Chapter 1

INTRODUCTION

*Children with disabilities are not excluded from free and compulsory primary education, or from secondary education, on the basis of disability and can access an inclusive, quality and free education on an equal basis with others in the communities in which they live (UN Convention on Persons with Disabilities 2006:Article24).*

There have been efforts internationally to include children with disabilities in the educational mainstream. Disability has been proved to be the greater disadvantage in education than gender, household economic status or rural/urban divide (Filmer 2005). With around 40 million children with disabilities (World Bank 2003), who remain out of school worldwide, the millennium development goal of achieving ‘universal primary education’ appears an enormous challenge. Nonetheless, the initiatives in the international arena have brought about significant positive developments in the member countries. Inclusive education is a part of this developmental agenda. It entails ‘increasing the participation of students in, and reducing their exclusion from, the cultures, curricula and communities of local schools’ (Booth and Ainscow, 1998:2). Globally it is estimated that 70% of children with disabilities, including those with mild mental retardation, can attend regular schools provided the environment is designed to be accessible and the institution has the facility to accommodate them (UNICEF 2003).

Inclusive education is complex and there are several interrelated factors which affect the process. The development of a child with a disability is influenced by the nested contexts of family, school, community and society at large. In relation to child development, Lerner (1993) proposed the “goodness of fit” which indicated that there has to be a match between developmental needs of the child and the resources and capacities of the environment. The
demands, expectations, attitudes, stereotypes and values imposed on the child by home, school and community mould his/her behaviour and actions. These systems are interdependent and are in constant interaction which suggests that a study on any factor related to these systems must take into account the influence of other interacting systems as well. Thus while proposing this study on inclusive education; it is pertinent to look at the macro picture as well. At the school level the study focuses on changes in classroom organization, resource utilization, and curriculum modification and at the systems level it takes into consideration parental and community support and the legislations and societal views on inclusion. This viewpoint is supported by Singal (2006a) where she asserted that inclusive education could be better understood by identifying the different factors operative within and between these systems. Before spelling out the philosophy of inclusion and meaning of inclusive education, the chapter would discuss the how ‘disability’ is constructed within Indian society and what are the prevailing ideologies on disability construction.

1.1 Construction of Disability
There are a number of models of disability elucidating the perspectives on disability construction. “Most of the definitions of disability frequently found in scholarly research are actually models made up of several concepts that have either directed or reciprocal relationships with one another” (Altman 2001:100). Oliver (1983) proposed dual model system based on the distinction made by the Union of the Physically Impaired against Segregation (UPIAS) in 1976 between impairment and disability. UPIAS pioneered the cause of disability and believed in empowering the people with disabilities so that they could engage in changing the society by eliminating the barriers that were seen disabling. Oliver (1990) tried to place all other disability models within the expansive framework of two models; individual and social. The individual model located the ‘problem’ of disability within the individual and considered these problems stemming from the functional limitations or
psychological losses which were assumed to arise from disability. There was a newer understanding of disability as with the introduction of social model of disability in the 1990s. The social model envisioned ‘disability’ as an outcome of social processes. It contended that ‘disability’ results from barriers imposed on ‘people with impairment’ by the society and suggests that elimination of these societal barriers, or education to remove prejudice leading to inclusion (Shakespeare 1996).

The social model provided a different perspective on disability to the non-disabled population as it voiced the concerns of the people with disabilities. Barton (2003) contended that social model is useful in providing a framework and language to people with disabilities to express themselves and understanding disability within the larger context of socio-economic conditions and relations. Thus it provides an “alternative and positive view of disability” and has an “educative function”. Inclusive education is in consonance with the social model and enables the children with disabilities to lead normal lives. Barton (1998) clarified that inclusive education is not just closing down unacceptable system of segregated schooling and sending children with disabilities to the mainstream school. It is about transforming the regular school systems in terms of physical factors, curriculum aspects, teaching and learning styles and goals signifying end of all form of exclusionary practices within schools.

The Table 1.1 summarizes the three key classification systems and related models and their interpretations and definitions of disability. The models related to the first two perspectives shown in the table define disability primarily as a fixed medical condition or impairment with no or limited consideration for the socioeconomic or cultural context. By emphasizing the limitations of abilities as a result of an impairment or disability, these models follow an exclusionary approach. Models related to the ecological perspective shift toward a more integrative approach that prioritizes situational and contextual aspects in their definition of disability.
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<th>Definition or interpretation of disability</th>
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<td><strong>Definition or interpretation of disability</strong></td>
<td>Disability is considered a health problem or abnormality that is situated in an individual’s body or mind.</td>
<td>Disability is directly caused by impairment and defined primarily by medical criteria. In contrast to medical model, consideration is given to the social and physical environment.</td>
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<td>Medical model—Disability is classified or interpreted by disease, illness, abnormality.</td>
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<td>International Classification of Diseases (ICD)—Coding system focusing on diseases and health conditions revised and updated by the World Health Organization (WHO).</td>
<td>International Classification of Impairments, Disabilities and Handicaps (ICIDH)—First classification system focusing solely on disability. Developed by the WHO. Disability is defined by the reduction or lack of ability, caused by impairment, to perform an activity in a way considered normal for a human being.</td>
<td>The social model—Disability is primarily interpreted as society’s failure to acknowledge and accommodate the needs of persons with disabilities rather than a medical condition.</td>
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<td>Human-rights model—Disability is defined as a social construct focusing on individuals’ human rights and dignity. International Classification of Functioning, Disability and Health—Revision of ICIDH. Disability is defined as the interaction between impairment and externally imposed activity limitations or participation restrictions.</td>
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In order to understand the various meanings these models ascribe to terms, it must be studied from the root. For most models ‘pathology’ is the starting point but not for all (Altman 2001).
The definitions however differ for each model. For instance, Nagi Model (1965) defined pathology as a interruption in normal body processes while the body attempts to restore that normal state. The original WHO model used the concept of ‘disease’ to represent the medical model that is depicted as etiology, pathology and manifestation. In the second model, ICIDH-2 (WHO 1999) the concept of disease and disorder is subsumed under the context of health. The social model identifies ‘impairment’ as the first component and ‘pathology’/ ‘disease’ do not feature in this model. The Disabled People’s International defines impairments as “functional limitation within the individual caused by the physical, mental or sensory impairment” (Oliver 1996:41).

The impairment perspective considers disability a health problem or abnormality that is situated in an individual's body or mind. The medical model, which views disability in terms of disease, illness, abnormality and personal tragedy, best expresses this perspective. It focuses on impairment and considers disability a health problem or abnormality that is situated in an individual's body or mind. The medical model assumes that disability as an intrinsic characteristic of individuals with disabilities. This has serious practice implications as it attempts to cure the individuals' abnormalities and defects, which are seen as strictly personal conditions. The medical model was an offshoot of the development in the modern medicine in the 19th century, which enhanced the role of the physician in the society. The rationale that goes behind it disabilities are believed to have medical origins, the disabled individuals were supposed to benefit under the directions of the medical professionals. The individual was considered the originator and bearer of the problem. In short, the medical specialists could provide the solution to the problem of disability. The society has no obligation towards the disabled population in terms of adapting to their diverse needs.
The individual with a disability assumes a sick role under the medical model. Just like the societal obligations are relaxed for sick individuals, even the people with disabilities are not expected to fulfill those normal roles like attending school, taking up a job, having a family of their own etc. They are expected to yield authority to the medical professionals whom they require to get better. The medical model as is evident is very narrow in focus. It locates the problem within the individual and proposed only a medicinal cure.

