than the 'rights-based' perspectives. Children are primarily categorized the disability level. Children who are 'unable' to integrate into the mainstream schooling become subject to the exclusion in special schools. It defines the child responsibility to cope with the school environment, rather than school liability to educate all students. The education system is one of the many spheres where children have limited choices. The government pursues 'paternal' attitude to child education, leaving the small opportunity for choice. Narrow focus on impairments significantly limits not only the access to education, but also quality of the educational provision. The study curriculum is often limited to 'rehabilitation' and 'adaptation' purposes. Children receive the education in accordance with their disability status. There is still a pervasive categorization of children into single 'disabled' group. Therefore, this categorization has no reasonable practical implications.

The discourse analysis revealed twenty representations of children with disabilities in policy documents. This research specifically focused on 'top-five' to emphasize the most common representations. This referred to the 'rehabilitation,' 'meeting individual needs,' 'compensation' and 'in need for care or protection' discourses. They define disability to be the main cause for exclusion and clearly promote 'medical' representation of the child. One of the most frequent, the 'integration' discourse emerged to be controversial. Recalling general necessity to integrate through inclusive education, it also determined integration possibilities through special education. In this case, it is used to justify both inclusive and special educational approaches. The analysis also identified several 'rights-based' child representations, emphasizing societal responsibility for educational exclusion. This included 'prioritization,' 'equal opportunities,' 'emancipation' and the 'social model' discourses. However, these representations have been suggested only once. The research is specifically focused on the most frequent representations, while other discourses might be considered in further research on this subject. The documents generally employ the 'medical,' rather than 'rights-based' approach to children's educational rights. This, obviously, contradicts the purpose and principles of inclusive policy, defining the access to education as the human right irrespective of disability range.

This research does not claim in favor of the inclusive education over the special schooling. However, in the context of developing countries, inclusive education is often the only option over non-education. Inclusive education requires a number of administrative and technical preparations. But most importantly, it requires psychological changes towards the 'social model' of the educational rights perception. Despite the common view of developing countries to experience financial, rather than psychological barriers (Saleh 2001), the example of Kyrgyzstan demonstrated that children with disabilities experience significant psychological barriers towards inclusion. As a product of social and cultural interaction, the discourse is also formed by external influence. The frame analysis specifically illustrated the evolution of policy actors responsible for the education provision to children with disabilities. Initially defined under the authority of the national government, children's access to education expanded parents, society and finally donor institutions' liability. The emphasis on donor institutions is specifically mentioned in the latest policy documents. Kyrgyzstan, similar to other developing states, significantly depends on the support of donor organizations. These institutions play a significant role in promoting the 'rights-based' approach through moral pressure and financial incentives. As a result, positive representation of children with disabilities comes in 'package' with the financial support. Specific analysis of the case of Kyrgyzstan demonstrates the significant impact of donor institutions in promoting the 'rights-based' perception of children with disabilities. This expands the discourse formation process beyond the national boundaries. Due to the lack of data on cultural representations of children with disabilities' representation in this region, the analysis was primarily based on the UNICEF reports. To date, most of the literature is focused on India, African or Latina American countries as the sample of inclusion practice in developing countries. But countries are different and there is a necessity to develop representative theoretical foundations involving other cultures, more specifically the Central Asian region. The results also suggest evaluating the discourse generation process from regional to global level to understand the role of international organizations in creating and maintaining specific discourse representations.

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Appendix – Relevant sections from the documents

1. 'The law on social protection of disabled people in Kyrgyz Republic' (1991)

Relevance: 'Invalid' 174 times, 'education' 15 times, 'handicapped children' 8 times, where 6 specifically related to '*handicapped children*' and 'education.'

Article 2 Defining the concept 'invalid'

> 'Invalid is a person in need of social help and protection, due to his life activity restrictions as a result of physical or mental handicap. Life activity restrictions are expressed in terms of full or partial loss of ability or capacity to exercise self-care, mobility, orientation, communication, control over his behavior and be engaged in labor activity.

