Inclusive Education in India: Interpretation, Implementation, and Issues

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Contents

Acronyms

CREATE	Consortium for Research on Educational Access, Transitions, and Equity
DFID	Department for International Development
DPEP	District Primary Education Programme
DPO	Disabled People's Organisation
EFA	Education for all
IE	Inclusive Education
IEDC	Integrated Education for Disabled Children
MHRD	Ministry of Human Resource Development
MSJE	Ministry of Social Justice and Empowerment
NAB	National Association for the Blind
NCERT	National Council of Educational Research and Training
NGO	Non-Government Organisation
NIEPA	National Institute of Educational Planning and Administration
OB	Operation Blackboard
OBC	Other Backward Castes/Community
PDA	Persons with Disabilities Act
PIED	Project on Integrated Education of the Disabled
RCI	Rehabilitation Council of India
SC	Scheduled Caste
SIDA	Swedish International Development Association
SIDH	Society for the Integrated Development of the Himalayas
SSA	Sarva Shiksha Abhiyan
ST	Scheduled Tribe
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	United Nations Children's Fund

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1. Introduction

"Ignorance … is a guarantee of marginalisation."
Lewin (2000: 23)

In a world where approximately 113 million children are not enrolled in primary school (DFID, 2001), Lewin (2000) highlights the potential for education to reverse the negative effects of social exclusion. There are an estimated 25 million children out of school in India (MHRD 2003 statistics, cited in World Bank, 2004), many of whom are marginalised by dimensions such as poverty, gender, disability, and caste. While many educational programmes have attempted to reach out to these previously excluded children, those with disabilities are often forgotten, emphasising their invisible status in a rigidly categorised society.

This paper, while limited by the lack of available empirical data and constraints of desk research, aims to present a case study of the current status of inclusive education in India with a focus on children with disabilities. It may prove useful for anyone wishing to undertake empirical research in this, until recently, neglected field, or simply needing to gain an overview of the educational situation in India today for children with disabilities. As a paper for the Consortium for Research on Educational Access, Transitions and Equity (CREATE) Pathways to Access series, it explores access issues faced by children with disabilities in the first three CREATE zones of exclusion – those without any basic education access, those who drop-out after entry, and those who are at risk from exclusion (see Appendix B). After exploring some general, conceptual questions concerning the relevance of disability and inclusive education in the context of EFA, the paper analyses the interpretation and implementation of inclusive education in India, alongside the issues and constraints faced by the stakeholders involved. This is followed by discussion of the implications these may have for the future of educational inclusion of all children, particularly those with disabilities, in the areas of government policy, school quality, attitudinal change and the potential for research. Due to word-length and data limitations, the paper was not able to explore in-depth some of the more pragmatic areas of inclusive education implementation, such as curriculum access, assessment methods, measuring achievement, and the learning environment.

The paper concludes that a twin-track approach to disability may assist not only in improving educational access for marginalised children, but also the reconceptualisation of inclusive education as a school quality issue to benefit <u>all</u> children. This could contribute in the long-term towards the achievement of Education For All and fulfillment of the Fundamental Right to Education enshrined in the Constitution of India in 2002.

2. Literature Review

2.1 What is disability?

> "*I live in a cocoon of social making*
> *Peeping out at the world from behind a curtain.*"
> Asha Hans (Hans & Patri, 2003: 5)

A focus on disability in global development not only raises questions of diverse local interpretations of the same issue, but also the need to accept the diversity of needs within this 'group' depending on both the nature of impairment and cultural context. The linguistic translation, let alone personal understanding, of new, often 'northern', terminologies and ideas can be problematic, and the English word 'disability' does not escape this conceptual tension. In this light, it is useful to outline models and definitions of 'disability' which are in use.

The medical model defines disability scientifically, as a physical, medically-diagnosed deficit which handicaps. It is impairment-focused, isolating the experience of disability from external influences such as societal attitudes. In the UK, the medical model is reflected in the psycho-medical dominance of segregated education for children with disabilities in the 1950's (Clough & Corbett, 2000) which was transported to developing contexts by colonialists and development agencies. This model can be seen, however, as being dominant long before the 1950's, with philanthropic, charitable institutions being set up from the mid 1800s in both north and south, particularly for blind or deaf children, by Christian missionaries. In India today, the Ministry of Social Justice and Empowerment, which is responsible for people with disabilities, has a medically-inspired classification system whereby one's disability either falls into the category of locomotor, visual, hearing, speech or mental (GOI, 2005). These broad categorisations cannot demonstrate the extent or exact type of impairment, which could assist in assessment of medical, and in some cases educational, need, and have no bearing on the social aspects of disablement, perhaps reflecting cultural perceptions of what 'disability' means in India. This is further explored in Section 3.2.

In most northern discourses the social model has overtaken the medical model, whereby cultural environment and attitudes which influence disabled people's societal participation and citizenship status are seen as the handicap, rather than the physical impairment. Hence it has a more human rights, as well as contextual, dimension. While the social model is salient in all contexts, it ignores the significance of the type and extent of impairment at the expense of highlighting the socio-political aspects.

DFID (2000: 2) appears to neatly combine both the medical and social models in its definition of disability as: "…long term impairment leading to social and economic disadvantages, denial of rights, and limited opportunities to play an equal part in the life of the community." This definition both combines health and social implications, and includes human rights and social exclusion dimensions in this complex, supposedly catch-all word 'disability'. However, it could be argued that in order to be applicable to all situations, this definition is 'fuzzy' and so not very useful when it comes to ascertaining the extent and types of need, because varied definitions of 'disability' have an impact on the data available on its existence and prevalence. Hence, although variation is implied in the

broadness of the definition, it is important to be aware of the extent to which cultural context can influence not only data collection and provision, but also how a person with disabilities experiences both their impairment and handicapping environment. Although DFID's (2000) definition may not be applicable for quantitative data collection or context-specific qualitative analysis, it captures the medical, social, rights and equality dimensions which are suited to the understanding of 'disability' as a complex process within this paper.

2.2 Why is disability a development issue?

The World Health Organisation (WHO) estimates that 10% of any population are disabled (Thomas, 2005a). In addition, approximately 85% of the world's children with disabilities under 15 live in developing countries (Helander, 1993, cited in Robson & Evans, no date). It is further thought that with disability, or impairment, being both a cause and consequence of poverty, the Millennium Development Goals cannot be achieved without a specific disability focus (DFID, 2000). People with disabilities have health, nutritional, educational and gender needs too, yet the goals related to these issues currently ignore the often unique needs of people with disabilities within these goals. The WHO estimates that up to 50% of disabilities are preventable, with 70% of blindness and 50% of hearing impairment in children in developing countries being preventable or treatable (DFID, 2000). Although this can be seen as more of a health issue than a disability politics one, its link to healthcare, malnutrition and poverty makes disability a development issue.

DFID (2000) highlights how disability can exacerbate poverty because it can lead to isolation and economic strain for the whole family. Disabled children are more likely to die young, or be neglected, malnourished and poor, while the denial of education can lead to a lack of employment opportunities and so poverty (ibid). Similarly, poverty can lead to malnutrition, dangerous working and living conditions (including road accidents) bad health and maternity care, poor sanitation, and vulnerability to natural disasters – all of which can result in disability. This vicious cycle of poverty and disability is succinctly demonstrated in the DFID framework in Appendix A. Seen in this light, it is hard to deny a strong link between poverty and disability, although it is important to be aware of other contributing factors such as lack of, or badly implemented, social policies that may lead to these conditions in the first place.

There is a growing consensus that people with disabilities should be included in development programmes, as the exclusion to date of this marginalised group will probably result in the non-achievement of the UN Millennium Commission's broadly inclusive global development agenda. However, if a person with a disability is dehumanised by cultural belief or stigma, as they are in India (Alur, 2002), then they can be 'invisibilised' and not considered worthy of rights. Disability is clearly a development issue that we ignore at a price, including that of human rights.

2.3 EFA and children with disabilities

There are as many as 1 in 10 children with special needs in education in the world (DFID, 2001; Watkins, 2000). However, it is worth noting that children with special educational needs (e.g. dyslexia) will outnumber those with visible impairments (Jonsson & Wiman,

2001), again raising the issue of multiple understandings and definitions of what exactly disability is. Despite the accuracy issues surrounding the sporadic and varied collection of data on disability, the fact that estimated enrolment rates of children with disabilities vary between less than 1% to 3% (Jonsson & Wiman, 2001) is hard to ignore. Deon Filmer (2005), while questioning the validity of sample sizes and survey methods used in his survey of 11 countries, found that although disability may not always be directly linked to poverty, "…disability among youth is … systematically and significantly related to lower school participation" (Filmer, 2005: 1).

Not only is lack of access to schooling a violation of Article 28 of the UN Convention on the Rights of the Child, which states the right of all children to free primary education (UNICEF, no date), but this lack also potentially maintains the cycle of poverty, as without education an educationally excluded adult may not be able to work to earn a living, or participate in political processes (Tomasevski, 2003). Despite this, there is no indicator in the Education For All (EFA) Global Monitoring Reports for enrolment, drop-out, or attainment of disabled children. In fact, there is no disability indicator at all, which is potentially excluding millions of children from a high-profile global campaign in which they were vaguely included in the category of "children in difficult circumstances" in EFA goal two at the Dakar Conference (World Education Forum, 2000), where the drive for Education For All was finally agreed by 92 countries. Hence, although EFA is about 'all' children, it appears that children with disabilities do not count in the final analysis.