Until recently, the effect of the medical model was seen in most of the policy issues and programmes which concentrate mainly on health thus, placing the authority in the medical professionals. What fits well within this impairment paradigm is the International Classification of Diseases (ICD), which is a system of coding diseases and health conditions that is used by most health services around the world. The World Health Organization (WHO), the body responsible for periodically revising the ICD, released the tenth revision (ICD-10) in 1999. The ICD was developed exclusively in consultation with international medical and rehabilitation professionals, including associations of hospitals and medical doctors; it did not involve persons with disabilities or their organizations. The ICD remained silent on the social and environmental aspects of impairment and disability.

The **functional limitations perspective** arose from attempts to expand the medical model to include non-medical criteria of disability, especially the social and physical environment. Nevertheless, the notion that impairments were the direct cause of disability remained central to this perspective. Also, like the impairment perspective, the functional limitations perspective considered disability in quantitative terms, measuring functional restrictions against a standard. Under the Nagi model (Nagi 1965: 100-13) *functional limitations* are a distinct concept. The limitations are tied more to activities associated with social roles than to
accredited, doctor-tested limitations. Disability was seen as influenced not only by the characteristics of impairments, such as type and severity, but also by how the individual defines a given situation and responds to it, and how others define that situation through their responses and expectations.

Another model which fits in the functional limitation paradigm is the original WHO (1980:27) ICIDH model which had three main components; impairment, disability and handicap. Impairment is defined as “any loss or abnormality of psychological, physiological or anatomical structure or function”. There are a couple of points to be noted in relation to this definition; first the term impairment was interpreted to be more inclusive than disorder and, second, to resolve boundary distinctions that lacked clarity in earlier versions, functional limitations were included with impairments (Altman 2001). Though functional limitation was not a defined concept but it was inherent in the model. ‘Disability’ was defined as any restriction or lack (resulting from any impairment) of ability to perform an activity in the manner or within the range considered normal for a human being. ‘Handicap’, in the context of health experiences, is a disadvantage for a given individual, resulting from impairment or a disability that limits or prevents the fulfillment of a role that is normal for that individual (WHO 1980:14). While this definition acknowledged that handicap is a social phenomenon and is moderated by the expectations of the particular group of which the individual is a member, the focus is more on the disadvantage resulting from impairment or disability. This classification became the most commonly used definition of disability among medical practitioners and other professionals, including medical sociologists, thus popularizing the medical model which emphasizes on impairment as cause of disability and handicap. The environment here is seen as neutral and the onus of preventing impairment from turning into a disability or handicap lies with the individual.
Problems with the existing definitions of disability led the WHO to begin the process of developing a new definitional framework for understanding disability, based on a revised ICIDH. A revision process of the 1980 ICIDH, across all three dimensions—Impairment, Disability and Handicap was initiated in 1993. The aim of this work was to provide a more coherent and widely applicable set of classifications, which would be conceptually valid and useful. The new classification system fell within the ecological perspective. The ecological perspective developed in the 1970s as a response to the impairment and functional limitation perspective; however it gained popularity only in the mid 1990s. Like the latter perspective, the ecological perspective rests on three distinct disability concepts: pathology (or abnormality), impairment and disability. However, it sees disability as resulting from the interaction of impairment, activity limitations and participation restrictions in a specific social or physical environment such as work, home or school.

According to the ICIDH-2 (WHO 1999:16), in the context of health condition, impairment is defined as “problems in body function or structure as a significant deviation or loss”. Limitations in certain functions such as the inability to carry out a basic function of the body part, a concept that was included in 1980 within impairments, is still included in the new version. The new term that was introduced to replace ‘disability’ is ‘activity’. It was defined as the performance of a task or action by an individual (ibid: 18). Specifically, the activity dimension is seen to represent the integrated use of body functions in a purposeful way to perform the individual’s life tasks (Altman 2001). In order to give specific recognition to the environmental influence on handicap, the term was reconceptualised as participation. It was defined as “an individual’s involvement in life situations in relation to health conditions, body functions and structures, activities and contextual factors” (WHO 1999:19). The
contextual factors are defined as the features, aspects and attributes of, or objects, structures, human-made organizations, service provision, and agencies in, the physical, social and attitudinal environment in which people live and conduct their lives. The objective of these contextual factors is to present a list of potential objects, structures and organizations, or features, aspects or attributes of things, which might help a person with impairments or activity limitations to increase their level of participation in some domain, or alternatively which might be responsible for decreasing the level of participation.

This ecological perspective on disability was also reflected in the International Classification of Functioning, Disability and Health (ICF), adopted by the World Health Assembly in 2001. The final document was the International Classification of Functioning (ICF), which took a very strong approach to the social model of disability as against the medical model previously used (DPI, 2005). It however did not mean that the medical aspects are ignored by the ICF; in fact it was based on an integration of these two opposing models. In order to capture the integration of the various perspectives of functioning, a “bio-psycho-social” approach was used. Thus, ICF attempted to achieve a synthesis, in order to provide a coherent view of different perspectives of health from a biological, individual and social perspective.

ICF belonged to the family of international classifications developed by the World Health Organization (WHO) for application to various aspects of health. The WHO family of international classifications provides a framework to code a wide range of information about health (e.g. diagnosis, functioning and disability, reasons for contact with health services) and uses a standardized common language permitting communication about health and health care across the world in various disciplines and sciences. In WHO’s international classifications, health conditions (diseases, disorders, injuries, etc.) are classified primarily in ICD-10, which provides an etiological framework. Functioning and disability associated with health conditions are classified in ICF. ICD-10 and ICF are therefore complementary.
Functioning is an umbrella term encompassing all body functions, activities and participation; similarly, disability serves as an umbrella term for impairments, activity limitations or participation restrictions. The ICF further recognized that disability is a universal human experience and not a concern to a minority of humanity: every human being can suffer from a decrement in health and, thereby, experience some disability.

Another model which refers to the larger social context as being very important in the development of disability is the Quebec disability production process model (figure 1.1) which was developed by a team at University Laval, Quebec, Canada led by social scientist Patrick Fougeyrollas (1999) is an archetype of the ecological perspective. The Quebec model contributed greatly to the review and eventual improvement of the ICIDH, rejected the linear cause-and-effect explanation of disability. It presented disability as the interaction of three kinds of factors: personal factors (age, sex and cultural identity), environmental factors (the social context in which the person lives) and life habits (the person's daily activities). The Quebec model shifted the focus from a fixed impairment that is part of a person's organic system to other, more changeable factors that affect that person's participation in society. In the Quebec model, disability depended on the environment in which a person lives and carries out daily activities. If the environment is adapted to the person, the disability can change or even disappear. The Quebec model urges for; environmental changes so as to accommodate the entire populace, adopting a pro-active approach for prevention of handicaps and creating equal opportunities for all.
Figure 1.1 Quebec disability production process model

Contextualising the Models

All societies differ in the way they respond to disability, depending on their attitudes and available resources. In Indian and Asian Societies, disability is associated with bad deeds of previous births (Ghai 2001, Karna 2001 cited in Ghosh 2005). In fact, all kinds of sufferings are explained by the ‘Karma’ (meaning ‘deeds’) theory. ‘Disability’ is regarded as a form of divine punishment for any unjust or bad karma that the person may have committed (Paranjpe 1986). This belief has emanated from the religious scriptures and is invoked to explain all life events. To quite an extent this has fortified charity driven interventions for the needy and marginalised. These interventions are
considered favourable for the beneficiaries by the providers which could be State sponsored charities, NGOs or benevolent individuals.

