CHAPTER 2

LITERATURE REVIEW

The review of literature builds the base for a research. The theoretical and research review on inclusive education has provided a greater insight into the understanding and delivery for children with disabilities. The chapter would sequentially delve on the interwoven concepts of ‘inclusive education’. It was a complicated task to bring together the related concepts as their application varies across countries and the literature on inclusive education is largely from western countries. There would be a constant endeavour to contextualize the information to the Indian context.

This segment would in general review literature on inclusive schools and specifically with reference to children with disabilities. This would encompass discussions on inclusive schools, effective inclusion practices, effective teaching and teacher characteristics, role of parents, peer support and perceptions and outcomes for children with disabilities. The outcomes for children within inclusive setting are dependent on a variety of factors, namely school’s environment, policies, culture and ethos, teacher’s training, attitudes and skills, peer support and familial support. The chapter would elucidate the concepts which have been theorised and researched.

2.1 Inclusive School

Schooling is vital to child’s development. It is therefore important that a child must attend school where his/her abilities are respected, educational needs are met and potential is realized. The concept of inclusion is premised on the principle that all people with disabilities have the right to be included in ‘naturally occurring settings and activities’ with their non-
disabled counterparts (Erwin 1993, p.1). For children with disabilities for whom a dual system of education exists and a number of associated factors which determine the choice of school, an inclusive school in its real sense of term would be the uncontested choice. There are a number of definitions for an ‘inclusive school’ and it would useful to look at some prevailing definitions in the field and define it for this research.

Many definitions of inclusive education have evolved throughout the world. The most common definition of inclusive education is the practice of educating students with moderate to severe disabilities alongside children without disabilities in general classrooms within their home neighbourhood schools (Brown et al. 1983, 1989a, 1989b; Gartner & Lipsky 1987; Stainback & Stainback 1989; Giangreco & Putnam 1991; Wheeler 1991; Lipsky and Gartner, 1992). “Inclusion includes physical integration, social integration, and access to normalized educational, recreational, and social activities that occur in school” (Ryndack & Alper 2003:15). The presentation of the definitions would be according to content and philosophy. Firstly, the definitions which focus on restructuring schools for serving all learners would be portrayed. These definitions adopt an institutional perspective and focus on organizational arrangements for bringing about effective inclusion.

_Inclusive education is the process with which schools try to respond to all students as individuals, reviewing the organisation and provision of their curriculum (Sebba & Ainscow 1996)._
Inclusive education is virtually the practice that provides school experiences to children with special needs in the same school and classrooms they would attend if they did not have special needs. It is the process during which all children, regardless of their abilities and needs, participate into the same school (Thomas, 1997).

Inclusive education as the processes of increasing the participation of students in, and reducing their exclusion from, the cultures, curricula and communities of local schools. Inclusion gears towards restructuring of the cultures, policies and practices in schools so that they respond to the diversity of students in their communities. Inclusion is concerned with the learning and participation of all students, not only those with impairments or those who are categorised as having ‘special educational needs’ Booth et al. (2000:12).

Inclusive education acknowledges that all children can learn, respects differences in children e.g. age, gender, ethnicity, language, disability etc., enables education structures, systems and methodologies to meet the needs of all children, is part of a wider strategy to promote an inclusive society, and is a dynamic process that is constantly evolving (Save the Children 2008).

Some definitions lay stress on the human rights aspect of inclusion. All children have the right to education and it is important to provide equal opportunities to them. Inclusion within the educational system is a right for all learners and that neither parents nor professionals have the right to choose segregation for their children. Inclusion proponents argue that our schools must mirror this inclusive and diverse society (Gartner and Lipsky, 1987; Giangreco and Putnam, 1991).
Inclusive schooling propels a critique of contemporary school culture and thus, encourages practitioners to reinvent what can be and should be to realize more humane, just and democratic learning communities. Inequities in treatment and educational opportunity are brought to the forefront, thereby fostering attention to human rights, respect for difference and value of diversity. (Udvari-Solner, 1997, p. 142)

Every child has unique characteristics, interests, abilities and learning needs and therefore, if the right to education is to mean anything, education systems should be designed and educational programmes implemented, to take into account the wide diversity of these characteristics and needs (UNESCO, 1994, p. viii.)

Few definitions focus on stakeholder’s role and responsibilities in dealing with diversity amongst learners.

...Everyone belongs, is accepted, supports, and is supported by his or her peers and other members of the school community in the course of having his or her educational needs met (Stainback & Stainback, 1990, p. 3).

Though the meaning of inclusive education clearly communicates that it encompasses all ‘differences’ in children, for this research there is a need to spell out that the concept only pertains to ‘children with disabilities’. Rogers (1993) gave a general yet extremely useful definition of inclusive education. It communicates the idea that the child must be eligible to attend neighbourhood school and the school must transform itself in terms of arranging resources for fully benefiting the child.
The term inclusion is used to refer to "the commitment to educate each child, to the maximum extent appropriate, in the school and classroom he/she would otherwise attend (Rogers, 1993, p. 1)." It involves bringing the support services to the child, rather than moving the child to the services, and requires only that the child will benefit from being in the class, rather than having to keep up with the other students (Rogers, 1993).

The concept of inclusive education was introduced in India by Jangira in 1997 when he made reference to the Warnock Report. The credit of expanding the notion of special education was endowed on the Warnock Committee Report which revolutionized the earlier thought systems focusing on categorization and labeling. This, he argued, had further evolved into a broader and natural concept of inclusive schooling in recent years’ (Jangira, 1997, p. 496). As the developed world is moving towards providing an inclusive system of education, the developing countries like India are left with little choice but to follow trail. Thus, he contends that inclusive education is not an alternative but is inevitable. On the other hand, Mani (2000, p. 9) notes that he is the first proponent of inclusive education in India, as it is he who had suggested such an approach in the 1980s, when referring to the concepts of ‘dual teaching model’ and the ‘multi-skilled teacher plan’. ‘Dual teaching model’ he elaborates as involving: regular classroom teachers with support instructional material and limited competency oriented training can usually look after disabled children in addition to their regular classroom responsibility. (Mani, 2000, p. 10) He also noted that a ‘token incentive’ may be provided for the teachers for their additional work with children with disabilities (p. 7) (cited in Singal 2005).