> 'Depending on degree of body function impairment and life activity disturbances, I, II and III disability groups are defined. Recognition of 'invalid' status is conducted in manner authorized by state agencies.' (SPDP 1991: Article 2).

Discourse: disability as the 'loss,' 'in need of protection,' 'dependent'

Frame: Social care and protection of 'invalids,' inability to manage self-care and social participation (*punctuation*), implicit state responsibility (*elaboration*), help and protect (*motivation*).

IV. Education and professional training to invalids

Article 21 Providing invalids the conditions for education and vocational training

State guarantees necessary conditions for the education and vocational training of invalids. Education authorities, together with health care and social protection institutions, are required to ensure preschool and extracurricular activities to *handicapped children*, obtaining secondary (complete) education, initial vocational, secondary and higher vocational education by invalids in accordance with individual rehabilitation programs (SPDP 1991: Article 21).

Discourse: 'rehabilitation'

Frame: Education through rehabilitation; *punctuation*: disability, *elaboration*: liability of health care and social protection services, *motivation*: ensure the access to school and extracurricular education with individual rehabilitation programs.

Article 22 Preschool education of handicapped children

Providing the most favorable opportunities for educating *handicapped children* of preschool age and ensuring the necessary rehabilitation, mainstream child care centers are adjusted for the *handicapped children* stay.

For *handicapped children*, whose health conditions exclude their stay in mainstream child care centers, special preschool institutions are established. (SPDP 1991: Article 22)

Article 23 General high education, secondary vocational and higher education of invalids

Secondary (complete), initial professional secondary and higher vocational education to invalids is provided in mainstream, and if necessary, special educational institutions.

Lessons are also organized for *handicapped children*, receiving treatment in preventive healthcare and rehabilitation institutions of Kyrgyz Republic (SPDP 1991: Article 23)

Discourse: 'meeting individual needs' 'reasonable discrimination'

Frame: 'best' educational opportunity (appeal to opportunities) (*punctuation*: inclusive or special schooling depending on 'health' conditions; *elaboration*: school adjustment with the emphasis on child capacities to receive mainstream education; *motivation*: provide the education 'best' opportunities in all circumstances)

Article 24 Home-based training and education of handicapped children

In cases when there is no opportunity to educate and train *handicapped children* in mainstream or special preschool and school institutions, education and training with parental agreement can be home-based. In this case, one of the parents or the surrogate parent is entitled with financial support and benefits, in order and terms defined by the Government of Kyrgyz Republic.

Relevant educational institutions assist parents in providing home-based education to the *handicapped child* (SPDP 1991: Article 24).

Discourse: 'compensational'

Frame: 'Partnership with parents' (*punctuation*: child cannot receive the education in the mainstream and special schooling; *elaboration*: state, education institutions and parental responsibility; *motivation*: to ensure child education through financial and administrative support)

Article 25 Extracurricular education of handicapped children

For the comprehensive and harmonious development of *handicapped children*, educating their social activity, incentives to work, introduce to science, technology, art and sports, education authorities and other state institutions are required to provide the access to extracurricular activities for handicapped children by establishing all necessary conditions (SPDP 1991: Article 25)

Discourse: 'integration' as the precondition for development

Frame: Embracive development through integration (*punctuation*: access to the extracurricular activities as the necessity for 'harmonious' development; *elaboration*: responsibility of education institutions; *motivation*: provide full-fledge development of the child)

Article 26 Education and training for handicapped children at hospital stay

Handicapped children at hospital stay receive education and training intrinsically connected to everyday social and labor adaptation by medical institutions to ensure their education continuity during medical treatment (SPDP 1991: Article 26).

Discourse: 'adaptation'

Frame: Adjustment to 'normal' life (*punctuation*: 'social deviance' in medical institutions, *elaboration*: responsibility of the medical institution; *motivation*: facilitate adaptation process).

Article 27 Vocational training and professional development of invalids

Training and professional development of invalids is ensured in educational institutions, companies and organizations (special or mainstream) together with social protection bodies in accordance with individual rehabilitation program.