In the past, children with disabilities were seen as contaminants of human race. They were either eliminated or served as objects of entertainment. Philanthropists were concerned about the inhuman treatment rendered to them and therefore, advocated for their institutionalisation. The children with disabilities were placed in asylums where the staff responded to their basic needs. These asylums however, were not meant to be educational institutions (Bender 1970). Special schools were established in the 19th century for children with sensory impairments. The special schools were concentrating more on the vocational skills. The curriculum of a special school also varied to a great extent in comparison to regular schools. In India, first special school was established by Anne Sharpe in 1887 in Amritsar for the visually challenged children. During the post independence period, the government established many special schools. By 1966, there were 115 schools for the visually challenged, 70 schools for the hearing and speech impaired, 25 schools for orthopedically challenged and 27 schools for the mentally challenged (Goel & Rao 2008).

There has been a dramatic change in the way ‘disability’ is constructed and educational services are designed and delivered to children with disabilities around the world. This positive change came by after the concept was ‘normalisation’ was developed in the Scandinavian countries particularly in Denmark and Sweden in 1960s. Wolfensberger (1972:28) defined normalisation as, “Utilisation of means which are as culturally normative as possible, in order to establish and/or maintain personal behaviours and characteristics which are as culturally normative as possible”. Another development which affected the ideology change was the designation of the year 1981 as the International Year of Disabled Persons and when the United Nations General Assembly adopted the World Programme of Action Concerning Disabled Persons. It strongly encouraged the inclusive practices in education. When the programme was reviewed in 1987, human rights of people with
disabilities was given utmost importance and incorporated as the guiding philosophy of the World Programme.

The 1980s saw the advent of disability rights perspective which had become popular amongst the leaders of disability. The rights-based approach to disability essentially means viewing persons with disabilities as subjects of law. The ultimate aim of the approach was empowerment of people with disabilities and to ensure their full participation in political, social and cultural life.

Chib (2002) notes that in India, a number of social welfare policies and traditional charities could be seen clinging to the medical model where the people with disabilities are designated a passive role of recipients. There are a number of special schools, sheltered workshops and protection homes for people with disabilities which have been established by religious and philanthropic agencies signifying existence of charitable and medical approaches to service provision.

This research appreciates and aligns with the social model of disability and would subscribe to all related philosophy and practice. The human rights model is a distinct subgroup of the social model. It understands disability as a social construct. The human rights model positions disability as an important dimension of human culture, and it affirms that all human beings irrespective of their disabilities have certain rights which are inalienable. Inclusive education is a matter of children’s ‘right’ rather than an opportunity. The rights of the children have been laid out in the Convention on the Rights of the Children (CRC) of 1989 and reiterated through the recent UN Convention on the Rights of Persons with Disabilities (2006). The CRC encompasses the civil and political, social, economic and cultural rights of children. It rights defined in the convention would be classified under four clusters of survival, development, protection and participation. There is a clear indication of educating children with disabilities in mainstream schools for safeguarding their right to be part of the society. The UN Convention on the Rights of Persons with Disabilities has explicitly spelt (Article 24) that the children with disabilities must be included in the general education system. Though the
conventions have been widely ratified by the member nations, there are reported good practices and violations all over the world. ‘Disability’ in children renders them even more vulnerable to violation of their rights. Children with disabilities have universally suffered discrimination, violence and abuse, poverty, exclusion and institutionalization (International Save the Children Alliance 2001:2). Jones (2000), while screening the ‘country reports’ of the member nations to the UN Committee on the Rights of the Child, observed that majority of the children were mostly referred under Article 23 which pertains to rehabilitation and special care and rarely under the other articles. This indicates ‘welfare’ rather than ‘rights’ approach of nations towards their children with disabilities.

It would be pertinent to elucidate the understanding about inclusive education and its national interpretation.

1.2 Inclusive Education

Before the objectives and methodology of this research are spelt out, there is a need to understand the concept of ‘inclusive education’. These conceptualizations and understandings are the edifice of the research project. The concept of inclusive education could only be operationalised once the philosophy behind it is understood. It is known that a reluctant society would not be able to provide equal rights to all its learners. Inclusion calls for a transformation of the ideology. Inclusive education is part of the strategic intervention. The aim of inclusive education is not only to cater to all learners but also to resist exclusionary pressures. Inclusion means much more than integration, it signifies that the child with disability is provided a similar environment and experiences as his/her typically developing peers. A better understanding of the inclusion philosophy would help us gain clarity on the subject matter and facilitate accreditation of the inclusion processes.

Inclusion requires restructuring of cultures, policies and practices in schools in order to respond to the diversity in learners. If certain prevalent understandings of inclusive education are examined, it could be deduced that most definitions mention inclusive school as one which provides education to ‘all’ learners. Table 1.1 lists some popular definitions of inclusive education which aids the understanding
and illuminates the concept.

**Box 1.2 Some definitions of inclusive education**

*“Teaching that takes into account the increasing range of differences between pupils is often called inclusive education”* (Leeman and Volman 2001: 367).

Inclusion in education has been defined as ‘increasing the participation of students in, and reducing their exclusion from, the cultures, curricula and communities of local schools’ (Booth and Ainscow, 2000:7).

Inclusive education does not simply refer to the placement of children with special needs into normal schools, but it is also concerned with the conditions under which we can educate effectively all children (Barton, 1997).

Inclusive education is the practice that provides school experiences to children with special needs, in the same school and classrooms they would have attended anyway had they not had special needs. It is a process during which all children, regardless of their abilities and need, participate in the same school (see Thomas, 1997).

Inclusive education as the process with which schools try to respond to all pupils as individuals, reviewing the organization and provision of their curriculum (Sebba and Ainscow1996).

There are some ground values of inclusion in schools. Firstly, the child with disability does not have to always try to achieve normal standards. There also has to be no minimum criteria of ability for seeking admission to an inclusive school. An inclusive school accepts all learners and provides equal opportunities to all students. Secondly, it also celebrates diversity in a pluralistic society. The non-disabled children have much to learn from children with disabilities and vice versa. Thirdly, all actors in inclusive education must collaborate to give best results of inclusion. In addition, ‘inclusion’ values each individual and respects his/her uniqueness. Inclusion in schools, places the teaching/learning responsibility on the school rather than on the child with disability.
For this research, the wider understanding of inclusive education is borrowed from Loreman, Deppler & Harvey (2006). They define inclusion of children with different abilities in all aspects of schooling that other children are able to access and enjoy. For achieving this goal, the regular schools have to adapt themselves to the needs and demands of all children and must prepare to celebrate diversity. They further note that their definition of inclusion does not imply that children with diverse abilities would not receive specialized assistance or teaching outside of the classroom when required, but rather that this is just one of many options that are available to, and in fact required of all children.