The way inclusive education is defined and understood has tremendous effect in the way it is conceived amongst schools and the idea is propagated to the teachers, administrators, peers, families and communities. In Indian context, however Singal (2005:9) perceived inclusive
education as “a concept that has been adopted from the international discourse, but has not been engaged within the Indian scenario”. In India the concept of ‘inclusive’ and ‘integrated’ education are used interchangeably (Julka 2005, Singal 2005a), and has been applied to placement of children with disabilities in the regular schools where there is a provision of aids and appliances and teachers are trained to manage children with disabilities. There is little emphasis on connotations of school, curriculum and teachers flexibility for all children (ibid). Thus, Singal (2007) contends that in India inclusive education is understood and practiced differently from the western world. In fact there is ‘‘a tendency to be ‘politically correct’ by taking on current trends in the west without a real or common understanding of their meaning, resulting in dilution of service quality’’ (Kalyanpur 2007:5 quoted in Singal 2007). Ideally, “inclusive education means attending the age appropriate class of the child’s local school, with individually tailored support” (UNICEF 2007). Hence, it is difficult to find a suitable definition for the Indian context where the concept is new and developing. Nonetheless, for this research we may consider an ‘inclusive school’ as one where the children with disabilities studied alongside their non-disabled peers with some support mechanisms for continuing their education in that school.

Balasundran (2005) had identified some problems in the implementation of inclusive education in India. Currently, the education for children is mild disabilities is provided under the Integrated Education Programme and the special schools for more children with severe disabilities under the Ministry of Social Justice and Empowerment implemented through state governments and NGOs. A major deterrent has been lack of statistics on the prevalence of disability. Surveys conducted by the NSSO (National Sample Survey) in 2002 and the Census in 2001 show varying figures with the NSSO quoting 1.8% (1.85 crore of the country’s population) and the census quoting 2.19% of the population. (2.19 crore).
reason she quotes as a hurdle is the disparity in educational services in the government and private sector. There is question of ‘quality’ in education provision in both systems and the private institutions fare much better when it comes to teacher-student ratio and educational resources.

2.2 Characteristics of Inclusive School

There are certain ‘school factors’ which influence students achievements like professional leadership, learning environment, high expectation, positive reinforcement, monitoring student’s progress and parent-school co-operation (Ayres, Sawyer, & Dinham, 2004; Bentley, 2000; Steve Dinham, Cairney, Craigie, & Wilson, 1995; Alma Harris, 1999; Owens, 1998).

Kuth (2005) identified some common characteristics of inclusive schools; committed leadership, democratic classrooms, reflective teachers, a supportive culture, engaging and relevant curriculum, and responsive instruction.

1. Committed Leadership: People in the leadership positions like principal, administrators, board members have a key role in inclusion. They provide encouragement and support to teachers, educate families and communities about the school’s philosophy and commitments, celebrate success and solve problems.

2. Democratic Classrooms: Democratic classroom is an approach where everyone (students, teachers, staff, and family of students) is responsible, contribute and participate in the teaching-learning process. Everyone is treated with respect and dignity, their opinion is respected and the individuals work in close co-operation.

3. Supportive School Culture: The inclusive school culture is ‘open, accepting and caring’. The leaders and educators take interest in creating cultures which is enabling and welcoming for instance, invite and implement suggestions from students, parents and community, and give equal opportunities to all students.
4. Engaging and Relevant Curricula: The curriculum and instruction in inclusive school must be appropriate to suit individual needs and learning styles to nurture each child’s abilities and talents. The teachers must inform children about the diversity amongst learners and must promote cooperative learning.

5. Responsive Instruction: Teachers have to be flexible and must be skilled to adapt materials, lesson structures and instructional arrangements.

There are five components of inclusive education as proposed by Halvorsen and Neary (2001). Firstly, for schools to be inclusive the classrooms must accommodate same aged children, with no special classes except for enrichment activities for all students. Secondly, the core curriculum must be adapted well in planning and curriculum development and participation of all learners must be solicited and encouraged. Thirdly, the teachers must employ best instructional strategies and best practices in education to enhance learning of all learners. Fourthly, student responsibility for learning must be promoted. Lastly, the staff should be provided necessary training on inclusive practices.

Anderson (2003) extended the key characteristics of Halvorsen and Neary (2001) and suggested that the critical component strategies needed to support inclusive practice are (a) principals who provide leadership in restructuring, (b) collaborative teaming for building community, and (c) instructional strategies that support the learning of all students. Depeller and Harvey (2004) suggested that for successful inclusion favourable attitudes have to be corroborated by structures that support cooperation and problem solving amongst teachers, parents and students.

2.3 Critical Dimensions of Inclusive Classrooms
With the generic understanding of the characteristics of the schools, it would be vital to delve on the critical dimensions of the inclusive classrooms. The development of clear procedures for the classroom helps in optimising the learning.

2.3.1 Physical Layout of the Classroom

The primary consideration in an inclusive classroom is whether or not all children will be able to access it. Ramps are important for enhancing access not only for the children using wheelchairs but also using walking frames or those with general mobility difficulties. The doors must be wide enough to let the wheelchairs in. For children with visual impairments the doors should either be fully opened or fully closed to ensure that they do not walk in and out of half-opened doors. Other considerations may include arranging the class in such a way to facilitate the children with disabilities to move around easily (Loreman, Deppler & Harvey 2006:178-179).

There are variety of ways in which the classroom seating could be planned; traditional expository teaching seating plan, ability groups and heterogenous groups seating plan. The traditional expository teaching seating plan could be described as one where the students are seated in rows of desks facing the teacher and where the teacher provided instruction from the front of the classroom. However, this arrangement poses significant disadvantages for the children with disabilities who may be restricted to the front row under the gaze of the teacher (ibid:181-182). Woolfolk(2001) discussed that though this arrangement has academic advantages the social barriers it presents are problematic. They are only able to interact with peers seated next to them. McInerney & McInerney (2002) suggested that all children must be given the opportunity to interact with one another in order for effective learning to occur at all.
The teacher may choose to group the student according to their abilities, knowledge, skills in a range of areas. Woolfolk(2001) found it advantageous in terms of learning for groups. However, there are perceived disadvantages in such arrangements where there is social stigma attached to the weaker groups in the class as suggested by McNamara & Waugh(1993). In sharp contrast to the ability groups is the heterogeneous groups seating plan where children with mixed abilities are placed in the same group. This arrangement facilitates peer tutoring and cooperative group work (McInerney & McInerney 2002).

