

# Academic Inclusion Of Children With Learning Disabilities

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## ABSTRACT

This paper examines the performance of the Sarva Shiksha Abhiyan- Right to Education regime in ensuring social and academic inclusion of Children with Special Needs (CWSN) in general and learning disabilities in particular. The programme shall be analysed with respect to the underlying philosophy, institutional and financial commitments, and the implementation of the relevant programme with respect to the provision of inclusive education. While previous studies have focussed on either other Governmental programmes or other social categories such as SC/ST or gender divisions, this study focusses on how CWSN are accommodated in an inclusive educational programme. By adopting a twin pronged system of analysis which considers both access and participation as vital for the success of any programme, the paper finds that the SSA has failed to achieve its stated goals of universal enrolment and inclusive education for all disabled children, particularly the learning disabled. The paper concludes with recommendations for universal education coverage and meaningful inclusion of all children with disabilities.

## INTRODUCTION

The Education of Children with Special Needs (CWSN) has been a major concern of the Indian state from first CABE Report of 1944 (Sargent 1969:100). The report asked for the education of children with disabilities 'an essential part of a national system of education' (CABE 1944). This focus was continued in the report of the first education commission, the Kothari Commission, with the report noting the absence of any improvements in the situation of children with disabilities. The report was in favour of providing inclusive education to the disabled. Later, the National Policy on Education 1968 suggested the expansion of education facilities for handicapped children and the development of 'Integrated Programme' for their education in regular schools. The Integrated Education for Disabled Children scheme was started in 1974 by the Welfare ministry. The National Policy on Education in 1986 and 1992 provided for the education of the disabled to be in common with others wherever it was feasible (MHRD, 1998). The Persons with Disabilities Act, 1995 states the need to endeavour for the promotion of integrated education in normal schools (MSJE, 1995). The Sarva Shiksha Abhiyan(SSA) provides coverage to CWSN as a Special Focus Group. The SSA has adopted a zero rejection policy and places significant thrust on 'providing integrated and inclusive education to all children with special needs in general schools' (SSA, n.d (a)). The Right of Children to Free and Compulsory Education Act(RTE), 2009, reasserts the rights for children with disabilities provided under the Persons with Disabilities Act, 1995. The RTE also includes children with disabilities under the classification of a "child belonging to disadvantaged group" making them eligible to avail admission under the 25 per cent reservation in class I.

Among children with disabilities, the learning disabled constitute a distinct, and often invisible section. Due to the 'latency' of the impairment, and the relative expertise needed for identification, the learning disabled often remain unidentified and their needs unaddressed. The lack of knowledge about learning disabilities also causes significant academic difficulties for the child. Karande

An evaluation of the implementation of these programmes and legislation becomes imperative in the light of recent documents such as a the All India Out of School Survey which points out that nearly 35 % children with mental or physical disabilities are out of school. Karande, Mahajan & Kulkarni (2009) show that parents of children with learning disabilities undergo a lot of stress in coping with the academic difficulties of the child. They also find it difficult to accept the diagnosis, and choose to spend their children for private tuitions instead of remedial education(Karande, Mehta & Kulkarni, 2007(b), Karande, Mahajan & Kulkarni (2009)).

In this background an appraisal of the current policies regarding the academic and social inclusion of children with learning disabilities becomes important. As Sarva Shiksha Abhiyan (SSA) is the programme under which universalised education is provided to all, this paper

evaluates the programme with respect to its outlook and implementation. Two distinct criteria of evaluation are seen to emerge from the norms the SSA has set for itself- access and participation. The paper evaluates the performance of the scheme in this regard and suggests measures for improvements.

This study is structured as follows: the first section surveys the extant literature, and traces out the debate over inclusive education. The need for inclusive education in a developing country such as India will also be reviewed. The second section describe the research methods that were employed. The third section describes the framework of the SSA and the RTE. The fourth and fifth sections contextualise learning disabilities and inclusive education within the framework of SSA. The sixth section presents the evaluation of the SSA programme. The seventh section provides recommendations and the next section concludes.

## LITERATURE REVIEW

This section aims to review the extant literature on several issues relating to inclusive education, particularly in India. Literature relating to inclusive schools, politics of disability, societal perception of disability etc.

The concept of inclusive education can trace its origins to the programme of normalisation that was developed in Denmark and Sweden in the 1960s. Normalisation was defined as "Utilisation of means which are as culturally normative as possible, in order to establish and/or maintain personal behaviours and characteristics which are as culturally normative as possible"(Wolfensberger, 1972:28). The United Nations General Assembly in 1981 adopted the world programme of Action Concerning Disabled Persons encouraging inclusive practice in education. The programme after a review in 1987 was re-oriented with the human rights of people with disabilities as its guiding philosophy. The rights-based approach to disability which became popular in the 1980s saw the mobilisation of people with disabilities to provide them opportunities for full participation in political, social and cultural domains. The right-based approach is a social model of disability which disability is seen to arise out of the interaction of individuals with society(Shakespeare, 2002).

Booth & Ainscow (2007) define inclusion in education as increasing the participation of students in, and reducing their exclusion from, the cultures, curricula and communities of local schools. Education is a more recent concept and in a way a replacement of an old ideology. Inclusive education is a concept that evolved after through several educational systems relating to children with disabilities. Inclusion is often confused with integration, if not terminologically then conceptually. While integration requires that arrangements and interventions will be made to accommodate children with disabilities in an unchanging system of schooling, inclusive education seeks to adapt and restructure the system to suit the learning needs of the children (Ainscow, 1995)

Clearly the definition and understanding of inclusive education has a large impact on how it is perceived, practised and implemented. In the Indian context, however Singal (2005) argues that inclusive education is "a concept that has been adopted from the international discourse, but has not been engaged within the Indian scenario". In India inclusive education still suffers from lack of philosophical clarity with several scholars pointing out that 'inclusive' and 'integrated' education are used interchangeably (Julka 2005, Singal 2005). They find little emphasis on connotations of school, curriculum and teachers flexibility for all children(ibid). Singal (2007) further argues that in India inclusive education is understood and practised differently from the Western world. She identifies "a tendency to be 'politically correct' by taking on current trends in the West without a real or common understanding of their meaning, resulting in dilution of service quality" (Kalyanpur 2007(b):5 quoted in Singal 2007).