Financial security of invalids, during training and professional development programs, is accomplished in order and terms defined by the legislation of Kyrgyz Republic (SPDP 1991: Article 27)

Discourse: 'rehabilitation' and 'compensation'

*Frame***:** State support through rehabilitative education (*punctuation*: access to trainings and social protection; *elaboration*: state, education and private companies' responsibility; *motivation*: provide conditions for professional development)

Article 28 Education, vocational training and professional development for invalids

Education, training and professional development of invalids is accomplished in various ways, such as full-time and part-time, external degree, through trainings in special groups, classes and individual training plans, including home-based education (SPDP 1991: Article 28).

*Discourse***:** 'meeting individual needs'

*Frame***:** Comprehensives educational choice (*punctuation*: access to education; *elaboration*: implicit state responsibility; *motivation*: comprehensive choice of educational opportunities)

2-3. The Law on Education (1992 and 2003)

Relevance: 'Children' 40 times, 6 times 'social benefits to special contingent of students,' 'children in need for long-term treatment,' 'children with mental and physical handicap' and 'children, representing social danger' (particular group), specifically 4 related to '*social benefits to special contingent of students*,' '*children in need for long-term treatment,*' '*children with mental and physical handicap*'

Article 31 Protecting child and youth health

'…For *children in need for the long-term treatment*, the government of Kyrgyz Republic and local self-governance authorities provide conditions for their education in health care institutions. Lessons can be home-based and in medical institutions' (Law on Education 2003: Article 31)

Discourse: 'meeting individual needs'

Frame: 'best' educational opportunity (appeal to opportunities) (*punctuation*: child cannot receive the education in the mainstream and special schooling because of medical treatment; *elaboration*: state and local authorities are responsible; *motivation*: education contingency)

Article 33 Social benefits to special contingent of students

The state protects childhood by taking state provision for orphans and children *suffering from severe impairments, or having physical or mental impairments*.

Youngsters from children's homes after receiving the basic general (secondary general) education have the right to free initial vocational education.

For *children with physical or mental deficiencies*, special groups, classes and institutions are organized, to ensure their treatment, education and training, social adaptation and integration into society.

Organizations for *children with physical and mental deficiencies* are established and liquidated by the Government of Kyrgyz Republic.

Child referral to these organizations is based on report from the medical commission and with the consent of parents (legal representatives) according to the established order.

Categories of children sent to these organizations under full state support are defined by relevant medical commissions.

For *children, representing social danger* and in need of special education and training conditions, special education-supporting organizations are established, to provide their education, vocational training and medico-social rehabilitation.

Child referral to institutions for children representing social danger and in need of special education and training conditions is conducted based on court order only (Law on Education 2003: Article 33)

Discourse: 'special contingency' refers to the 'other' and the 'minority status'

Frame: Categorization for special care/attention (*punctuation*: 'special categories' of children, *elaboration*: government's responsibility, *motivation*: protection and care).

4. National program on state support to disabled people (1999)

Relevance: 106 times 'disabled' and 'disability,' 2 times 'education,' 4 times 'disabled children,' 2 specifically related to '*disabled children*' and '*education*'

Annually about 34 thousand people are acknowledged to be *disabled*, where more than one-third is determined for the first time... Disturbing is the fact that children represent the majority in primary *mental disability* structure. The main cause of *childhood disability* is the mental deficiency. Number of invalids with mental deficiency reaches up to 80 percent… Major

causes of *disability* are ecological situation aggravation, adverse labor conditions, injury rate increase, in production for instance, the lack of normal living conditions and recreational services, high level morbidity. High level of infant mortality is retained. Despite the ongoing reforms … range of social, economic, psychological and medical issues remain unresolved. The fundamental principle of health care should become preventive direction... [This] will preclude a chronic form of the disease, prevent or at least reduce the severity of *disability…*' (National Program 1999:1-3)

*Discourse***:** 'normalization' through 'disability prevention'

Frame: Anticipate the disability rate (*roots and consequences*); *punctuation*: poor infrastructural development, *elaboration*: social and economic issues, *motivation*: prevent chronic diseases.

