RESULTS AND DISCUSSION
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The chapter presents results of the study in three major sections. At the beginning is a summarisation of the services available to individuals with special needs in Baroda which forms a back drop for the study. The three sections deal with results from parents, teachers and class observations.

The major sources of data for the study were –
1. Parents
2. School principals, teachers, special educator.
3. Classroom Observations of children.

The data has been collected by use of interview schedules, questionnaire, draw and dialogue and chapatti diagram techniques.

The results obtained have been organised in the following manner –

Section I – Parental understanding and views about child’s condition, coping behaviour and school program.

Data from parents was mainly collected to study parental views about their child’s school placement along with their understanding / awareness of their child’s problem. The aim was also to explore the emotional reactions and coping strategies of parents related to their child’s disability and their aspirations for their child.
Section II – Understanding and views of school staff about the inclusive program.

Data for this section emerged from interviews of school staff and chapatti diagram since they are the key individuals to formulate and implement the school program under study. The aim was to know and understand the role of teachers, their attitudes, understanding and experiences in offering the special program. Data also helped understand school policies and procedures with regards to offering a special program. The chapatti diagram was used to understand place of special program in teacher's job tasks.

Section III – Emerging classroom behaviours.

Ongoing class sessions were observed to understand functioning of a regular class with a special child as part of it, and capturing behaviours shown by the special child, in classroom context.
Institutions Offering Services in Baroda

Institutions in Baroda offering services to children and adults with special needs assume different forms. The institutions are either in the form of Government hospitals, hospitals run by trusts or independent institutions which again are either governmental or trusts. In terms of services offered, some of the institutions cater to all areas of disabilities and age groups, additionally offering vocational training and rehabilitation services. On the other hand there are institutions that deal with training, therapy and counseling only for a specific area of disability. Over all a wide spectrum of disabilities are covered namely – mental retardation, physical handicaps, autism, sensory impairments (speech, vision and hearing) and emotional/behaviour problems. All these institutions offer a segregated set up but with trained staff. The programs again range from purely therapeutic (speech therapy, play therapy, occupational therapy, physiotherapy) to academic inputs and vocational training. While the hospitals run on OPD basis treating each child for a specific time on prior appointments, the institutions generally provide group programs and training. Ability grouping (10-15 children in a class) is common with one teacher exposing all of them to uniform concepts. Wherever academics is focussed on, chalk/board and rote method are primarily used with use of few visual aids. The fee structure of these institutions
depends on whether the institution is a government, trust run or charitable institution.

Some of the institutions also offer diagnostic and assessment services which eventually results in either referrals or admission to the program of the same institute. Inclusive education as of now in Baroda is offered only in the two schools which are the site of this study.

Note: See Appendix L for details of the institutions.
Section I: Parental views about:

1. Parental understanding and coping with child’s disability.

2. Parental Aspirations for child.

Parental Views

This section of the chapter deals with the parental responses that reflect their views and understanding about various facets related to their child's condition. Along with this, data that emerged in response to the parental coping questionnaire gave a clear insight into how these parents cope with the fact of having a special child and the related demands. A wide range of emotional reactions and behaviours have emerged giving clear indications of stage and means/strategies used for coping. Results have been presented in context of the coping stages as described in literature.

1. Parental Understanding and Coping with Child's Disability

   Identification of problem and initial reaction

All the parents could clearly indicate the problem of their children. Many of the parents also used the technical terms (Downs syndrome, mental retardation) of a condition to explain the problem.
<table>
<thead>
<tr>
<th>Responses</th>
<th>n*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fathers</strong></td>
<td></td>
</tr>
<tr>
<td>Down’s Syndrome</td>
<td>5</td>
</tr>
<tr>
<td>Speech problem</td>
<td>2</td>
</tr>
<tr>
<td>Mentally weak</td>
<td>2</td>
</tr>
<tr>
<td>Tight muscles</td>
<td>1</td>
</tr>
<tr>
<td>Problem in physical motor activity</td>
<td>1</td>
</tr>
<tr>
<td>Physically weak</td>
<td>1</td>
</tr>
<tr>
<td>Eye sight weak</td>
<td>1</td>
</tr>
<tr>
<td><strong>Mothers</strong></td>
<td></td>
</tr>
<tr>
<td>Mental retardation / mongolism</td>
<td>5</td>
</tr>
<tr>
<td>Speech delay</td>
<td>2</td>
</tr>
<tr>
<td>Physical problem</td>
<td>2</td>
</tr>
<tr>
<td>Developmentally delayed</td>
<td>2</td>
</tr>
<tr>
<td>Vision problem</td>
<td>1</td>
</tr>
</tbody>
</table>

*Note – multiple responses.  
*Two fathers refused to be part of the study.

As table 2 indicates all parents could clearly define the problem of the child. The mothers also added further descriptions such as performance was not age appropriate, eating problem leading to lack of stamina, short attention span affecting academic performance.

Parents reported that the problem was identified either at birth or within the first year of life either by the parents themselves or by the
Doctor. In case of certain disabilities where the symptoms and manifestations were obvious and visible (Down's Syndrome), parents could identify the problem right at the time of birth. In other cases the identification came later when children were not attaining their developmental milestones on time. The mothers on the whole put forth more details about health complications, surgeries and delays in functioning of their children. The first reaction of parents on knowing of their child's problem ranged from disbelief (n=6), why me (n=6), blaming God (n=6), blaming fate (n=2), bitterness (n=2), self blame (n=2). One of the mothers with a Down Syndrome child still questions why her child has this problem because according to her "I was 26 years old when A was born and had no complications during pregnancy. No doctor has been able to give me an answer why A is so".

**Current Level of Child's Functioning**

The parents enlisted a large range of traits and behaviours of their children when they were asked to describe their child in his/her current state. Their responses have been grouped into (a) personality traits (b) functional levels.
Table 3

<table>
<thead>
<tr>
<th>Functional Levels</th>
<th>Personality Traits</th>
</tr>
</thead>
<tbody>
<tr>
<td>loves clothes</td>
<td>fussiness</td>
</tr>
<tr>
<td>loves to go out/school</td>
<td>mindless speaking</td>
</tr>
<tr>
<td>likes listening to songs/bhajans</td>
<td>loving</td>
</tr>
<tr>
<td>hobbies of dance/music</td>
<td>caring</td>
</tr>
<tr>
<td>not interested in TV</td>
<td>stubborn</td>
</tr>
<tr>
<td>fussy in eating</td>
<td>friendly</td>
</tr>
<tr>
<td>fond of eating</td>
<td>cheerful</td>
</tr>
<tr>
<td>loves music</td>
<td>possessive</td>
</tr>
<tr>
<td>particular about dressing and work</td>
<td>short tempered</td>
</tr>
<tr>
<td>learns concepts fast</td>
<td>innocent</td>
</tr>
<tr>
<td>understands everything</td>
<td>lovable</td>
</tr>
<tr>
<td>not mischievous</td>
<td></td>
</tr>
<tr>
<td>remembers things for long.</td>
<td></td>
</tr>
<tr>
<td>down's syndrom</td>
<td></td>
</tr>
<tr>
<td>late in development</td>
<td></td>
</tr>
<tr>
<td>does not speak in front of others.</td>
<td></td>
</tr>
</tbody>
</table>

As table 3 shows the personality traits enlisted by parents are like those of any typical child. The same applies to functional level behaviours reported by parents except for when the special condition (downs syndrome) has been enlisted as description of the child.

**Behavioural Manifestations and Coping Strategies**

Having known that they have a child with special needs, parents engaged into different types of coping behaviours.
Behaviours Indicative of Bargaining and Denial

In order to cope with the problem parents [F (n=3) and M (n=5)] visited more than one doctor to understand the problem.

They also got involved in religious activities like doing charity and taking मंत्र. [M (n=6), F (n=5)]. Parents [F (n=2), M (n=4)] responded that they regularly visit temples, keep fasts and do puja. Interestingly fathers (n=3) and one mother also said that they have got associated with institutions working with special needs children and engage in ‘social work’.

As literature indicates such behaviour is indicative of bargaining behaviour as these activities were undertaken as a bargain with hope for progress of child, betterment of child, for child to become a perfect child and do activities like any normal child. One father gave an explanation saying that “ HDC MOCO EME WAE EOM OME OAE EM OAE EME EME EME” (if we as adults have done something wrong, it gets repented for).

Typical denial reactions also emerged when parents [F (n=5) and M (n=2)] responded that over a period of time they started to feel that child does not have too much problem. This is contrary to their own responses of being able to identify and describe their child’s condition, weak areas and inputs needed.
Anger Reactions

Anger emerged as a very pervasive reaction across the parent group. All parents got angry ranging from rarely to most frequently with mothers experiencing anger more frequently. The anger reaction was mainly caused at two levels, one related to everyday demands of special children and behaviour and conduct. Parents attributed anger reactions to their concern about child’s future related to education, employment, and marriage. Expectedly, mothers reported that they often loose temper when a child gets stubborn or short tempered. The frequency and intensity of anger were more for those mothers who did not have desired family support. Therefore the reason for fathers feeling angry were related to anxiety about child’s future while for mothers anger additionally child’s misbehaviour was a cause.

Anger usually left the parents blaming self for situation (n=5), feeling helpless (n=3), depressed (n=4), frustrated (n=3), questioning efficacy of the therapy/program (n=2) and guilty about hitting the child (n=1). Some mothers also reported that their own health suffers.

Behaviours Indicative of Depression

Depression as a reaction did not emerge from this parent group though most of the mothers (n=4) and fathers (n=4) felt worried and frustrated when the child did not show progress consistently. The parents showed lot of resiliency and strength when fathers (n=4) and
mothers (n=3) said that apart from getting worried they also treat the situation as a challenge and work more with the child. One mother very clearly stated that “we will do what we can till we are there.” As figure 4 shows the causes of worry for parents emerged to be as follows.