In India, poverty, caste and gender are prioritised over disability (Harriss-White 1995). This is evident even from the constitutional provisions made for different groups. The Constitution of India has focussed on the needs of persons with disabilities in Article 41. groups. The scheduled castes/scheduled tribes (SC/ST) have a strong political lobby and this is reflected in the provisions made for them. Article 46 of the Constitution makes a strong commitment towards promoting the "special care and education" of SC/ST sections whereas Article 41 referring to children with disabilities, states: "The State shall within the limits of its economic capacity and development make effective provision for securing the right to work, old age, sickness and disablement." The clause, within the limits of the State's economic capacity and development, is in contrast with the urgency specified in Article 46. As a result the concerns of the disabled have not received due attention. Alur (1998) analyses the exclusion of children with disabilities from the Integrated Children's Development Scheme (ICDS). She finds that the scheme had no provisions to specifically cater to children with disabilities, and failed to specify children with special needs under 'all children'. This failure, argues Alur provided 'street level bureaucrats' like anganwadi workers with a considerable amount of discretion, the exercise of which lead to practices of exclusion. The data relating to prevalence of disabilities and the socio-economic conditions of the disabled were collected only from the 2001 Census, highlighting another instance of neglect. This disparity is also visible in the awareness levels of legal and constitutional provisions relating to the education of children with disabilities. Studies have shown the lack of awareness among in-service and in-training teachers regarding the educational provisions for children with disabilities(Bhatnagar, & Das, 2013, Sharma, Moore & Sonawane, 2009, CRY, 2007).

Learning disabilities (LDs) continue to be "one of the least understood and most debated disabling conditions that affect children" (Lyon, 1996, p. 3). The field of assessment and identification continues to be beset with disagreements over the definition of the disability, assessment methods, treatment procedures and academic practices and policies (). Arguments over definition have continued from the time the term LD was introduced, and the dominant definition incorporated into federal legislation was one created out of a compromise (Adelman and Taylor, 1986). The Individuals With Disabilities Education Act, 1990 (IDEA) defined a learning disability as follows:

The term "specific learning disability" means a disorder in one or more of the basic psychological processes involved in understanding and using language, spoken or written, which may manifest itself in an imperfect ability to listen, speak, read, write, spell, or do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include children who have Learning Disabilities that are primarily the result of visual, hearing,

or motor handicaps, or mental retardation, or emotional disturbance, or of environmental, cultural or economic disadvantage.

—Individuals with Disabilities Education ACT (IDEA) (1990)  
PL101-476,20 U.S.C. Chapter 33, Sections 1400–485, p. 6).

Lyon (1966(a)) identify four conceptual elements that are common across a large number of definitions of LD. They are:

1. the heterogeneity of LDs;
2. Its intrinsic or neurobiological nature;
3. A discrepancy between learning potential (based on intelligence scores) and academic performance (based on measures of academic skills); and
4. The exclusion of cultural, educational, environmental and economic factors as caused of LDs.

The debate over the definitions of LD and criticisms of its assessment methods shall be considered in the section on learning disabilities.

Several longitudinal surveys have identified two important sets of variables as major risk factors (The findings from longitudinal research (Werner and Smith, 1982; Hartzell and Compton, 1984;and Badian, 1988). These include characteristics of the children themselves and their socio-familial environment. Thus while LDs have contributory factors in socio-familial conditions identification procedures have focussed solely on the child (Thapa, 2008).

In India issues concerning learning disability gained prominence only during the 1990s. Identification and the demand for remedial services for children with disabilities has increased (Thappa, 2008). Learning Disabilities in the Indian context require greater attention to detail due to the prevalence of bilingualism and monolingualism (Ramaa, 2002; Shankamarayan et al. 2007). Assessment procedures will have to be calibrated across languages to ensure standardisation and uniformity.

As specified earlier environmental, cultural and economic factors are assumed to be unrelated to learning disabilities. However several studies show the impact of economic and developmental conditions on the cognitive development of children (Hallahan et al., 1996; Grantham-McGregor, 1995; Walker et al., 2007). This may create the need to move from a



purely medicalised perspective on learning disabilities to one which includes social and economic factors influencing the child.

This study aims to evaluate the framework and performance of the Sarva Shiksha Abhiyan education scheme, particularly with reference to its provisions on learning disabilities and inclusive education.

## METHODOLOGY

An evaluation of the outcomes of any Government programme cannot be performed in isolation from the underlying philosophy and assumptions made by the programme (Elmore, 1979). The philosophy of the programme shapes the outlook of the functionaries of the programme, and the assumptions made may be internalised by these functionaries (Dye, 1984). Thus the review of any Governmental programme must critique its underlying philosophy and assumptions. The section on inclusive education will lay down the characteristics and nature of inclusive education, and appraise the philosophical framework of the SSA mission. The congruency of the SSA framework with accepted practices and principles in inclusive education will be examined.

Mere overview of official policy cannot provide a complete picture of the state of the programme. The official policies often “provide overly rationalized portrayals of ideal practice in which the challenges and uncertainties of unfolding action are smoothed over in the telling (Brown and Duguid,1991)” cited in Ainscow (2005). The practices that are followed on the ground vary considerably from the official policy and plans of the organisation. The practices followed are informed by the and shaped by a continuous dynamic with the surrounding social environment and perceptions. These require a review of the performance of the programme at the implementation level.

The review of implementation will be performed with respect to the twin prongs of access and participation.

Meaningful inclusion requires both access to, and participation in a facility or service. These for the twin prongs of the analysis employed in this paper. The implementation of the relevant programmes will be assessed based on whether they provide access to CWSN by successfully enrolling or introducing them into a school environment, whether the barriers to access to these services -be they institutional, physical, or social- have been removed and facilitatory measures put in place. These facilitatory measures could be in the form of ramps in schools or transportation services from home to school. In this regard the target set by the Government were complete enrolment of CWSN, provision of assistive devices and barrier free access (SSA, n.d (a), (b)). Major barrier faced in the access of resources is the prejudiced attitude of stakeholders and cultural reservations prevailing in society (Raghavan, 2014; Hiranandini et al., 2014).

The second aspect of meaningful inclusion, participation, is arguably of more importance as in the absence of complete participation and factors which enable this participation individuals may not have the incentive to access the provided services in the first place. Thus it is not sufficient that a visually challenged student is admitted to a school, the school must also ensure his/her active participation by necessary provisions such as tactile cards and Braille textbooks. A crucial indicator of successful participation is the retention rates/drop out rates of CWSN and their academic outcomes. While the Government has not set any explicit targets in this regard, meaningful inclusion requires attainment of equal educational outcomes by all.