2.3.2 Facilitating friendships

Inclusive school communities focus on social as well as academic outcomes for children. Friendships matter to children, their parents, and teachers because they provide children with the opportunity to develop important skills and attitudes and, perhaps most important, they enhance quality of life for children and their families (Meyer, Park, Grenot-Scheyer, Schwartz, & Harry, 1998).

Based on what we know to be the benefits of having friends, and conversely the negative effects of being socially isolated, many schools actively strive to foster friendships among children. Some of the strategies used to promote friendships include (Soodak 2003); (a) selecting activities that involve cooperation and collaboration rather than competition, (b) creating rituals that involve all members of the class, such as class meetings and friendship circles, (c) using children’s literature to promote discussions about friendship and belonging, and (d) setting up classroom rules to encourage respect, such as requiring turn-taking or not permitting any child to be left out.
2.3.3 Individualized Education Plan

Bailey (1994) defined as “a document describing children's skills and stating goals for services as well as strategies for achieving those goals” (p. 29). Wolery (1994) described the essential information that is required on an IEP-

- A statement of the child's present levels of educational performance, including academic achievement, social adaptation, prevocational and vocational skills, psychomotor skills, and self-help skills.
- A statement of annual goals which describes the educational performance to be achieved by the end of the school year under the child's Individualized Education Program.
- A statement of short-term instructional objectives, which must be measurable intermediate steps between the present level of educational performance and the annual goals.
- A statement of specific educational services needed by the child (determined without regard to the availability of services) including a description of:
  - All special education and related services which are needed to meet the unique needs of the child, including the type of physical education program in which the child will participate, and
  - Special instructional media and materials which are needed.
- The date when those services will begin and length of time the services will be given.
- A description of the extent to which the child will participate in regular education programs.
- A justification of the type of educational placement that the child will have.
- A list of the individuals who are responsible for implementation of the Individualized Education Program.
- Objective criteria, evaluation procedures, and schedules of determining, on at least an
annual basis, whether the short-term instructional objectives are being achieved. Bruder (1994) emphasized that planning and implementation of IEP requires collaborative effort, thus the team must also comprise family members. There are various advantages of individual program plan; ensures accountability of the person responsible for providing instruction (Goodman & Bond 1993), helps to compensate for lack of attention on relevant areas for children with diverse abilities (Clough 1998), provide opportunities for parents to voice their concerns on what the child should learn (Strickland and Turnbull 1990), outline how certain aspects of curriculum will be taught and the additional resources required (Ryndack & Alper 1996), provide framework for assessment(Goodman & Bond 1993) and are useful records at times of transition (Deppler 1998).

Some of disadvantages of IEP could be that they are not linked to the regular curriculum and hence may isolate the child (Ryndack & Alper 1996), represent additional paperwork for teachers (Gerardi et al. 1984), not used by many teachers to guide instruction, often focus on training rather than education and are prescriptive in nature(Goodman & Bond 1993).

While there may be many disadvantages, most of these could be overcome if the plan is viewed as fluid document that operates within the context of regular class curriculum (Loreman, Deppler & Harvey 2006).

2.4 Outcomes of Inclusion

The researchers suggest that while not all of the benefits listed necessarily exist in all cases, they represent a range of benefits that have been experienced when inclusion of reasonable quality has been provided based on observations and research conducted in the United States (Giangreco, Dennis, Cloninger, Edelman, & Schattman, 1993; Giangreco, Edelman, Cloninger, & Dennis, 1993; Helmsatter, Peck, & Giangreco, 1994; Hunt, Staub, Alwell, & Goetz, 1994; Janney & Snell, 1996; Kozleski & Jackson, 1993; Peck, Donaldson, & Pezzoli,

*Impact on Students with Disabilities*

- Educational programs are more relevant and focused.
- Increased access to typical environments (e.g., school, community, work).
- Access to new experiences/opportunities in school and beyond school.
- Access to peer models.
- New relationships and friendships.
- Raised expectations.
- Increased awareness and responsiveness to people environment activity.
- Increased skill acquisition.
- Greater enjoyment of school.

Stainback and Stainback (1984) suggested the following reasons for supporting inclusion

- the dual system of education assumes two different kinds of learners; regular and special.
  
  It is however, difficult to place children in strict categories as the learning characteristics fall along a continuum.

- Individualized educational planning benefits all children.

- Instructional methods could prove useful to all children with or without disabilities.

- The dual system classification sometimes results in wrong diagnosis for children.

- The dual system results in competition and duplication of effort from regular and special educational stream.

- The most negative results of the existing dual system is the ‘deviant’ label on children with disabilities.
However, the outcomes are not just positive, Smith et al. (1998:27) have spelt out disadvantages of inclusion which might lead to negative outcomes for children with disabilities.

- General educators are not involved sufficiently and therefore, they are not interested in the inclusive model.
- The general and special education teachers do not have adequate collaborative skills in order to make inclusion successful.
- Lack of empirical data for support to the model.
- Full inclusion might result in poorer quality of education for children without disabilities.
- Current funding, training and certification of teachers are based on dual system of educational service.
- Some children with disabilities perform better in special educational services.

A consideration of the possible outcomes of inclusion is a vital step towards its implementation and gauging its importance. Though it is pertinent to highlight both positive and negative aspects, it may be wiser for the implementers to focus on the positive side rather than the potential obstacles of inclusion.

Sasso, Simpson & Novak (1985) contended that when the children with disabilities spend the entire school day with their non-disabled classmates, they are bestowed upon numerous opportunities for social interactions which are unavailable in segregated settings. These opportunities help them develop better communication skills and form friendship with their non-disabled peers. Brown et al. (1983, 1989a) underscored that inclusion also helps in inculcating appropriate models of behaviour in students with disabilities. The children learn socially acceptable behaviours through observation and imitation. Another advantage of inclusion is that the educators often develop higher standards of performance for children
with disabilities (Brown et al. 1989a; Snell 1987). It is thus, an opportunity to live a normal life like other children and acquire functional, academic, social, vocational and recreational skills which would prepare the students for living and working in the community even after leaving school.

It is often believed that inclusion only has benefits for children with disabilities and has no advantages for children without disabilities. Some critics have also voiced concerns about negative impact on education of children without disabilities due to loss of instructional time and lopsided teacher attention. Nonetheless, if properly implemented there could several advantages for children without disabilities as well. The greatest advantage is learning to live and participate in a pluralistic society by knowing and responding to individual differences and human exceptionality. Secondly, the children without disabilities learn that their peers with disabilities are in more ways similar to them than they are different. They know them as equal beings and learn to appreciate their positive characteristics and abilities. Thirdly, they get an opportunity to know about many human service professions like special education, speech therapy, physical therapy, recreation therapy and vocational rehabilitation (Ryndack & Alper 2003).