Social consequences, rather than the *defect* itself, define the destiny of an individual. Rehabilitation is not only prevention, treatment and employment, but also a fundamentally new approach towards the patient, namely re-socialization, recovery of the personal and social status of an *invalid* (National Program 1999:1-3).

Discourse: 'social model,' 'rehabilitation'

Frame: Social recovery, *punctuation*: rehabilitation, *elaboration*: none; *motivation*: overcome social consequences of disability.

It is necessary to ensure the legitimate right of *invalids* to any form of training: daytime, evening, correspondence, external, individual plan as well as the opportunity to study at schools of every type and profile. Parents of *handicapped children* should have a choice of preschool and school institutions for their children: specialized or mainstream kindergartens and schools' (National Program 1999:4).

Discourse: equality in terms of equal opportunities

Frame: human rights (*appeal to principles*), *punctuation*: educational rights, *elaboration*: implicit state responsibility, *motivation*: educational choice.

5. Education doctrine (2000)

Relevance: 95 times 'education,' 8 times 'children' and 2 times 'invalid since childhood'

Comprehensive assistance for children from low-income families, orphans and the invalids since childhood' to receive quality education through special programs and social support funds for these categories of students, assistance in obtaining vocational education for this category of children.

State targeted support is introduced to realize educational rights of orphans, invalids since childhood' and children from low income families. Loan mechanisms for students are examined and elaborated through special funds.

Discourse: 'other' and the 'minority status,' 'in need' for special care

Frame: State support to special categories, *punctuation*: social vulnerability, *elaboration*: state responsibility, *motivation*: provide support

6. National Action Plan on Education for All 2002

Relevance: 'Invalid,' 'vulnerable children,' 'handicapped children' four times, 3 related to 'vulnerable children,' 'disadvantaged children' and 'handicapped children'

Expand and improve the general care and education, especially for *vulnerable and disadvantaged children* (National Plan 2002:1).

One of the most recent programs, having detailed action plan to ensure access to education, is the "Access to education (Jetkinchek)" (1999). Its main activities mobilize society to recognize the first-priority to children and their education, increase community responsibility for children's rights to education, increasing the responsibility of parents, state agencies and local governments for training and educating preschool and school-age children, especially orphans, *handicapped children* and children from socially vulnerable families (National Plan 2002:2).

Improving general education policy: transportation of children, special support programs/overcoming education gap for *invalids*, children at risk, etc (National Plan 2002:6).

One of the most important directions in vocational education system refers to education service to the most vulnerable in social terms – unemployed, orphans, *invalids*, and persons in correctional labor institutions (National Plan 2002:7).

Discourse: 'vulnerable'

Frame: Joint support to disadvantaged groups, *punctuation:* education access, *elaboration*: state, local authorities, society and parental responsibility, *motivation*: ensure the access to education.

7. Children's Code of Kyrgyz Republic (2006)

Relevance: 'Children' 305 times, 2 times 'children with special needs,' 4 times 'education,' 4 specifically related to *'children with special needs,' 'children with physical and mental deficiencies' and 'education'*

Chapter 6: The main directions of children's rights and interests in education

Article 33: The right to education for children with physical and mental deficiencies and children with special needs

1. *Children with physical and mental deficiencies* and *children with special needs* have the guaranteed right to receive free education in state mainstream and vocational education institutions, adequate to their physical condition and abilities.

2. For *children with physical and mental deficiencies* and *children with special needs*, unable to receive education in the mainstream institutions on the common basis, special groups, classes or organizations are established to provide care, education, training, social adaptation and integration into society, according to the legislation of the Kyrgyz Republic.