The implementation of the programme will be reviewed using available information in the form of field reports, evaluation reports, surveys, and data from public sources such as DISE. Since there is a lack of data relating to children with special needs, existing primary research in the form of dissertations and reports will be used. Secondary review is predominantly followed due to the scope of the project and the relevance sought for recommendations.

### **SARVA SHIKSHA ABHIYAN AND THE RIGHT TO EDUCATION ACT, 2009**

The Sarva Shiksha Abhiyan ("Education for All" movement), launched in 2001 by the Central Government is a comprehensive and integrated flagship program to attain universal elementary education in the country (MHRD, 2001). It was launched in partnership with the state governments aiming to provide useful and relevant education to all children, including children with disabilities. The SSA considers the education of children with special needs as an important area requiring intervention and has accordingly classified them as a special focus group (SSA, 2003).

The SSA has two major schemes in relation to CWSN. The educational provisions are fulfilled through the Integrated Education of Disabled Children (IEDC) and assistive requirements are fulfilled through scholarship schemes and the scheme for Assistance to Disabled Persons for Purchase/Fitting of Aids and Appliances (AIDP). The IEDC makes provisions for expenses relating to books and stationary, uniforms, transport allowance, reader allowance, escort allowance and cost of assistive equipments. The ADIP scheme aims to provide aids and

appliances to children in need (ibid). Home based education is also made available for children who are unable to come to school.

The SSA suggests the following interventions for inclusive education

- Awareness
- Necessary infrastructure for planning and management
- Early detection and identification
- Functional and formal assessments
- Educational Placement
- Preparation of Individualised Educational Plan
- Aids and appliances
- Teacher training
- Resource support
- Strengthening of special schools
- Removal of architectural barriers
- Monitoring and evaluation

The interventions relating to awareness, infrastructure for planning and management, early detection, assessments, removal of architectural barriers and educational placement can be seen as relating primarily to the access component of inclusion, while interventions relating to Individualised Educational Plans, aids and appliances, teacher training, strengthening of special schools and monitoring constitute the participatory aspect.

The Right of Children to Free and Compulsory Education Act (RTE), 2009, was amended in 2012 to bring children with disabilities under the consideration of the Act. However, Section 2(d) of the Act clubs children with disabilities along with other disadvantaged children such as children from socially and economically weaker sections.

## LEARNING DISABILITIES

Learning Disability (LD) is a much contested and debated term which emerged and became widely used in the 1960s USA (Coles, 1987, pp.9-10). Even today the scientific community has not reached a consensus on how to define and identify a Learning Disability (Buttner and Hasslehorn, 2011). Learning disabilities are usually defined in terms of difficulties in reading, writing, or calculating. The international classification systems ICD and DSM IV, both, refer to the unexpected nature of poor academic performance as a critical component of LDs. Accordingly they define LDs as poor academic performance that cannot be explained by intelligence factors. Several studies (Buttner and Hasslehorn, 2011; Fletcher, 2005; Fletcher et al., 1994; Gonzales & Espinel, 2002; Maehler & Schuchardt, 2011; Siegel, 1989, 1992) have challenged the distinction between poor academic achievers and learning disabled children. They show that the two distinction cannot be justified by means of differences in cognitive performances.

These qualifications raise serious questions about the suitability of a medical model of assessment. Very often the assessment tests do just that, assess and identify but do not provide any information on intervention measures (Buttner and Hasslehorn, 2011). Definitions of LD usually use variables that are continuously distributed (intelligence, academic achievements). Thus very often the cut-off point is arbitrarily decided leading to inconsistencies (Fuchs, Mock, Morgan, & Young, 2003). After a study of three of the most widely used tests to identify and define Learning Disabilities, Stuebing et al. (2012) find no evidence that LDs are not qualitatively and functionally different from low achievement. What these studies show is that even though LDs exist, attempts to identify them will very often end up with inclusion and exclusion errors. Assessment of LD is dichotomous resulting in the clubbing together of children requiring varying degrees of assistance.

The above reservations about the nature of assessment and identification tests mean that India must be careful in its attempts at inclusive education. The Sarva Shiksha Abhiyan's model relating to intellectual and mental disabilities is one centred on the expert or the professional. The manual for planning and implementation of Inclusive Education (SSA, 2003) requires that a child who fits the operational identification criteria for a learning/ intellectual disability must be referred to a qualified psychologist/ special educator. The concerns aforementioned would suggest a de-medicalised approach to LDs, stressing on classroom intervention without the need for labelling or separation.

While the SSA recognises Learning Disability as a disability and makes provisions for it, the Right to Education Act (Ministry of Law and Justice, 2009) defines disabilities as per the Persons with Disabilities Act, 1995 and hence does not include learning disabilities under its purview. For complete converge of the SSA and RTE regimes a harmonisation of the operational definitions is necessary. This will ensure that children with learning disabilities do not slip through the cracks of legislative coverage. The Persons with Disabilities Bill, 2014 is a step in this direction, including Learning Disabilities under its definition of disabilities.

## INCLUSIVE EDUCATION

This section will set out the history of the development of inclusive education in India and around the world and will analyse the philosophy underlying inclusive education under the Sarva Shiksha Abhiyan.

Booth (1999) defines inclusive education as “the process of increasing the participation of learners in and reducing their exclusion from the curricula, cultures and communities of neighbourhood mainstream centres of learning.” Inclusive Education is based on understanding disabilities from a social perspective. Under an inclusive system of education, special needs are seen as arising as a result of specific interactions between the child and the society. There are a multitude of interaction which give rise to special needs. Inclusive education realises that the needs of different students are indeed diverse and the education system must be capable of catering to these diverse needs. These diverse needs need not be limited to children with disabilities, it could also arise from socio-economic factors such as caste, gender, financial position etc. Each of these factors result in the creation of a set of unique and diverse needs which requires individualised interventions (Booth, 1998). These intervention maybe in the form of physical adaptation or utilisation of alternate and customised channels of education service delivery. Thus inclusive education is not a process which takes place at the margins but an overarching framework which covers all possible developments in education. It recognises the multiple identities of students and adapts itself to each of these to impart education (Booth, 1998).

Singal (2006) traces the evolution of education for the disabled in India. She identifies a movement away from segregated and special education, and towards, what she describes as, a “dual approach” in the education of children with disabilities. The “dual approach” uses both inclusive schools and special schools to deliver education to children with disabilities. The Rights Of Persons With Disabilities Bill, 2014 (MSJE, 2014) also follows this approach with disabled children being guaranteed their education in a neighbourhood school or a special

school as is necessary. The SSA Joint Review Mission recognises and commends the role of NGOs and the voluntary sector in the provision of services under the SSA and encourages states to continue their cooperation (SSA JRM, 2013).