It is pertinent to know the research outcomes for educating children with disabilities in inclusive classrooms. In a study conducted by Blackorby et. al. (2005) in United States involving 11,000 students had confirmed that children with disabilities who spend more time in general classrooms are absent less, perform closer to grade level than their peers in special schools and have higher achievement scores. The study also pointed out children with disabilities in regular educational setting perform poorly than their non disabled peers. Nonetheless, it has established that despite outcome differences between students of various
kinds of disabilities, overall the students with disabilities outperformed their peers in the segregated settings when standards-based assessments were used (cited in Artiles et.al. 2005).

Another study which points towards positive effects of inclusion was a collaborative action research project in an inclusive setting in Greece (Argyropoulos & Stamouli 2006) for assisting a blind child has reported many positive effects of inclusion on the child as well as her classmates. The aim of this research was to achieve better inclusion in terms of the blind student’s participation in the school subject matters. The impetus for this research was the problems that the teachers of a public rural primary school were facing with respect to the education of an integrated sixth grader blind student (12 years of age and having average intelligence) with particular reference to subjects which require more visual assimilation like Geometry and Geography. It was a six month project, where collaborative teaching model was followed. The results of this research indicated that the interactions between the classroom and support teachers had a great influence on the child’s psychology. It also reported change in attitude of her sighted peers. The sighted peers were reportedly interested in the way the child with disability used her specially designed instruments and explored tactile representations. The class responded favourably to team teaching.

Some other studies have shown that including young children with disabilities in integrated settings has produced positive social outcomes for children with and without disabilities. Children with disabilities have increased levels of social contact with children without disabilities, give and receive higher levels of social support, and have larger friendship networks than disabled peers in segregated settings (Fryxell and Kennedy, 1995; Hunt et al., 1994; Salisbury et al., 1993).
McGregor and Vogelsberg (1998) suggest that firstly, children with disabilities demonstrate high levels of social interaction with their non-disabled peers in an inclusive school setting when compared to a segregated setting. This socialization was greater if there was adult support and if the children with disabilities were represented in the school in their normal proportion. Secondly, in inclusive settings social competence and communication skills in children with disabilities are highly improved. This is attributed to the interactions with their non-disabled peers, who assist the children in developing age appropriate behaviours. Thirdly, some research work points towards better academic gains as the inclusive schools follow a more rigorous programme than the special schools. Fourthly, inclusive education results in social acceptance of children with disabilities due to frequent and close interaction amongst all pupils. Lastly, there are enhanced friendship networks of children with disabilities with their non-disabled peers as compared to segregated settings. Teachers also play a facilitative role in developing these friendships.

Gouveia (1997) also reported that children with disabilities in the inclusive settings are subjected to a more varied curriculum and thus, benefit more academically. Most often the special education classes “focus more on functional skills and less on subjects such as science, fine arts, literature and social studies” (ibid: p.1).

There is a tendency among children to compare themselves with others, as a result they find solace and comfort in those who like them and exhibit similar behaviours (Rothlisberg, Hill, & D’Amato, 1994), thus putting the children with disabilities at a disadvantage. When they endeavour to socialize with the non-disabled peers they receive negative responses which results in isolation. This may decrease the chances of the child’s ability to develop and practice social skills, which can be a contributing factor to social isolation in adulthood. The children who are denied social experiences have to deal with loneliness (Helper, 1997).
Heiman and Margalit (1998) found that “social skills reflect the individual’s ability to exhibit appropriate behavior by using skill such as cooperation, self-control, and understanding the needs of others, as well as the ability to initiate social interaction” (p. 155). Pearl, Farmer, Van Acker, Rodkin, Bost, Coe, and Henley, 1998, found that “the poor social acceptance of students with disabilities often has been viewed as being the result of social skills deficits” (p. 168).

‘Loneliness’ is another key factor which affects the formation of relationships with other children. It reflects a conflict between reality and the individual’s expectations of interpersonal relations. The roots of loneliness can be traced back to early childhood and the modes of mother-child attachment, in non-effective social interactions, which are manifested from individual inadequacies in using social skills, or both. When individuals feel lonely, they are less likely to involve themselves in social relationships, they generally talk infrequently, ask fewer questions, don’t attend to social interactions with other individuals, and don’t try to form social relationships (Heiman & Margalit, 1998).

Factors such as lack of social skills and loneliness can manifest themselves in the child with disability as maladaptive behavior (Helper, 1997). For instance Heiman & Margalit (1998) found that “Studies that examined the social skills of non-disabled students with deficient social skills revealed they have a greater tendency to develop behavioral problems in school and are more likely to drop out of school or to develop emotional disturbances” (p. 155). Evidence suggests that many students with disabilities exhibit problematic behavior, which results in them being socially rejected by their peers. Non-disabled children often view peers with disabilities as having problematic social behaviors and as being more disruptive than
students who are low achievers (Pearl, Farmer, Van Acker, Rodkin, Bost, Coe, & Henley, 1998).

Different social environments would therefore be expected to influence an individual's self-concept in different ways. Rohner's theory (1980, reviewed in Mrug, Wallander, 2002) postulates that feeling accepted or rejected by one's significant others will affect the way a person views and evaluates oneself and the world. Feeling rejected by others will lead to greater hostility, low self-respect, emotional instability and unresponsiveness, and a negative view of the world, whereas feeling accepted by others will lead to a lower feelings of hostility, higher self-concept, emotional stability and responsiveness, and a positive view of the world. Recognizing the mechanisms of mutual functioning of the teacher on students’ self-concept and achievements is extremely important for the success of integrated students with special needs (Fulgosi - Masnjak, 2003 cited in Schmidt & Cagran). Enhancing the self-concept of students with special needs that are included in regular primary school classes has a positive impact on their academic achievements as well as on their personal and social development. Factors that appear to influence the self-concept of students with special needs include the following: severity or degree of disability, age of onset of disability, acceptance of the disability by parents, type of schooling (education in regular school or special school) and special support, labeling, and identification group adherence (Cambra, 2002; Jambor, Elliott, 2005; Montgomery, 1994; Mrug, Wallender, 2002; van Gurp, 2001; Westling Allodi, 2000).