Discourse: 'deficiency,' 'integration' and 'adaptation'

Frame: Special education for special needs, *punctuation*: inability to attend the mainstream schooling, *elaboration*: state responsibility, *motivation*: adaptation and integration

8. Achieving the declaration on education for all (2007)

Relevance: 1 time 'inclusive class,' 11 times 'children,' 47 times 'education,' 1 time 'vulnerable and unfortunate children,' 1 time 'children with developmental problems,' no explicit reference to 'disability,' but 1 time '*children with developmental problems*'

Increase the number of inclusive classes. Vocational and employment training programs for *children with developmental problems* are developed (Education for all 2007:1)

Discourse: 'problem,' 'equal opportunities'

Frame: Equal opportunities to special needs (implicit in the document, referring to the Dakar agreement on equal opportunities), *punctuation*: access to education by socially disadvantaged groups (implicit, the document includes children from disadvantaged backgrounds and ethnic

minorities), *elaboration*: state responsibility; *motivation*: equal access to education.

9. National Education development Strategy 2007-2010

Relevance: 'Invalid,' and 'handicapped children' eight times, 3 related to '*handicapped children*' and '*education*' (implicit)

[#5 in the table] Preschool education: Expanding the network of preschool institutions and programs for early childhood development. Include *handicapped children* in these programs. Increase accessibility and quality of education. Improve education access for disabled children. (EDS 2007-2010:174)

[#17 in the table] Increase inclusive education. Improve education access for *handicapped children* (EDS 2007-2010:175).

[#7 in the table] Realize state general rehabilitation and integration program of *invalids* into society (EDS 2007-2010:183)

Discourse: 'rehabilitation' and 'integration'

Frame: Educational access through inclusion, *punctuation*: education access, *elaboration*: ministry of education, finance, labor and social development (identified in the document), *motivation*: integrate and rehabilitate.

10. Rights and guarantees to persons with disabilities (2008)

Relevance: 'Disability,' 'disablement,' and 'disabled' 27 times, 'person with disabilities' 181 times, 'handicapped child' once and 'children with disabilities' 16 times, 10 related to education, referred as study, 12 specifically related to 'children with disabilities' and 'study' (education)

Chapter 1 General Provisions

Article 1 Concepts and definitions

Disability is human health impairment with long-term body function disorders, leading to complete or significant *disablement* or substantial life activity restrictions. Depending on degree of body function impairment and life activity disturbances, I, II and III *disability* groups are defined, children before 18 are included into the category '*handicapped child*' (RGPD 2008: Article 1).

A *person with disabilities* is a person, who has health impairments with long-term body function disorders, caused by infections, consequences of trauma or handicap, resulted in life activity restrictions and necessity for his social protection. Rehabilitative education is the set of measures, including the process of people with disabilities receiving necessary general education, and if necessary, with regard to health status - special or additional education and vocational retraining for new profession (RGPD 2008: Article 1)

Discourse: disability as the 'loss,' 'rehabilitation,' 'in need' 'dependent' on protection

Frame: Rehabilitative education, *punctuation*: disability impact on life activities, *elaboration*: state responsibility through education provision, *motivation*: recovery

Chapter 6 Cultural and educational integration into society

Article 33 Access to education and professional training for persons with disabilities

The State guarantees to provide *persons with disabilities* necessary conditions to access information, education and professional training.

Educational institutions, together with social protection and health care authorities, provide preschool and extracurricular education and training to *children with disabilities*, including general secondary, primary vocational, secondary and higher vocational education, in consistence with their individual rehabilitation program.

Education and training to *persons with disabilities* and their children in public educational institutions are free of charge without age restriction.

Private educational institutions have the right to establish discounts for the tuition fee for *children with disabilities.*

If it is not possible to provide the necessary professional and labor skills to *persons with disabilities* consistent with their individual rehabilitation program in state institutions, the state has the right to purchase social service from rehabilitation centers of corresponding profile (RGPD 2008: Article 33).

Discourse: 'rehabilitation'

Frame: State support to disabled people in education, *punctuation*: access to education and professional training, *elaboration*: state agencies' responsibility, *motivation*: guarantee the access to education.

Article 34 Education types

Education, training and professional development of *persons with disabilities* is accomplished in various ways, such as full-time and part-time, external degree, through trainings in special groups, classes and individual training plans, including home-based education (RGPD 2008: Article 34).