The SSA mission follows an inclusive approach to education. Inclusive Education under the SSA is composed of three distinct policies. It aims at zero rejection of children, education for CWSN in suitable environments, and provides flexibility for planning (SSA, 2003). The Manual for implementation of Inclusive Education highlights the legal and constitutional provisions aimed to guarantee education for children with disabilities (ibid.). It points to the need to create awareness and infrastructural changes as a pre-condition for the successful implementation of inclusive education. It lays down the administrative machinery at various levels that must be established for the implementation. Multiple intervention under several schemes are authorised for children with disabilities under the SSA., including provision for home based education who are unable to go to school. Aid and appliances for children with disabilities are provided under the ADIP scheme of the Ministry of Social Justice and Empowerment. Academic provisions for CWSN such as resource rooms, special educators and special provisions in the examination system are also provided under the SSA. Medical camps to identify CWSN and to provide the necessary aids and appliances are also provided for under the SSA.

The SSA mission also recognises the importance of physical services and accessibility on the provision of educational services and its success. The Draft guidelines for whole school development, 2010, states that school infrastructure does not exist in isolation from the broader goals of the programme and hence must be located within broader goals of access, equity and equality (SSA, 2010). The school development plans recognise the need to ensure access to all, including those with special needs and ensure that all the components of the school must be accessible to children with special needs.

The curriculum guidelines requires that the children's psychological development, interests and specific learning needs must be considered while developing the curriculum. It aims to ensure equal access in every manner so as to maximise learning. It asks for adaptations in curriculum and learning environment to address and accommodate individualised learning styles (SSA, n.d(c)). The SSA also provides for adaptation of evaluation techniques including examination to suit the needs of children (SSA. n.d (d)).

However the SSA fails to recognise that teaching methods are not implemented in a vacuum. Bartolome (1994) explains that the design, selection and use of particular teaching approaches and strategies arise from perceptions about the learning process and the participants in this process. Thus the conception of who may participate in the learning process will significantly impact the implementation of the learning process. The community and society is a major stakeholder in deciding who may participate in the learning process. The impact of social hierarchies on educational systems has been analysed (Bourdieu & Passeron, 1990), and has been found to reproduce existing social hierarchies. Thus any attempt at combating exclusion

must engage and understand these hierarchies. The attitudes towards disabilities in India are a form of such exclusionary hierarchies (Gokhale, 1984). In the absence of concrete measures- in the form of awareness campaigns and information drives- the SSA programme could meet with resistance from entrenched prejudices.

The Right of Children to Free and Compulsory Education Act(RTE), 2009, was amended in 2012 to bring children with disabilities under the consideration of the Act. However, Section 2(d) of the Act clubs children with disabilities along with other disadvantaged children such as children from socially and economically weaker sections. This has been criticised as being without 'any rational or reasonable basis' and limiting the 'otherwise broad-natured nature of rights given to CWSN'. The Delhi High Court on an appeal on the provision for children with disabilities ruled that all CWSN "must be admitted into public and private institutions that have the capacity to cater to them." However, the case was concluded only recently in April 2014, and is yet to achieve common application. In this light the RTE may end up excluding the very section it tries to serve.

Thus the framework for implementation of the SSA is sensitive to the needs of CWSN. It embraces the spirit of inclusive education and seeks to achieve universal enrolment and retention of CWSN. It understands the need to create awareness among various stakeholders and to alter the existing physical and institutional infrastructure to bring about meaningful inclusion. However the lack of measures to address the attitudes of the wider society may undermine efforts in enhancing access and inclusion.



## THE SSA MISSION IMPLEMENTATION

### IMPLEMENTATION: A REVIEW

The 18<sup>th</sup> Joint Review Mission of SSA in conclusion about about the inclusive education (IE) system under the SSA states that

“IE remains a parallel and vertical effort within SSA. The Mission recommends that IE be viewed as an integral and horizontal part of a seamless effort in the education of all children, and not as a parallel and segregated issue to be dealt with only by the IE personnel.”

This section reviews the various facets of implementation the SSA mission and explains why inclusive education still remains “parallel and segregated” from the 'mainstream' education system. The implementation shall be analysed under the heads of enrolment, barrier free access, teacher training, and academic inclusion of CWSN. The first two being indicators relating to 'access' and the other two indicating 'participation'.

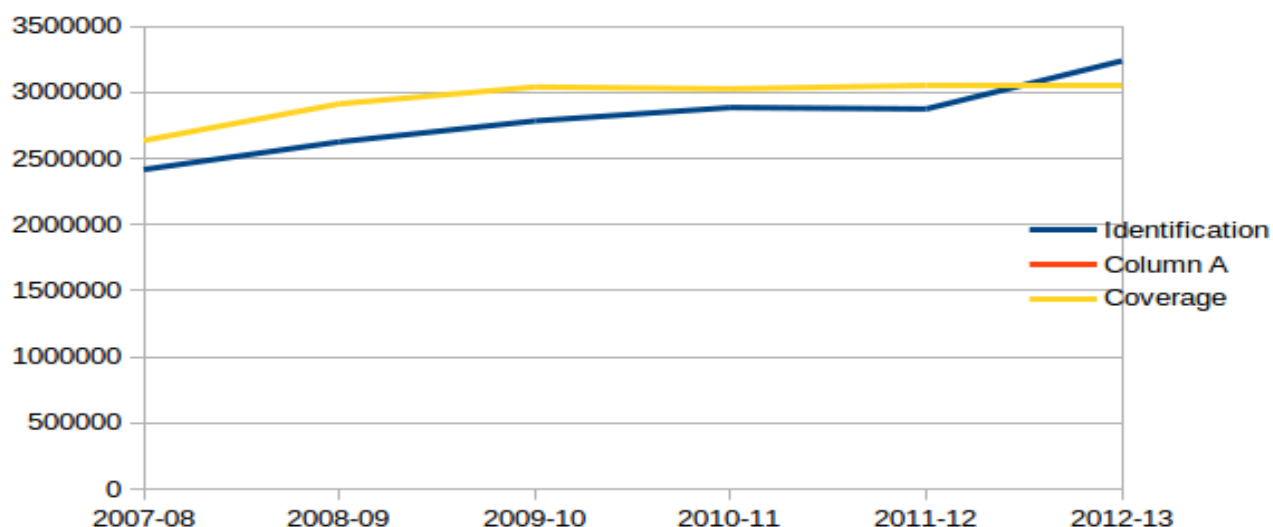
### ENROLMENT AND RETENTION

The enrolment and coverage rates of CWSN have been steadily improving. The 18<sup>th</sup> Joint Review Mission of the SSA observed that good progress had been made in enrolment of CWSN. However it also highlighted the incidence of differential and faulty assessments resulting in misidentification of disabilities and wrongful exclusion or inclusion of students (SSA JRM, 2013). Further studies into the efficacy of state specific assessment procedures, particularly those relating to the assessment of learning disabilities are required. Studies have pointed out that the large diversity in the number of languages may create complications in creating uniform standards of assessment and identification (Ramaa, 2002; Shankamarayan et al. 2007).