Earlier research conducted on the self-concept of deaf or hard of hearing students and their hearing peers in regular settings has shown inconsistent results. On the one hand, research (Leigh, Stinson, 1991; Leob, Sarigiani, 1986; Maxon, Brackett, van den Berg, 1991) has reported finding lower self-concept in students with hearing impairments in comparison to
their hearing peers, whereas others have found no significant differences between the groups (Cates, 1991; Koelle, Convey, 1982). The study of Appleton, Minchom, Ellis, Elliott, Boll and Jones (1994) compared 79 young people with physical disabilities, in terms of global self-worth and their perceived self-competence in 9 fields, to their peers without disabilities. They discovered that young people with a disability reported a lower degree of perceived competence in academic and athletic domains and in social acceptance, but there were no differences in the perception of their control of perceived self-competence in connection with behavior conduct, or in their global self-worth.

A study on the self-concept of children with learning disabilities (Montgomery, 1994) and receiving support in regular classes shows that those children have a lower academic self-concept than their peers without disabilities, but the two groups do not differ in global self-concept or in other dimensions of self-concept, like social competence, affective, physical, or family.

The results of more recent studies (Cambra, Silvestre, 2003) indicate significant differences between integrated students (students with hearing impairments, physical disabilities and learning disabilities) and their counterparts in the social and academic dimensions, which is lower in children with special needs, but the differences in physical self-concept dimension are not statistically significant.

2.5 Research on Stakeholders

2.5.1 Research on Parents

Quite a number of research documents emphasized that the special child care demands faced by the parents of children with disabilities can cause significant stress for the parents (e.g., Farber, 1960; Gath, 1973; Tumbull, Brotherson, & Summers, 1986). These demands persist
throughout childhood and into the adult years, and require continuous adaptation by the parents to both ongoing stressors and frequent crises (Wikler, 1986). Amongst the parents, greater amount of burden falls on the mother. A number of studies have examined the daily challenges and increased levels of maternal stress of mothers caring for children who have disabilities (Feinberg 1985, Holroyd & Guthrie 1986, Bouma & Schweitzer 1990, Alexander et al. 2002). The extraordinary work required by children with disabilities is often physically, mentally and emotionally taxing, and requires considerable skill, knowledge and responsibility on the behalf of mothers (Spalding & McKeever 1998, McKeever & Miller 2004). May (1997) described mothering a child with disabilities as mothering ‘plus extras’.

In India research on families having members with disabilities has been reviewed with reference to the following aspects (Kashyap 1991:273-281):

- The effect on the family of the presence of a individual with disability: She has cited seven studies where the researchers have focused on the effect of presence of children with disabilities. She noted that very little and very limited research has been done on children with disabilities and their families.
- The influencing factors within the family: Of the fourteen research studies she had referred dealing with this aspect; twelve studied only the attitudes of the parents towards their children with disabilities as the influencing factors.
- The family’s coping strategies: Only one research has been reported in her review in the important area of coping by families. Gandotra (1985) studied the ways and means used by twenty five home makers to cope with the problems arising from the presence of individual with disability in the family (cited in Kashyap 1991).
- Professional intervention for helping the family to cope. In this category seven studies were reviewed that reflected that professionals had emphasized on families of the
mentally challenged children and that too on educational programmes for training parents in behaviour modification techniques.

The research review of families with individuals with disabilities by Kashyap suggests that families of the mentally challenged children have received more attention by the researchers as compared to the other disabilities. Also, some very important areas like coping and adaptation by the families, interventions other than education and training, influencing factors within the families apart the parental attitudes towards their disabled children, sibling relationships need consideration by the researchers. “Research in understanding of families and working with the families in the true sense is still eluding Indian scene” (Peshawaria et.al. 1995:12). More often than not the emphasis is on the epidemiological aspects. Major focus of the studies has been studying the attitudes of parents towards their children with disabilities and the disability, which has received the maximum attention of the researchers, is mental retardation.

For this research, I was more interested in writings concerning parental perceptions of inclusion (Giangreco, Edelman, Cloninger, & Dennis, 1993; Kasari, Freeman, Bauminger, & Alkin, 1999; Lamorey & Bricker, 1993, Reichart, Lynch, Anderson, & Svobodny, 1989; Stoiber, Gettigner, & Goetz, 1998). The idea that self-esteem and personal competence are a result of being a part of mainstream society has been the basis for including children with disabilities in classrooms with children without disabilities (Bennett, Lee, & Lueke, 1998). The importance of parents’ involvement in their children’s education and the value of family school collaboration (Comer & Haynes, 1991; Comer, Haynes, Joyner, & Ben- Avie, 1996; Swick, 1993; White, 1988), support the need to understand the experiences and beliefs of parents of children with disabilities concerning their children’s educational placement. A study by Swick and Hooks (2005), provides an in-depth description of the parents of children with disabilities and their experiences and beliefs that influenced them to choose an inclusive
educational placement for their children with disabilities. This study gathered data from the parents of five children with disabilities, teachers and administrators involved with those five children and where possible, peers and siblings of the children. Each of the parents involved in this study perceived inclusive educational placements as the best placement for their children with disabilities. This common belief was attributed to four reasons; first, each parent expressed a desire for his or her child to live as normal a life as possible. Second, they believed that as parents they should be valued and involved in their children’s education. Third, each expressed a belief that segregated settings were limiting for their children academically. And fourth, they all believed that segregated settings did not provide situations that supported social development.

Most research studies have examined the impact of including children with disabilities in regular classrooms on children with disabilities but a study by Peck et. al. (2004) has established the positive effects of including children with severe disabilities on their non-disabled peers as perceived by their parents. They studied parents’ perceptions of the effects of their non-disabled child’s participation in a classroom in which a child with severe disabilities was enrolled full time. They distributed surveys to parents of non-disabled children (n=659) in grades kindergarten through 6 who were enrolled in 1 of 25 elementary classrooms in which at least one peer with moderate to severe disabilities was included on a full-time basis. Children with disabilities enrolled in these classrooms had all been categorized as “severely handicapped” and had a wide variety of diagnostic labels, including mental retardation (moderate through severe), autism, cerebral palsy, and Down syndrome. The chronological ages of the children ranged from 5 to 12 years. Survey responses from 389 parents indicated that they generally perceived their non-disabled child to have benefited from this experience. A minority of parents held negative views of inclusion after their child’s participation. Analysis of narrative comments on surveys returned by some of these
parents indicated that concerns about behavioral disruption and loss of teacher time allocated to their child were the major source of their dissatisfaction. Survey comments suggested in some cases that parents did not view academic and social learning experiences to be highly related. Implications of this and other viewpoints expressed by these parents are considered in terms of priorities for teacher education and for subsequent research.