Discourse: 'meeting individual needs'

Frame: Comprehensives educational choice (*punctuation*: access to education; *elaboration*: implicit state responsibility; *motivation*: comprehensive choice of educational opportunities)

Article 35 Preschool education

Providing the most favorable opportunities for educating *children with disabilities* of preschool age and ensuring the necessary rehabilitation, mainstream child care centers are adjusted for the *children with disabilities* stay.

For *children with disabilities*, whose health conditions exclude their stay in mainstream child care centers, special preschool institutions are established. (RGPD 2008: Article 35)

Discourse*:* 'deviance,' 'reasonable discrimination,' 'rehabilitation'

Frame*:* 'best' educational opportunity (appeal to opportunities) (*punctuation*: inclusive or special schooling depending on 'health' conditions; *elaboration*: school adjustment with the emphasis on child capacities to receive mainstream education; *motivation*: provide the education 'best' opportunities in all circumstances)

Article 36 School education

Secondary (complete), initial professional secondary and higher vocational education to *persons with disabilities* is provided in mainstream, and if necessary in special educational institutions.

Lessons are also organized for *children with disabilities*, receiving treatment in preventive healthcare and rehabilitation institutions of Kyrgyz Republic (RGPD 2008: Article 36)

*Discourse***:** 'meeting individual needs'

Frame: 'best' educational opportunity (appeal to opportunities) (*punctuation*: inclusive or special schooling depending on 'health' conditions; *elaboration*: school adjustment with the emphasis on child capacities to receive mainstream education; *motivation*: provide the education 'best' opportunities in all circumstances)

Article 37 Extracurricular education

For the comprehensive and harmonious development of *children with special needs*, educating their social activity, incentives to work, introduce to science, technology, art and sports, education authorities and other state institutions are required to provide the access to extracurricular activities for *children with disabilities* by establishing all necessary conditions (RGPD 2008: Article 36)

Discourse: 'integration'

Frame: Embracive development through integration (*punctuation*: access to the extracurricular activities as the necessity for 'harmonious' development; *elaboration*: responsibility of education institutions; *motivation*: provide full-fledge development of the child)

Article 38 Initial, secondary and higher professional education of persons with disabilities

Initial professional, secondary and higher vocational education to *persons with disabilities* is provided in mainstream, and if necessary in special educational institutions.

Lessons are also organized for *children with disabilities*, receiving treatment in preventive healthcare and rehabilitation institutions of Kyrgyz Republic.

Persons with disabilities passing the entrance exams *ceteris paribus* have the priority right to be enrolled in institutions of primary, secondary and higher vocational education.

Education and local self-governance authorities set annual quotas for the state-financed places for *persons with disabilities* in institutions of primary vocational, secondary and higher vocational education for persons with disabilities.

Discourse: 'prioritization'

Frame: Positive discrimination (*punctuation*: access to education; *elaboration*: education and local institutions' responsibility; *motivation*: equal opportunities, implicit)

Article 39 Home-based education and training

In cases when there is no opportunity to educate and train *children with disabilities* in mainstream or special preschool and school institutions, education and training with parental agreement can be home-based. In this case, one of the parents or the surrogate parent is entitled with financial support and benefits, in order and terms defined by the Government of Kyrgyz Republic.

Education authorities and organizations provide the home-based education to *children with disabilities* according to their mainstream or individual rehabilitation program.

Relevant educational institutions, domiciliary to *children with disabilities*, assist parents to provide home-based education (RGPD 2008: Article 39).

Discourse: 'compensational,' rehabilitation

Frame: 'Partnership with parents' (*punctuation*: child cannot receive the education in the mainstream and special schooling; *elaboration*: state, education institutions and parental responsibility; *motivation*: to ensure child education through financial and administrative support)

11. The Constitution of Kyrgyz Republic (2010)

Everyone's right to education, but 'disability' term is not explicitly mentioned

Article 46

1. Every citizen of Kyrgyz Republic has the right to education.

2. General education is compulsory and free and everyone is entitled to receive education in state and municipal educational institutions.

3. The State creates conditions for training of every citizen, from preschool to basic general education, the state language and the two international languages.