![Figure 4. Factors leading to parental worry.](image)

Therefore it clearly emerges that parents live through a range of emotional reactions which cooccur and eventually help them cope with the challenge of raising a child with special needs. The data reflects that on One hand there is frustration, anxiety and worry
which at another time takes the form of anger directed both at self and the child. Such reactions also in a covert manner get manifested as self blame, repentance, helplessness, effect on health and blaming fate / God. At another level there also is a dissatisfaction and questioning of the program inputs. Although these reactions have been expressed and discussed by parents the dominant response is one of acceptance of the situation and optimism.

Acceptance and Follow up Action

The acceptance by parents was reflected in the parents ability to enlist clearly the child's assets and weaknesses, progress made, opinions about disciplining the child, acceptance and willingness, to adopt suggestions made by teachers and the ability to pursue own interest to whatever extent possible.

About child's functioning. Parents responses indicated that children were able to manage a few activities of daily living like eating independently, physical mobility and socially appropriate behaviour.
Table 4
Abilities of children as described by parents. (N=18)

<table>
<thead>
<tr>
<th>Responses</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fathers</strong></td>
<td></td>
</tr>
<tr>
<td>• Good memory (remember people well)</td>
<td>4</td>
</tr>
<tr>
<td>• Independent eating</td>
<td>1</td>
</tr>
<tr>
<td>• Writing by self</td>
<td>1</td>
</tr>
<tr>
<td>• Physical independence</td>
<td>1</td>
</tr>
<tr>
<td><strong>Mothers</strong></td>
<td></td>
</tr>
<tr>
<td>• Good memory</td>
<td>2</td>
</tr>
<tr>
<td>• Self help activities</td>
<td>2</td>
</tr>
<tr>
<td>• Mannerful</td>
<td>1</td>
</tr>
<tr>
<td>• Caring for and maintaining own things</td>
<td>1</td>
</tr>
<tr>
<td>• Eating</td>
<td>1</td>
</tr>
<tr>
<td>• Singing/music</td>
<td>1</td>
</tr>
</tbody>
</table>

As table 4 indicates the abilities are more in terms of activities related to day to day functioning, with mothers also including social behaviours in them. Child’s imitation of adult behaviour was also mentioned as his/her strength e.g. – the child loves cars and all the time does action of driving car like the father.

The weak areas that emerged were stubbornness, low level of concentration, short tempered, laziness, hyperactivity, obsessive behaviour, constantly need to bribe child for studies. Additionally the areas that needed inputs are shown in figure 5.
Figure 5. Areas requiring inputs

The major area that emerged for intervention was related to activities of daily living (ADL) as reported by both the parents (n=6). Although both fathers and mothers had reported that children eat independently but activities like toilet management, bathing, dressing needed inputs. Majority of the mothers (n=7) reported academics as primarily the area needing inputs. Interestingly academics as an area came as a response only from mothers. There were other related concerns expressed by parents in day to day functioning eg. One father said that “the child is already 13 years old but still does not understand when something needs to be done fast.”

Parents (Father n=7, mother n=7) reported that currently the children were not receiving any kind of therapeutic inputs. The inputs as of
now included ayurvedic medicine, mothers' teaching and playing with the child. Academic tuitions have replaced therapy inputs for some children, since academics is the area now being focused on by most parents.

**Discipline and Progress of the child.** All fathers (n=8) and majority of the mothers (n=8) opined that disciplining these children was essential. Fathers reported that child should be disciplined so that he can learn to conduct himself independently, and can become capable of enjoying effective group membership. According to mothers the discipline should be directed to tackle child's stubborness, attention seeking and disruptive behaviour so that he can adjust socially without facing problems. Thus fathers propogated purposeful disciplining while mothers responses were more oriented to corrective behaviour.

Explaining, teaching, demonstrating, suggesting, ignoring a persistent behaviour, speaking to them, scolding, and threatening were reported as main disciplining techniques used by parents.

Most parents were of the opinion that their children had made progress in social development (learnt manners), studies, comprehension, gain in physical strength. The mothers felt that academics (due to input of special educator), speech (with inputs of speech therapist), daily routine activities and social adjustment are
areas of progress. All mothers and most fathers were agreeable to accept suggestions made by teachers. Their responses reflected their readiness to co-operate and collaborate in implementing of suggestions and tips given by teachers.

**Pursuit of own interests** The mothers enlisted a wide variety of hobbies like music, shopping, reading, watching movies, embroidery, mehndi. One mother elaborated saying that her child also loves movies so she takes him along and both have a good time. Some mothers also expressed inability to pursue hobbies due to lack of time or excessive work load at home. Two fathers said that traveling and music were their hobbies and they still pursued them. One of the fathers and mother said that as of now all focus was on child and so did not pursue any hobbies.

**Notion of Shame**
Although the questions related to this aspect were meant to explore whether parents felt any shame or hesitation in exposing the child to the outside world as part of their family the responses that emerged had a very positive bent to them.

According to the fathers (n=6) and mothers (n=7) they often took the child out. The family together visited gardens, movies, restaurant, work site, relatives, going around in the family car, going down to play. Most parents clearly said that they take the child where ever
they go. No response related to experiencing shame on account of child’s behaviour was reported.

It was very encouraging that all parents reported positive reactions of extended family and community around towards the child and his/her condition, though negative reactions were seen in rare instances. All fathers stated that friends and neighbours were supportive towards child and family. One father though did mention that village relatives say that the child is “mad”. Another father also said “I feel bad when we get discount because of her being a special child.” Similarly majority of the mothers (n=7) reported that relatives cared for the child, were patient with the child and feel that the child’s condition has improved. Mothers (n=3) also reported that neighbours care for the child, ‘love her’ and at times also feed the child when he/she goes to their place. Only one mother reported that the neighbour in the opposite house says that ‘우리 집엔 자식이 없소니’ since they do not have children of their own.

Soliciting external help

Apart from trying to understand the condition by going to doctors or therapeutic set ups, most of the parents (n=5) mothers and (n=3) fathers read books to gain more information about the child’s condition. This response has also emerged in the parent interviews in response to means used by parents for building self capacities.
Empowering Self

The various strategies they put into practice for building their capacities were –

• attending workshops.

• make attempts to meet other parents of special children.

• continue medical consultation and information update.

Some parents did report that with their day to day responsibilities empowering of self becomes a challenging activity.

Thus it clearly emerges that parents are cognizant of their child’s condition, strengths and weakness. In the process of coping with the challenge of raising a CSN and meeting the daily demands they experience varied emotions which are related to the child’s current progress and situation.

2. Parental Aspirations for Child

Analysis of the draw and dialogue data (conducted only on sub sample of parents of school 1) which explored the parental aspirations for their child yielded very interesting depictions and explanations. Four out of the five mothers used human figures to depict future aspirations for the child. The mothers either drew the full human figure or a smiling face. Two mothers out of these four mothers added dimensions to the human figure. One of the mothers additionally drew her own child and her friends and another mother drew a girl with
pencil in hand and ABC written on a paper. The mother who did not draw a human figure, drew things her child liked like trees, temple, and gave descriptions accordingly.

The mothers as compared to fathers gave more detailed descriptions. Three mothers reported that they aspired for their child to be independent in future in terms of standing on own feet, independent in terms of moving around, and developing according to societal norms. Area of academics was highlighted by mothers and academic achievement to whatever extent was an aspired for area by them. This aspiration is reflected in the following reasons –

- "child is able to study as much as is required for living independently".
- "has no problem in reading and writing."
- "child is intelligent but want to see him read and write".
- "he may not become a doctor by can take his own responsibility."

Some responses of mothers also are related to the social development of the child. Responses like – in future lives like any other girl, has lots of friends, all like and adore her, all respect her and don't undermine her also emerged.
There were a few interesting and different responses also. One mother said that she "believes in God so hopes that he will help". Another mother who drew what the child likes said that she hopes that in couple of years the child will gain speech. Explaining why she drew an & she said that her child can see & though he has never been shown or told of it.

The aspirations of mothers ranged from independence of child to educational gains, social development and also reflected a religious/spiritual aspect to them.

On part of the fathers only three fathers agreed to do a draw and dialogue. Two fathers drew a smiling face while one drew a natural scene with mountains, sun, birds, trees etc. All fathers (n=3) aspired for their child to be independent while two also said that they wished they will be able to have a normal life one day. The father who used the natural elements to depict his aspirations responded that he sees his child’s future as "rising sun". He also said that he hopes that the child has $\textit{some hope}$ in life and $\textit{someday}$.

3. School Program

Admission into the Program and Reasons

The parents have reported that their children have been attending the school since a period of 1 to 10 years. The particular school was identified by parents either through relatives (n=2), friends (n=3) or
through principals of earlier schools (n=12). The reasons for gaining admission to the school have been shown in fig. 6. Fathers gave reasons like facility of transport and company the child had to go to school, limited options (n=2), the school was good or had heard that standard of school was very good (n=2).

![Bar chart showing reasons for school selection]

**Figure 6. Reasons for school selection**

Another father also reported that "they went around and saw other special centers and opted for this school." The mothers reported selection of the school due to a variety of reasons like ex-principal suggesting this, other regular schools refusing admission, did not know of another school, parents liked the school program and
systematic organization of the program. One mother also said that "there was a complaint from earlier school that child is not coping up with normal children so selected this setting."

Goals of School Program

Parental responses to various dimensions of school program are presented, starting with the goals of the program. This aspect of the school program brought forth varied responses, some inconsistent with each other and some with a negative connotation.