2.4 What is inclusive education?

Until recently, most conceptual literature on inclusive education was Northern (European and North American) in origin, taking a 'whole-school' approach to institutional change (Peters, 2004), and influenced by the social model of disability. Children in special schools were seen as geographically and socially segregated from their peers, and the initial movement to locationally integrate these students in mainstream schools ('integration') shifted to one where the whole school was encouraged to become more adaptable and inclusive in its day-to-day educational practices for all students ('inclusive education'). Pedagogy in particular was highlighted as the key to meeting all students' educational needs by making the curriculum flexible, and so more accessible. By recognising that teaching methods which can make curriculum accessible to children with disabilities can also make learning accessible to all students (Ainscow, 2005; Ainscow, 1991), a teacher or school principal is well on the way to improving the overall quality of their school. In this way, inclusive education is not a disability-only issue, but an educational quality issue (ibid).

There is a growing, although not comprehensive, literature in the south, which focuses more on external factors with its 'community approach' (Peters, 2004). In developing contexts with large numbers of out-of-school children, inclusive education tends to be more broadly concerned with school access and education deprivations for marginalised groups such as girls, ethnic minorities, poor families and disabled children in CREATE zones one and two, who have never attended or dropped out of school (Subrahmanian, 2003). It seems that there is currently an expanding discourse on inclusive education developing amongst some academics and teaching professionals in India, many of whom, like Mike Oliver (1996), see inclusive education as exclusively concerned with children with

disabilities (Singal, 2005a). This discourse is attempting to shift perceptions of disability from the medical model to the social model. However, there are many conceptual difficulties with the terms of integration and inclusion in India, which are often used interchangeably (ibid). Further, varying definitions of disability and subjective interpretations of what 'type' of child a teacher is willing to include in their classroom add to the confusion.

Even if a previously excluded child is given access to a mainstream classroom, what happens within that space can be anything but inclusive if the school quality is poor, they cannot access an inflexible curriculum, or they are ignored or bullied by the teacher or their peers. These children would be found in CREATE zone three. Tomasevski (2003: 15) highlights how "…education is widely – albeit wrongly – perceived as inherently good. Getting all children to school is thus mistaken for their right to education." It is worth noting that the concept of inclusive education in the mainstream as opposed to specialist segregated provision is a matter of heated, inconclusive debate in the north, and yet it is seemingly being transferred unquestioningly as the panacea to the exclusion of children with disabilities in the south.

While in northern contexts, the discourse around inclusive education is primarily concerned with segregation as opposed to inclusion in the mainstream, in the south the coverage of special schools is so limited that the discourse is concerned with inclusion being potentially the most cost and time-efficient way of improving access to educational institutions. It may be that the promotion by the World Bank and OECD of the cost-effectiveness of inclusion in the mainstream enabling both economic and social benefits (Peters, 2004) may bear more relevance for resource-constrained governments and policy-makers than a child-rights approach.

Although inclusive education clearly has the potential to improve teaching and learning processes for *all* children as well as fulfilling their rights, for the purposes of this paper we will be looking at inclusive education mostly in terms of access for children with disabilities in India due to their 'invisibilisation'.

2.5 Merging agendas?

Disability is not only closely related to poverty (DFID, 2000), but is also becoming widely recognised as a cross-cutting development issue that bears relevance to all dimensions of social exclusion (Thomas, 2005a). Although social exclusion is not necessarily the opposite of inclusion (Kabeer, 2000), the extensive literature that is fast developing around processes of social exclusion (Subrahmanian, 2003; Sen, 2000; de Haan, 1998) can potentially assist in our understanding of combinations of exclusionary dimensions. Factors such as gender, ethnicity, disability, and poverty are rarely experienced exclusively, and as such are mutually reinforcing. Processes such as inclusive education could meet the needs of students affected by any of these dimensions. Social exclusion frameworks go some way towards understanding the processes involved (Giffard-Lindsay, 2005) and their intersecting nature. For example, women with disabilities are two to three times more likely to be victims of physical and sexual abuse than those without, demonstrating how being a woman and disabled can lead to double discrimination (DFID, 2000). In addition, more boys with disabilities go to school than girls with disabilities (Bandhopadhyay &

Subrahmanian, 2006; DFID, 2000), and people with disabilities are usually the poorest of the poor (DFID, 2000).

Tomasevski (2003) points out that lack of education is often attributed to poverty rather than policy, because exposing poor policy choices puts a spotlight on abuses of power. Indeed, power hierarchies are a key determinant of social exclusion, although poverty, policy, quality and relevance of education available, and stakeholder attitudes all have essential roles to play too in a family's decision, or ability, to send a child to school. While it is important to see disability in the context of other dimensions of social exclusion, Filmer (2005: 14) argues that "Clearly the deficits associated with disability are large compared to other sources of inequality," such as gender, rural/urban disparities, and wealth. DFID (2000) too points out that disability is different from other forms of disadvantage because people with disabilities cannot organise or mobilise until their practical needs, such as mobility aids, are met, and they cannot fight for their rights until they are more empowered.

Difference comes in many guises, and is often defined subjectively as well as culturally. Singal (2005a) criticises the Indian government's tendency to group social factors in the way they deal with them, resulting in the exclusion or invisibilisation of people who do not fit the required criteria. For example, programmes aimed at girls or scheduled castes do not include people with disabilities. With this in mind, lessons can be learned from DFID's twin-track approach which they successfully applied in order to mainstream gender in their development initiatives, and now propose for mainstreaming disability (DIFID, 2000: 11). The twin-track approach would not only addresses inequalities in all programmes, but also include specific programs aimed at the empowerment of people with disabilities. This 'two-pronged attack' method may well raise the profile and awareness of disability issues in a similar way to gender, demonstrating how taking lessons learnt from other sectors concerned with people who have suffered the excluding consequences of discrimination, could result in the merging of agendas and so multiple benefits.

3. The Context

3.1 Size and diversity

India has the second largest education system in the world, with 200 million children aged between 6 and 14, around 25 million of whom are out of school (World Bank, 2004). However, bearing in mind that apparently only 35% of children are registered at birth (UNICEF, 2004), others estimate between 35 to 80 million out-of-school children (Singal, 2005a).

When considering understandings of, approaches to, and impacts of inclusive education, the inevitable diversity and complexity in a context of this size must be taken into account. India's 1.3 billion people speak 18 different languages (GOI, 2002), and 844 dialects (Singal, 2005a), worship varied religions, have unique customs, differ in their exposure to disease and access to types of nutrition which affect their health and socio-economic status, and also communications which influence their access to government resources such as education or healthcare.

This diversity is further reflected in disparities of educational achievement. For example, in Kerala the literacy rate recorded in the 2001 Census was 90.92%, while in Bihar it was 47.53% (GOI, 2002). As a result, the overall (average) literacy rate for India was 65.38% which, while a representative figure is a national aggregate and so cannot reflect the complexity of context (Govinda and Biswal, 2006). However, it is worth noting that according to the PROBE team (1999) 40% of India's population lives in the educationally worst performing states, suggesting that a significant proportion of Indians are under-served by their education systems. Added to this issue of averaging out statistics in such a vast country is the fact that when census data was collected, there were some areas which were cut off by "disturbances" or "natural calamaties" (GOI, 2002: 11) such as the Kashmiri conflict, floods or landslides. This shows how despite best intentions, there may be un-surveyed people whose issues are therefore invisible to policy-makers, and so they perhaps do not have access to government resources.

Data on children with disabilities seems to be as unreliable as other figures, perhaps due to Filmer's (2005: 3) "selective reporting" of obvious physical impairments, or children being hidden by their families out of shame. A basic disability statistic was recently included in the 2001 Census for the first time, as a result of campaigning by the Indian disability movement (Thomas, 2005b). Despite there being no disability indicators in the influential EFA Global Monitoring Reports, the addition of this disability statistic may indicate the positive influence of the introduction of the inclusive education concept. The census finding of a 2.2% disabled population, or 21,906,769, are challenged by NGOs in the field who believe the figure to be closer to 6%, or 70 million (Thomas, 2005a; Thomas, 2005b). As mentioned in Section 2.1, in India disability is measured in five categories – sight, speech, hearing, locomotor, and mental – which excludes disabilities such as autism. In addition, a person has to be medically certified as having 40% or more of one of these disabilities in order to be counted (Thomas, 2005b) and so qualified to request 'benefits'. This seems to leave the ticking of census/survey boxes wide open to subjective

interpretation, and perhaps even the gaining of disability certificates open to corruption. Whatever the true figure, it is worth noting that according to the 2002 National Sample Survey, only 45% of the disabled population is literate, and 9% has secondary level education or higher (Thomas, 2005b). Importantly, although perceptions of disability for data collection may vary from State to State, the fact that this data is now being collected is a step towards raising awareness and could develop into a wider understanding of disability and broader exclusion issues over time.

3.2 Society and Culture – perceptions of disability

Although from a northern perspective disability might be described in terms of a combination of impairment and social barriers (DFID, 2000), "the WHO manual states explicitly that valuation [of handicap] depends on cultural norms," (Ingstad & Whyte, 1995: 6). Hence, it is important to present here a brief outline of Indian societal perceptions of disability in order to gain some insight into the cultural context in which the concept of inclusive education is interpreted and implemented.

It appears that in India the medical model of disability, with its often accompanying attitude of within-child (or adult) deficit, applies as the cultural norm. Disability can also be seen as having value as a source of income in Hindu India as the deficit, whatever it may be, entitles the disabled person to the charity and mercy of others, and so qualifies them for the job of begging (ibid). However, this anthropologically empathetic view does not take into account the potentially disempowering effects of being a passive recipient of welfare.