Parents perceive positive outcomes for children with disabilities placed in integrated settings, including more appropriate social interactions, more interactions with children without disabilities, higher levels of social play and more advanced play (Demchak and Drinkwater, 1992).

2.5.2 Teachers

Teacher attitude is one of the most important variables in the education of children with disabilities (Smith, 2000). Teacher beliefs underlying the philosophy of inclusion are important predictors of the outcomes of inclusion (Ringlaken & Price, 1981). Teachers’ judgements about children with disabilities could have a significant influence on children’s emotional, social and intellectual development. Since general educators’ willingness to include students with disabilities in their classrooms is critical to the success of inclusion, a number of researchers have stressed the importance of understanding teachers’ attitudes and beliefs toward inclusion (Bain & Dolbel, 1991; Roberts & Zubrick, 1992; Forlin & Cole, 1993; Hasazi et al., 1994; Forlin et al., 1996; Smith, 2000).

There is an abundance of studies examining teachers’ beliefs, attitudes, and perceptions about students with disabilities and inclusive education (e.g. Gerber, 1992; Fulk & Hirth, 1994; Minke et al., 1996; Villa et al., 1996; Cornoldi et al., 1998; Chiang, 1999; Balboni and Pedrabissi, 2000; Opdal & Wormnaes, 2001; Wall, 2002), including qualitative studies that
use interview data (e.g. Giangreco et al., 1993; Brantlinger, 1996). Agbenyega (2007) has concluded through his study in Ghana that attitudes and concerns of teachers affect their acceptance and commitment to implementing inclusion. It is worth noting that inclusive education was not leading to equal and appropriate educational outcomes, particularly for students with disabilities because of inappropriate school practices, such as rejection of students with disabilities by regular teachers, inappropriate resources, and lack of provision of generic support and training services.

It has been established that the inclusion of children with disabilities is most efficient when teachers’ attitudes are positive towards the integration of children who are disabled in their classrooms and children's attitudes and behaviors are influenced by experiences that they have at school (Florin & Cole, 1994).

Singal (2007) had concluded that the teachers in inclusive classrooms were engaged in adapting the classroom organisational framework, rather than differentiating the learning experience for the child with disabilities. This is evident from the teachers’ efforts to seat the child with more ‘able’ peers, giving her/him extra time, a reduced syllabus and making small adjustments within the dominant chalk and talk pedagogy adopted in the classroom. In addition, teachers also showed high dependency on ‘others’, namely parents and special educators, for the child’s learning.

**Teacher Training for Inclusive Education**

Teacher development has to be the heart of initiatives for developing inclusive practices in schools (Aniscow, 2003). There is an increasing international concern about teacher preparation in inclusive education and whether or not the training that they receive is adequate (Edelen-Smith, Prater, & Siloe, 1993; Reed & Monda-Amaya, 1995; Lombard, Miller, & Hazelkorn, 1998). In a study, Richards and Clough (2004) investigated if school
experiences had affected original understandings and views on inclusion of 120 preservice teachers. The results indicated that few of the preservice teachers had any prior experience of people with disabilities, and found the greatest benefits in terms of teacher preparation were obtained in their practical school experiences. Forlin, Tait, Carroll, and Jobling (1999) surveyed 2,375 preservice teachers about their attitudes towards people with disabilities by assessing levels of discomfort in social interactions. They found that more frequent contact with people with disabilities resulted in less discomfort in interactions. Hopper and Stogre (2004) compared attitudes of preservice teachers who participated in site-based programmes for students who have special needs with those who did not. The comparison between those in site-based classes and those in non-site-based classes yielded statistical significant differences between the groups, with site based programmes yielding more positive findings for attitudes, social influence, and perceptions of control.

It is important to note that there are also exceptions to this trend. For example, Marshall, Stojanovik, and Ralph (2002) conducted a study involving the attitudes of pre-service teachers toward students who had specific speech and language difficulties. Unlike the results of the studies described above, these researchers found no significant relationship between pre-service teachers’ previous experience with students who have difficulties and their attitudes. They did note differences in attitude based on availability of resources (both workload and knowledge based) and the types of disability that the students might have.

Lancaster and Bain (2007) conducted a study in which they investigated the effect of an inclusive education course on the self-efficacy of pre-service elementary educators and also sought to establish whether changes in self-efficacy co-varied with the type of field-based experience included in the course. The results indicated that an improvement in student self-
efficacy co-varied with participation in the inclusive education course, although the field-based placement did not differentially affect self-efficacy at a statistically significant level.

The professional preparation of teachers has been recognized to be crucial for the qualitative improvement of education since the 1960s (Kothari Commission, 1964-66). In India, Jangira (1995) suggested all teachers should be provided with the requisite knowledge and skills to enable them to respond to special needs in the classroom. The National Policy on Education recommended that all pre-service teacher-education programmes should include a component on special needs.

Panda (2005) had suggested that for successful inclusion, the attempt must be a shift from ‘theory to practice’ to ‘practice to theorization’. This calls for integrating cognate disciplines for arriving at composite understanding of educational components. This would help in understanding each learner not only from psychological perspectives but also from educational and social perspectives. There is greater need for pedagogical shift in transacting and organizing activities.

2.5.3 Research on Peers

Considerable research on social relationships between young children has been conducted over the last several years. Only recently have researchers begun to examine the relationships among children with disabilities and revealed that relationships between children with and without disabilities do exist, have similar characteristics and attributes of those between typically developing children, and develop in a similar manner (Buysse, 1993; Hall, 1994; Staub, 1998; Staub et al., 1994).
The effectiveness of peer tutoring is supported by substantial research evidence, and provides teacher with another instructional alternative to cater for the diverse range of students. Peer tutoring has been found to have a positive influence on student’s academic performance (Hedin 1986; Gartner 1990; Topping & Lindsay 1993), social acceptance of students with disabilities and increasing interactions amongst students with disabilities and their non-disabled peers (Garcia-Vasquez & Ehly 1992; Fulton et al. 1994), affective and social skills development for both the tutor and tutee (Mastropieri & Scruggs 1987; Foreman 2000), self efficacy and attitudes to learning(Cohen et al. 1990), higher-order cognitive skills development (Vaughn et al. 2001; Gersten et al. 2001), and organizational skills and completion of academic class work (Coenen 2002) (cited in Loreman, Deppeler & Harvey 2006:169)

Attitudes of the non-disabled peers are important in the inclusion of individuals with disabilities in the classroom. The success of integration is determined through contact that children who are disabled and non-disabled children have with one another (Roberts & Lindsell, 1987).