4. Every citizen of Kyrgyz Republic is entitled to receive both free and paid education.

5. The state takes care of continuous training and professional development of the citizens (the Constitution 2010: Article 43).

Document is not considered by the discourse or frame analysis, due to the general nature and the lack of key words

12. Information on inclusive education in Kyrgyz Republic' (2011)

Related: Once 'people with special needs,' 19 times 'inclusive education,' 35 times 'children,' 6 times 'children with special needs,' once 'children with mental and physical handicap,' once 'children with mental development defects,' 4 times 'children with disabilities,' once 'children with mental handicap, 6 times '*children with special needs*,' once '*children with mental and physical handicap*,' once '*children with mental development defects*,' 4 times '*children with disabilities*,' once '*children with mental handicap*,'

Inclusive education is a successful way to integrate *children with special needs* into society. International practice reveals that inclusive education from early childhood helps *people with special needs* integrate into society and helps society meet their needs (Information on inclusive education 2011:1).

Discourse: 'integration'

Frame: Inclusion is integration (*appeal to* international practice), *punctuation*: implicit child isolation, *elaboration*: state and society, *motivation*: enhance integration.

In 1992 there were 29 specialized boarding schools in Kyrgyzstan with the capacity of 4785 *children with mental and physical deficiencies*. In 1997 the number of boarding schools for *children with intellectual deficiencies* decreased from 20 to 15.

At present, there are 15 schools for *children with disabilities* in education system. Child coverage refers to 2490 *students having mental and physical deficiencies*, with 4 specialized schools for *children with mental deficiencies* (3 in Bishkek, 1 in Osh), educating 520 children aged from 7 to 18, 15 specialized preschool education institutions, where 1596 children study (Information on inclusive education 2011:1).

Introduction of inclusive education in the country's education system ensured greater coverage of *children with disabilities* in preschool and school education. Nowadays, more than 2000 preschool and 3700 school-age children are enrolled in the inclusive education program. Local self-governance institutions, including teachers, principals, parents and *children with special needs*, local community and state authorities realize the role of inclusive education, its

ideology and importance in education and training the *child with special needs* in mainstream education system, including general schools. In this way, parents and teachers realize the pivotal role of child's right to education through involvement into child development and training at kindergarten, school or home-based education levels. Inclusive education is becoming important condition to ensure decent life for children previously not having opportunity to go to school and acquire knowledge according to the level of development that is currently relevant and effective. In terms of considering child opinion in planning, decision-making on the class and school level, active participation in school life is becoming the starting point for the child socialization into society and increasing his self-esteem, sense of equality with other children, the ability to communicate with everyone in the class, including adults and peers (the Information on inclusive education 2011:1-2)

Discourse: 'emancipation'

Frame: Inclusive education as the opportunity to 'decent life' (*appeal to* opportunities), *punctuation*: the lack of access to education in the past, *elaboration*: state, local authorities, teachers, parents and society, *motivation*: ensures rights and opportunity to 'decent' life.

In 2009, Ministry of Education and Science of Kyrgyz Republic, with technical support from the Asian Development Bank within the framework of the project on 'Improving access to quality general education for *children with special needs*,' defined 40 pilot training organizations in 7 regions throughout the country to include *children with special needs* into educational process (the Information on inclusive education 2011:2)

At present, all pilot schools of this project (35 secondary, 3 special schools and two kindergartens) are available for inclusive school development. Teachers received individual learning plans for *children with special needs*. Major problems for teachers were related to individual training plan development for the child, studying in the regularly classroom of the mainstream school. For this purpose, there have been organized consultations with psychological, medical and educational specialists as well as the post-training supervision on inclusive education seminars (mentoring), where mentors help teachers in develop individual plans. Mentoring was re-organized in all pilot schools (the Information on inclusive education 2011:2)

Training modules and the manual 'Fun activities and social skills' for kindergarten teachers have been developed and tested to include *children with disabilities* in mainstream kindergartens through ADB project 'Early child development at the level of communities' and 'Improving access to quality general education for *children with special needs*. Guidelines for working with *children with disabilities* have been developed' (the Information on inclusive

education 2011:3)