1.3 Distinguishing Inclusive Education from Integration

The education of children with disabilities has been characterized by changing terminology which has philosophical underpinnings. The idea is to identify most neutral terms and definitions in the process, remove pejorative connotations for people with disabilities. With reference to children, there has been a remarkable change in the way they are addressed; from an earlier denomination of ‘abnormal children’ to the most recent ‘children with special needs’. Since the latter encompasses a wider range of children, it appeared appropriate to use ‘children with disabilities’ to maintain clarity and distinction. As regards, educational model, history is full of terminology ranging from mainstreaming, integrated education to inclusive education.

The two terms had been revolutionary in the field of education of children with disabilities. Inclusive Education is a more recent concept and in a way a replacement of an old ideology. Integration demanded that "additional arrangements will be made to accommodate" children with disabilities "within a system of schooling that remains largely unchanged"; inclusive education, on the other hand, aims to restructure schools in order to respond to the learning needs of all children (Ainscow, 1995:1). Hence, integration meant placing the child in a regular school and placing the burden of coping on the child with disability and his/her family. Inclusive school on the other hand means the restructuring the school’s policy and structures to accommodate a child with disability. Walker (1995 in Thomas et al. 1997) attempted to summarize the difference between integration and inclusion and laid out a comparative table (table 1.3). The main point of difference is the ‘rights’ approach in inclusion which underlay that the school must accommodate all children and must address all their
educational needs. In context of India, Julka (2005) diagrammatically differentiated between integrated and inclusive education (figure 1.1) where she touched upon a range of factors from curriculum, economics, teacher effectiveness, rights etc. The diagrams were self-explanatory and clearly bring out the differences in the two ideologies.

Table 1.3 Differences between Integration and Inclusion Source: Walker, 1995 cited in Thomas et al 1997:14

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<th>INTEGRATION Emphasises</th>
<th>INCLUSION Emphasises:</th>
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<td>Needs of 'Special Students'</td>
<td>Rights of all students</td>
</tr>
<tr>
<td>Changing or remedying the subject</td>
<td>Changing the School</td>
</tr>
<tr>
<td>Benefits to the student with special needs of being integrated</td>
<td>Benefits to all students of including all</td>
</tr>
<tr>
<td>Professionals, specialist expertise and formal support</td>
<td>Informal support and the expertise of mainstream teachers</td>
</tr>
<tr>
<td>Technical interventions (special teaching, therapy)</td>
<td>Good teaching for all</td>
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</table>
Figure 1.4 Differentiating Integrated Education from Inclusive Education Source: Julka (2005)
Thus, the older concept of integration brings with it an inherent notion of ‘coping’ which rests with the child rather than the school. Inclusion is a child-friendly approach which stresses on educational outcomes for all children and not just allowing the child with disability to be in the regular setting.

Inclusive practice relies on knowledge, skills and understanding, resources and attitudes. Positive attitudes are a necessary starting point but by themselves they are rarely sufficient without the other elements. Schools may need to develop skills and knowledge by working with specialist professionals brought into the school. This can enhance the capacity of the school to act in inclusive ways in relation to children with a range of special needs. Thus, it is indicated that inclusion is distinctly different from the notion of integration, in which students with disabilities are educated together. There are several critical elements of inclusive education which would be elaborated in the next segment.

1.4 Characteristics of Inclusive Schools

Inclusive schools command an educational change. In order to make conventional schools inclusive, Hegarty (1993) suggested following changes to be brought in regular schools-

**Curriculum:** What is taught, with particular reference to establishing a balance between offerings a mainstream curriculum framework and taking account of individual needs.

**Pedagogy:** How it is taught, again with reference to providing specialist support without isolating people from peers.

**Academic organization:** How the school organizes itself to deliver curriculum effectively to the widest possible range of pupils by means of appropriate pupil grouping, arrangements for supplementary teaching and timetable construction.

**Staffing:** Teachers, classroom assistants and support staff, all to be deployed flexibly, but with a shared dynamic focus on achieving ‘school for all’.

**Professional Development:** Essential underpinning of any school reform, to encompass attitude change, increased understanding and skill development.
**Parental Involvement:** Collaboration to include sharing of information, involvement in curriculum delivery, parent support and liaison with professional agencies.

**External Support:** Special schools and support agencies to provide essential input-training, assessment, curriculum planning, therapy— but without usurping the school’s principal responsibility.

Here the common features of inclusive school (Inos and Quigley 1995) shall be discussed in order to bring some uniformity to the concept. The schools may have some of these features, as the concept of inclusive schools is developing these features are not universal.

**A Sense of Community:** All children are respected irrespective of their abilities and a feeling of belongingness in inculcated in the children.

**Common Vision:** All stakeholders share a common vision of fostering inclusive culture and enhancing outcomes for all children which produces strong sense of community.

**Problem Solving Teams:** Multidisciplinary teams comprising professionals and parents for making decisions on important areas concerning children’s needs. The team members give specific perspective to needs of the child.

**Parent Partnerships:** Parents must be included as full members of the inclusive team. It is vital to recognize the parents’ perspectives, address their needs and concerns regarding the child.

**Teacher Partnerships:** Partnering of regular and special education teachers to achieve educational outcomes is an important characteristic of inclusive education. In such situations, teachers learn from each other, gaining inspiration and finding solutions to problems they had difficulty solving alone.

**Paraprofessionals as Partners:** Insightful perspective in planning and consistent service delivery is two of the vital parts paraprofessionals play on the problem-solving team.
**Students as Problem Solvers:** Successful inclusive schools involve students as partners in the school community. As students are allowed a greater participation in the community, they become more responsible and effective in the inclusive process. Common among inclusive schools is the use of students as:

- peer mediators - students trained to help resolve disputes among other students.
- peer tutoring - students help other students learn and review material.
- cross-age tutoring - older students helping younger students.
- cooperative learning - teams of students problem solving and working together.
- buddy systems - two children who agree to help each other; may be made up of any two children, regardless of educational status, who want to help each other.

**Community Partnership:** The involvement of the community could be enhanced through awareness and seeking support in form of volunteers, tutoring and looking for newer ways of increasing their participation as macro agents.

**Using a common and neutral language:** Usage of common and neutral language by all stakeholders brings about greater cohesion and a sense of community.

**Requires extensive planning:** All activities and practices in inclusive set-ups require extensive planning and scheduling for collaboration.

**Providing services in the classrooms:** If the services for children with special needs are provided in the classroom it leads to considerable success. The regular teachers should be provided with training for implementing specialized techniques which the resource teacher employ in order to bring cohesiveness and offer general instruction to all children.

**Flexibility:** The most vital challenge facing inclusive school is efficient management of instructional time, teach curriculum and above all, build a sense of community. This demands flexibility of the school administration and spontaneity of the teachers.
Co-Teaching: All teaching partnerships require collaboration, compromise, and extensive communication. General education and special education teachers bring knowledge and skills to teaching. When paired together, these teachers pool their expertise. Generally, regular teachers have in-depth knowledge concerning specific curriculum or subject area, whereas special education teachers know how to modify and break down curriculum and how to adapt methodologies to meet the needs of individual children. When general education and special education teachers are placed in a situation where they can work together, they have more to offer the students and each other.