Singal (2005a) points out how the individualisation of disability in India as a personal, inherent problem of mind and body reinforces the image of a problem to be diagnosed and cured so a person can be more 'normal'. This, Singal argues, results in the charity and welfare focus on aids and appliances to assist those with disabilities to be 'normalised'. This view does not address the fact that in an environment lacking such helpful hardware[1], this focus may be justified. However, Singal does point out that the dominance of this medical perspective may be a result of many disabilities in India being the consequence of poor health and nutrition, and limited access to immunisation programmes. According to UNICEF (2004) only 60% of women receive antenatal care, 43% are assisted by a skilled attendant at delivery, and 30% of children are not immunised against polio. Cramped and dangerous living and working conditions are also preventable causes of much disability (DFID, 2000). These "disabling conditions" (Singal, 2005a: 7), which are prevalent in many developing countries, are a key reason for the dominance of the medical model at the expense of awareness or exploration of the social dimensions of disablement deemed so influential in the North. Similarly, the pity shown towards disabled people, who may be seen as suffering for the sins of their past life, so that those giving 'charity' can improve their own karma for the next, enables Indian society to remain ignorant of its own role in building disabling barriers (ibid). However, with only an estimated 100,000 of perhaps 15 million children with disabilities catered for in existing institutions, "charity cannot cope" (Coleridge, 1993: 47).

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[1] Hardware here is taken to mean the aforementioned aids and appliances (e.g. wheelchairs or hearing aids)

Singal (2005a) explains how the notion of distributive justice is prevalent in all social welfare efforts to advance Scheduled Caste (SC), Scheduled Tribe (ST), and Other Backward Castes (OBCs) in post-independence India, for example through government job reservation, and that this is similarly reflected in the approach to disability. Many feel that the positive discrimination of job allocation (reservation) perpetuates the caste system because the job is given on the basis of caste, or disability, and not on merit (Purie, 2006; Coleridge, 1993). Purie (2006) also argues that a government initiative that currently proposes a 25% quota increase in reservation for Dalit students in higher education institutions, is "… a selfish ploy to increase electoral appeal," and that no politician will oppose reservation "…for fear of losing votes." However, reservation can also be seen as "…enhancing the educational aspirations of parents from disadvantaged castes," (PROBE, 1999: 25) whose children may be first generation school-goers hoping to gain a secure government job after graduation (Balagopalan & Subrahmanian, 2003).

Caste, and the more 'modern' mobile socio-economic notion of class, has a key role to play in power processes at national and local levels, including educational access within school and classroom. Colderidge (1993: 152) describes caste as encapsulating, "…politics, religion, and culture in one overarching structure that poses a formidable obstacle to constructive change." Dalits, make up over 50% of the population who are outside the caste system (ibid), excluded from the higher echelons of mainstream society structured according to caste. While there may appear to be hope of social mobility in the first generation of Dalit learners entering formal schooling, which is dominated by upper-caste teachers, parental aspirations of a reserved government job have been found in recent empirical research to be tempered by the security of a 'realistic fallback' option of caste-specific work (Balagopalan & Subrahmanian, 2003). In the case of children with disabilities, this may well be begging.

Where do people with disabilities fit into this social system? Some see the disabled as a fifth caste, below all others - impure and so not 'whole' (Coleridge, 1993) which may contribute to their societal invisiblisation in surveys and censi. In addition, the strong link between poverty and disability implies that many children with disabilities will be members of Dalit families, perhaps reinforcing their marginalisation. While impairment is not restricted to any one class or age group, people with disabilities are often found to be amongst the poorest of the poor (Hans, 2003; DFID, 2000). However, a caste/disability link doesn't seem to have been empirically researched to date in the Indian context.

There are many government and NGO programmes focused on caste and gender in India, yet none yet seem to be concerned with how disability interacts and reinforces these dimensions of exclusion. For example, the multiple handicap of being a disabled woman can manifest itself in many ways. Her marriage chances are slight (Coleridge, 1993), she may be more subject to infanticide, her dowry higher because she is perceived as infertile, she is more likely to be abused or hidden from public view by her family, and she "…ceases to exist as a person and is excluded from being recognised as a woman in the fullest sense because she does not fit in with the model of women defined by society and dear to the collective imagination" (Hans, 2003: 22). These societal and cultural assumptions surrounding women with disabilities are added to by the worship of female beauty and perfection in an Indian media which wields great power in a widely illiterate population (Bhambani, 2003). If a girl-child is perceived as unmarriageable and unable to do domestic chores, then in some eyes she is not deemed worthy of the education which

could potentially give her economic freedom and societal status (Bhambani, 2003). It is important to recognise, however, that for some parents the likelihood that their daughter may not marry leads them to see education and training as essential in order to give her financial independence (Raja, Boyce & Boyce, 2003).

3.3 Conceptual understandings of Inclusive Education in India

Although it may not be appropriate to judge the adoption of a northern concept in the south from a northern perspective, hasty use of such globalised terminology without engaging with the thinking behind it may present no more than empty rhetoric, whatever the context. Singal (2005a: 9) clearly perceives inclusive education as "…a concept that has been adopted from the international discourse, but has not been engaged with in the Indian scenario." She supports this view of lack of conceptual engagement through data collected in semi-structured interviews for her PhD research, where she found that:

> Many interviewees concurred with the opinions reflected in government documents that inclusion is about children with special needs, as reflected by a disabling condition. A handful of others argue that inclusive education should not be limited to children with disabilities, as it holds relevance for all marginalised groups. Though they were quick to accept that this thinking has not yet prevailed. (Singal, 2005a: 5).

Indian understandings of disability and educational needs are demonstrated through the interchangeable use of several English terms which hold different meanings in the north. For example, children with special needs or special educational needs tend to be perceived as children with disabilities in India, as demonstrated by Mukhopadhyay and Mani's (2002) chapter on 'Education of Children with Special Needs' in a NIEPA government-funded research report, which solely pertains to children with disabilities. In contrast, the intention of Mary Warnock's term 'special educational needs', coined in the UK in 1978, was to imply that any child, with an impairment or not, may have an individual educational need at some point in their school career (e.g. dyslexia, or language of instruction as a second language) which the teacher should adapt to. This further implies that a child with a disability may not have a special educational need while their able-bodied peers could (Giffard-Lindsay, 2006).

In addition, despite the 1987 Mental Health Act finally separating the meaning of learning disability from that of mental illness in India, there is still some confusion in understanding, with the 1995 Persons with Disabilities Act listing both mental retardation and mental illness as categories of disability (Thomas, 2005b). Ignorance and fear of genetic inheritance adds to the societal stigma of both. 'Inclusive' and 'integrated' education are also concepts that are used interchangeably (Julka, 2005; Singal, 2005a), understood as the placement of children with disabilities in mainstream classrooms, with the provision of aids and appliances, and specialist training for the teacher on how to 'deal with' students with disabilities. There is little engagement with the connotations of school, curriculum, and teacher flexibility for all children. These rigid, categorical interpretations of subtly different northern concepts are perhaps a reflection of not only the government tendency to categorise and label (Julka, 2005; Singal, 2005a) but also a cultural one, most explicitly enforced through the rigidly categorised caste system.

While it is easy to criticise the apparent lack of critical engagement with these terms in India, this is perhaps a reflection of the weakness of local disabled people's organisations' (DPOs) political voice which have had such an overt influence on the development of these concepts in the north. It may also reflect an unwillingness to engage with an understanding of social exclusion and the, "…barriers to entry and participation in the education system faced by children due to reasons other than impairment" (Singal, 2005b: 335). However, it is worth noting that this political discourse has a 40 year plus history in the north, while it is relatively new in the south.

4. Implementation, Issues and Constraints

This section will explore the implementation of government, NGO, and private school IE programmes before examining educational policy and its accompanying issues and constraints for children with disabilities in India.

4.1 IE Programmes

4.1.1 Government Programmes

Over the years, although government programmes such as Operation Blackboard and Lok Jumbish focused mainly on infrastructure, girls, scheduled caste and scheduled tribe children, others had, or have, inclusive education components which ensure the visibility of children with disabilities.

Integrated Education for Disabled Children (IEDC)
The Ministry of Welfare, now Social Justice and Empowerment, implemented the Integrated Education for Disabled Children (IEDC) scheme from 1974 to 1982, when it transferred to the Department of Education (Dasgupta, 2002). The scheme was apparently intended to encourage co-operation between mainstream and special schools in order to support integration, although Julka (2005) believes this co-operation did not happen. Singal (2005b) too, argues that the programme is seen as an overall failure by those outside the government. Unfortunately, I was not able to access literature exploring these failures further, reflecting the need for valid and reliable data to enable improved project planning in the future. IEDC has been replaced by the Integrated Education for the Disabled (IED) component of the national District Primary Education Project (DPEP), and supports community mobilization and early detection, in-service teacher training, architectural design in schools (Mukhopadhyay, nd), the establishment of resource centres, teacher training, identification and assessment of children with disabilities, and the supply of specialist aids and appliances (Mukhopadhyay, 2003).

Project on Integrated Education for Disabled (PIED)
In 1987, UNICEF and the government-funded National Council of Educational Research and Training (NCERT) launched the Project on Integrated Education for Disabled (PIED) in 10 blocks (the administrative level between district and village (Thomas, 2005b)), that focused on teacher training in order to encourage integration. PIED was later amalgamated with the DPEP and SSA (see below) and by 2002 extended to 27 States (Julka, 2005).

While enrolment of children with disabilities in the mainstream increased and retention was high (Julka, 2005; Jangira & Ahuja, 1994), coverage has been "miniscule" with only 2-3% of children with disabilities integrated in mainstream institutions (Julka, 2005: 9). Criticisms made in the project evaluation pointed to implementation issues, such as children getting financial assistance who were not classified as disabled, or teacher training courses being un-regulated (Julka, 2005). However, the design of the project which encouraged continued labelling of children and withdrawal of those with disabilities from particular activities in school was not highlighted (Ainscow et al, 1995 cited in Singal, 2005b; Jangira & Ahuja, 1994). Further, despite aiming to deliver learner-centered teacher

training courses, much of the course instruction was found to be traditionally formal (Jangira & Ahuja, 1994) hence failing in one of its key objectives of instigating change in pedagogy through teacher training.