Table 5

<table>
<thead>
<tr>
<th>Specific goals of the school program (N=18)</th>
<th>F</th>
<th>M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social emotional independence</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Self dependence</td>
<td>3</td>
<td>–</td>
</tr>
<tr>
<td>There is specific goal (no elaboration)</td>
<td>–</td>
<td>2</td>
</tr>
<tr>
<td>Does well in exam, academics</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Special educator sets goal</td>
<td>–</td>
<td>1</td>
</tr>
<tr>
<td>No specific goal</td>
<td>4</td>
<td>2</td>
</tr>
</tbody>
</table>

As is evident in the table 5 mixed responses have emerged about the specific goals of the program. About one third of the parents were of the opinion that no specific goals were worked out for the children. On the other hand some parents reported specific goals aimed at fostering self dependence, social emotional independence and need based goals formulated by the special educator. All parents reported that the child was not treated differentially in class, i.e. no extra inputs or need
based inputs were given by the teachers and there was discontentment about the area of child getting adequate care and attention in class.

Implementation of the Program

In response to how the school program is implemented, a wide variety of responses emerged, some of them inconsistent to each other.

Table 6
Implementation of program in class (N=18).

<table>
<thead>
<tr>
<th>Responses</th>
<th>F</th>
<th>M</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. IEP’s formulated.</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>2. Group and individual program.</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>3. Needs of individual child kept in mind.</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4. Class repetition.</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>5. Request for teachers attention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Absence of teacher inputs.</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>7. Teacher child ratio high</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>8. Don’t know</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

As table 6 shows about half the parent group does mention that individualised education plans (IEP) were formulated, and that group and individual programs were offered. The group program helped the child to observe other children and perform better. Some of the parental responses revealed dissatisfaction and concern over the school program. Over and above these responses the mothers also added that nothing specific is done, and they are not aware of any special input, no academic progress is taking place so not much
satisfied, donot have a prescribed course, the only extra activity that is done is cooking experience for which things are to be sent from home, at times child finds it difficult to cope with regular class. It is also very clear from parental responses that there was dissatisfaction with the extent of attention paid by the teacher to their child.

All the fathers (n=4) and most mothers (n=4) in school 1 reported that no extra and personal inputs were given and that teachers use only blackboard writing as means of teaching with no revision of concepts. Only one father reported that extra input was by the special educator. One mother clearly said program offered to all children is same and only after parental intervention, teacher started to give attention. In case of school 2 parents of older children reported that teachers donot implement what they plan, they donot give attention to child, they are not concerned about academics as “we have to suggest them about academics, how much the child knows etc.”, and frequent rotation of teachers confuses the child. On the other hand parents of younger children reported that teachers took care of the special children and included them in every school activity. This reflects that in this school during the initial stage of schooling parents were happy with the role of teachers but as time goes and child grows, their satisfaction decreases.
Screening, Evaluation and Promotion to Next Grade

Results indicate that parents generally did not have an idea about how the child was assessed in school. Most parents reported that no specific screening or diagnostic testing was done in school. Responses of parents indicated that, whether and how their child gets tested was not communicated to the parent group. A child gets evaluated –

- once a year along with other children.
- according to a list of questions.
- through separate question papers given.
- through class observations used for evaluation.
- by a special educator.
- on take home content.

In terms of promotion to next class as figure 7 indicates most of the parents said that class room observations were the basis of promotion followed by class assignments. In some instances, parental request for promotion to next class was agreed to by the school. There seems to be no clear criteria or guidelines about when and on what basis promotion is to be granted.
Several different responses emerged with reference to the effects of school program on child’s performance. All fathers (n=8) and mothers (n=7) reported that there has been no adverse effect of the school setting on child. As seen in figure 8 fathers mostly reported that social development and non formal activities like playing, singing, drawing were areas in which children showed improvement. Three of the fathers though, reported academics / writing were taught at school. One father categorically stated that “child learns only in special class/session with the special educator.” As compared to fathers, mothers gave more responses related to academic improvement after child started going to school. The improvement was reported in terms of improved writing, understanding seriousness of exams, improvement in general knowledge. Other responses were related to improvement in social development (n=2), learning to play and share

**Figure 7.** Criteria for promotion to next class.
with others (n=1) feeling comfortable in a crowd after going to school (n=1).

![Diagram showing areas of improvement after inclusion with bars for Mothers and Fathers.](image)

**Figure 8.** Areas of improvement after inclusion.

Generally all parents reported that an inclusive setting was beneficial since their child learnt more by observing other typical children in class. On the other hand there were also a few responses of discontent from parents such as, school not giving any specific training, work of child in class always being left incomplete and adverse remarks from teachers. Parents also cited instances of peers teasing and misbehaving with special child.

Other concerns related to effectiveness of the program for their child were with reference to teacher-pupil ratio, repetition of classes, and unavailability of other options. From point of view of academic gains the parents questioned the advantages of tuition classes and special centres over inclusive settings.
Parent Involvement

Results indicate that the parent participation and contact with the school was only through scheduled meetings or exhibitions and displays when organised. Almost all parents clearly indicated that no special / specific programs were organised by the school authorities for them. There was also clear indication that the school authorities did not consider them as partners or consult them in prioritising the inputs to be given to their child. An important idea that emerged in one response was that parents of special children do not know each other as no group meetings/interactions took place. The parent said that if a group could be organised it would act as a forum for parents to interact, share and cope better with the situation.

Table 7
Parental participation in school program (N=18)

<table>
<thead>
<tr>
<th>Responses</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fathers</strong></td>
<td></td>
</tr>
<tr>
<td>• Monthly meetings</td>
<td>6</td>
</tr>
<tr>
<td>• Annual program, art/craft exhibitions</td>
<td>2</td>
</tr>
<tr>
<td>• No special workshops or programs</td>
<td>3</td>
</tr>
<tr>
<td>• No parent consultation for curriculum</td>
<td>3</td>
</tr>
<tr>
<td><strong>Mothers</strong></td>
<td></td>
</tr>
<tr>
<td>• Routine 2nd Saturday meeting</td>
<td>8</td>
</tr>
<tr>
<td>• No extra workshops</td>
<td>4</td>
</tr>
</tbody>
</table>
Continuation of Child in the School

Despite the fact that school did not view them as partners in the program, all parents unanimously agreed that they would retain their children in the school. Inspite of few comments like long distance, high fee, lack of other good alternatives on the whole, the parents were satisfied with the entire idea of their child being in a "regular school."

The mothers seemed to be satisfied with the thought that their child was placed in regular class rooms and gave responses like, my child is happy to go to school, with regular children will learn to write and draw, gets treated equally, gets exposure to sports/education, and so do not mind repeating of a class. Most of the fathers (n=6) reported that they would like child to continue in the school as they were satisfied by the program for reasons like, child showing improvement in learning after being included in normal class and were happy about special educators input. On the other hand one father reported that school is not giving adequate attention so they have to resort to tuitions, only co-curricular activity was satisfying, and there was no other option as no schools cater to special children.

Suggestions for the School Program

At the onset some of the fathers said that they have no suggestions for the school program with comments like –
"what suggestions can we give, we have left things to the teacher".
The overall suggestions that emerged from the parent group were –

- school to employ teachers professionally trained in area of special needs.
- increased attention and individual inputs for children with special needs (CSN).
- program implementation to be more effective and rigorous.
- more opportunity for CSN to participate in physical and creative activities.
- fees to be kept at affordable levels.
- increase in parent involvement.
Section II: Understanding and views of school staff about the inclusive program

1. Conceptualisation of inclusion.
2. Description of program facets.
3. Role of self as class teacher.
4. Stand on inclusion.
5. Views of Principals.
Understanding and views of school staff

This section deals with the responses of teachers, special educators and Principals of the two contexts under study, related to how the inclusive program has been conceptualised, implemented and their roles in it.

1. Conceptualisation of inclusion

Need and Scope of Inclusive Programs

Inclusion got defined as "a program in benefit of special and normal children where group learning takes place leading to enhancing of skills and responsible behaviour". According to teachers it is important for special children to be included with normal children where they sit together, observe their activities, behaviour and progress better. For normal children "it is an exposure to special needs, and they are able to make friends with these children as they are not very severely delayed and have no behaviour problems." According to the special educator's experience "they (special children) need some kind of help, guidance or consultation from teacher which should be provided by adult."

Responses related to objectives of the Inclusive program were as follows –

- Objectives are based on areas where child is lacking, following the deficit model, known from observing the child (n=3).
• Using the enrichment model special goals are set to help them develop social, emotional and aesthetic sense (n=3).
• Inclusion helps/leads to improvement in language (n=1).
• Helping them learn self help skills (n=1).
• Providing vocational training (n=1).
• Making them feel equal part of school and society (n=2).
• Preparation for attaining basic academic skills (n=2).
• One teacher clearly said that "cognitive part" of it is left to the special educator.

According to the special educator the short term goal was to help them respond more in class, while the long term aim was to help them master academic subject matter to 70-75% level. This would help them to get promotion to next class. As is clear the goals mentioned by special educator essentially were related to academics as it was solely left to the special educator.

2. Description of program facets

Need for Inclusive Program

Most teachers reported that the inclusive program came into being since the initiation of the school. According to them the various categories of disability that could be included were speech problems, slow learners, mildly mentally retarded, children with downs syndrome and those who could be educated and relate to environment.
Therefore autistic and physically handicapped were left out as they would not be able to cope with the school environment and demands. Most of the staff (n=6) were positive and co-operative towards putting the inclusive program into practice since they themselves felt good about having contributed to well being and development of special children.

As evaluated by the teachers the program seemed to be very credit able. Availability of program components like computers, painting, vocational training offered a variety to the special children and added to the worth of the program in both the school settings. Most teachers enlisted only the advantages of the program reinforcing the need of such programs but some observations about problems faced in offering the program also emerged. The gains of the inclusive program as expressed by teachers were –

- feeling of acceptance for special children (n=4).
- increase in confidence and appropriate social behaviours (n=3).
- typical children get sensitised to special children (n=2).
- avenue for higher studies and independent living (n=4).