The enrolment figures also seem to be skewed against children with developmental and intellectual disabilities. The All India Survey of Out of School children finds that about half of the children with mental disability are out of school. The Evaluation report of IEDSS (NCERT, 2012(d)) shows the relative prevalence of various disabilities in the population and the

enrolment levels of children with various disabilities. We observe that children with developmental and intellectual disabilities are severely under- represented in enrolment figures.

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**Table 1**

% of Out of School Children (6-13 years)	All physically or mentally challenged	Mental Disability Only	Visual Disability only	Hearing Disability Only	Speech Disability only	Locomotor disability only	Multiple Disabilities
	34.12%	48.03	29.70	20.43	36.96	24.68	58.57

**Table 2 (From the Evaluation Report of IEDSS, NCERT, 2012(d))**

	No of disabled persons/ 1,00,000 (NSSO, 2002)	Type of disability	Enrolment under IEDSS
Locomotor Disability	2056	Locomotor Disability	47,716
Speech Impairment/Disability	466	Low Vision	31,618
Hearing Impairment/ Disability	338	Hearing Impairment	17,011
Intellectual Disability/ MR	336	Speech Impairment	12,145
Mental Illness	164	Intellectual Disability	9851
Blindness	100	Blindness	9015
Low Vision	34	Mental Illness	282

**Table 3 (Compiled from annual DISE data)**

<b>% Enrolment with disability in each grade</b>								
<b>2012-13</b>								
<b>Nature of disability</b>	<b>I</b>	<b>II</b>	<b>III</b>	<b>IV</b>	<b>V</b>	<b>VI</b>	<b>VII</b>	<b>VIII</b>
<b>Blind</b>	<b>4.6</b>	<b>3.6</b>	<b>4.0</b>	<b>3.8</b>	<b>4.7</b>	<b>5.6</b>	<b>5.4</b>	<b>5.7</b>
<b>Low-vision</b>	<b>10.5</b>	<b>12.5</b>	<b>12.9</b>	<b>15.2</b>	<b>19.6</b>	<b>24.6</b>	<b>27.4</b>	<b>30.1</b>
<b>Hearing</b>	<b>12.5</b>	<b>11.2</b>	<b>11.6</b>	<b>12.2</b>	<b>10.9</b>	<b>10.9</b>	<b>10.9</b>	<b>10.3</b>
<b>Speech</b>	<b>12.1</b>	<b>12.1</b>	<b>10.9</b>	<b>10.3</b>	<b>9.3</b>	<b>9.8</b>	<b>9.4</b>	<b>7.6</b>
<b>Loco-motor</b>	<b>17.0</b>	<b>17.1</b>	<b>19.1</b>	<b>17.3</b>	<b>18.3</b>	<b>19.1</b>	<b>19.2</b>	<b>20.5</b>
<b>Mentally retarded</b>	<b>21.9</b>	<b>21.7</b>	<b>20.8</b>	<b>20.6</b>	<b>18.6</b>	<b>14.8</b>	<b>13.3</b>	<b>12.2</b>
<b>Learning</b>	<b>9.1</b>	<b>12.0</b>	<b>12.7</b>	<b>13.2</b>	<b>11.7</b>	<b>9.7</b>	<b>9.1</b>	<b>8.0</b>
<b>Cerebral Palsy</b>	<b>3.9</b>	<b>2.8</b>	<b>2.2</b>	<b>2.0</b>	<b>1.9</b>	<b>1.5</b>	<b>1.4</b>	<b>1.3</b>
<b>Autism</b>	<b>1.1</b>	<b>1.0</b>	<b>0.8</b>	<b>0.8</b>	<b>0.7</b>	<b>0.6</b>	<b>0.5</b>	<b>1</b>
<b>Multiple</b>	<b>7.3</b>	<b>6.0</b>	<b>4.9</b>	<b>4.6</b>	<b>4.2</b>	<b>3.4</b>	<b>3.3</b>	<b>3.1</b>
<b>2011-12</b>								
<b>Blind</b>	<b>6.2</b>	<b>5.5</b>	<b>5.6</b>	<b>6.0</b>	<b>7.1</b>	<b>8.5</b>	<b>8.6</b>	<b>9.1</b>
<b>Low-vision</b>	<b>8.9</b>	<b>10.7</b>	<b>11.7</b>	<b>13.6</b>	<b>17.7</b>	<b>23.2</b>	<b>25.5</b>	<b>26.7</b>
<b>Hearing</b>	<b>9.9</b>	<b>9.9</b>	<b>10.1</b>	<b>10.0</b>	<b>10.1</b>	<b>10.3</b>	<b>10.2</b>	<b>10.2</b>
<b>Speech</b>	<b>13.5</b>	<b>12.6</b>	<b>11.8</b>	<b>11.3</b>	<b>10.5</b>	<b>9.7</b>	<b>9.1</b>	<b>8.7</b>
<b>Loco-motor</b>	<b>17.4</b>	<b>17.5</b>	<b>17.9</b>	<b>18.4</b>	<b>18.7</b>	<b>18.9</b>	<b>19.7</b>	<b>21.6</b>
<b>Mentally retarded</b>	<b>20.7</b>	<b>20.1</b>	<b>19.9</b>	<b>18.6</b>	<b>16.0</b>	<b>12.3</b>	<b>11.1</b>	<b>9.6</b>
<b>Learning</b>	<b>11.6</b>	<b>14.2</b>	<b>14.9</b>	<b>14.6</b>	<b>13.4</b>	<b>11.5</b>	<b>10.8</b>	<b>9.3</b>