District Primary Education Programme (DPEP)

The 1995 District Primary Education Programme (DPEP), funded 85% by Central government via a World Bank loan and support from the European Community, UNICEF and the UK and Netherlands governments, and 15% by the State governments, focused on the universalisation of primary education, particularly for girls. The intention was for district-specific planning to make the programme contextual, and for participatory processes to empower and build capacity at all levels (GOI, 2002). However, Kobayashi (2006) found that the programme focused on quantitative targets and educational administration capacity-building more than participation, hence failing to empower local communities, unlike Lok Jumbish. Children with disabilities were included with the aim of achieving EFA. Extensive construction led to the creation of 200,000 new schools, and a teacher-training component led to the in-service training of all teachers. Alur (2002) argues that there were failures not so willingly reported such as corruption in the form of budgets for non-existent non-formal education centres, tribal dropout, the difficulty of multigrade teaching in one-teacher schools, low learning achievement, and no integration for children with disabilities due to continued reliance on special school systems. However, it is arguable that the existence of special school systems does not necessarily obstruct locational integration in the mainstream. Due to a lack of data, it is not possible to confirm how many children with disabilities were, or were not, integrated under the auspices of DPEP.

Janshala

This community schools programme, started in 1998 and now replaced by SSA (see below), was a collaboration between the Government of India and the UNDP, UNICEF, UNESCO, the ILO, and UNFPA, and supported the government drive towards universal primary education. It covered 120, mainly rural, blocks in 9 States where there is evidence of low female literacy, child labour, and SC/ST children not catered for under DPEP (Mukhopadhyay, 2005). Unfortunately, due to limited availability of data, it is not possible to elaborate on any issues arising on the Janshala programme, which has a component designed to improve the attendance of difficult to reach groups of children, including children with disabilities.

Sarva Shiksha Abhiyan (SSA)

Sarva Shiksha Abhiyan (SSA) is the government's millennial Education For All umbrella programme for all education schemes, which aims to universalise elementary education. The goals are that all children aged 6-14 i) will be in some form of education by 2003, ii) will complete 5 years' primary education by 2007, and iii) will complete 8 years' education by 2010 (GOI, 2002). Disability indicators are included in the government agreement for SSA (Thomas, 2005a), although what exactly these are and whether they are taken on at local level is unclear. In fact, although one of the official SSA objectives is the enrolment of children with disabilities, the World Bank (2004) SSA project appraisal does not list disability as a key indicator, unlike gender, SC and ST.

The fact that there are still many children out-of-school in 2006 demonstrates not only how behind this programme already is, but also how over-ambitious the infrastructure-led SSA

goals were in the first place. For example, of the 1 million new classrooms that should have been built by 2007, there are only 300,000; 100,000 of which are not fully functional (Lal, 2005). Part of the "compelling" rationale for World Bank assistance to SSA was the continuous monitoring and evaluation and the "built-in accountability mechanism at the school and community levels" (World Bank, 2004: 2). With donor support of the government feedback system, it was hoped that, "the development of mechanisms to assure cross-state and cross district observation, dialogue, and learning for program refinement could be among SSA's most enduring features." (World Bank, 2004). However, despite an awareness of SSA lagging so far behind in the achievement of its intended targets, there is apparently no sign of accelerated political momentum to lend a sense of urgency to the task (Lal, 2005). This is perhaps a reflection of there being "…no condition of effectiveness…" in the World Bank interest-free loan contributing towards the funding of SSA (World Bank, 2004: 8).

With a planned central:state government budget ratio of 85:15 changing to 50:50 in 2007, there is a high risk of some states not being able to afford to finance the programme (Govinda and Biswal, 2006; Lal, 2005), and perhaps an accompanying weakening of political will and programme implementation. The lack of political voice of the poorest people this programme is intended to assist, further pushes education to the lower strata of politicians' agendas (Lal, 2005). While criticism from the Indian media may be justified and necessary to raise awareness, it remains to be seen whether SSA will be able to adapt and become more effective over the next four years.

4.1.2 NGO Programmes

There are many international, national, and local NGOs involved with disability issues in India. Many local NGOs, while diverse and widespread, tend to be based on a charity/welfare approach (Thomas, 2004) and informed by the medical model (Hooja, cited in Mukhopadhyay, 2003). Although the exact number is unknown, there are at least 1,000 NGOs and voluntary organisations actively engaged in education (GOI, 2000), of which the government funded 701 with grants in aid in 2004-5 (GOI, 2005).

NGOs are perceived by the government as widening the implementation network and bringing flexibility and innovation into education programmes. In fact, they are currently implementing much of the IEDC scheme, as the job of including children with disabilities in education nationwide is too vast for the government to be able to undertake alone (Mukhopadhyay, 2003). (NGOs) "are important stakeholders in social development programmes…[and] are also a repository of knowledge of grassroots realities because of their proximity to the people" (GOI, 2000: 17). While demonstrating an awareness of the advantage of NGOs' closeness to the people, there is no hint of criticism of the government not being so, or why. In fact, it seems to assume and accept government distance in a nation of hierarchies. While failing to criticise the power processes that make the government need grass-root NGO assistance in the first place, this can also be understood as a pragmatic, honest approach, with the government admitting its failings and resource constraints by embracing NGOs. However, when part of the MSJE's mandate is the: "…promotion and development of voluntary effort on subjects allocated to this Ministry," (GOI, 2005: 5) one of which is the "education, training, rehabilitation and welfare of the

physically and mentally handicapped" (GOI, 2005: 4), it can only serve to reinforce the charity/welfare approach that sustains a medical, deficit model of disability.

Many national and local NGOs support special institutions, perhaps because it is easier to raise public support for residential centres than the promotion of inclusive education (ESCAP, 2001). However, a NGO that combines both specialist and inclusive aims is the National Association for the Blind (NAB). With branches nationwide, the NAB facilitates integration with skill and resource support (Julka, 2005). While it can be criticised for its roots in the medical model, it is important to remember that the specialist support they provide can assist with literacy (through Braille) and mobility (with a cane) for the mainstream classroom and beyond.

Some NGOs have metamorphosed their specialist institutions into resource centres in order to support inclusive education. For example, the Spastics Society of India (SSI) advocates for better understanding that many children with cerebral palsy do not have learning disabilities. The head office has also become a 'National Resource Centre for Inclusion' (funded by the Canadian International Development Agency, CIDA) for all children marginalised from learning, including girls and working children, operating inclusive pre-school classrooms in Mumbai's slum areas[2]. In addition, they offer a postgraduate diploma in inclusive education among other courses, in order to clarify this much-misunderstood concept. However, SSI's impact is currently mostly limited to the cities of Mumbai, Bangalore and Chennai. Similarly, the Jesuit-run Divine Light Trust for the Blind near Bangalore has become a resource centre to train teachers in mainstream schools in order to encourage the inclusion of blind children in their classrooms (Coleridge, 1993).

International NGOs too have a role to play in the promotion of inclusive education. Some, such as Voluntary Service Overseas (VSO) and Action on Disability and Development (ADD), both DFID-funded, focus on advocacy through civil society movements. Save the Children UK (SCUK) operates in several states in northern India through local NGOs, with a focus on child rights (SCUK, 2004). They fund, for example, the Society for the Integrated Development of the Himalayas (SIDH) which has successfully supported the establishment of innovative community schools in remote mountain areas with scattered tribal populations and lack of physical access to government schools due to the local terrain (Crumpton, 1999). While SIDH has had a positive impact on the inclusion of girls and tribal children in education, they do not appear to have encountered children with disabilities in any of the villages where they work. SCUK's international policy decision to look at all aspects of exclusion from education together, without specification[3], may assist in the gradual adoption of a schools-for-all understanding of the inclusive education concept, but ignores context-specificity. By not accompanying their India programme with any disability-focused component, SCUK is in danger of allowing children with disabilities to remain the last priority – a fact acknowledged by the Delhi-based monitoring report team, "…we need to formulate different strategies and approaches for different marginalised children." (SCUK, 2004: 11). Other international NGOs, such as Christoffel Blindenmission, do not work for attitudinal change so much as on the financial support of local hospitals with eye units in remote rural areas, rehabilitation centres, special schools,

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[2] See http://www.nrcissi.org
[3] Personal correspondence with SCUK's Education Advisor, June, 2006

and vocational centres for diverse disabilities run by local NGOs, many of which are Christian missionary-founded[4].

4.1.3 Private schools

The explosive growth of private schools in recent years in India, in both urban and rural areas, is seen by many to be a result of dissatisfaction with the poor quality education provision in government schools (Nambissan, 2003; Singal & Rouse, 2003). However, the private schools which have been voluntarily implementing inclusive education, are mostly found in urban areas (Mukhopadhyay, 2003), demonstrating the geographical inequalities so prevalent in the Indian context. In addition, as these private schools require the payment of fees, this inclusive education is not accessible to all, and so somewhat exclusive, although some admit 'bright' children from deprived backgrounds as a charitable gesture (Singal & Rouse, 2003).

Two recent qualitative research studies undertaken in 'inclusive' schools in Delhi uncovered varied understandings and implementation of the inclusive education concept. Singal & Rouse (2003) found that in the eleven schools studied, most accommodated children with one particular type of disability, and eight of them had a special unit attached to the mainstream school from which some of these children were 'included', although others remained exclusively in the unit. The fact that children who would have previously been denied access were admitted into these schools was regarded as the practice of inclusive education. It is important to note that in Singal and Rouse's (2003) study, the type and extent of disability had a key role to play in the decision to include certain children or not, with children who looked too physically different from the others, and the perceived inability of most to keep up academically due to low IQ, cited as reasons to bar entry by some teachers. The adoption of inclusive education was found to be partly related to government pressure, partly to middle or upper class parental pressure for their own children with disabilities to be educated in the mainstream, and partly to the need for private schools to be seen as innovative in a highly competitive market. The educational status of parents played an important part in the direct academic support of their child, potentially allowing for inadequate teaching practices to go unaltered. There was little support for the teachers, with no formal training and a lack of communication and co-ordination with management or fellow teachers. Teacher motivation and an exam-oriented curriculum were seen as barriers to the adoption of IE, as were the attitudes of parents of other children in the school who did not accept that children with disabilities should be in the same class as their non-disabled child (Singal & Rouse, 2003).