As reported by teachers inclusive settings also foster peer interactions. The peer/friendship patterns described by the class teachers were overall positive in nature and added to the success of the program. According to them the children in class behaved in a
very friendly manner, were co-operative, helping and accepted the special child as part of group. They also said that sometimes fights occurred but not at a serious level. At times friendships lead the special child to become very dependent on one child in class and then there was need to separate them. According to the special educator in lower grades no friendships are formed but from grade VI onwards children were able to form friendships.

On the other hand frequent changes in staff who had be to reoriented and lack of co-operation from parents came in way of success. Teachers also said that the inclusive program asks for 100% attention which was not possible at all times and becomes burdensome. Also at times it was difficult to create acceptance among children.

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Implementation of Inclusive Program

In both the schools initially the child got admission into the special section. Availability of a seat in the regular class and the child having attained basic skills formed the basis for shifting to the regular section. The program implementation in the two schools followed the full inclusion model i.e. once the special child was placed in a regular class he/she would participate in all class activities with the typical peers under guidance of the regular class teacher. For some of these children the schools did make provision of the resource room for the child to attend some sessions with the special educator mostly related
to strengthening their academic concepts. Once the child was placed in the regular class they would not be removed to the special section. Performance if not found to be at required level, repetition of the regular class was the norm.

Class teachers (n=6) reported that both academic and non academic activities were taken up in class. Depending on the grade the formal academic sessions were either oral in nature (names of days, fruits, vegetables etc.) or written (projects, writing work etc.) The non academic sessions included activities like art, music, rhythmic session, story. Generally the non academic sessions took about 60% or 3 hours of school time while the academic session formed about 40% of the time spent in school. Teachers added that for some activities (e.g. art activity like thumb printing) they do get extra help as one to one work is required to get the desired outcome.

In both the schools a regular time table was followed and the special children withdrew from regular class when they went for their special education session. The sitting arrangement in class did not seem to be governed by a uniform rule and depended on individual teachers. The responses that emerged were – in front of teacher (n=1), where ever the child wanted (n=6), depends on nature of problem (n=5). One teacher also said that she rotates places for all children including the special children so that “they (special child) do not feel that I sit in
front and others change places." Generally the teachers did show sensitivity to child's choices and feelings.

Children usually did not drop out from the schools unless there were extreme reasons like death, health problems getting aggravated, transfer of parent, shift to vernacular school, girls reaching puberty or if parents do not see improvement in child.

Teachers in both schools reported that no teacher training (in service) was provided from school to work effectively with children with special needs. Teacher qualification was not a criteria for placing a special child in class. Generally staff equipped themselves through reading books, interacting and seeking help from other staff, depend on own previous training and experience or leave the academic training to the special educator. School 2 seemed to be more facilitative as all teachers reported that additional helper was available while implementing class program.

Figure 9 shows how the inclusive program was offered to the children. Interestingly there was a wide gap between what the teachers reported as strategies used for offering the program and what actually was practiced. In the classroom observations it emerged clearly that no differential program, aids, pace or monitoring were used. They were treated at par with other children and subjected to uniform tasks and methods which at times were beyond their capacities.
As class teachers the areas of development that they held important while evaluating children were, interaction patterns / modes with class children (n=6), self help skills (n=4) and socio emotional development (n=3). None of the teachers mentioned academic gains as an area. Also no specific or formal screening or diagnostic tests were being used to monitor these children. The teachers were generally not sure as to the exact procedure since a range of responses like don’t know, separate papers by special educator or that grading was lenient came up.

The basis of promotion to the next class also brought forth various responses from each class teacher. These are depicted in figure 10.

**Figure 9.** Strategies for implementation of inclusive program.
Figure 10. Criteria for promotion

The special educators on their part said that they make a separate paper and assess the child on the basis of which child may or may not be promoted. Those parts of the curriculum which are very difficult are not included in test eg. those which are difficult to teach even with pictures.

Thus promotion of child seems to vary from observations in class to decisions being made by special educator or principal. The teachers did not have a uniform criteria in mind and thus a range of responses emerged.

Parental participation and reactions

According to teachers the reactions of parents with normal children towards inclusion have been varied. Some parents have been apprehensive about the special child harming their child. On the other
hand teachers responded that parents know from beginning that the school has an inclusive program so no parental complaint or reaction has occurred. One teacher also responded that she tells parents that “there is also a benefit because he/she learns to interact/deal with such children.” Generally there did not seem to be parental reactions on an ongoing basis and the system of explaining the school philosophy and societal obligations at time of admission seems to exist which eventually helps parents accept the inclusive set up.

All teachers (n=7) said that parents of special children were able to participate in the school program. The participation was through the parent teacher meetings once a month. The points of discussion in the meetings were habits of children and their coping in class. All children participate in school celebration and parents were invited to be part of it. The special educator also said that she calls parents to discuss their child’s progress. She highlighted the fact that parents of special children generally do not come for the group meetings in class but prefer to come for one to one meeting with special educator.

3. Role of self as class teacher

The role of a class teacher as envisaged by them was explored both through interview and chapatti diagram. The responses of the teachers that emerged in the interview are depicted in Figure 11.
As is evident major roles expressed are geared to social inclusion of children with special needs with the larger group. As one class teacher clearly said that what ever applies to normal children applies to special children (teaching manners, appropriate behaviours). On the other hand the special educator did not seem very satisfied with role teachers are playing as she said that teachers lay more emphasis on class plan, charts, bulletin board etc., whereas what is important is what goes on in class and whether it is communicated to parents or not.

Using the chapatti diagram technique the teachers were asked to map the roles they played, placing the roles they held most important nearest to a centre point and those that were secondary further away. This technique was used on a sub sample of 5 staff members of

Figure 11. Role of self as a class teacher.
school 1. Out of the five staff members (three class teachers, one special educator and principal) four enlisted their overall roles, while one class teacher enlisted her roles only vis a vis the special child.

The findings were as follows –

• All staff members except one included in their roles, responsibilities towards the special children.

• The general roles that they enlisted were – teacher for all children, role for parents, role towards their colleagues, role towards school and management, teaching, understanding children, solving their problems, food coupon collection, field trip co-ordinator, library in charge, making children comfortable and friendly in school.

• The roles with regards to special children/inclusion were as follows–
  – Helping special children adjust to the school environment
  – Fostering independence, co-operation, involvement, social skills so that they feel part of the larger group.
  – Providing special inputs, vocational training through play way method and personal attention so that they are able to cope with class requirements.
  – Interacting with parents of these children.
  – Co-ordinating activities of NOS (national open school) scheme.
To make them independent
To make them emotionally stable
To make them co-operative and friendly
To make them understand and respect others, their feelings and views
To make them socially, emotionally and physically healthy

Teacher (for everyone)

for the parents

towards my colleagues

Towards the school & management.
The roles that have emerged from the analysis of chapatti diagram supplement the interview data. In both instances there is convergence in terms of fostering social adjustment of children with special needs with the regular group. The chapatti diagram results also extend to include roles such as providing special inputs, co-ordinating other activities and interaction with parents which did not emerge in the interview data. Interestingly in both the data sources it was the special educator only who reported the role of academic inputs for the children with special needs.
The experience of having interacted with a special child and its effects on the teachers' personality yielded positive responses. These were — enjoy working with them, learn new things about them as they change, learn to deal with them, help others cope with them, get feedback from parents, teachers, and special educator which is positive. One teacher expressed personal gains in the process of work with a special child. She now felt close to them and was of the opinion that no one should treat them differently. The special educator also expressed her happiness and satisfaction working with these children. She said that "I appreciate myself whether the school does or not." She also added that class teachers and parents do acknowledge when there is improvement.

4. Beliefs about inclusion and suggestions

The teachers were of the belief that there was need —

- for more inclusive programs.
- to work towards evolving "affordable" programs.
- to mainstream maximum number of children.

There were also suggestions made by teachers related to the nature of the inclusive program.

These were —

- inclusion of educational field trips so children could learn something additionally.
• preparing a structured course outline so that the program implementation is facilitated.
• addition of staff.

The special educator also added to the suggestions –
  o A little more time (30-35 minutes) per child if given will increase performance.
  o The class teacher should give time and opportunity for child to speak/answer in class even if it is right or wrong.
  o Parents need to give inputs in reading and writing.
  o Parents need to take time out and keep patience since special children work slowly.

5. Views of Principals

• The inclusive program started at inception of school according to the principal.

• Definition of inclusive program was given in terms of the school policy i.e. “education has to be man making and character building”. She further described the program saying that it is activity based to whatever level possible and then academics starts with the overall development as the goal. According to the Principal in school 2 “one should not sympathize with special children just in words but one should respect their disability and treat them as normal children.”
• The basic objectives of the program according to the Principal were – regular and special children should know qualities of each other, should be responsible and respectful of each other, have good communication, provision of "wonderful" socio emotional environment. The underlying message was that they should be called children with special needs and not special children. The placement of these children with normal children lead to increase in confidence and the school attempts to reach as many students to national open school (NOS) as possible by bringing out their potentials and providing equal opportunities to them.

• According to the principals at the initiation of the program there was a little/mild apprehension on part of parents of normal children about presence of a special child in class but the school was able to convince them. Moreover later on some parents also seem to have come back and praised the program. At present there are no reactions or constraints felt. Accordingly inclusion has been a gradual process, there has been program upgradation, changes on regular basis have been made for good of the children. Interestingly there was no elaboration on the changes even after probing.

• The general staff response was stated to be very healthy, with no objections, questions or problems raised by the staff members.
• The principal of school 1 categorically stated that the teachers were sent regularly for workshops or whatever new they come to know of. Principal of school 2 reported that teachers were given in service training through workshops, seminars organised by the school. This was very contrary to what the teachers reported in their interview when all said that there is no inservice training provided or organised by school.