2.6 Towards Effective Inclusion

The existing system of segregated education of disabled children has augmented the gap between regular and special schools. Research supports the fact that educating disabled children in pull-out programmes is not a viable approach to education. There is also enough research evidence to prove that the children with disabilities could be educated effectively in regular schools if appropriate practices and methods are used (Banerjee and Daily, 1995; Bishop, 1995).
In this segment the paper would highlight some effective practices in inclusionary settings particularly, classroom management and school reform. Education system is strictly examination oriented, high pressured and fiercely competitive. The proposal of educating normal and children with special needs in one classroom is often considered impossible under such circumstances. The regular teachers are trained in a way that they remain indifferent to the needs of special children in class.

Some students in school cannot meet the curriculum’s requirement due to their differential abilities. This non performance in school work also results in development of social and/or emotional problems. To cope with uniqueness, diversity and range of educational problems of these students; a resource room arrangement has been initialized in many schools and found effective.

2.6.1 Process

In response to the call for full inclusion, several alternative service delivery models have been developed and implemented. Each model has its own unique quality, yet there are several common elements among them. One key element, and what proponents believe is paramount to the success of full inclusion, is the collaboration between general and special education teachers. By sharing responsibilities through team teaching, the two sectors are able to develop a more comprehensive program that could adapt to the needs of all students (Reynolds, Wang, & Walberg, 1987). The implementation of different teaching strategies and the modification of assignments to accommodate individual students is another element found among these models. Methods of teaching provided in these programs ranged from highly structured to opened-ended exploratory learning activities (Wang, Rubenstein, & Reynolds, 1985; Affleck, Madge, Adams, & Lowenbraun, 1988). Adaptations and accommodations made within the class are provided for individual students, and in some
circumstances, for the entire class. Direct instruction provides small groups and individual
students with remedial instruction, while independent study time is provided to those students
who need less support (Zigmond & Baker, 1996). The use of peer tutors and cooperative
learning is another strategy employed, as stronger students can help provide additional
support to those having difficulties mastering concepts (Affleck, Madge, Adams, &
Lowenbraun, 1988).

Gartner and Lipsky (1997) had reported three working models for effective inclusion. Where
the number of children with special needs is less in a regular classroom, the Consultant
Model could be opted. The consultant model requires the help of the special teacher to teach
difficult skills to the children with special needs. The other model is named the Teaming
Model that requires the special and regular teachers to function as a team. The special
educator provides student information, possible instructional strategies, modification ideas
for assignments/tests, and behavior strategies. The team meets on a regular basis, establishing
consistent communication among the team members. Another model is called Collaborative
or Co-teaching Model which entails perfect synchronization between special and regular
educators as they are co-teachers. Both are responsible for instruction planning and delivery,
student achievement, assessment, and discipline. Co-teaching is defined as two or more
professionals delivering substantive instruction to a group of students with diverse learning
needs. This approach increases instructional options, improves educational programs, reduces
stigmatization for students, and provides support to the professionals involved. Co-teaching is
an appropriate service delivery approach for students with disabilities who can benefit from
general education curriculum if given appropriate supports. Teachers and related service
professionals who are flexible and have good judgment are likely to be successful in this role.
Co-teachers need preparation, administrative support, and opportunities to nurture their
collaborative relationships. Co-teaching programs should be planned and implemented
systematically. Deliberate and ongoing communication among everyone involved is essential (Cook & Friend 1995).

Though the implementation of models could prove beneficial for inclusive classrooms, the educators must remember that the effectiveness of the model lies in its translation in classroom contexts; the main agents for which are teachers. Thus, it is extremely important to prepare these teachers to handle diversity in their classrooms from the time they commit themselves to the teaching profession. Pre-service preparation of the teachers is of paramount importance in inclusive education. The model suggested by Whitworth (1999) for inclusive teacher training takes into account the differences in abilities of learners in the classroom. In order to address this diversity within the classrooms the Whitworth’s model focuses on two dimensions; outcomes of the model and specific programme components.

**Figure 1.1: An Inclusive Teacher Preparation Model**

**Source:** Whitworth, 1999
The specifics of the teacher training programme components have been illustrated in Figure 1. A very essential part is the Collaborative Teaching Component. The educators collaborate for teaching, planning and evaluation. The approaches as collaborative learning arrangements and activities requiring students to develop and practice group process skills could prove beneficial for the classroom. Another component is the instructional techniques and strategies that the teachers must possess for teaching in diverse settings. Pre-service preparation must address appropriate accommodations in curriculum, instructional activities and evaluation procedures, effective identification, development and utilization of resources and various instructional arrangements such as multi-level teaching, cooperative learning and peer tutoring. The last component is related to the field based experiences of the prospective teacher. The teachers must get the opportunity to work in collaborative inclusive settings. The next segment of the model deals with the possible outcomes of the teacher’s training. Reportedly, there is a narrow range of diversity with which the teacher is comfortable. It therefore, makes it difficult to address the diverse needs within the inclusive classroom. It is important that the teachers are aware and trained to handle diversity in the classroom. Adaptability to change is another vital consequence of the programme. There is little doubt that the classrooms of the future would be governed by inclusivity rather than exclusivity. This positive change also demands flexibility and creativity on part of the teachers which could be enhanced/developed by providing experiential pre-service training to the teachers.

**Types of Resource Models**

There are at least five different types of resource programmes that operate in schools (Wiederholt, Hammil and Brown 1983:6-11); Categorical Resource Programme, Cross-categorical Resource Programme, Noncategorical Resource Programme, Specific Skill Resource Programme and Itinerant Resource Programme. In the categorical resource
programme, the services are reserved for students who are officially diagnosed as disabled. Each resource room caters to different categories of disability. The cross-categorical resource programme differs slightly from the categorical resource programme in serving two or more disability categories at a given instance. Here, the students are grouped according to instructional level rather than diagnostic labels. The non-categorical resource programme was designed to meet the educational needs of students with mild or moderate learning and behaviour problems, including both disabled and non-disabled students.