Sandhill and Singh (2005) undertook an overall study of ten 'inclusive' private schools in Delhi selected by word-of-mouth, followed by an in-depth exploration of two private schools, in order to assess the changes they had made in their adoption of inclusive education. It was found in the study of ten schools that the tendency was to place children with disabilities in special units attached to the school, although some children spent some time in the mainstream classrooms, which the authors defined as more of a special school than inclusive school approach. The two schools studied in more depth contrasted widely in their approach to IE. In one school the researchers felt that inclusive education was not being implemented by the teachers due to a lack of communication with management,

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[4] See http://www.cbmi.org/

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which maintained their misunderstanding of the meaning of educational inclusion. In contrast, the second school had excellent communications between school leadership and the teachers, with a planned programme of inclusive education being implemented for children with diverse disabilities. As a result, the concept had been adopted gradually and sensitively, with teachers, students and parents all positively involved in the change process, and inclusive attitudes seemingly spread across the school both socially and academically.

4.2 Education Policy

While there are policies in place to address the perceived educational needs of children with disabilities, there appear to be a number of issues that are leading to sporadic policy implementation, alongside several institutional and attitudinal constraints.

4.2.1 Administrative Structure

Since 1976, education has been the joint responsibility of the Centre and States (GOI, 2002) – the former gives policy frameworks and budgetary support, while the 32 diverse states (including Union Territories) organise, structure, and implement their own policies. While cultural variations add depth to this context, they can make it almost impossible for Central government policies to reach everyone due to each state's individual interpretation of such policy.

Central government admits that: "a major challenge in national planning is to reconcile the planning priorities of states with the national plan frame." (GOI, 2000). This reflects the possibility of competing stakeholder objectives and cultural differences affecting the implementation of well-intentioned central policy such as inclusive education, a dilemma that affects many decentralised systems. The fact that, "cultural differences … impact profoundly on service delivery systems that are transferred from one region to another," (Julka, 2005: 10) may absolve both central and state administration of responsibility. The central government blames the state, while the state blames resource constraints (aka central government) or a lack of community interest, in an environment lacking any kind of accountability mechanism apart from the collection of data, which is easily manipulated. Hence, decentralisation can also highlight weak capacity at local level and the need for development (GOI, 2000).

An additional bureaucratic tension, which is creating parallel systems, is the fact that children with disabilities in special schools come under the poorly performing (GOI, 2005: 146-7) Ministry of Social Justice and Empowerment (MSJE), while those in the mainstream come under the Department of Education in the Ministry of Human Resource Development (MHRD). This categorisation is a further reflection of the cultural perception of children with disabilities in need of welfare rather than equality of opportunity. Although each department manages its own education programmes with inclusive education components, Singal (2005a: 3) finds evidence of concern that "children are dispersed across too many departments" with the result that the MHRD and MSJE "do not share a common ground" resulting in "duplication, divergent qualities and lack of uniformity" (RCI, 2001 cited in Singal, 2005a: 4). Despite apparent awareness of this issue, both ministries are currently named simultaneously as implementing agencies in the

detailed framework for the 2006 MHRD Draft Action Plan for Inclusive Education (MHRD, 2006).

4.2.2 Inclusive Education Policy

Recommendations to send children with disabilities to mainstream schools were first made in the Sargent Report in 1944, and again in 1964 by the Kothari Commission (Julka, 2005). Despite this, change has been slow, with segregation in special schools dominating the scene until recently. Several education acts and promises have been passed or mooted by central government in India in the past twenty years, although they do not seem to tackle the roots of attitudinal barriers to inclusion. For example, in 1993 the Delhi Declaration on Education for All promised to "…ensure a place for every child in a school or appropriate education programme according to his or her capabilities" (cited in Mukhopadhyay & Mani, 2002: 96). This issue of 'capabilities' is key to the varied interpretations of 'inclusivity' of children, the focus on the child's abilities diverting attention away from inadequate teaching methods (Singal, 2005b). This is perhaps true for some teachers, but the continued development of government and NGO teacher training programmes would also appear to show awareness of the need for pedagogical change.

The 1995 Persons with Disability Act (PDA) states that disabled children should be educated in integrated settings where possible, although it seems that the lack of implementation may be due to there being no enforcement agency for this legislation. In fact, section 71 of the PDA protects the government and local authorities from prosecution (Alur, 2002). As Peters (2004: 34) succinctly points out, "…legislation and policy concerning IE must be evaluated in the context of progress toward implementation as well as the effectiveness of monitoring and evaluation." However, as inclusive education outcomes in developing contexts are such an undeveloped research area (Peters, 2004) it is almost impossible to discover to what extent and how these legislative acts are implemented or not, and what kind of impact they may have at the grass-roots level.

Despite the promotion of inclusive education, government documents focus on inclusive education as being about including children with disabilities in the *education system*, but not specifically the mainstream (Singal, 2005a). This focus is seen by some as needed and fair because of the previous government focus on other disadvantaged groups (Singal, 2005a), demonstrating how policy is focused on the majority as there are more girls or SC/ST children for example, than children with disabilities. However, inclusion in the education system is not the same as inclusion in the mainstream. If attending mainstream school is the 'norm', then being out of these schools can exacerbate difference and marginalise vulnerable children further (Serpell, 1999). Despite this, while different types of schooling being deemed appropriate for different strata of society can be perceived as fundamentally exclusionary, some parents may prefer their child to attend an alternative education institution, perhaps to gain a vocational skill, to gain the benefits of medical rehabilitation, or simply to avoid bullying. Itinerant teachers, community based rehabilitation, special schools, non-formal education, and vocational centres all have something to offer children marginalised by the mainstream in educational terms such as acquiring literacy, living skills and financial independence (ibid). In addition, an alternative education institution may not necessarily be sub-standard, perhaps even offering higher quality teaching and learning processes than a local government school.

It is arguable that special education is in fact regarded as superior in India due to its 'preferred' status (Mukhopadhyay and Mani, 2002), and that it is inclusion in the mainstream that is currently seen as the resource-constrained inferior alternative. However, the limited coverage of mainly urban-based, impairment-specific special schools in India may result in the exclusion of children with disabilities who do not 'fit' the categorisation of these institutions or who live in rural areas. Inclusive education may be the only way of facilitating educational access for these children.

A focus on physical access to school (CREATE zone one), rather than access to curriculum and equal treatment once in the classroom (Thomas, 2005b), is an additional barrier to inclusion, possibly resulting in drop out (CREATE zones two and three). One of the interviewees on Thomas's India Country Report:

> …suggested that the significant financial resources allocated to the SSA programme were actually a problem, noting that there is great pressure on education staff to spend, and be seen to be spending, their budgets. The result is that money is thrown at very visible and easy areas. Shiny new ramps and rails are a suitable quick fix (Thomas, 2005b: 14).

While physical infrastructure and enrolment are important, they are seemingly simple access issues to address, and easy to demonstrate progress in through quantitative data. It is the more complicated constraints of what happens in the classroom and in the community at large, fundamentally guided by attitudes towards children with disabilities, that are the most difficult to change. However, they are equally essential in ensuring access, whether in terms of enrolment or academic participation. Hence, negative attitudes can be seen perhaps as the most inhibitive constraint of them all.

Singal (2005a) too, argues that government policy focus on resources and physical access (e.g. distribution of aids and appliances), or infrastructure such as ramps in schools, and the notion of social justice through the equal distribution of benefit, seems to be more about inputs, not processes like pedagogy, curriculum or attitudes. It is this focus which results in selection of the relatively few "easy-to-accommodate children" (ibid: 6) with mild or moderate disabilities that do not need too much specialist assistance. However, this could be understood as a pragmatic approach in a context with inadequate infrastructure and few specialist teachers available to assist inclusion mainstream classrooms. This apparently selective inclusion, with children being 'prepared' in order to be 'ready' for the mainstream (NIEPA, 2003) seems to give inclusive education in India an exclusive flavour, although this may be because homogeneity in the classroom can be perceived as an essential prerequisite to enable good teaching (Singal, 2005a). This appears to directly contradict northern understandings of inclusive education being, by definition, all about embracing diversity in the classroom.

Despite islands of government programme success, disability budgets remain under-used (Thomas, 2005b), and reserved jobs unfilled (Bhan, 2006; Thomas, 2005b). These are sure signs of the sporadic implementation of inclusive education, as is the persistently low percentage of children with disabilities being in school. This is a result of the complex interaction of issues and constraints that vary in influence from state to state, let alone from classroom to classroom. As Peters (2004: 37) points out: "national policy does not *a priori* determine what education officials and teachers produce as policy."

In addition, not only are most special schools found in urban centres, but also awareness of the development of inclusive education is limited to cities when the majority of disabled learners live in rural areas (Julka, 2005). This rural/urban disparity does not just affect children with disabilities but other marginalised groups too, as schools in the more remote, or poorer areas tend to lack both human and physical resources (PROBE, 1999), highlighting the need for a reconceptualisation of inclusive education policy as a whole school issue.