Discourse: 'Integration'

Frame: Report on inclusion process, *punctuation*: the lack of professional and technical capacity, *elaboration*: state and donor institutions, *motivation*: increase inclusive practice

13. National Education Development Strategy 2012-2020

Relevance: 80 times 'children,' 1 'handicapped children,'7 times 'children with disabilities,' 1 'people with disabilities,' 7 times 'inclusive education' and 1 'social justice' (state support), 7 times 'children with special needs,' 1 'handicapped children,' 6 times '*children with disabilities*,' 2 times 'inclusive education'

4. Education system by 2020

1. Introduce preschool training for children not attending preschool institutions

2. Integrate inclusive approach into all education levels, but preserve special schools for *children with disabilities* (NEDS 2012-2020:5).

[from the table] Special schools for *children with disabilities* (*with intellectual disability*); special schools for *children with disabilities* (*without intellectual disability*) (NEDS 2012-2020:6)

Discourse: 'meeting individual needs,' 'intelligence' and its 'measurement'

Frame: Categorization, *punctuation*: disability impact on educational choice, *elaboration*: state (implicit), *motivation*: the best capacity (implicit)

Project funds, realized by the World Bank, Asian Development Bank, the Catalytic Fund, Japanese Fund on Poverty Reduction support, were directed to reform the education content, change education system finance and management, modernize the student assessment system, establish motivation system for teachers and school having best academic study results, provide laboratory, computer, language cabinet, education object repairmen and construction, support nutrition system and create environment for *children with disabilities*, and many more (NEDS 2012-2020:11)

As part of inclusive education development, by the end of 2010 year 10356 *children with*

special needs were covered by general education programs. 3670 school and 2243 preschool-age children were covered by inclusive education program in 635 mainstream schools. 2425 children study in 15 special boarding schools. 482 children study in 14 special schools, while 1536 children study in 14 specialized kindergartens for *children with disabilities* (NEDS 2012-2020:15-16)

The project 'Improving access to quality general education for *children with special needs*,' supported by the Japanese Fund for Poverty Reduction (JFPR), Republican as well as regional psychological, medical and educational consultation centers were provided with necessary materials and equipment to examine *children with special needs* in the amount of 89657 KGS, while specialists from the regional consultation centers received trainings to work with this category of children. Throughout the year, staff members of the regional and Republican psychological, medical and educational consultation centers examined 1017 *children with special needs*. Teachers and parents received recommendations on training and education of *children with special needs*. Psychological, medical and educational consultation centers received the equipment in the amount of 773,413 KGS. In 2010 year, 35 mainstream schools, 3 supporting boarding schools and two kindergartens are provided with special equipment for *children with special needs'* education the amount of 1,468,991 KGS. In addition, study materials for 1,615,695 KGS were provided. 38 schools resource centers received 51 computers and 19 computers for children at home-based education, in total amount of 1.169 million KGS.

These measures increased education coverage of *children with special needs* in 38 schools, from 761 children in 2007/2008 study years to 1008 children in 2010/2011 years.

Discourse: 'integration'

Frame: Spending report on inclusion, *punctuation*: low education coverage; *elaboration*: donors institutions, state and education authorities, teachers, parents, *motivation*: increase the education coverage

Local self-governance institutions do not provide reliable account of school-age children in the relevant territory. According to legal and regulatory framework, local self-governance institutions must take measures on the compulsory education for school-age children, organize and implement all necessary work on their accounting, with particular focus on low-income and disadvantaged families, *handicapped children* and families with parents working outside the country (NEDS 2012-2020:17).

It is important to take all measures to prevent educational opportunity limitations for children from poor families, creating conditions to educate *children with disabilities* and adapt street children return them to school environment. Local self-governance institutions need to take control over the evening/correspondence/replacement school establishment as well as the classes for children and adults (NEDS 2012-2020:17).

Discourse: 'socially vulnerable'

Frame: Education provision to socially vulnerable categories, *punctuation*: social vulnerability, *elaboration*: local self-governance institutions, *motivation*: ensure education access