<b>Cerebral Palsy</b>	<b>2.6</b>	<b>1.7</b>	<b>1.5</b>	<b>1.4</b>	<b>1.1</b>	<b>1.1</b>	<b>1.0</b>	<b>1.0</b>
<b>Autism</b>	<b>1.1</b>	<b>0.9</b>	<b>0.8</b>	<b>0.8</b>	<b>0.6</b>	<b>0.7</b>	<b>0.6</b>	<b>0.6</b>
<b>Multiple</b>	<b>8.4</b>	<b>6.7</b>	<b>5.9</b>	<b>5.3</b>	<b>4.8</b>	<b>3.7</b>	<b>3.5</b>	<b>3.4</b>

The enrolment data across different grades can be used to glean the comparative retention rates of children with various disabilities. We observe that the proportion of children with mental and developmental disabilities, and disabilities requiring specialised intervention such as visual and hearing impairments, fall continuously after grade II. This under-representation could be due to the inability of teachers and the system to provide for and include these children in classrooms. The 18<sup>th</sup> Joint Review Mission of the SSA (SSA JRM, 2013) suggests that the trend of children with developmental disabilities dropping out could be because of constraints in adapting the curriculum and classroom transactions to suit the needs of these children. If seen in the light of data from the Out of School Children's survey, this would mean that those children who are most in need of assistance and aid are being excluded from the system due to lack of access and inclusion. Even when the children are enrolled, they are pushed out by the inability of the system to adapt to them.

### **BARRIER FREE ACCESS**

Inclusive Education recognises that impairments become disabilities only in interaction with the institutions and infrastructure of the society. The characteristics of social institutions and infrastructure which disable individuals can be referred to as barriers. Barriers represent the failure or negligence of society to include people with impairments in the provision of services and resources. For an inclusive form of education to be successful and coherent removal of these barriers is a necessity. A barrier free environment also acts as a powerful agent of social signalling. A barrier-free school creates a welcoming and encouraging environment to children with disabilities. It also encourages other children with disabilities to access the school.

Barriers to access arise in two forms- structural and institutional.

Structural barriers refer to characteristics of the physical environment which hinder access to resources and services. These may include buildings without ramps and elevators, lack of tactile paths and surfaces, lack of multi-sensory instruction etc.

Institutional barriers arise in the form of complicated bureaucratic procedures- to access aid or to obtain certificates, prejudices of various stakeholders in the system- such as teachers, parents of other physically able children, other physically able children in the classroom etc.

The SSA has explicit guidelines laid down to ensure barrier free access to all. The Barrier Free Access Guidelines (SSA, n.d (b)) make provisions both for physical access and access to curriculum and instruction. This section shall consider the physical access requirements, the provisions for curriculum access shall be taken up along with the section on teacher training, as access to curriculum and instruction is delivered by teachers.

However the focus on physical access has narrowed down to construction of ramps. The only data relating to physical infrastructure collected by DISE is the number of schools with ramps. In the Education Development Index developed by NUEPA, for the assessment of the performance of different states, initially did not consider any variable relating to inclusive education. Only later came the addition of proportion of schools with ramps (NUEPA, 2009). Thomas (2005) argues that the increasing amount of financial resources allocated under the SSA comes with a pressure to be seen spending the said resources, and very often infrastructural and architectural changes are the most visible and easy changes possible. A shift of focus must be made from infrastructural and architectural interventions to classroom and curriculum level interventions.

While the number of schools with ramps has been increasing steadily, there still remains a lot of progress to be made. The DISE data for 2012-13 reveals that only 55% of schools have ramps (NUEPA, 2014). The quality of construction of ramps has been observed to be poor across states, possibly indicating hasty construction under a pressure to spend (NCERT, 2013). The ramps constructed were often at inaccessible places, the surface of the floor was often uneven, the slopes were often too steep and the ramps too short (*ibid*).

The SSA implementation manual (SSA, 2003) is short on details relating to the creation of awareness identifying only interventions relating to parents and teachers. The role of community in creating a hierarchy of abilities and thereby defining normal and what is acceptable is ignored. The impact of the community and society on the beliefs and attitudes of parents and other stakeholders has not received enough attention. While it may be argued that the SSA alone cannot be expected to perform this function. World Bank(2007) finds considerable societal prejudice against people with disabilities in India, with low acceptance towards children with disabilities attending school, the low acceptance being most severe in the

case of children with mental illness or retardation (ibid). The acceptance levels were strikingly similar across households with and without disabled members. People with disabilities were considered as inauspicious and were discouraged from participating in religious ceremonies such as marriages(ibid). Kalyanpur and Gowramma (2007) find considerable evidence for adverse cultural perceptions being responsible for limited access to education and other services by the disabled. Without addressing these societal issues universalisation of education will remain unattainable, both in access and participation.

## TEACHER TRAINING

Inclusive education requires that children with diverse needs and abilities are imparted education under uniform conditions with uniform learning outcomes. The benefits of inclusion are not merely academic benefits but also social benefits (Fisher, Roach, & Frey, 2002). Inclusion can only be successful if a sense of friendship and community can be developed within a heterogeneous group of students, particularly within a classroom (Nakken & Pijl, 2002; Parvi & Monda-Amaya, 2001). However, the development of this communal feeling can take place only with continuous interaction among peers which must be encouraged and promoted by the teachers. Teachers must be positively oriented towards children with disabilities, the process of inclusion and a strong sense of self efficacy (David and Kuyini, 2012). These traits are also strongly correlated with good classroom practices and in the promotion of peer interaction (Cook, 2001). Classroom practices have been linked to the social inclusion and social status of children with disabilities in an inclusive setting (Fuchs, Fuchs, Mathes, & Martinez, 2002; Utley, Reddy, Dequadri, Mortweet, & Bowman, 2001). The impact of pre-service and in-service training on teacher attitudes are also well documented (Saravanabhavan & Saravanabhavan, 2010).