4.2.3 Teacher Education

Many academics in the field of inclusive education point to teacher education and school leadership as essential for the implementation of inclusive education in the classroom (Ainscow, 2005; Sandhill & Singh, 2005; Booth et al, 2003; Ainscow, 1991), yet the standard of teacher training courses across India varies hugely, and they usually approach the inclusion of children with disabilities from a deficit perspective. In the general teacher education diplomas and degrees available nationwide, there is an optional 'special needs' paper to train and 'prepare' teachers to identify and diagnose disability. However, it is not an integral part of the training, and it does not train teachers to deal with diversity or challenge negative attitudes (Singal, 2005a). This reinforces the 'difference' of children with disabilities who, some believe, can only be taught by teachers qualified specifically for them (Singal, 2005a). However, it is ultimately teacher treatment of students in the classroom, rather than the training per say, that would reinforce this difference.

Interestingly, distrust in both the special and mainstream education systems leads some parents to keep their children with disabilities at home for fear of their abuse or neglect in the classroom (Julka, 2005), which may then be interpreted by teachers as a lack of community interest in education for their children, as demonstrated in the PROBE Report (PROBE, 1999). This raises the question of how teachers are being trained to include children with disabilities and to what extent they put this training into daily practice. Without access to qualitative research data specifically observing these teacher education outcomes, it is impossible to know. While it may be true that a lack of teacher training to deal with diversity or challenge negative attitudes results in a specialist, medical deficit, focus, there is certainly a need to train teachers in specific disabilities (which the Rehabilitation Council of India does) for students who could benefit from special lessons in skills such as Braille, sign-language or speech therapy.

There is evidence to suggest that many teachers do not feel equipped to teach children with disabilities and complain that they need more time to instruct these students (Mukhopadhyay, nd). Many government programmes have included a teacher training component in an attempt to instigate institutional change. However, a 'special needs' focus and a lack of training for management, combined with didactic training methodology do little to alter the classroom status quo, especially when responsibility is shifted onto a specialist resource teacher rather than methods altered to suit all students (Mukhopadhyay, nd). When teacher training is taken out of the context of programme islands and geographically accessible environments, teachers are found to be reluctant to attend training because it takes place in their free time and holidays (Lal, 2005). Teacher posts remain unfilled, even in Delhi, because of a lack of qualified personnel, which can also lead to

state employment of under-qualified teachers, further impacting on school quality (Lal, 2005). However, a teacher can be fully qualified, but if the training is sub-standard it will still have a negative impact on teaching and learning quality in the classroom, whereas an under-qualified, poorly paid teacher with some imagination and innovative practices may have a positive effect.

The poor quality educational provision in many schools is reflected in the fact that many government job reservations for adults with disabilities remain unfilled. Some may interpret this as due to the lack of ability many in Indian society believe is inherent in the disabled community. It is more likely to be directly related to the fact that so few children with disabilities get to, or stay in, school, that there is a lack of qualified, let alone confident, candidates. However, although school (and pedagogical) quality would appear to be one of the keys to an end to marginalisation for children with disabilities, the current locational inclusion focus of inclusive education in India is a major obstacle to the unlocking of this doorway to freedom and empowerment.

4.2.4 Resources

While the 1995 Persons with Disabilities Act perhaps moved the education of children with disabilities into the main frame (GOI, 2002) its focus on disability as a resource, not social, issue, can be seen as a wasted opportunity to tackle societal barriers. The rationale behind inclusive education as an economic necessity (Mukhopadhyay & Mani, 2002) rather than ideological preference, cannot be ignored in a resource-constrained context, and may explain the limited conceptualisation (Singal, 2005b) explored in Section 3.3. As Jangira (2002: 69) highlights, "Inclusive education is an alternative for developed education systems but it is an inevitability for developing systems."

A small pool of resources (4.1% of GDP for education (UNDP, 2005: 256) despite a promised 6% by 2000 (GOI, 2002)) combined with high demand, suggests that the development of the mainstream would be a more financially effective and efficient way to go (Peters, 2004; UNESCO, 2003). This could result in smaller classes and better teaching which would benefit all students (Singal, 2005a). Arguably, resources would not be so limited after all if all specialist institution funding was moved to the mainstream, which may explain why Thomas (2005b) argues that there are indeed sufficient resources in India to implement inclusive education. However, this solution could mean that the essential services which some special schools provide (and would still be needed) would be spread wider, and thinner. Indeed, the government could find that the cost of well-resourced specialist provision spread across all schools rather than centralised in resource centres more financially prohibitive than the current situation.

Although external donor support can be perceived as insignificant in the context of the Central government's overall education budget (Thomas, 2005b), there appears to be extensive external funding of programmes aiming to improve accessibility of mainstream schools to marginalised children, including those with disabilities (see Section 4.1.1). While external assistance can help the government to tackle its resource 'crunch' in the short-term, it may also be having a negative effect on the political will needed to make a 6% GDP allocation to education. This lack of political will is further reflected in the seemingly continuous string of externally-assisted government education programmes that

fall short of their goals. With no consequences of an accountability mechanism in sight, they are simply left to wither and die while everyone moves on to the next programme with its glittering tranche of all-new funding and revised goals.

After the Shiksha Yatra (India Marches for Education) march of over 50,000 people in 2001 (Tomasevski, 2003), the 86th amendment to the Constitution finally made elementary education for all children a Fundamental Right in 2002 (GOI, 2003). Despite the impressive impact this rights-based campaign appears to have had on pushing through this long-discussed amendment, it remains to be seen to what extent this right will be fulfilled and how it will be interpreted in the long term. It seems that the government has already cited financial constraints in its failed implementation of the amendment (Subrahmanian, 2002). As Peters (2004: 47) points out: "…the ways in which we allocate resources reflects our beliefs about the value of education for all children, and for particular children."

5. Implications

While there is no shortage of issues and constraints in the interpretation and implementation of inclusive education in India, it is important to remember that it is at a very early stage of conceptualisation and implementation. The fact that it is being discussed and in some places implemented, albeit falteringly, demonstrates a willingness to engage with elements of a new concept that has the potential to be developed in the future in a positive manner. This section will explore the implications that these issues have for possible areas of development that could move forward mutual understandings of how inclusive education could benefit the Indian education system, or rather the people in it.

5.1 Policy Implementation

So long as the, "…struggle to achieve compulsory education for a majority of children takes precedence over meeting the needs of those with disabilities…" (Ainscow et al, 1995 cited in Singal, 2005b: 338), change for children with disabilities will continue to be sporadic and painfully slow. The division of educational responsibility for children, between the MSJE for those with disabilities and the MHRD for those without, can only exacerbate this struggle, and highlight the 'different' nature of children with disabilities' needs and the special needs focus of inclusive education with it. This implies that if inclusive education came under one ministry alone, most probably the MHRD, potentially both conceptualisation and implementation could be clarified and promoted, while the needs of children with disabilities could finally be mainstreamed.

The absence of accountability mechanisms, which results in poor policy implementation, suggests that in order to ensure implementation of 1995's rhetorically positive Persons with Disabilities Act, some kind of legal enforcement mechanism needs to be created (Alur, 2002), perhaps related to resource allocation or government employee contract renewal. In turn, enforcement needs a disciplined inspection network of regular monitoring and evaluation by external evaluators (to avoid report corruption) in order to ascertain whether policy is indeed being implemented, and to what standard. However, the manipulation of data, as seen in Operation Blackboard, is, "undermining a vital tool of school management and planning" (PROBE, 1999: 92). Unless the accuracy of data is rewarded, as opposed to the inflation of enrolment figures or achievement levels, this manipulation will continue. The absence of reliable assessment and strong enforcement mechanisms is perhaps one of the reasons why so many government programmes whither away, targets unfulfilled, and government departments remain unchanged despite repeated failure.

The size and diversity of India dictates the necessity for state governments to take the responsibility of implementing central policy. Not only does a lack of accountability contribute to the diversity of state performance in inclusive education, as with all policy, but also variations in local government administrative capacity can have a disparity-inducing effect. Training of government officials of all levels (GOI, 2000) for managing monitoring and evaluation systems or enforcing accountability are just as important as training in conceptual awareness of inclusive education and disability issues. Management reform at the local level is essential for sustainability and long-term change, but in this context it depends on the political will of each state to instigate reform. However, without

the inclusion, understanding and good will of the administrators holding the purse-strings at local government level, state policy will not be implemented either.

5.2 School Quality

As "disabling educational environments affect all children, not only those who are identified as having impairments," (Miles, 2000: 11) it is essential that school quality issues are identified and addressed. The re-conceptualisation of inclusive education as a school quality issue could have significant impact on educational change in India for all children. Indeed, one of Singal's (2005a: 10) government official interviewees pointed out, "what has been asked for till now is only a physical space. This has not resulted in any changes, and it is not asking for changes that will be beneficial." This suggests that with the reconceptualisation of inclusive education, from students with special needs to all children, school quality could improve nationwide.

Teacher education is certainly key to this metamorphosis, but without a wider understanding of the meaning of IE for all learners (Panda, 2005), it will make little difference. This has been proved to date with the huge investment into government teacher training programmes that have yielded little long-term fruit in the shape of pedagogical revolution. The non-implementation of child-centred teaching methods may be influenced by a focus on theory rather than practice (Holdsworth, 1994), the brevity of teacher training courses without follow-up or feedback (Dyer, 2000), or simply a lack of basic teacher knowledge leading to insecurity that they will not be able to answer a question (Dyer, 2000). Nevertheless, this failure to change pedagogy is not only due to teacher education course design, but also the reality of 24.5% teacher absenteeism (World Bank, 2004), combined with resource-constrained institutions with large classes and an inflexible curriculum which force the teachers to return to didactic habits in order to cope. Croft (2006) however, suggests that class size need not be a hindrance in the practice of child-centered pedagogy if training takes into account the context-specific knowledge and methods teachers already use in their large, diverse classes, and progresses from this point.