The above features represent an ‘ideal inclusive school’, which is not universal. 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). This research considered 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. However, in the future some positive changes could be expected as inclusive education has become a global agenda and nations are taking up the cause of inclusive education seriously.

1.5 Inclusive Education: A Global Agenda

There have a number of international developments which have impacted inclusive education in member nations. They are UN Convention on the Rights of the Child (1989), the UN Standard Rules on the Equalisation of Opportunities for Persons with Disabilities (1993) and the UNESCO Salamanca Statement (1994), The Biwako Millennium Framework (2003), UN Convention on the Persons with Disabilities, 2006. All of these documents recognise the human right perspective and stand for equal opportunity for education to all children. A glimpse of the main provisions pertaining to inclusive education would provide an insight into international perspectives.
The Convention on the Rights of the Child first time spelled out the right of children with disabilities to be in mainstream schools. The Article 23 affirms that the States Parties should recognize that children with disabilities “enjoy a full and decent life”, in societal conditions which promote dignity and self-reliance and enhance active participation in community activities. It further states that the child with disability should be educated in a way that will allow him or her to achieve the ‘fullest possible social integration and individual development’. The UN Committee on the Rights of the Child has since interpreted this as a goal for inclusion for all children. Article 2 says that all rights in the Convention shall apply to all children without discrimination - and it specifically mentions disability. Articles 3, 6, 12, 28 and 29 in the Convention give further support to inclusive education for all children with disabilities.

Amongst the major international developments was the proclamation of 1983-1992 time frame as the United Nations Decade of Disabled Persons. A key outcome of this decade was the adoption of Standard Rules on the Equalization of Opportunities for Persons with Disabilities in 1993 by the General Assembly. Though the rules do not have a legal binding, they have moral implications and incite political commitment in the Governments to take action for providing equal opportunities to all its citizens with disabilities. The Rule 6 of the Rules pertains to Education. It asserts that States should recognize the principle of equal primary, secondary and tertiary educational opportunities for children, youth and adults with disabilities, in integrated settings. They should ensure that the education of persons with disabilities is an integral part of the educational system.

What paved way for inclusive education was the Salamanca Statement and Framework for Action on Special Needs Education (1994) adopted by the World Conference on Special Needs Education. The responsibility of educating the children with disabilities rests with the nation’s government. It upheld the aim of ‘education for all’ by suggesting some foundational changes in programmes and policies. The Statement solicits governments to give the highest priority to making education systems inclusive and adopt the principle of inclusive education as a matter of law or policy. It emphasizes that every child has a basic
right to education and every child has unique characteristics, interests, abilities and learning needs. Therefore, the educational institutions must prepare to cater to the diverse learning needs. It recommends the nation’s government to undertake demonstration projects and encourage exchange programmes with countries that have had success with inclusion.

A more recent advancement which supplements the Salamanca Statement is the Biwako Millennium Framework (2003). It confirms that in the Asian and Pacific region education for children with disabilities is largely provided in special schools in urban areas and is currently available to limited number of children. It asserts that the education of all children with disabilities must take place in local or community schools. This development would help in breaking down barriers and negative attitudes and bring about social integration and cohesion within communities.

The most topical initiative which supports inclusive education is the UN Convention on Rights of Persons with Disabilities (2006). It clearly acknowledges that children with disabilities should not be excluded from the general education system on the basis of their disability. The general educational system must facilitate their effective inclusion. The educational providers must arrange for individualized support measures to maximize their academic and social development.

These global initiatives have caused the member nations to promulgate policies and programmes for children with disabilities in their countries. This places an obligation on the member nations to comply with the international ideology and standards for safeguarding the rights of the children with disabilities towards accessing mainstream education. The chapter would cover major developments in inclusive education in various countries of the world. This would help in understanding the extent to which the inclusion has been implemented in schools around the world. Some nations like USA, UK, Nordic countries, Australia have
achieved a great deal in this field and other nations could learn about policies and good practices from their accomplishments.

1.5a United States of America

The development of special education in USA dates back to 1960s and was a federal government initiative under the leadership of President Kennedy. He had been the main force in spreading awareness about disability and shaping it into policy (Osgood 2005). In the 1960s and early 1970s services to children with disabilities became available through Head Start and other federal early childhood programmes. Head Start was a comprehensive programme designed to foster the healthy development of young children from low-income families. The programme has grown from eight-week summer programme for preschoolers in 1965 to a year-round programme serving children aged 0-5 years and pregnant women. The unique characteristic of the programme was that it admitted children with disabilities as well.

Despite the early efforts, around one million children with disabilities were excluded from schools and hundreds of thousands remained in state run institutions (American Youth Policy Forum and Centre on Education Policy 2001). The passage of Education for All Handicapped Children Act in 1975 brought about significant changes in the education of children with disabilities. By the late 1970s and early 1980s integration of children with mild and moderate disabilities in regular settings began on at least part-time basis. In 1986, the ‘Regular Education Initiative’ that stood for amalgamation of the special and general education services. The inherent viewpoint was that the children with disabilities should be the shared responsibility of all educators rather than sole responsibility of special educators (Will 1986). It was not until the early 1990s with the international developments (discussed above) that the policy and practice began to reflect the commitment towards inclusive education. The first significant step towards this was the reauthorization of the Education for All Handicapped
Children Act as Individuals with Disabilities Education Act (IDEA) in 1990. The IDEA provided funds to states for the education of children with disabilities. It contained detailed requirements for the receipt of these funds, including the core requirement of the provision of a free appropriate public education (FAPE).

Currently, there are three federal laws which provide equal educational opportunities to children with disabilities on par with their non-disabled peers (Inos and Quigley, 1995). The first one is Section 504 of the Rehabilitation Act of 1973. The law required that each school educate the disabled students in their jurisdiction unless the school can prove that the child's needs cannot be met in the general classroom. The second federal law is the Individuals with Disabilities Education Act, (IDEA). It introduced the legal concepts of the "Individualized Education Plan" (IEP) and least restrictive environment. This law guaranteed that disabled students needs will be identified and met in the classroom, or if this is not possible, provided as near to the student's home and in the least restrictive environment possible. The third federal law, the Americans with Disabilities Act of 1990 (ADA), provides a clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities. It guarantees equal opportunity for individuals with disabilities in employment, public accommodations (including most private schools, child care centers, etc), transportation, State and local government services (including public schools), and telecommunications.