• There exists no criteria for selecting a teacher in whose class special child is to be included. It is expected of teachers to cope up, and they have done that without any resistance. In any case if a change in attitude of a particular teacher is required then they guide her and help out.

• According to the principal in school 1 assistance is not provided to the teachers in the routine program because "we don't want them (teachers) or children, to feel special." If extra help was required for any child it was provided in form of the special educator and special sessions so that teachers are not burdened.

• In response to extent of parent participation in program the principal said that it is not on a regular basis, when we want to include parents we do through PTA meetings, school celebrations or using parents as volunteers at times.

• The principal of school 1, did not want to specify which children could be included in the regular classes, but did add that if child
could cope up with regular stream they would like to include him/her.

- As school incharge principal of school 1 expressed satisfaction with the inclusive program and said that "improvisation is always required. What ever new comes up, try it, put it up. All feedback from all components is very satisfactory, children are progressing well." Although she did mention that improvisation was ongoing she did not elaborate on what was actually done. In case of the other principal the opinion was that "there could never be an alternative to inclusion." She said that inclusion is an ongoing and demanding process and there is lot of work to do and many milestones to cross.

- The principals reported that the admission process in school was generally entry into the special group first and then on basis of special / specific observations, parents wish, capabilities, medical reports and school observations the child gets included.

- Lastly there were no separate / reserved seats for special children. The whole program was self financed (through fees charged from children) with no government aid which would be welcome. Age was the only criteria for admission i.e. child was placed with age mates so that they learn appropriate behaviour.

- Overall the principal in school 1 was in a general hurry to get over with the interview and did not elaborate on what the school was
doing for the special children on a continuous basis. Most of the responses given were very generic, giving general information about the school program.
Section III: Emerging classroom behaviours

1. Appropriate task related behaviours across sessions.
2. Inappropriate behaviours across sessions.
Emerging Classroom Behaviours

This section of the chapter deals with results emerging from class observations across various sessions to determine extent and type of task related behaviours demonstrated by the children.

The curriculum for each class gets transacted through sessions such as–

1. Formal academic classes (English, Hindi, Math and so on).
2. Informal sessions (art, music, dance and so on).
3. Indoor and outdoor play.
4. Special sessions for CSN.

These sessions along with the arrival, departure and lunch sessions were observed for each child. The special children in keeping with the school philosophy of full inclusion attend all of the above mentioned sessions with the whole group of typical children, except for the individual special education session for additional academic inputs.

The class observations led to emergence of the following major categories of behaviours.

1. Task related behaviours
2. Disturbing behaviours
3. Idiosyncratic behaviours
4. Behaviours indicating non involvement
5. Socially adaptive behaviours.

(see appendix M for detailed listing of these behaviours).
The general pattern that emerges is that formal and very structured sessions where the children are required to perform on a particular task, lend themselves to a host of inappropriate behaviours like disturbing, non involved and idiosyncratic behaviours. On the other hand these very children are able to without adult monitoring complete routine non formal tasks like lunch, arrival and departure related tasks. Adult monitoring increases the occurrence of task related behaviour and fosters social interaction.

1. **Appropriate task related behaviours**

The table 8 shows the extent of appropriate behaviours shown by the special children in school across various class sessions.

**Table 8**

% times children (C) show appropriate behaviours and teacher (T) input.

<table>
<thead>
<tr>
<th>Session</th>
<th>Arrival home</th>
<th>Going home</th>
<th>Lunch</th>
<th>Special class</th>
<th>Informal class</th>
<th>Formal class</th>
<th>Outdoor class</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>87.4</td>
<td>83.4</td>
<td>82.8</td>
<td>70.8</td>
<td>58.3</td>
<td>38.0</td>
<td>33.1</td>
</tr>
<tr>
<td>T</td>
<td>0</td>
<td>0</td>
<td>5.8</td>
<td>70.3</td>
<td>26.4</td>
<td>12.5</td>
<td>4.2</td>
</tr>
</tbody>
</table>

As is obvious the maximum percentage of task related behaviours are shown in the **arrival** and **departure** time. In both these time durations / sessions the adult (teacher, helper etc.) were absent or unavailable and majority of the children independently could manage going and coming to and from class to their auto rickshaws.
Lunch time was another session where for a high percentage (82.8%) in average these children exhibited task related behaviour. The teachers attempted to monitor the children's lunch by generally keeping an eye on the child from far or asking child to finish food or sit properly. In most instances it was observed that the children managed to take their own dishes, find a place for themselves and ate in a manner they could manage (at times using both hands, dropping spoons, leaving food unfinished) on their own. The teachers actively did not attempt to help or monitor them with eating though they were present in the lunch room. They could be observed talking amongst themselves or in between leave the lunch room to complete a task.

With regard to formal teaching and learning the special class session emerged as the one where maximum task related behaviours were observed—70.8% on an average. Like wise attention paid by the adult (special educator) to the special child was 70.3% which is the maximum figure for adult attention. What needs to be brought to attention is the fact that these sessions have an adult child ratio of 1:1 or 1:2 and thereby give the children a chance to exhibit behaviours which they are not able to show in the large regular class situation. Also it is a very obvious fact that for sessions where the adult attention is focused on the child, they do perform and complete tasks.
The informal class session observed ranged from art session, story session, informal oral class and worksheet colouring. The adult interaction was generally in the form of giving instructions specifically to the child, enquiring about work done or not, teaching the child to do actions in a drama, telling other children not to tease the special child (only in one instance) or making child sit in place. Apart from such interactions a few negative interactions were also observed like the teacher saying to the child that he has coloured "very badly, do it nicely" or "why is colouring done out of the boundary, look at board "Does madam colour out of boundary?" Now you will not get star. Apart from the related behaviours the special children did show other behaviours like disturbing behaviours, uninterested behaviours and idiosyncratic behaviours in class which have been discussed further.

In the formal academic class session the special children show 38% task related behaviours. The input from adult was in the form of monitoring child's behaviour in class, asking child to participate in required activity, instructing to sit at place, asking child to come to her, help in opening correct page, checking work and so on. The behaviour of the special children in formal class was appropriate only 38% of time when they attended to task on hand. Rest of the time there was lot of display of disturbing behaviour, non involved behaviour and idiosyncratic gestures.
The outdoor session could be observed only for two children. Both the children were not interested in outdoor play per se but did occupy themselves either with playing indoors with blocks or as in one case by just following the teacher around. The adult though present in both cases did not play a pro active role by encouraging the child or other children to engage in play individually or in groups.

Figure 12 depicts the average % of appropriate behaviours shown by children related to the sessions and the % of behaviours which were direct inputs by teachers for these children.

2. Inappropriate behaviours across sessions

During class sessions when children with special needs were not meaningfully engaged in task allotted other behaviours came into the forefront. These behaviours were not desirable as they disrupted the class routine, disturbed others and demanded time of the teacher. The following behaviour categories emerged.

Disturbing behaviours

These behaviours called other children's attention to themselves in ongoing class thus disturbing their work and general class ethos. In majority of the classes the adult though cognizant of the behaviour did not intervene or attempt to stop it. Such behaviours took the form of talking in ongoing class, roaming around in class, play acting, not sharing material, using foul language etc. These behaviours could be
Figure 12. Task related behaviour by children and teacher inputs.

observed to be occurring specially when they were unclear of what the task demanded or if it was a higher level task they did not have the skill to perform at that point (e.g. writing 5 when the child could not even make straight lines). The uniformity in task allotted to all children could also be a contributing factor. The IEP’s that the teachers mentioned in their interviews were nowhere observed as being implemented. Such behaviours occurred maximally in the formal academic class and informal activity sessions.

Idiosyncratic behaviour

Behaviours that child was repeatedly engaged in by self and did not necessarily disturb the class. These behaviours got manifested in the form of self talk, self singing, sitting in odd postures, sleeping on floor, rubbing hands, and so on. Some of these behaviours were very subtle and so continuous (as if part of the child’s existence) that they would
need keen observation for any intervention. Though most of these behaviours did not disturb ongoing class, they did engage the child’s own self so much that he/she was unable to perform on required work.

**Behaviours indicating non involvement**

These behaviours could be observed when the child lost interest in task either because of the demands of task or was just not interested. Since performance according to a goal was required, these behaviours could again be observed only in the formal and informal sessions. The disinterest was very obvious in the manner the children would sit and just look around, listlessly stand up in between and look out of the window, yawn, go out in the corridor and roam around while other children in class would be seriously engaged in work.

**Socially adaptive behaviours**

Interestingly in all sessions except in the special education session and to a lesser extent the informal class this gets manifested in the form of inappropriate behaviour, implying that in sessions like formal class, lunch, outdoors, arrival and departure time there was a marked lack of any meaningful social interaction (either physical, verbal) with peers, class mates or adults. In most sessions the child functioned as an individual, and there were rare instances when he/she would meaningfully engage in any social interaction either initiated by self or others. On part of teachers there was only one instance where
another child was asked to assist a special child with work. This lack of social interaction was not necessarily stemming out of lack of requisite skills because the same children in one to one special education class exhibited extensive interactive behaviour with the adult. These children could engage in intense verbal communication, could question, argue, express doubts, answer, verbally take turns and so on and also verbally or physically using gestures (pointing) seek adult help. Such results also therefore raise questions about alternate forms of placement for these children and the role adult attention plays in their learning.

In the special education session there also emerged behaviours that have been combined under the category of emotional responses. These reactions/responses occurred only in this session and were marked by behaviours like seeking adult approval, smiling in response to appreciation, intentionally being mischievous and so on. The fact that the special educator on a continuous basis appreciated the children, continuously pushed the children into working, constantly monitored work, instantly gave help created a situation that helped elicit these reactions on part of children.