Specific skill resource programmes are organized around the training of skill areas primarily in reading, mathematics or speech. The special skill programmes serve the non-disabled children and hence, are useful in school settings which make use of the categorical and cross-categorical resource programmes. The itinerant resource programme could use the organizational format of any of the abovementioned resource programmes is literally a resource programme on wheels. It is useful in school settings which either do not have resources to support a full-time resource programme or does not house enough students who qualify to warrant a full-time teacher.

Inclusion is practically not so simple. The paper has shown how every aspect of the inclusive education has to be looked into for effective inclusion. Be it the pre-service preparation or the implementation of the models within the classroom, all requires sustained efforts of the educators. Though educating the pupil is largely a responsibility of the educator, one cannot undermine the importance of the family in the educational process. Thus, Trandisciplinary teams assume great importance in inclusive settings.

Trandisciplinary functioning means professionals from different streams work together alongside the family members of the child. The transdisciplinary approach is recommended because it: 1) prevents the fragmentation of services along disciplinary lines, 2) avoids
duplication of services, 3) views the whole child's development as integrated, and 4) emphasizes the importance of the family as equal, contributing members of the team (Losardo & Notari-Sylverson, 2001; McWilliam, 2000). The focus of the team is integrated development of the child and hence effective communication between team members becomes an indispensable component. The assessment, planning, intervention and monitoring require the team members to come together. This certainly means that team members must be willing to share their knowledge with each other and be open to acquiring new skills (McWilliam, 2000).

The main thrust of preparation for inclusion has been to prepare the general education teacher as well as the student with exceptionalities for this educational initiative. Students without disabilities are often not the prevailing focus in these efforts. The typically developing peers have a great role to play in inclusion. They must be aware and prepared for this prospect. As far as possible they must be involved in the classroom processes.

There is no perfect recipe for inclusion. There are however some requisites for inclusion. Each classroom has to be a community, which satisfies every child’s need to belong. The child needs a response as an individual from the educators and his/her peers. The educator must focus on child’s strengths. Co-operative learning should be a goal for all; there must be sincere attempts in classrooms, families and society to minimize competition and promote co-operation.

2.7 Evaluative Practices

The last decade has seen development of a number of evaluative instruments which has resulted in improved understanding of inclusive practices. In 1995, Rossman and Salzman
(1995) concluded most evaluative measures were not comprehensive. The evaluations had focused either on student outcomes or on support for parents, staff and students. Since then, a number of approaches and evaluative instruments have been developed.

The most popular is the Index of Inclusion developed by Booth, Ainscow, Vaughan and Shaw (2000) in order to enable the schools to carry out a self evaluation of problems in developing inclusive practice. The Index for Inclusion is a set of materials to guide schools through a process of inclusive school development. It is about building supportive communities and fostering high achievement for all staff and students.

The school could use the Index to:

- adopt a self-review approach to analyse their cultures, policies and practices and to identify the barriers to learning and participation that may occur within each of these areas.
- decide their own priorities for change and to evaluate their progress.
- use it as an integral part of existing development policies, encouraging a wide and deep scrutiny of everything that makes up a school's activities.

Inclusion is a holistic approach that has to permeate the whole school experience of staff, students, parents and the community. The three dimensions of culture, policies and practice has been elucidated below -

**Dimension A: Cultures:** The creation of inclusive school cultures entails the promotion of those beliefs and value systems that create a secure, accepting, collaborating, and stimulating community for all students.
**Dimension B: Policies:** The development of inclusive school policies entails the introduction of explicit aims for promoting inclusion in School Development Plans and other guidelines for practice in the management, teaching and learning in our schools.

**Dimension C: Practices:** The organisation of inclusive school practices calls for practices that reflect inclusive school cultures and policies by ensuring that classroom and extra-curricular activities encourage the participation of all students and draw on their knowledge and experience outside school.

Another evaluative model called the Disability Rights in Education Model (DREM) developed by Peters, Johnstone & Ferguson (2005) is considered for its international application. This model was developed with the help of “input of disabled people that attempts to provide a cross-cultural framework for evaluating inclusive education programmes”(p. 141). This model supports Mc. Donnell’s (2003:261) contention of educational systems as having two different structural levels: “deep structures of theories, values, assumptions and beliefs, and surface structures of day-to-day practices in the organizations and operation of schools”. The model thus attempts to understand both these structures for proposing educational reform. Inclusive education is seen as a dynamic process of interrelationships between these structures that is driven by a fundamental philosophy. The DREM provides a multi level framework at local/school, nation-state, and international levels. The DREM illustrates the dynamic interrelationship of outcome, resources, contexts and inputs. For each level, the outcomes at the top of the model and the intermediary enabling outcomes are specified according to the content area. These outcomes are decisive of whether or not a programme is responsive to disability rights and social justice. The influencing factors for these outcomes are the resources, contexts and inputs.
For the purpose of this research, we shall be concentrating on the local/school level of the model. This segment of the model would assist the researcher to put the findings against a framework for evaluation and analysis.

Figure 1.2 Disability Rights in Education Model: Level 1 – School

Source: Peters, Johnstone & Ferguson (2005)
2.8 Researching ‘Inclusive Education’

It is pertinent to discuss some of the methodological issues in carrying out a research on inclusive education. Farrell(2000) had cited a number of such concerns provided by Madden and Slavin (1983), Danby and Cullen (1988) and Hegarty (1993). Some of the main ones are discussed below-

- When evaluating the effectiveness of inclusive education it is virtually impossible to use matched control group designs where one group of pupils is placed in integrated provision and another is placed in a special school. This is because of the ethical problems involved in allocating different provision to similar pupils for research purposes only and to problems in matching accurately pupils with SEN so as to be certain that the two groups have the same characteristics.

- The range of problems evident in pupils with special needs is so great that it is difficult to generalize from one study to another unless one can be absolutely sure that the studies that are being compared were conducted on similar pupils.

- Similarly, the variety of inclusive provision which pupils can experience is so great that it is difficult to compare the findings from different studies as it is not always easy to judge whether the groups experienced similar or entirely different forms of inclusion.

Despite the considerable methodological problems in inclusion, a great deal of research has been carried out and extensive review material has published (e.g. Farrell 1997b, Hornby et al. 1997, Jenkinson 1997, Lindsay 1997, Sebba and Sachdev 1997, Thomas et al. 1998).

This research is a qualitative study and acknowledges the methodological limitation the area poses. The literature has greatly helped in conceptualising the present study and preparing a generalised framework for the model. The theoretical and the research review helped in analysing the findings and helping to suggest future directions for research.