1.5b United Kingdom

In UK the most prominent historical development was the Warnock Committee Report of 1978 which placed the education of children with disabilities in its top priorities. It emphasized that the early years (0-5 years) are crucial in terms of child development and these are especially important for children with disabilities. This period could help them develop their abilities to their fullest potential and could prevent secondary disabilities. The Education Act of 1981 was developed in line with the Warnock Committee Report and underscored the importance of integrated education for children with disabilities.
Though United Kingdom has a rich history of special education, Wall (2003) contends that for most part in the educational history, children with disabilities have remained unacceptable to the society. Much of the recent legislation for special needs education in England has been enabling, participatory and progressive. Since 1997, the government has embraced the concept of inclusion in many aspects of social policy. In education, the Office for Standards in Education (OFSTED) which inspects and judges schools on the extent to which they are inclusive of pupils with special educational needs (SEN) and the recent anti-discrimination legislation the Special Educational Needs and Disability Act (SENDA, 2001) has strengthened the right to a mainstream school place for children with disabilities. In addition, other initiatives such as the Department for Education and Skills (DfES) guidance Inclusive Schooling: Children with Special Educational Needs (DfES, 2001a), the revised Special Educational Needs Code of Practice (DfES, 2001b), Removing Barriers to Achievement (DfES, 2004) and Every Child Matters (DfES, 2003), together provide a firm legislative context for further developments in inclusive education nationally. It would seem, therefore, that the government’s strategy for SEN, demonstrates a commitment to inclusive education as a model for meeting special needs (cited in Rouse & Florian 2006).

1.5c Nordic Countries (Norway, Sweden, Finland, Denmark and Iceland)

Nordic countries have led the movement of inclusion. The idea of ‘normalisation’ originated there and ever since the early 1970s Nordic countries have promoted the idea of “society for all”. These efforts have resulted in policy shift from charitable approaches to individual centred rehabilitation and over the last two decades the shift had been towards equalization of opportunities, empowerment and inclusion of all people with disabilities (Nordic Disabled Person Organisations 2001).
Sweden, Iceland and Norway offer a “one track approach” that is, they have developed policies and practices which ensure inclusion of almost all children within the regular educational system. However, in Finland and Denmark, a “multi-track approach” is followed where a variety of services are provided between the mainstream and special needs systems. There are supportive legislations which have brought about effective inclusion in the Nordic countries such as Folkeskole, 1994 (Denmark), Comprehensive Instruction Law, 1999 (Finland), Swedish Education Act (Sweden), Education Acts (Iceland), The Act on Primary and Lower Secondary Education, 1975 (Norway) (Meijer 2003).

A majority of the schools in the Nordic countries at primary and secondary schools are public and the percentage of children in private schools is much lesser in OECD countries except for Denmark. At the upper secondary level, Nordic countries (Denmark, Norway, Sweden and Finland) are among countries with lowest social segregation. The reasons for this are greater comprehensiveness, an even standard of education, less private schools and lesser opportunities for school to select their pupils (Arnesen and Lundahl 2006). Due the efforts of the nations’ government Norway and Iceland have less than 1%, Denmark and Sweden have 1-2% children and Finland has 2-4% of children with special needs in segregated settings (Meijer 2003:129).

1.5e Australia

In Australia, the children with disabilities lacked equal opportunities till the first half of the 20th century. For children with disabilities, this period was significant only in terms of establishment of special schools for sensory, intellectual or physical disabilities which were run by private charities with support from the state government. The public policy on disability underwent a dramatic change during the 1960s and 1970s. There is no specific
legislation which promotes inclusive education; the national educational policies do stand for social justice and provision of equal opportunities for all students in Australian schools. The rights of those at-risk of under-participation and under-achievement in Australia are protected by the Education Act 1989, Anti-Discrimination Act 1991, Disability Services Act 1992 and the Disability Discrimination Act 1992 (DDA). The aim of the DDA was to protect people with disabilities against discrimination and it also extends to discrimination in education.

There has been a strong movement in the last 20 years in Australia towards educating students with disabilities in mainstream schools and in mainstream classes. In 2002, the majority of children with disabilities attended mainstream rather than special schools; 81% of children with disabilities attending government schools and 91% of children with disabilities attending non-government schools were in mainstream settings (AIHW 2004).

1.5f Inclusive Education in Developing Countries

The estimates reveal that majority of the world population of people with disabilities are residing in developing countries of Asia, Africa, the Caribbean, Latin America and the Middle East. This population consists of some 150 million children and only 2% of them receive any kind of rehabilitative services (cited in Eleweke & Rodda 2002). It is predicted that by the year 2025, the number of people with disabilities will have risen from the current 600 million to 900 million worldwide, of which 650 million will be in developing countries (disability.dk, 2003, p. 1). The UNESCO reports (1996/7, 1999) suggest that the implementation of inclusion in some developing countries, e.g. Benin Republic, Burkina Faso, China, Chile, Ghana, Guinea, India, Ivory Coast, Jordan, Lesotho, Loa People’s Democratic Republic, Malawi, Morocco, Mongolia, Palestine, Peru, South Africa and Uganda, most of these programmes remain ‘pilot projects’ and factors such the absence of
support services, relevant materials and support personnel are the major problems of effective implementation in these countries (ibid). For example, in Asia the resources and facilities were not up to the mark and the countries were catering to less than 1% of the population with special needs (Kholi 1993). Ozoji (1995) observed that most schools in developing countries lacked the basic material helpful for children with disabilities. The chapter would look at the initiatives on inclusive education in a couple of countries as examples, before illuminating the Indian context on policy and education system. This would help us in understanding the current situational contexts of inclusive education in developing nations.

1.5g Pakistan

The international revolutionary decade in the field of disability (1983-92) generated increased awareness about disabilities in Pakistan. The first step towards inclusive education was the National Policy for the Rehabilitation of the Disabled (1986). It resulted in preparation children with disabilities for integration in regular schools situated in the vicinity of special schools. (UNICEF 2003). The National Policy for Persons with Disabilities 2002 recognised the need for affording the education facilities to a maximum number of children with disabilities, their integration shall be ensured by adopting the following measures:-

- provision of special aids and equipment,
- alignment of policies between the Federal government, the provincial governments and the district governments at the level of relevant ministries and departments,
- changes in curriculum in collaboration with relevant departments, agencies.
- provision of specialized aids and equipment.
In addition, the new National Curriculum has made efforts to include principles of human rights, upholding diversity and difference along with universal rights (National Report of Pakistan 2008). However, UNICEF(2003) report that the philosophy of inclusive education is not articulated. It is because the Ministry of Women Development, Social Welfare and Special Education do not play any role in the policy formulation of regular schools. Neither does it have any administrative control to implement an inclusive education policy. As far as the role of the Ministry of Education is concerned, the National Education Policy for 1998 does not include any mention of special or inclusive education. Any government-level initiative for inclusive education must start with a special education section in the Ministry of Education. This will shift the responsibility for providing appropriate education as a right to all children, including children with disabilities, to the Ministry of Education; this would be the most appropriate place for design and implementation of a policy on inclusive education. Special schools run by the Ministry of Women Development, Social Welfare and Special Education can continue providing support to children with severe disability for the time being.

1.5h Bangladesh

Ahsan and Burnip (2007) have given a detailed summary of developments in inclusive education in Bangladesh. According to their review, about 10% of the 140 million people in Bangladesh suffer from disabilities and around 89% are out of education. They have clearly outlined the efforts and gaps in the policies and programmes. An encouraging step towards universalizing primary education was enactment of EFA and Compulsory Primary Education Act (1990). Here, it was specified that child could be kept out of the primary education system only if there was a “valid ground”. This ‘valid ground’ was a physical or unavoidable condition of child’s appearance that can cause difficulty in participating in school’s activity and child’s limited intellectual ability as assessed by the Education Officer. The authors however inform that these ‘Education Officers’ are not trained in this capacity. There are no dearth of legislations and policies which deal with aspects of inclusive education. A chronological trail of the current country initiatives reveals that National Child Policy (1994), National Disability Policy (1997), a new educational policy was implemented (2000) where mainstreaming of children with special needs received official recognition, followed by enactment of
Bangladesh Persons with Disability Act (2001) where Part D has been dedicated to Education. The authors have pointed out that despite the inclusive education policies and practices are in place, there are lacunae in their implementation.