A further hindrance to new pedagogy is that parental expectations are of exam results, not of 'joyful learning'. Hence, the pressure on teachers is even greater to avoid change. This exam 'backwash' no doubt contributes to the notion of within-child deficit and faith in IQ (which has been discredited due to its over-reliance on access to conventional education in order to score highly (Thorpe & McKie, 2002)) which can only be altered by attitudinal change aided by teacher education. For example, exam success from the practice of innovative teaching methodology, as demonstrated in the SIDH programme, can change attitudes towards child-centered pedagogy (Crumpton, 1999).

It is not only teachers who benefit from training, but local government administrators too, as their support and understanding of inclusive education could provide invaluable assistance to institutional innovation (Holdsworth, 1994). This reflects Miles' (2000) belief that good working relationships are critical to the implementation of inclusive education. SCUK (Miles, 2002) recommends a whole school approach to the inclusion of children with disabilities, in that all teachers are consulted and trained, not a select few 'specialists'. In addition, it is essential that teachers are supported not only by strong educational management with a clear strategy to improve school quality, but also by parents and the

local community (ibid). Ideally, all stakeholders should participate in the inclusive education process (Stubbs, 2002) including the child (UNICEF, no date).

The apparent exclusivity of selective inclusion of children with disabilities in the mainstream, encouraged perhaps by the 'specialist' nature of teacher training for children with special educational needs, may seem alien to northern spectators living within societies with a stronger consciousness of disability as a social issue. However, while Singal (2005a) criticises government pragmatism in avoiding deeper inclusion issues by focusing on physical and sensory disabilities only as suitable for mainstream education, it is worth considering that with such a mountain to climb it may be better to start somewhere and then progress. Perhaps deeper reflection will come after the successful inclusion of a few.

5.3 Attitudinal Change

Many of the issues and constraints surrounding the interpretation and implementation of inclusive education encountered in the Indian context, are not unique to India. However, the all-pervasive caste system, as a barrier to attitudinal change, is. The context-specificity of this socio-religious construct is a factor that cannot be ignored when looking at the implications for the future of any aspect of life in India. However, the caste system will not disappear overnight, but it is a highly constructed world within which all implications must be considered and all potential change would take place. In a more positive light, it may be that by being a fifth caste, or even outside the system, works to the advantage of people with disabilities in that their development could be perceived as being unrelated to caste, and so more amenable to innovative thinking.

While attitudes which are deep-rooted in cultural assumptions are probably the most difficult aspect of change, they have influence across the board, ranging from community, to school, to government. This suggests that attitudinal change should be considered an integral part of any inclusive education programme or plan, ranging from DPOs raising awareness at grass-roots level (including for parents), to teacher education (including sensitizing teachers to listen to the children's perspectives (Mukhopadhyay, nd)), to administrative capacity-building, to policy-making. Self-criticism and analysis is an important part of the attitudinal change process however, and could be very difficult to instigate in many stakeholders, depending on their personality. Hence, this element of change would undoubtedly need the ability for stakeholders to be prepared for conflict, and potential chaos (Fullan, 1993). As attitudes are based on beliefs, they can be changed when presented with new information such as inclusion success stories of children with disabilities. Islands of change may have limited coverage, but they can be scaled-up and lead to broader change with advocacy (Holdsworth, 1994). For example, village teachers in SIDH primary schools found that once they had achieved exam success by using some Montessori-inspired teaching methods, they gained credibility and were then able to experiment with more innovative pedagogy (Crumpton, 1999). However, as a micro-level NGO programme, the NGO-trained village 'instructors' were perhaps able to be more flexible in their approach to curriculum than formally-trained teachers in a government school. Community-based rehabilitation has also been found to assist in attitudinal change (Mukhopadhyay, nd)

Currently hindered by personal rivalries and competition for resources, Indian DPOs are failing the people they are intending to assist through their lack of co-ordination with each other. DPOs such as Action on Disability and Development (ADD), which is working on building up grassroots civil society networks, and Able Disabled All People Together (ADAPT), which is a Mumbai-based advocacy group for attitudinal and policy change, are good examples of groups that approach disability issues from their attitudinal foundations. However, the majority of DPOs in India do not effectively represent the interests of disabled people or hold up the state to public scrutiny, being urban-focussed and top-down in their approach (Thomas, 2005b). The absence of a single cross-disability voice in India (Coleridge, 1993) as a result of inter-organisational rivalry and the movement being divided between impairments, has resulted in many being unaware of their rights as a disabled person, and DPOs lobbying for "…issues that are largely peripheral to the needs and lives of the majority of India's disabled population, who are poor and live in rural areas," (Thomas, 2005b: 40).

Action on Disability and Development (ADD), and DPOs doing similar work with grass-roots advocacy, could play a key role in unifying the voice of adults and children with disabilities in order to apply political pressure and raise awareness amongst other people with disabilities of their entitlements and rights. For example, although a Gandhian long march may not be practical for those with impaired mobility, DPOs across India could unite to modify a form of march (perhaps in stages) to empower people with disabilities and disseminate information. DPOs, if unified, have the potential to initiate conceptual clarity of inclusive education with a bottom-up approach, opening up debate nationwide. In addition, as a large, well-funded organisation that promotes the voice of the child, if they included a disability-focused component in their India strategy, SCUK could make a significant difference to advocacy for children with disabilities and their right to mainstream education.

5.4 Research

While there is a noticeable lack of in-depth empirical and academic research on inclusive education in India, this can also be seen as reflecting the preliminary stage such discussions are at in this context (Singal, 2005b) and the room for development of a constructive discourse with further research.

This absence of information suggests that there is a dire need for more research into both the implementation (Dyer, 2000) and impact of inclusive education in India. There are large gaps in the hard-to-access research, both qualitative and quantitative, on IE in India. The apparent desire for change hinted at by the slowly developing discussion around inclusive education at all levels, can only be fulfilled if it is planned for. In order to constructively implement inclusive education for all children, planning must not only be adapted according to context, but also include funding for continual research, monitoring and impact evaluation from all stakeholders' perspectives. This includes the children's voices, and especially from those with disabilities. The long-term filling of the current research gap in IE in India could make a significant contribution to a sustainable, adaptable process of change. As Mukhopadhyay (nd) points out, diagnosis of implementation and quality monitoring reports could lead to valuable lessons learned. Both quantitative research to assess the extent of provision and need, and qualitative research to assess the

impact of current provision, could provide an invaluable contribution to a continually evolving monitoring, evaluation and planning network.

The invisibilisation of people with disabilities is reflected in the lack of valid and reliable data bemoaned by academics, who suggest that the only way for international and local assistance to move forward for people with disabilities is to collect specific disability-focussed data to enable project planning (Singal, 2005a; Thomas, 2005a; Peters, 2004; Jonsson & Wiman, 2001; DFID, 2000; Robson & Evans, no date). However, a household survey or national census, both of which are often answered only by the head of the household or by proxy (Robson & Evans, no date), may present inaccurate data if family members with disabilities are hidden by their relatives who may be ashamed of them. In addition, only obvious impairments may be counted as disabilities (Filmer, 2005), excluding mental and learning disabilities, and so resulting in "selective reporting" (ibid: 3).

Not only do multiple definitions and understandings of 'disability' make this data collection problematic, but also, as Robson & Evans (no date) point out, survey and costs can be prohibitive and present ethical concerns when carried out without being followed up by a service for those surveyed. Without the data, children with disabilities may continue to be 'invisiblised', but it is difficult to pinpoint exactly how extensive, or expensive, data collection needs to be before a service can be provided. Perhaps the initial count from within the framework of the 2001 National Census will assist in the provision of basic education services, segregated or inclusive. This may then raise awareness and so reveal further demand (and data) as parents approach institutions with the desire for their children with disabilities to be educated too. The next stage would be to disaggregate survey data, especially at household and school level (including drop-out, completion and attainment rates), to enable policy makers to explore the links between different forms of social exclusion, and how disability is a part of the experience of all groups (e.g. caste/disability, or gender/disability) with basic education access issues. Certainly, there is little research to date on the social background of children with disabilities (Mukhopadhyay, nd). This would highlight the importance for all education programmes to include a disability component.

From a qualitative perspective, there currently appears to be very little research assessing the impact of teaching and learning processes in the classroom post-teacher education, specifically aimed at inclusive education. Similarly, research recording the beliefs, experiences, and desires for the future of all stakeholders involved (such as education officials, administrators, teachers, parents), including the often neglected child's voice (Frederickson & Cline, 2002), is hard to find, and could assist in furthering understandings of the current situation and how it can be improved. Action research, monitoring and evaluation, and impact assessments could all assist in the improved planning and implementation of IE programmes for the local government officials and school management who administer the policy, and teaching staff who are the key to educational access within the classroom. Without research on inclusive education outcomes, lessons-learned cannot be applied to make implementation more effective, and so schools more accessible to all learners.

6. Conclusion

In his influential work on educational change, Fullan (1993) highlights the complexity of the change process from a phenomenological perspective - stakeholder-driven and influenced, not straightforward, and a long-term journey or process of conflict, rather than a blueprint. Seen in this long-term, slightly chaotic, light, the sporadic implementation of inclusive education may be one step on this lengthy journey during which stakeholders learn from mistakes and adapt their plans and practices accordingly. The teacher education focus of some government programmes is perhaps going in the right direction. However, the apparently slight regard for content and methodology of the courses, which do not reconceptualise IE or address attitudes towards disability, demonstrates the need for further change in this context. Also, teachers are not the only stakeholders involved. Students, parents, administrators and local government officials are affected too, all of whom will see any innovation or new concept in a different light. However, the reconceptualisation of IE as whole school issue appears to be essential if IE is to be more than physical relocation of children with disabilities in a mainstream classroom.