The introduction of inclusive education are generally viewed with concern by the regular teachers. The concerns frequently expressed by school teachers include: issues of physical safety, ease of accessibility, behavioural problems, large student-teacher ratio, negative attitudes, disruption of the classroom, increase in workload, issues regarding curricular adaptation and flexibility, lack of infrastructural and training resources, time constraints, timely course completion, and lack of adequate skill and training. (Avramidis et al., 2000; Das, 2001;

Das et al., 2013; Forlin & Chambers, 2011; Hemmings & Woodcock, 2011; Rose, 2001; Sharma, Moore & Sonawane, 2009)

Closer home several studies have pointed out the need for teacher training, and the concerns of teachers arising from a lack of training (Bhatnagar, & Das, 2013, Sharma, Moore & Sonawane, 2009; Das, 2001). As teachers are the front line functionaries for the inclusive system of education under SSA, the efficacy of the programme will depend on proper mitigation of teacher concerns. Several scholars have pointed to the tendency of regular teachers to see disabled children as the sole responsibility of special teachers (Das, 2010). Increased reliance on specialist teachers also has the effect of deskilling regular teachers by an implied transfer of responsibility. (Singal, 2009)

The Right of Persons with Disabilities Bill introduced in 2014 makes an explicit provision for inclusive education in all Government run educational institutions (MSJE,2014). Early identification of learning disabilities requires proper training to identify characteristics of learning disabilities and to make necessary interventions for at-risk children. The Bill also seeks to “train professionals and staff to support inclusive education” (MSJE,2014: Sec 16 (d)). However progress on this front under the SSA programme is disappointing. The State Report Card 2012-13 prepared from DISE data reveals that only one in three primary teachers received in-service training. At no grade level is this proportion above one-third.

Even when training is provided, the modules and material used do not provide relevant information to tackle the diverse learning needs of children. The impact report of in-service teacher training prepared by the NCERT (NCERT, 2012(b)) concludes that the training material and units used by most states were lacking in provisions for tackling learning difficulties of children. The report also points to a large proportion of teachers observing that the training material were largely irrelevant to their needs. Only about half of the teachers reported the training as 'most useful' (*ibid.*). This indicates a top-down approach in the planning, content generation, and the actual imparting of in-service training.



**Table 4**

<b>% Teachers who received in-service training</b>	<b>2008-09</b>	<b>2009-10</b>	<b>2010-11</b>	<b>2011-12</b>	<b>2012-13</b>
	<b>35.08</b>	<b>35.03</b>	<b>29.59</b>	<b>39.6</b>	<b>33.7</b>

Pre-service training of teachers continues to be dichotomised between regular teachers and special teachers, with separate ministries overseeing them [citation needed]. The content and curriculum of pre-service training varies across states and continues to be highly fragmented. Several crucial concepts are overlooked.(Panda, 2005) after a survey of the pre-service teacher training programmes of 21 states points out that the curriculum followed is saturated with content knowledge of different subjects, with minimal attention and space devoted to classroom practices and transaction strategies. Individualised adaptation of curriculum to suit the needs of diverse learners has been ignored or excluded. The view of inclusive education put forth by all these programmes focus exclusively on disabled children and children with special needs, thereby ignoring the fundamental premise that each child is different and special, and each of them have their own special needs (Fuchs& Fuchs,1993; Slee & Allan, 2001).

Saravanabhavan & Saravanabhavan (2010) after studying 144 teachers from two mainstream high schools, 38 teachers from two special schools, and 165 pre-service teachers, in their final period of training in a teacher education college in India, conclude that existing system of teacher training has only a limited impact on generating awareness about special educational needs issues.

The performance of teachers in classrooms continues to be abysmal. The Evaluation Study of the IEDSS, 2012 (NCERT, 2012(d)), points out:

“...62 per cent teachers did not have any response to the question on identification of educational needs of children with disabilities and 88 per cent had no clue regarding meeting these special needs in the classroom. Also, 64 per cent had no answer to the question on special measures taken to include children with disabilities in the classroom.”

Even the performance of special educators is far from desirable. A study of the implementation of the SSA in Bardhman district of West Bengal (Research and Evaluation Cell, Bardhman, 2009), points out that only 2 per cent of students and 6 per cent of school authorities were satisfied with the performance of special educators. The special educators were found to be irregular in their work, seldom visiting their assigned schools.

In the absence of proper teacher training and sensitisation, the aim of universal education will remain unattained. Sensitivity and know-how to adapt curriculum and classroom transactions are vital for the retention and meaningful inclusion of the disabled.

## ACADEMIC OUTCOMES OF CWSN

This section focusses on the academic environment provided to children with disabilities in schools and their academic outcomes. The academic environment, and consequently academic outcomes, is influenced by several agents like peers- able and disabled, teachers, administrators among others. Interactions with peers are a critical component of the inclusive process, and these interactions help develop valuable social skills and perspective.

Several studies have pointed out that the academic outcomes of children with learning disabilities are poor (Karande and Venkataramanan, 2013; Karande and Venkataramanan, 2012; Karande, Kanchan et al, 2008; Karande et al, 2007). This section aims to understand how the SSA has impacted the academic performance and inclusion of children with learning disabilities. Data in this relating to the academic performance, retention, drop out, grade repetition of children with special needs is not collected or available separately. Hence the following analysis draws heavily on field reports and review reports prepared on the performance of the SSA mission.

National Achievement Survey 2012 (NCERT, 2012(c)), surveying children with disabilities separately for the first time, identifies a negative relationship between physical disabilities and academic performance. The segregated survey was later discontinued.

SSA Evaluation Report,2010 (Planning Commission, 2010), covering the 2003-2007 finds that only 14.3% of schools have implemented the Individualised Education Plan (IEP) for CWSN.

The 18<sup>th</sup> Joint Review Mission points out the lack of integration of inclusive education into the broader schooling system. Inclusive Education has been seen as relevant only to children with disabilities, with other special needs such as socio-economic conditions actively ignored. A wholesome system of inclusion where the diverse needs of children are seen as existing in a continuous spectrum is required for the creation of a truly inclusive system.

Child Relief and You (2007), in a study conducted in West Bengal highlights the rejection of disabled students in mainstream private schools, lack of choice in academic subjects after Class X, and the bullying faced by children with disabilities. Bullying has been identified as a critical challenge faced by inclusive classrooms (Mishna, 2003; Baumeister et al., 2008). No evidence of practices and policies designed to sensitise able bodied children in classrooms was found. Bullying adversely affects the self-esteem of children and makes them feel excluded, undermining the inclusive aims of the SSA.

A proper evaluation of the academic environment cannot be possible in the absence of detailed data relating to characteristics of peer relations and their academic achievements. Data on children with disabilities who drop out is also unavailable making it difficult to make conclusions.

## RECOMMENDATIONS

### SOCIAL PERCEPTIONS

Researchers have often observed that parents are reluctant to make their children undergo assessment tests for learning and other developmental disabilities (Raghavan, 2014). Hiranandini et al. (2014) Note that the most common challenge faced by inclusive practices is the prejudiced attitude of parents and teachers. Wilson (2012) and Vaidya (2008) also describes the shame faced by parents of children with disabilities. Kalyanpur & Gowamma (2007) identify negative cultural perception about disability as a major obstacle to the access of educational and other services by the disabled. Thus there is a pressing need to remedy the negative attitudes towards people with disabilities prevailing in the society.