In Bangladesh, special education, integrated education, inclusive education and placement in mainstream schools are available for children with disabilities (DPE & CSID, 2002). However, it is important to note that special schools are still considered by parents and educators the best option for all children with disabilities, though constitutionally Bangladesh supports a uniform system of education. DPE and CSID (2002) research found that most children with disabilities in Bangladesh who are in education attend mainstream regular schools as there is an absence of special education opportunities due to a lack of resources.

1.5i India

There is insufficient information on education of children with disabilities in the nineteenth century in India because of lack of documentation (Alur 2002). The first attempt to integrate was initiated by the Royal Commonwealth Society for the blind and the Christopher Blind Mission. The visually challenged children were integrated in regular classrooms where they were expected to devise self-learning mechanisms during sessions where oral repetition was dominant pedagogy (Chaddha 2003). During the pre-independence period, the provincial governments took sporadic interest in educating children with disabilities by dispensing ad-hoc grants to schools and institutions run by the voluntary sector (Gupta, 1984 as cited in Alur, 2002).

During the post-independence period, it was the Kothari Commission (1966) which highlighted the importance of educating children with disabilities. It expressed that the education of children with disabilities must be a part of the general educational system suggesting that educational facilities must be extended to the blind, deaf, orthopedically
challenged and mentally challenged (Pandey 2006). In 1974, the centrally sponsored scheme for Integrated Education for Disabled Children (IEDC) was launched which is presently being implemented in over 90,000 schools in the country. The scheme was introduced to provide equal opportunities to children with disabilities in general schools and facilitate their retention. It provides facilities like expenses related to books, stationery and uniforms, allowance for transport, reader, escort etc. to students with disabilities. It also supports appointment of special teachers, provision of resource rooms and removal of architectural barriers (MHRD 2009).

The first pilot project on integrated education in India came in the form of Project Integrated Education for the Disabled (PIED). PIED launched in 1987, was a joint venture of MHRD and UNICEF. This project was implemented in one administrative block each in Madhya Pradesh, Maharashtra, Nagaland, Orissa, Rajasthan, Tamil Nadu, Haryana, Mizoram, Delhi Municipal Corporation and Baroda Municipal Corporation. In these ten blocks, 6000 children with special needs were integrated in regular schools. The success of PIED led to the inclusion of the component of Integrated Education of the Disabled (IED) in DPEP, a scheme launched by the Government of India for the development of elementary education. At present, IED in DPEP is going on in 242 districts of 18 states. In these states, approximately 6.21 lakh children with special needs have been enrolled in regular schools with adequate support services (GOI 2003).

The National Policy on Education (1986) and its subsequent actions in pursuit of the goal to attain ‘education for all’ have had considerable impact. The World Declaration on Education for All acted as a catalyst and further promoted the processes already initiated in the country. The Rehabilitation Council of India (RCI), a statutory body of the Ministry of Social Welfare was established in 1986, followed by an Act to implement its objects in 1992. In essence, the Council and its Act, aims to regulate the quality of training of Rehabilitation Professionals. In 1999, the government passed the
National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act for the economic rehabilitation of people with disabilities. These legislations have been instrumental in bringing about perceptive change in the attitudes of government, NGOs and people with disabilities.

The most important legislation which comprehensively covers issues related to people with disabilities is the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, enacted in 1995. The chapter V of the Act concerns education. This act makes it mandatory to provide free education to children with disabilities in an appropriate environment until the age of 18 years. Even though the new legislation made access to regular schools easier, it is still not guaranteed as an equal right for all students. Segregation into separate special schools breaches the underlying principles of the United Nations Convention on the Rights of the Child (1989) yet the Government still sanctions the exclusion of significant numbers of children. This contradictory situation is a barrier to the assumption by regular schools of full responsibility for all students in their areas.

Figure 1.5(i): Source: GOI (2003) SSA Plan Manual
The Indian government recently promulgated the National Policy for Persons with Disability, 2006, which clarifies the framework under which the state, civil society and private sector must operate in order to ensure a dignified life for persons with disability and support for their caregivers. It includes; extending rehabilitation services to rural areas, increasing trained personnel to meet needs, emphasising education and training, increasing employment opportunities, focusing on gender equality, improving access to public services, encouraging state governments to develop a comprehensive social security policy, ensuring equal opportunities in sports, recreation and cultural activities, increasing the role of civil society organisations as service-providers to persons with disability and their families.

Most recent advancement is the Right of Children for Free and Compulsory Education (2009) which guarantees right to free and compulsory to all children of the age six to fourteen years. For education for a child with disability, the act has to be read in conjunction with the Chapter V of the Persons with Disability Act, 1995. Chapter V of the PWD Act ensures that every child with disability is entitled to a free education up to the age of 18 years. The government and local authorities must endeavour to promote integration of students with disabilities in regular schools, promote setting up of special schools in order to make them accessible to children living in any part of the country.

Sarva Shiksha Abhiyan is an effort to universalize elementary education by community-ownership of the school system. It is in response to the demand for quality basic education all over the country. The SSA programme is also an attempt to provide an opportunity for improving human capabilities to all children, through provision of community-owned quality education in a Mission mode. The SSA has been launched as the shared responsibility of the Central and State governments in partnership with the local governments and the community. The Sarva Shiksha Abhiyan will not disturb existing structures in States and districts but would only try to bring convergence in all these efforts. Efforts will be made to ensure that there is functional decentralization down to the school level in order to improve community participation. There will be a focus on the educational participation of children.
from SC/ST, religious and linguistic minorities disadvantaged groups and the children with disabilities.

Figure 1.5 (ii) Three Aspects of Inclusive Education in SSA Source: GOI (2003)

The National Council of Educational Research and Training (NCERT) with the objective of addressing issues of equal opportunities had formulated the national curriculum framework (2005). The states have been, subsequently, adopting or adapting these curricular guidelines to develop their own detailed curricula, syllabi and curricular materials.

The highlights of the curriculum are –

- The curriculum should provide enabling opportunities to all learners. The teaching-learning processes must respond to the diverse needs of the learners. Teachers must explore strategies to aid learning of all learners including children with disabilities. This could be achieved effectively if there is collaboration amongst teachers and even with outside organizations.
- The teachers must give individualized attention to learners and should be flexible with activities and tasks. The curriculum suggests that children and older learners must be involved in classroom planning to enrich the class proceedings. This would allow
teachers to respond to special needs of some learners without making it in obvious exception.

- Schools need to upgrade their status as centres which prepare children for their adult life as well especially children with disabilities.

- Some simple adaptations in playground, equipment and school rules could make it accessible to all children.

- Providing a multisensory learning experience to all children as their learning styles are different.