While only 2.5-6% of the population may have a disability, with approximately 98% of children with disabilities not attending any type of educational institution, the current provision (specialist or mainstream, government or NGO) is clearly not enough to attain EFA. This may partly explain why inclusive education is perceived by some as an inevitability rather than a policy preference, because resources cannot stretch to the number of special schools and specialist teachers that would be needed to cater for this excluded group. However, although children with disabilities are unlikely to suffer from only one exclusionary dimension, they are often excluded from programmes for girls, or SC, ST or OBC students, further reinforcing their marginalisation from society. Human resource potential aside, without education marginalised children may not be able to fulfil their rights as citizens (Tomasevski, 2003) in the largest democracy in the world.

This suggests that the twin-track approach advocated by DFID (2000) may be a constructive way forward for the inclusion of children with disabilities in the Indian education system. While some programmes could focus specifically on educational provision for children with disabilities, others could mainstream disability alongside gender and other exclusionary dimensions such as poverty. This would ensure the inclusion of all in programmes intended to widen the impact of institutional systems such as education. With the development of much-needed research into the inclusive education discourse and the implementation and outcomes of IE policy, reconceptualisation of inclusive education as a whole school quality issue for all children may be able to grow alongside this merging of agendas. Thus, EFA and the Fundamental Right to education for all children as declared by the 86th Constitutional amendment in 2002, may be fulfilled in the long-term through the improved implementation of inclusive education.

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Appendices

Appendix 1

Poverty and Disability – a vicious cycle
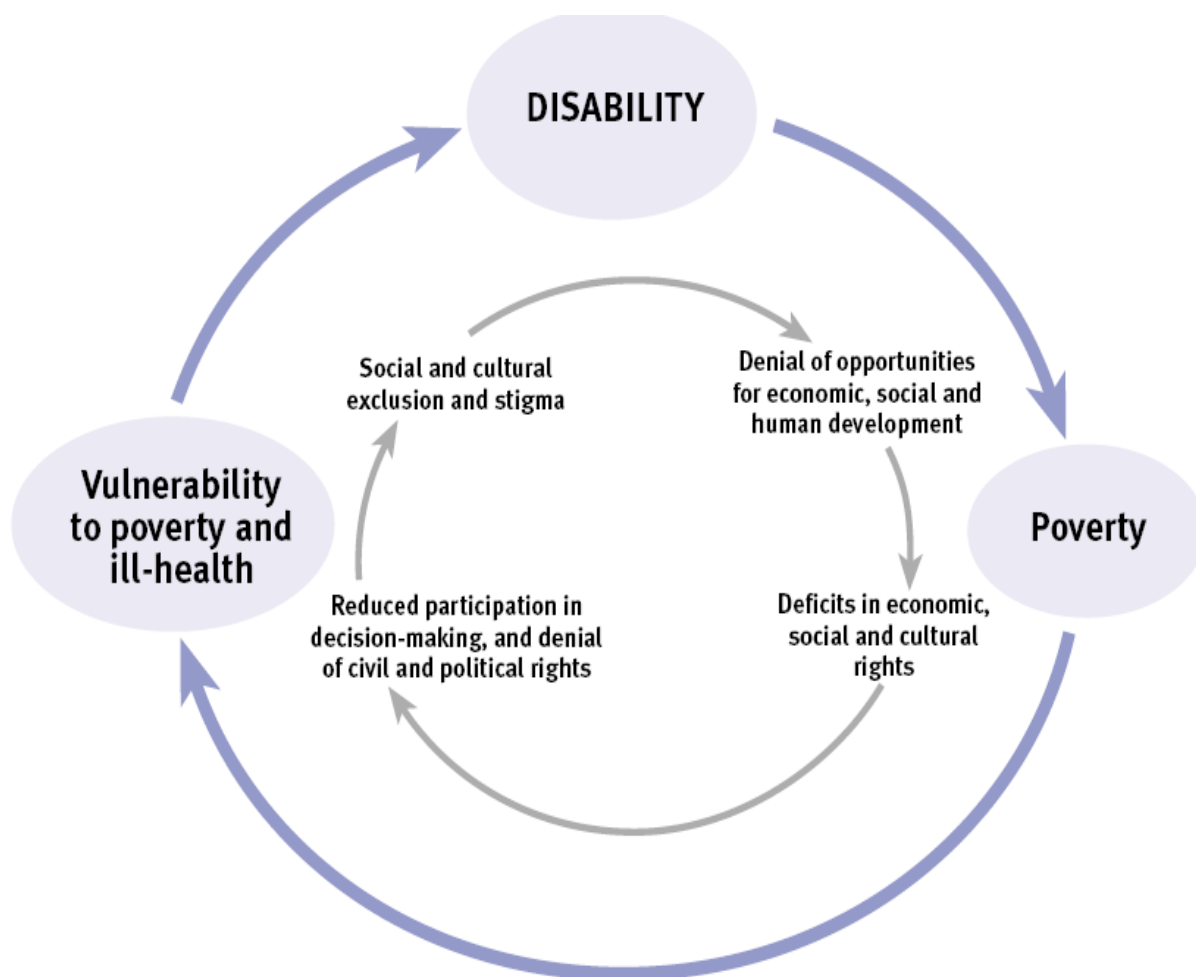
(DFID, 2000)

Appendix 2

The Consortium for Research on Educational Access, Transitions and Equity (CREATE) is to encourage the application of knowledge and insights to improve access to basic education. Access to basic education lies at the heart of development, and so the key problem CREATE addresses is how to increase meaningful access for those between the ages of 5 to 15 years.

Zones of vulnerability describe the various spaces where children are included, excluded, or are at risk. Initial access has little meaning unless it results in (i) regular attendance (ii) progression (iii) meaningful learning and (iv) appropriate access to post-primary education. Children falling into the zones of vulnerability are the subject of CREATE research, especially disadvantaged groups.

Access and Zones of Exclusion from Primary and Secondary Schooling
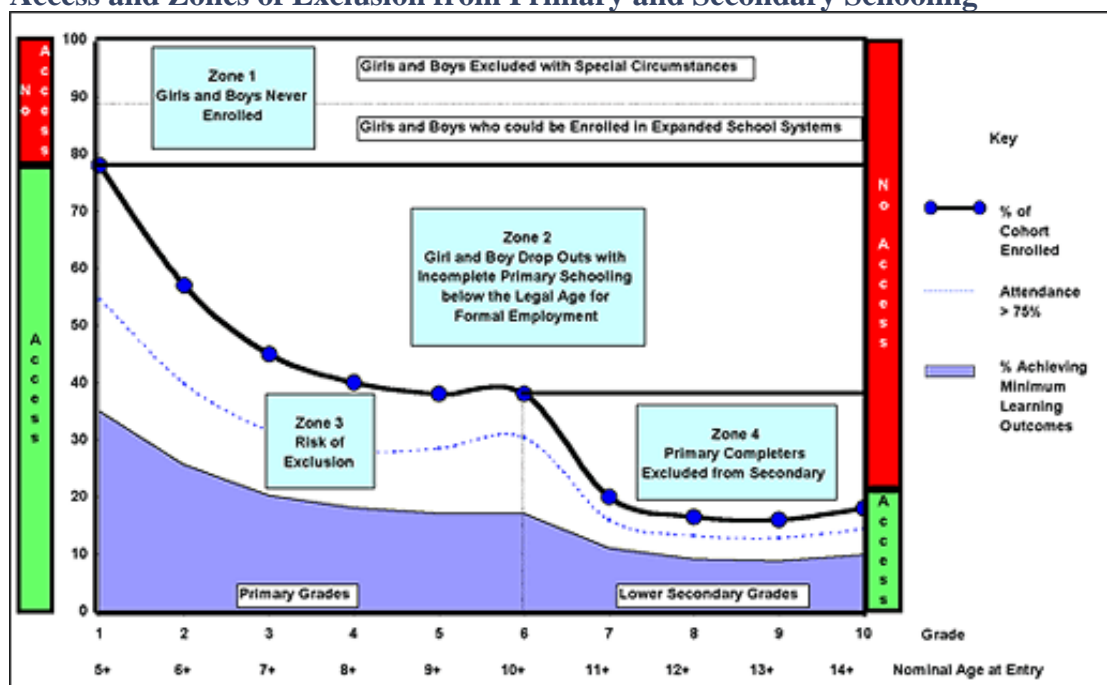
Zone 1 contains those denied any access. More analysis is needed of the gaps in provision and of feasible, pro-poor and affordable strategies including those that relate to pre-school.

Zone 2 includes the majority of children who are excluded *after* initial entry. Drop-out is greatest in the early grades. Pre-cursors to drop-out include repetition, low achievement, poor teaching, degraded facilities, very large classes, household poverty, and poor health and nutrition.

Zone 3 includes those in school but at risk of drop-out. Children who remain formally enrolled in school may be silently excluded if their attendance is sporadic, their achievement so low they cannot follow the curriculum, or if they are discriminated against for socio-cultural reasons.

Zone 4 contains those excluded from lower secondary school as a result of failing to be selected, being unable to afford costs, or dropping out before successful completion.

Adapted from: http://www.create-rpc.org/about/conceptual_background.shtml
(accessed 01/12/2006)

Report summary:

Children with disabilities are a minority that are not prioritised in the context of education programmes in India, although they are often found in many marginalised groups that are catered for if non-disabled ? for example, girls, scheduled tribe, scheduled caste, and other backward caste children. Inclusive education may be a way of merging these children's needs in order to improve school quality and achieve EFA. However, a dominant special needs conceptualisation of IE in India, combined with negative attitudes towards disability, are currently preventing this approach. After exploring the relevance of disability and inclusive education in the context of EFA, this paper analyses the interpretation and implementation of inclusive education in India. The issues and constraints faced by the stakeholders involved, and the implications these may have, particularly for children with disabilities, lead to the conclusion that a twin-track approach to disability may assist not only in improving education access, but also the reconceptualisation of inclusive education as a school quality issue. In the long-term, it is hoped that this could assist in fulfilling the right to education for all children.

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