All sessions did lend themselves to children engaging in activities related to winding up. Keeping back own books, pencils, collecting class material and putting it back etc. were related behaviours. These
were independently performed without reminder by teacher in all cases.

Figure 13 sums up the behavioural categories as they occurred across various sessions in their appropriate and inappropriate forms.

<table>
<thead>
<tr>
<th></th>
<th>Inappropriate</th>
<th>Appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Formal Class</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T.R.</td>
<td></td>
<td>T.R.</td>
</tr>
<tr>
<td>D.B.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I.B.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N.I.B.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of S.A.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Informal Class</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T.R.</td>
<td></td>
<td>T.R.</td>
</tr>
<tr>
<td>D.B.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I.B.</td>
<td></td>
<td>S.A.</td>
</tr>
<tr>
<td>N.I.B.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lunch</strong></td>
<td>Lack of S.A.</td>
<td>T.R.</td>
</tr>
<tr>
<td><strong>Outdoors</strong></td>
<td>Lack of S.A.</td>
<td>T.R.</td>
</tr>
<tr>
<td><strong>Special Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Class</td>
<td></td>
<td>T.R.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>S.A.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>E.R.</td>
</tr>
<tr>
<td><strong>Arrival Departure Time</strong></td>
<td>Lack of S.A.</td>
<td>T.R.</td>
</tr>
</tbody>
</table>

**Figure 13.** Behavioural categories across sessions

**Key**

- T.R. - Task related behaviours
- D.B. - Disturbing behaviours
- I.B. - Idiosyncratic behaviours
- N.I.B. - Non involved behaviours
- S.A. - Social adaptive
- E.R. - Emotional responses
As is obvious from figure 13 the formal academic session lend itself to task related activities. On the other hand a host of inappropriate behaviour categories were also associated with this session these being task related, disturbing, idiosyncratic, non interested and lack of social interaction.

Similarly the informal class session had appropriate behaviours like task related activities and social interaction to an extent and winding up. There were also inappropriate behaviours like unfinished tasks, disturbing behaviour, idiosyncratic and non interested behaviours. These were the only two sessions where there were more inappropriate behaviours compared to appropriate behaviours. Other sessions had positive behaviours elicited with only lack of social interaction as being inappropriate. What stands out is the special education class where apart from task related behaviour, social interaction / adaptation, emotional reactions were also observed which were not observed in any other session. This session also had no inappropriate behaviours.

**Teacher's Input**

The teacher input varied both qualitatively and quantitatively across the various sessions observed.
Table 9
Teacher input across sessions

<table>
<thead>
<tr>
<th>Session</th>
<th>Input</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic class</td>
<td>Instructional - verbal</td>
<td>12.5</td>
</tr>
<tr>
<td>Informal activity</td>
<td>Instructional - verbal</td>
<td>26.4</td>
</tr>
<tr>
<td>Special education</td>
<td>Instructional - verbal</td>
<td>70.3</td>
</tr>
<tr>
<td></td>
<td>Physical assistance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Verbal exchange</td>
<td></td>
</tr>
<tr>
<td>Lunch</td>
<td>Instructional verbal</td>
<td>5.8</td>
</tr>
<tr>
<td>Arrival</td>
<td>Nil</td>
<td>0</td>
</tr>
<tr>
<td>Departure</td>
<td>Nil</td>
<td>0</td>
</tr>
</tbody>
</table>

As is evident from table 9 the maximum teacher input occurred in the special education session followed by the informal and formal class time. Adult input / presence was entirely absent in the arrival / departure times and minimal in the lunch session. Except for the special education session the input took the form of verbal instructions. Qualitatively when analysed the instructions related to mechanical tasks like sit down, come here, open your book, look here so on. There was minimal to nil physical assistance provided to these children even in sessions as lunch. Verbal exchange, giving the child a chance to answer, question, asking children to help, support and involve the child was absolutely missing. The picture that emerged in the class observations was very contrary to what the teachers had reported in their interviews and chapatti diagrams since minimal efforts were put into socially helping child to adjust and feel one with
the group. The special children on their part functioned more in isolation, but generally seemed to be happy in the environment. What did seem to get practiced was the statement that “no special treatment is given to these children, they are treated as normals” since no IEP’s could be observed as being implemented.
The figure 14 sums up the various related aspects and variables that effect an inclusive program as they have emerged in the local context. The major variables being the parents, teachers, class program and school policy. For some of these secondary variables are also enlisted as they directly affect the primary variables and indirectly the inclusive program.

### Parents
- Clear about child’s condition and accept the same.
- Attribute increase in social skills and general skills related to school set up.
- Satisfied that child is in normal environment.
- Not satisfied with academic inputs.
- Not clear about process of inclusion and its facets as followed by school.
- No parent school partnership.
- Suggest increase in personal attention and teacher training.

### Teachers
- Claim inclusion trains for social personal development.
- Training for academics does not figure as goal (not clarified to parents)
- Confused about various program facets of an inclusive program.
- Thrust areas for evaluation-social interaction/self help. Academics does not figure.

### School Policy
- Teacher training not an important criteria.
- No training / help provided to teacher in class.
- Academic training left to special educator.
- Social development is prime goal.

### Class Program
- Not geared to special needs of children.
- Uniform exposure to tasks - increase in undesirable behaviour.
- Specific, need based inputs only in special session.

### Inclusive Program

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Figure 14. Inclusive program in practice.
Overall emergent trends

Parental Views

Parental understanding and coping

- There emerged clarity and consensus between parents about condition of the child, their strengths and weaknesses. Area requiring input according to fathers was mainly activities of daily to fathers was mainly activities of daily living while for mothers it was academics.

- Coping behaviours reported were indicative of denial, bargaining, anger and acceptance.

- Typical denial behaviours like shifting from doctor to doctor, feeling that there isn’t much problem with child even after the condition was established and recognised by parents emerged clearly.

- Progress of child and betterment of child gets parents to indulge in bargaining behaviour like taking religious measures or engaging into “social work”.

- Anger as an emotional response emerged in all parents to a lesser or more degree, with tension about child’s future (in case of fathers) and child’s behaviour (in case of mothers) being prime reasons.

- Acceptance of child’s condition was reflected in behaviours like taking child out with themselves, being able to solicit help for self
and child, being able to enlist child's strengths along with objectively knowing of weaknesses, being open to suggestions and readiness to implement them and majority of parents being able to pursue own hobbies.

- Mothers gave more inner directed emic responses to coping as compared to fathers. Dependence on religion and spirituality as coping means get reflected across various sources of data.

Parental aspirations for child

- The analysis of draw and dialogue highlights that the primary aspiration of parents for child is independence in future life. Academics does figure but parents do acknowledge that the child will not go through the whole range of learning but at least should be able to stand on own feet. Parents also hope for the child to be socially accepted.

School program

- The major satisfaction with the program that parents shared was the fact that the child had been included in the normal class and is happy to go to school. Parents have expressed hope that he/she will learn with normal children.

- One third of the parent sample reported no specific goals being set for these children. Some others did say that specific goals were set but could not elaborate on them. Fostering self dependence
and social emotional independence were major areas being aimed at.

- Majority of the parents said that no specific diagnostic / screening measures were used and it emerged that parents were generally not clear of the evaluation process.

- Inconsistency emerged in terms of reports of how the program was offered with half the parents saying IEP’s were used while the other half were of the opinion that specific need based planning was not done.

- Lack of clarity in understanding the process of promotion to next class emerged and thus varied responses like class observations, use of separate papers, evaluation by special educator emerged.

- All parents unanimously agree that there is no parent school partnership.

- Interestingly all would like to retain child in the school – the prime reason being no other good alternative being available.

- All parents have enunciated a host of suggestions with the aim to improve the program. More personal attention to the child, better program implementation and teacher training figure prominently in the suggestions.
Understanding and Views of School Staff

Conceptualisation of inclusion

- Inclusion as a concept was not defined by all teachers and theoretically by none.

- The objectives for inclusion as stated by the teachers included socio emotional, language development and to make children feel part of society. The cognitive training was left to the special educator. According to the special educator the goal was helping them academically to whatever extent possible.

Description of program facets

- Teachers see the program as worthwhile and successful as it fosters social development, belongingness to a group, increases self confidence, parents being happy.

- Major objectives of inclusion as stated by teachers emerged as socio emotional and language development. Cognitive inputs were left to the special educator.

- Teachers generally were not very clear about how inclusive program was offered to children across grades or if specific diagnostic/screening tests were used.

- Socio emotional development, self help skills and social interaction were thrust areas for evaluation as stated by teachers. No mention was made of academics.
Role of self

- According to teachers their major role was geared to social aspects of development vis a vis the special child – teaching appropriate behaviour, sensitising normal children etc.
- Teacher training / background were not important criteria to place a special child in a class.
- No teacher training provided on job, extra help given by school as stated by teachers was not observed.

Beliefs about inclusion

- Teachers see the need for inclusion and hope other schools will pick up.
- Teachers came up with suggestions like adding on staff, having prescribed curriculum. The special educator did suggest that class teachers need to give more time and opportunity to special children in class. She also laid emphasis on inputs parents need to give in training of special children.

Emerging Classroom Behaviours

Classroom observations yielded behaviours which could be classified into appropriate and inappropriate (disturbing, idiosyncratic, non-involvement, socially non adaptive) behaviours.
• Routine tasks like arrival, departure and lunch emerged as sessions where children exhibited maximum task related behaviour even in absence of adult.

• Adult inputs determine the performance of appropriate task related activity in formal reading/writing sessions which require goal directed activity and display of varied skills. Thus special education session had highest task related behaviours and highest adult input while formal class had least goal directed behaviour and adult inputs. Thus teacher inputs does increase childs task related behaviour.