A large scale programme to create awareness about disabilities in general and learning disabilities in particular must be launched by the Government. The programme must conduct awareness campaigns and hold assessment and medical camps for various disabilities. Public campaigns must be launched to promote the spirit of inclusiveness by respecting and accepting diversity in physical and intellectual abilities.

Parents of children with disabilities must be included in the Village Education Committees and School Management Committees, which will help in community sensitisation. Gujarat introduced the involvement of community in the inclusive process by including parents of disabled children in administrative positions and by forming and sensitising parent councils (SSA, n.d (e)). Local folk arts formed were leveraged by resource teachers to spread the message and awareness of inclusion and universal enrolment. Community participation in celebration of events such as Louie Braille Day and the World Disabled Day were other outreach methods that were adopted.

World Bank (2007) provides the example of the Government's campaign on leprosy which reduced stigma and misconceptions and increased the awareness about facilities and symptoms for successful public information and awareness campaigns.

## GREATER INFORMATION AND MONITORING

Data and information on factors and variables relating to children with special needs is lacking. It was only in 2009 that data relating to children categorised by the nature of disability became available. The national Achievement Survey does not assess children with disabilities separately. The Education Development Index, used to evaluate the performance of states, has a single variable relating to CWSN in its computation- the proportion of schools with ramps. While the index considers the enrolment, retention and passing rates of all children it does not consider the need to separately evaluate these metrics for CWSN.

It is recommended that the progress of education of children with disabilities be closely monitored by collecting variables and indicators relating to their education such as enrolment, retention, drop-outs, academic performance, satisfaction with provided facilities etc. The data relating to required resources such as resource teachers and assistive aids and appliances must also be regularly collected. Data on the

## PARENTAL EDUCATION AND AWARENESS

Sahay et al. (2012) indicate that the parents had a strong need for information about their children's condition and available services and provisions. Very often access to services cannot be availed due to lack of information about these services. Parents must be provided with information about learning disabilities and remedial mechanisms. They must be provided with information to understand what Learning Disabilities are and to accept that learning disabilities are life long conditions.

Karande, Mehta & Kulkarni, 2007(b) find that parents are recipient to education programmes, and are more aware willing to seek remedial attention after the education programme, highlighting the effectiveness of education programmes is ensuring that children without disabilities are included within the system. Parental information programmes will also help parents to assist the school and to provide harmonised support to their wards.

## FEEDBACK MECHANISM

Feedback mechanisms are important to provide feedback relevant for control and correction of operations. Formal feedback channels should be established both for teachers and students which allows them to communicate the difficulties and constraints they face in operationalising and participating in the inclusive system. Regular feedback on training practices and classroom atmosphere must be collected from children with disabilities and it must be incorporated into periodic reviews of the system.

## PARENTAL EDUCATION PROGRAMME

The SSA must popularise and implement the programme of Parental Education Programme which is followed successfully in Kerala (SSA, n.d(e)). The parental education programme focusses on the 'awareness/education' of parents of CWSN. The programme recognises that parental and communal report is vital in the planning and implementation of inclusive programmes. The programme aims at sensitisation and education of parents and communities. Parents are informed on the functions, repair, use and regular maintenance of assistive aids and appliances used by children with disabilities. They are also educated to create adapt Teaching and Learning Material and educational kits for the children. The programme also allows parents to attend classes and remedial sessions held for CWSN, to better understand methods adapted to the needs of their wards. The programme was successful in generating awareness and stimulating parental participation. Parents in Kerala started demanding remedial and assistive services at higher education levels as a result of the programme.

## TEACHER TRAINING

Teacher training, both pre-service and in-service needs to be standardised and re-conceived (Panda, 2005). The curriculum must be revamped to ensure focus on creating awareness about constitutional and legal provisions relating to children with disabilities and their education. Panda (2005) finds that several critical concepts related to inclusive education are being

overlooked. This must be remedied by a vetting of the state-wise curriculum adopted to ensure that they adhere to laid down standards on inclusive education. Several studies point out the positive impact of exposure and prior experience with children with disabilities on the attitudes of teachers (Forlin et al., 2007; Hemminga and Woodcock, 2011). Curriculum and syllabi must be altered to include mandatory exposure to working with children with special needs and preparation of individualised education plans.

In-service training modules must incorporate concerns of teachers and special educators, who are responsible for the final delivery and provision of the planned services. The separation of the content creation process from the concerns of those in immediate contact could be one of the reasons why a large portion of attendees found the imparted material to be irrelevant (NCERT, 2012(b)).

### EXISTING SPECIAL SCHOOLS

The SSA aims to strengthen existing special schools. The special schools may be integrated into the inclusive system by making them provide bridge courses and remedial services to children with disabilities. The SSA also provides for assistive education to help children be enrolled in age appropriate classes. Special schools with their experience and expertise could also serve as resource centres to provide educational and awareness service. They could also be resource centres to provide training to resource teachers in their locality.

### USE OF INFORMATION AND COMMUNICATION TECHNOLOGY

Information and Communication Technology (ICT) has been used in the instruction of children with learning disabilities with significant impact (Torgerson, 2002; Florian, 2004). Digital resources maybe used to train, rehearse and for practice by children with learning disabilities. ICT can also develop autonomy and independence in learners. It can be used to make instructional material more interesting through the use of animations and multi-coloured design. While constraints of infrastructure admittedly remain in India, the use of ICT could be launched on a pilot basis to identify model practices and access systems.

## CONCLUSION

This study aimed to evaluate the framework and implementation of the SSA and the RTE regimes using the criteria of access and participation. The framework of SSA is deficient in regard to engagement with the broader society and the prejudices persisting. The examination of enrolment and retention data found that a large portion of children with learning disabilities drop out of schools and a large section remain to be covered. Barrier free access has reduced to the construction of ramps and superficial infrastructural changes without any change in institutional attitudes and policies. Teacher training continues to be irregular and irrelevant to the concerns of teachers and students. The academic outcomes are disappointing with Individualised Education Plans yet to be implemented and disruptive peer level interactions.

Recommendations include public awareness campaigns to engage with adverse social perceptions, parental education and information services, use of information and communication technology, establishment of feedback mechanisms to allow timely corrections and responsiveness, utilisation of special schools as bridge centres and resource trainers and the revitalisation of teacher training programmes.



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