- The children with different learning abilities have to provided with varied options like sign language, Braille etc depending on the child’s needs.

- The schools must uphold quality within the landscape of cultural and socio-economic diversity.

- Curriculum design must reflect the commitment to UEE (universal elementary education) not only in representing cultural diversity, but also by ensuring that children from different social and economic backgrounds with variations in physical, psychological and intellectual characteristics.

The section delved in detail on the policy and programmatic provisions for education of children with disabilities. However, policy commitments of governments in a number of areas remain in large part unfulfilled (World Bank 2007) and have failed to bring the children with disabilities into mainstream education (Julka 2005). Alur (2003) observed that in India there is a dichotomy between policy and practice; the government promotes the ‘inclusionist’ philosophy through its schemes and extends a parallel support to the ‘segregationist’ policy by promoting the idea of special schools through their assistance to voluntary organisation schemes. Thus, it is important to elucidate the mainstream educational context and endeavour to locate the ‘inclusive schools’ within that.
1.6 Educational Context

India has the second largest education system (World Bank 2003) and largest number of children out of school (Huebler 2007). The estimates reveal that almost 21 million children, or close to 17 per cent of children in the 6-10 years age group, are out of school and the chances of missing the target of universalisation of primary education by 2015 seems impossible unless the nation addresses the issue of school attendance among the poor (ibid). Primary education encompasses the first 5 years (6 to 11 years old) of school education (Grades I–V), while the next three grades (11 to 14 years old) are those of upper primary education (Grades VI–VIII). Together these 8 years of education are now a fundamental right of all children according to the 86th Amendment of the Constitution enacted in December 2002 (Department of Education, 2004) and the Education Act (2009). Education at the pre-primary level is not compulsory and provisions vary significantly between rural and urban areas (Kaul, 2002). In parallel to the formal school system, India has also built alternative systems of education, namely Non-Formal Education (NFE) and the National Institute of Open Schooling (NIOS) (formerly the National Open School).

The Government actively supports special schools, but it is not directly involved in establishing or running them. Rather, the Ministry of Social Justice and Empowerment, formerly known as the Ministry of Welfare, provides grants-in-aid to various non-government organisations (NGOs) that run these schools. Out of the children with disabilities enrolled in schools, majority are being educated in special schools (UNICEF 2003). The special schools are concentrated more in the urban areas, with Mumbai having the highest number of special schools (Mukhopadhyay and Mani 2002). It was estimated that there were about 2,500 special schools in the country (Rehabilitation Council of India, 2000). Government records suggest that approximately 450 of these special schools receive government grants towards their operational costs, while the majority are managed by autonomous voluntary organisations and receive no government support (Government of India, 1995).
In order to gauge the national response towards education of children with disabilities, it is vital to know the magnitude of childhood disability. It is difficult to estimate the number of children with disabilities in India. The Census of India 2001 reports 7.73 million children and young adults in the age group 0-19 years. Singal (2006) has cited office of the Chief Commissioner for Persons with Disabilities (2003), which notes that the figures available are highly unreliable and range between 6 million and 30 million children with disabilities in India. It further notes that the Rehabilitation Council of India takes the figure of 30 million children with disabilities as the best estimate. There are noted discrepancies related to education of children with disabilities. Singh (2003) reported 3 to 4 percent of children with special needs have access to education with or without support services. However, Mukhopadhyay & Mani (2002) have deduced that only 1 percent of children with disabilities in the 5-15 age group have access to education. A recent World Bank Report (2007) has highlighted that 38 per cent of the children with disabilities in the age group 6-13 years are out of school. Irrespective of the estimate, in India the fact remains that a majority of children with disabilities are denied the basic right to education.

In Maharashtra (whose capital is Mumbai), there are 600 special schools which are exclusively for children with various types of disabilities (UNICEF 2003). This study however targets private schools, thus it would be imperative to understand the types of private schools in India and their numbers in Maharashtra. The main types are; ‘private unaided’ schools which means that the schools are privately owned and funded and rely on user finance to quite an extent and ‘private aided schools’ which means that the schools which are largely funded by the government (90-95 per cent) but their management is private (De et al. 2002). In Maharashtra, the private aided (primary and secondary) schools are about 5218 and private unaided are approximately 4220 (MHRD 2009).

The non-governmental organisations also (NGOs) play an active role in the provision of services for people with disabilities. They have been involved in the field of educating children with disabilities since the early 1950s, particularly in urban areas. The NGOs are supported by the government through various grants. In the 1970s and 1980s, there was an increase in the number of NGOs in India.
Some of these NGOs are making consistent efforts towards including children with disabilities into regular educational settings. In Mumbai, some NGOs partner with regular schools to enable them to become inclusive.

This study was conducted in private inclusive schools of Mumbai, which is India’s financial capital. It covers an area of 437.71 sq. km. (MCGM 2009) and houses about 11.9 million people (Census 2001). There are approximately 2110 primary schools and around 1224 secondary schools in Mumbai (Government of Maharashtra website). The Municipal Corporation of Greater Mumbai (MCGM) has recognised 974 private primary schools out of which 574 are unaided and 401 are aided. The MCGM has 49 secondary schools under its management (MCGM 2009). The children in this study represent the very select group of children with disabilities who have attempted to transit from segregation to inclusion. These children with disabilities are among a minority who have secured admission to ‘private inclusive school’ and are being educated alongside their non-disabled peers. Mukhopadhyay (2003) reported that the private schools which are voluntarily providing inclusive education are mostly located in urban areas. There has been an expansive growth of private schools in the country due to the fact that government schooling has not been able to provide quality education (Nambissan 2003; Singal & Rouse 2003; Balasundran 2005).

This research assumes importance because the field of inclusive education is new in India and the literature on inclusive education is scant (Singal 2005:345). The review the literature on inclusive education in India has concluded that the terminology has found usage in the Indian literature but the empirical research in this area has been weak, as researchers have been vague about their key concepts, they have failed to draw insights available from others studies, and have remained oblivious to the need for gathering empirical data. The review suggests that current propositions and arguments about inclusive education have remained at the level of theory and no concrete steps or processes have been undertaken or systematically developed (ibid).
This study explores the process of inclusive education in Mumbai and proposes a theoretical model. As one progresses from the Introduction to the last chapter, there is a sequential flow of information describing the process and outcomes of research. The chapter on ‘Introduction’ tries to capture the wide inclusion reality along with specifics of inclusive education. It attempts to provide an overview of developments in inclusive education around the world.

The subsequent chapter on ‘literature review’ examined relevant theories and research in a systematic manner; clarifying the concepts related to inclusive education to gradually elucidating theories. It also presented the research review on various aspects of the subject and also the stakeholders. This extensive review provided a base for the conceptualization of research. The next chapter on ‘methodology’ detailed out the process of investigation; the field study which was carried out in seven inclusive schools of Mumbai.

Before discussing the findings of the research, the research context is laid out in Chapter 4. The chapter also contains details on demographics of the research participants. This is to facilitate the understanding of the audience and make further inferences. The results and discussions are presents within four themes of support systems, challenges, process and outcomes. Finally the last chapter models the theory and substitutes the findings into the proposed model of inclusive education and recommends some essential steps for strengthening the process in the current context.