• Teacher inputs across sessions (except special education class) were minimally directed to special children. Their behaviours were instructive, ignoring child, using negative comments at times, only monitoring from far and no pro active help/guidance.
DISCUSSION

The discussion presents the backdrop for the results as an outcome of the reviewed literature and then goes on to discuss issues emerging from results of the study. Therefore at the beginning is presented the theoretical understanding of the philosophy of Inclusion as it stems from literature followed by presentation of the issues.

Inclusion – Theoretical Understandings

The principle of full inclusion has to an extent emerged from the basic premises of the concepts of “natural environment” and “least restrictive environment” and arose sometime in late 80’s and early 90’s. (Bowe, 2000). Richey & Wheeler (2000) are of the opinion that an inclusive setting is desirable and a goal to be achieved for as many children with special needs as possible. In this process the wishes and priorities of family is of prime importance as far as any decision is to be made, since all families would wish for the special needs of their child to be met.

A professional organization like the Division for Early Childhood (DEC) has made a position statement on inclusion which says “Inclusion, as a value, supports the right of all children, regardless of their diverse abilities, to participate actively in natural settings within their communities. A natural setting is one in which the child would spend time had he or she not had a disability.” (DEC, 1993 cited in Richey, & Wheeler, 2000).
Professionals who advocate inclusion are of the opinion that irrespective of the severity of the disability, children are entitled to services, such that they do not encroach upon their liberty nor are they stigmatising for the child in question (Bowe, 2000).

On the other hand one does find ideas opposing full inclusion, where professionals have questioned the desirability of one placement or type of placement to be able to be in a position to provide need based individualised inputs. Thus full inclusion as being the best option for all young children with special needs at all times has been questioned (Bowe, 2000; Richey & Wheeler, 2000). One of the dilemmas related to inclusion is that in the commitment to meeting the needs of a minority group we may be making arrangements which may not be required by the majority group (Norwich, 2004).

Opposing such views one comes across efforts at the world level where countries have got together in an attempt to construct and put into action uniform policies and frameworks of action. One such prime document is the Salamanca Declaration (2002) which reaffirms the right to education for all and has urged all world governments to give increased inputs into inclusive education. The declaration specifically recommends –

• to ensure that the inclusive education issue is dealt with in all bodies where education for all is discussed.
• to mobilise teachers' organisations to support the training of teachers to meet Special Educational Needs.

According to this declaration inclusive schooling would be the most effective method for building a nexus between children with special needs and their peers. Further it is recommended that education of these children within special schools or special classes in regular schools should be an exception rather than a norm and be resorted to only in extreme cases. The document lays utmost emphasis on teacher training such that staff recruited is capable of providing a good role model, appropriate training, capable of adapting curriculum content to needs of students, produce required teaching material and organise work shops for parents etc. Adapting the program to needs of children rather than vice versa has also been recommended.

Likewise at the Indian policy level the Constitution of India guarantees that the disabled people will have same rights as other members of society. Thus the provisions of the Directive Principles of State Policy in the constitution apply equally to disabled citizens. India is a signatory to the UN convention on the Rights of the child which includes the disabled child. In this light there have been many Acts/Bills that have been proposed and are in process of being passed by the Government. The first central legislation enacted by the Government of India was the Rehabilitation Councils of India Act,
1992, prior to this in 1986 the National Education policy has a separate section catering to the education of special children and the most recent has been the National Trust Act, 2002 (Sen, 1995). Thus, though efforts have been slow placed and also have had their criticisms, recognising needs and provision of adequate services to special children in India is an area being worked upon.

**Gap between theory and practice – Issues**

Results of the study clearly indicate that there is theoretical understanding of inclusion and how it needs to be practiced. When it is to be implemented there emerges a gap between the understanding and practice, which is not surprising as these issues are in the field since long.

When one looks at the international and national level declarations, statements, frameworks, policies and ideologies and compares it with what is being practically implemented one finds a large gap in policy and practice. Though ideologically concept of inclusion has begun to gain acceptance as a viable means to provide educational services to children with special needs, in practice institutions who offer such services are very few. Also when these institutions at the local level were studied in detail, which was the aim of the present research there has emerged a lot of ad hocism in terms of planning, implementing, understanding of the process of inclusion and a wide
gap in the goal set at the institutional level and what is being communicated to the parent group.

The present research clearly indicates figure 15 that the inclusive set up in the local schools under study in itself has two separate functional units – 1. the regular class room program and 2. The inputs by the special educator. Also what evidently emerges is the fact that the school and home / family setups are two segregated units from the point of view of program being offered, with minimal interaction between the two.

The parents are to a great extent satisfied with the child being in a regular class/school and the social gains/advancements shown, but are in principle dissatisfied with the teachers role and academic inputs. The parents have shown a lot of objectivity while discussing about their child’s condition, accurately understand the problem and accept the same along with coping up by using various means – religion being one major source. Also there have been a host of suggestions mainly focused on teacher training, personal attention to child and parent – school partnership. The main idea behind these suggestions primarily being helping child to do better in academic learning than what is the situation now. Along with this from class room observations it is evident that these children, to more or lesser extent do have the capacity to show appropriate behaviour and
Figure 15. Inclusive framework in practice

- Dissatisfied with teacher's role and academic inputs
- Satisfied with child being in regular class/school

Parents

- Exhibit acceptance of child/condition.
- Lean on / cope with help of religion
- Extended family is an influential factor

- Suggest - teacher training, personal attention for child
- Increased partnership with school

Inclusive set up

- Regular school program
- Special education inputs

Class teacher's inputs

- Socio emotional development
- Independence
- Character building

Principal

School set up

- Cognitive
- Conceptual inputs

Special educator

Program

- Not individualised
- Extra/supportive inputs not given
- More intuitive in nature
perform on formal academic tasks provided there is constant (focused) adult attention.

Thus, there emerge two main issues here. First – what is the school philosophy behind the inclusive program and what is being communicated to parents thus questioning position of parents in the entire setup. Second – Is focused attention by a single adult untrained to handle special children and program possible with class strength of 30-35 and if not, are alternatives like special class/section or centres a better option for special children. This issue also specifically has added dimensions like teacher training, teacher attitude and understanding of needs of special children.

**Parent – Professional partnership**

Addressing the first issue as has been stated previously in the review all governments of the world are being advised to offer inclusive education services such that needs of special children are wholistically met through regular school settings. In the present research what has clearly emerged out of the interview of the Principals a well as teachers is the fact, that the main aim of the inclusive program was fostering socio-emotional development and independent functioning which is in line with the understanding that inclusion is primarily a social phenomena. Although this was the primary stated aim, unfortunately in class observations this did not
seem to be facilitated. As reported in the results there were hardly any instances when teachers played an active role to help special children interact meaningfully with peers or material, share things with peers, asking regular children to help the special child or creating a group ethos.

On the other hand interestingly parents have reported general gains in social skills like learning manners, independent eating, being comfortable with strangers/new places and crowds as outcomes of being with "normal children." It also emerges that though the school philosophy emphasises on social gains and not so much on academic gains, this is not being conveyed to the parents very clearly. As a result, since parents are sending the child to a "regular school" there automatically is an expectation of academic improvements irrespective of the problem of child. Since major academic gains were not observed in the contexts of this study, it emerges as a major dissatisfaction for parents. Parents role vis-à-vis the school was more as of passive information receivers which in few instances was again parent initiated, and was dissatisfying. They also expressed a wish to play a role in taking active decisions and sharing of information kept on their child. Since their role in the plan for their child was negligible, infact missing understanding of the educational set up was hazy. There needs to be a more consolidated parent professional partnership, with school authorities more frequently and intensively
sharing the program objectives, expected outcomes and processes involved so that parents too are able to contribute to their child's wholistic growth and have realistic academic goals. Such a sharing hopefully also will help clarify the general confusion and perplexed state regarding the promotion, assessment and program procedures in minds of parents. Thus detailed sharing of philosophy, program processes on a regular basis for parents and school personnel to be on common grounds is a necessity.

Parent professional partnership as a necessity for any inclusive program finds support in literature and researches. According to Shea & Bauer (1985) parenting of a child requires inputs in the form of time, energy, thought for analysis, evaluation and integration of a host of factors related to their parenting perspectives and methods. Families play a key role in early intervention and future development of their children. Thus collaboration is central to successful family/professional partnership. This partnership does not occur spontaneously and needs to be worked on as it is most beneficial to child with special needs (Richey & Wheeler, 2000). Early childhood (EC) programs which include early childhood special education (ECSE) programs have long given importance to family involvement. The family friendly approach by ECSE practitioners began in the 1960-1970's which was responsible for family members and family being recognised as the constant in child's life with the understanding
that children's needs cannot be fully met unless family joins in the program. Further the family can be used to identify the resources, needs and priorities for the child with special needs. Collaboration with other persons like teachers is facilitative as they know the child and parents situation and can help parents make sense of information (which at times is contradictory) they receive. Teachers thus, must make every effort to maintain contact with parents and their life situation. Further professionals can help parents get more information and understanding about their child's problem and provide the required social – emotional support. They can also serve as resources for information about medical educational and social implications of their child's condition.

Both experience and research have shown that parent programs apart from being desirable are essential for developing effective programs for exceptional children since their role as effective change agents is now being recognised. Parent involvement increases the number of individuals that can contribute to fostering of child's development and with more adults involved the time the child gets to learn and master a skill increases. Also parent teacher sharing of program helps decrease the inconsistency between the handling of the two and thus relieves the child of anxiety, confusion and frustration. (Shea & Bauer, 1985).
DAP Principles state that programs need to encourage parental involvement and use parents as resources, thus class environment needs to be welcoming for the child and family. Teachers need to plan "open door" policy – inviting parents to visit / talk to teacher which will help parents with special needs children to observe their children as children first. Therefore this necessitates that in preparing for a child with special needs in a class the teacher meets the parents to know their expectations for their child, informs parents of their curriculum goals and the developmentally appropriate curriculum and invites family to visit class room/s. (Hoover, 2004).

Lerner et.al. (2003) stresses that teachers need to recognise the stress and pressure that parents of the special children feel and thus need to foster a feeling of mutual support and understanding that would in turn benefit the child. Thus parental participation in the program is essential but at levels suited to each parent, i.e. selective participation enhances parent teacher relationship and inclusive schools should foster this.

Peterson & Hittie (2003) opine that in an inclusive school parents need to be viewed as allies, with whom concerns can and should be discussed freely and often, viewing them as part of the team. Parent participation could be in form of in class participation in activities or home activities that feed into class program. The idea is basically
respecting the fact that parents are the best source to know of child's strengths, gifts, needs, interests and this helps identify strategies to work with the special child.

The need for parent participation in programs has also been articulated in the Salamanca Declaration (2002) which has requested governments to motivate and facilitate participation of parents, community and organizations in favour of inclusive education. Further the declaration states that for inclusive education to be successful special focus needs to be given to partnership with parents.

Position of Teachers in the Inclusive Setup – Repercussions

A related issue is that of the teachers inputs vis a vis the class strength, teacher training and extra support available. Teacher involvement and training are suggestions that have come from the parents as a group, although the data shows that even parents intermittently have accepted the fact that a teacher can not do much for a special child in a class with 30-33 other children. Along with this is also the fact that none of the staff handling inclusive program in the two school contexts is trained to work with special children. Neither is teacher training or background an important criteria for placement of a special child in class. As one principal stated that “teachers are expected to rise to it and they do”. Thus the program being offered by such an adult to a special child is more intuitive rather than having a
sound theoretical base to it. This emerged very clearly in class observations where program offered to children across sessions was on par with regular children, leading to non performance, disinterest and non acceptable behaviour, from the special children.

Literature reviewed has shown that to be able to develop inclusive schools it is essential to recruit teachers who are capable of serving as a model for disabled children as well as providing teachers with required training. This training would help the teachers adapt their curriculum content to needs of the students and encourage them to produce required teaching material. (Salamanca Declaration, 2002).

Ahuja (2002) says that in the Indian scenario also, there is an increased recognition at present that inclusive schooling is not an alternative but essential requirement in order to attain universal education for all children. This therefore necessitates teacher training reform to be developed in India's unique socio-cultural and economic context. The aim needs to be theoretically sound and practically feasible teacher development programs. In India MARP – multi-site action research project was designed and used for teacher training at primary and secondary school level which concluded that in service and pre service training should be teaching skills to teachers and support personnel such that changes in thinking and practice are achieved. The hope is that this would lead the way for organisation of
effective schools for all children. Training needs to be continuous, relevant and as close to the work place as possible.

Resources need to be invested in education, training and compensation of personnel who work with children having diverse needs so that children get an environment where they interact with competent adults who can aptly cater to their emotional, physical and cognitive growth. Training would also be effective to decrease the increased turn over of staff. (Bailey, McWilliam, Buysee, Wesley, 1998). Staff that is well trained and supportive to each other with complementarity of skills is critical to implementation of a successful inclusive program. Staff needs to be committed to the concept of inclusion. An inclusive program requires different type of professional training program that reinforce the competence and skills of professionals involved. These professionals need to have basic information on child development and special needs and how to work with other disciplines. Even excellent early childhood workers and teachers need additional training and support to address varied needs of children with special needs. (Evans, 1998).

According to Mohay & Woodhouse (2000) early childhood teachers usually have had little or no training in areas of disability and inclusive practices, thus having a special child in class poses a challenge to their competency and is a source of concern to their being able to
provide an effective program. In a training program for child care workers and teachers the participants were of the opinion that training should be comprehensive have a large practical component and train for behavioural management.

Also a number of studies have shown that teachers and care providers themselves have expressed concern about their lack of knowledge and training in areas of disability and inclusion and so it is essential for them to stay updated with both research and practice. Only increasing the curriculum related to disability and inclusive practices at the under/ post graduate level does not seem to be the answer as most teachers favour on site training and support. Peterson & Hittie (2003) further report that teachers who work with children groups having varied and multiple needs (physical – sensory problems, emotional – social delays) need support for them to feel comfortable and safe in the work situation. Teachers who are generally used to teaching homogenous groups experience difficulty teaching multiple levels and as adults also need help to learn new ideas. Therefore support staff is required to work together with the general education teacher so that special children are not taught at the side or back of the class but with the class and receive the help they need.

Richey & Wheeler (2000) have also highlighted the fact, that traditionally trained teachers may not have had exposure to
curriculum material related to aspects as partnerships with parents, family centered approaches, collaboration with other disciplines, inclusive programs, attention to child and family diversity or use of technology in early childhood education. There is thus need for childhood educators to acquire philosophical basis, knowledge and abilities to be able to offer a responsible inclusive program. A review of inclusion studies done by Scruggs & Mastropieri (1996) highlight teacher's perspectives to make inclusion successful in practice.

Teachers across studies have reported need for more time per day to plan for students with disability, need for systematic, intensive training, pre / in or ongoing training with consultants. Additionally they have voiced the need for assistance in form of personnel, adequate curriculum, material and equipment, class size to be reduced to fewer that twenty. Also studies have shown that teachers are more accepting and willing to include students with mild disability because of their perceived ability to carry on with teaching on day to day basis effectively with their presence.

Class room teachers play a pivotal role in education of children with disability. As a result of the inclusion movement regular class teachers have had to become significantly more involved in education of all children including those with disability. Thus there has been expansion in the roles and responsibilities of the teachers, adding on
many new dimensions to them. The classroom teacher now controls the education program for all children and thus attitude of teacher towards students and general ethos developed by her in class have major implications for success of all children, including those with disability. Inclusion practices thus are facilitated by giving teachers the freedom to execute innovations along with continued support and technical assistance. (Janney, Snell, Beers & Raynes, 1995).

Teachers' attitude and its effect on students have been studied and there appears to be a direct relation between the attitude and its repercussions on behaviour of teachers towards children. Since teachers reinforce strategies and set expectations for students it is imperative that teachers set a positive tone for themselves and class environment. (Smith, Polloway, Patton, Dowdy, 1995). Although there is a dearth of published research dealing with attitude of teachers towards disabled children, the assumption is that if teacher's attitude can be modified by use of certain educational techniques so that there is realistic acceptance by teachers it does lead to realistic acceptance of the special child by other regular children. Highlighting the fact Lewis & Doorlag (2003) opine that there exists relationship between attitude and information and that some teachers may have limited knowledge and experience with children having special needs, also their basic teacher training and in-service training may have provided limited opportunities to learn about them, the suggestion therefore is
that teachers should strive to upgrade their skills and information to effectively partake of their responsibility. Researches have shown that lesser trained the teacher is, more negative comments are made, fewer questions are asked of the special child and lesser is the feedback provided. This has a two fold effect as it leads to lowering of self concept of special child and affects attitude of regular children towards the special child.

While literature and theory provide an ideal model and practices related to inclusion, this study has raised issues highlighting the practical constraints in which the schools are functioning leading to a gap between theory and practices so there is need for viable model suited to the local context which also addresses the specific needs of the context. Figure 16 depicts a conceptual framework which could be adopted by schools to offer an effective inclusive program.
Figure 16. Conceptual framework for an effective inclusive program.
Minimum Standards of quality .............

Paradigms for effective implementation of inclusive education –

Stemming from analysis of the school contexts, suggestions of parents and literature reviewed, for an effective inclusive program to be offered in the local context the following basic minimum criteria should thus form the core of the program.

1. Program offered to be based on a **Strong parent – professional bond / partnership**. Including parents in the program would lead to clarity in terms of –
   - goals/objectives of program and for child.
   - program implementation process.
   - evaluation / promotion criteria.
   - recognising ceiling levels of own child and expected achievements.
   - ownership of parents to contribute to program of child on similar platform as professional.

2. Schools to explicitly outline philosophy and goals of program in clear terms and communicate the same explicitly to parents.

3. Establish **linkages between ongoing practices in schools** and parental practices through frequent interactions / communications between the two.
4. **Teacher training** to be an essential requisite for placement of special children into regular classrooms so that teachers as primary service providers get appropriate guidance and direction.

5. **System of monitoring** teachers attitudes, competency and classroom practices thereby creating optimum environment to maximise benefits to children.

6. Scope in the program to **address the special needs** of the children and provision of extra/need based inputs i.e. the child does not get so merged into class that his special needs do not get addressed amounting to abuse. Program should therefore be in the form of a continuum such that it can be modified to suit individual needs of children and also fit into existing framework of school.

7. Program offered to be **geared to child's needs** so as to further the assets and reduce the deficits. Thus work out a program consistent with evolving capacities of the child.

8. Paramount consideration to be given to working out a **prescribed evaluation and promotion criteria** based on standardised assessment measures.

9. In order to make inclusive education an inherent part of the school program there needs to exist a **framework for program implementation** based on sound theory and research outcomes, that justifiably outlines inputs for regular and special children.
Such a framework would aid in working out modalities of work schedules/roles for professionals involved and provide direction to teachers to handle the diverse setting.

10. Formulation of a parent forum where parents can come together at periodic and consistent intervals. Such a co-operative will provide a platform to address their concerns, provide updated information and resolve problems. The parents forum needs to have a right to access to information and material related to the special children, in school.

Thus as the conceptual framework and minimum requirements suggest united and intensive interaction and inputs by the family and school systems should be at the core of all inclusive programs, with clarity of processes, roles and inputs. It is recommended that this framework and minimum requirements would be implemented in practice with the two schools to improve quality of their ongoing program in light of the efforts they are already making for CSN. Further the feasibility of the suggested framework needs to be practically tried out with other schools who would be accepting of the same to widen the options available to parents in the local context.