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Perspectives on Teaching Children with Disabilities

Learning Curve is a publication on education from the Azim Premji University for teachers, teacher educators, school heads, educational functionaries, parents and NGOs on contextual and thematic issues that have enduring relevance and value for them. It provides a platform for the expression of varied opinions, perspectives and stories of innovation; and, encourages new, informed positions and thought-provoking points of view. The approach is a balance between academic- and a practitioner-oriented magazine.

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FROM THE EDITOR

The right to education has now become established as a universal right and is enshrined in the education policies of every country in the world. In India, the Rights of Person With Disabilities Act (RPWD,2016) sets out a comprehensive list* that government schools, in particular, have to follow with regard to teaching children with disabilities.

However, this must be quality education, delivered with attention to the capacity of and conveyed with respect for each child with a disability, recognising that the child comes first and the disabilities are incidental to her personhood.

There have been long-standing arguments for and against special schools for children with disabilities, but today opinion has veered towards inclusive education. The RPWD (2016) also endorses this view, defining this to be a system of education in which both students with and without disabilities 'learn together and the system of teaching and learning is suitably adapted to meet the learning needs of different types of students with disabilities'.* Living as we do at a time when embracing diversity of every sort is the norm, children with disabilities too, at last, will hopefully find a place in all our classrooms.

Every child, with or without disabilities, is unique and different, with varied capabilities, ways of acquiring knowledge, of understanding it and processing it. Howard Gardner's Theory of Multiple Intelligences has gained enough ground in the last two decades to make this well known. However, although we have been aware of this, upto now curricula and syllabi have resorted to a uniform approach, rigidly and unimaginatively insisting on compliance. Various factors have stood in the way – and in many places continue to do so – of acknowledging and respecting this individuality. Some of these are: overcrowded classrooms, lack of appropriate teacher training, lack

of support for parents and siblings as well as some outmoded cultural and social factors. It is also true that, without requisite comprehensive support, the very children who need it most will fall through the cracks in an already overloaded system. This will be because the accommodations and entitlements that are needed to make it work - accessibility to classrooms and labs and the upper floors of the school building, assistive devices such as braille books, shadow teachers, speech- and physiotherapists – are not in place or are deficient. In an ideal world, all this would be school-based. Teachers would get the training they need, parents would be free to spend more time with the children and the community would be more empathetic. As things are, schools fear that they will not be able to match the needs of children with disabilities to the needs of the non-disabled.

This is where inclusion and acceptance play their part. If schools could admit all the children from the neighbourhood, then inclusion would become automatic. If children with disabilities are routinely present in the classroom, sensitivity and acceptance would grow. Parents, too, would be able to view their children as children, valuing them for their abilities instead of focusing on their disabilities. That said, despite all that still remains to be achieved, we have come a long way in our journey towards acceptance of disabilities. Much has been done and is daily continuing to be done. Parents, teachers and classmates are more aware and sensitive. Early intervention programmes, teachers and school heads who are undiscriminating, curricula which are flexible enough to accommodate different abilities, adaptable evaluation systems have seen a sea change.

In this issue, we have a wide range of articles from writers who have looked at children with disabilities in a variety of ways, but through the same lens: inclusion. There are articles tracing the history of

different organisations which have worked for several years to create opportunities for the education of children with disabilities, others which outline opportunities for them to experience life in the real world through travel, presenting history and geography in a more accessible manner. Others have written about language acquisition, on respectful acceptance and on 'invisible disabilities', such as dyslexia, dyscalculia and autism. One article discusses sexuality in children with disabilities, so far a topic swept under the carpet. Mothers who have become special educators have given practical suggestions, playful yet confidence-building, for tackling learning difficulties. There is an informative article on teacher training in readiness for future needs. Included, too, are voices of parents and a sibling which have added a tone of realism by describing what it means to live with a child with disabilities.

These and many more have been included for us all to share and ponder over. The common thread running through is - children are children first and last. Their disabilities do not define them. Inclusion is the way forward to establish this.

One aspect that surely needs mention is the overwhelming presence in this field of women who have taken it upon themselves, whether as teachers or parents, to make and be the change we all want to see.

As always, our thanks are due to Rajesh Utsahi and his team for the translations.

I would like to share with our readers the information that the Learning Curve has been assigned an ISSN number, an internationally accepted code identifying our magazine. It appears on the cover page.

We look forward to our readers' feedback as a spur for us to do better and better. Please write to the email id below.

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CONTENTS

01 02 03 04 05

CONTENTS

Teacher Training is Key

Indu Prasad

In a freewheeling chat with Learning Curve, Indu Prasad speaks about how far we have come and what the critical game-changers will be for a better, more inclusive education for children with disabilities in the future.

If you look at the entire history of educating children or young people with disabilities, you will see that we went through the whole churn before even recognizing that these children were children. Even terminology-wise, you will see that we describe people as 'the fat guy' or 'that retarded girl' or, 'that autistic boy'. One of the important things that I learnt from my training was that she is first a child and then she has whatever it is that she has – so, like I'm the girl with a long nose, she is a girl with autism or cerebral palsy. To be able to recognize that they are children first, that has taken us a long while. It has been so because we had a very medical view of disability even when we did recognize it—and I'm ignoring the part where you hid a child with disability, it still happens but it's not any more the most common thing. There are families with young children with very severe disabilities who do not want to talk about it, who do not allow a child to do stuff. This is one part of the group we have to cater to but it's not the large part, that is my understanding.

Fifteen years ago, when I was a teacher of children with disabilities, I've had children who came to me for the first time when they were ten. It's not that they are doing something else for ten years and then they came to me. No. They came out of the house only when parents finally realised that the situation had changed. So, it's not unimaginable or untrue that we have families which struggle and it's not out of any sense of doing wrong to the child. Very often, it is protection from the rest of the world, very often, it's safe-keeping of the child, it is the lack of resources, or, sheer practicality – they don't have enough to eat, don't have enough for the other kids. Many a time, it is fear—what will people say, what will people think, how can I take this child out—a combination of societal pressure, family pressure. But, like I said, this is not the biggest group right now.

We also went through a phase of 'medicalizing' disabilities. Across the world, disabilities were seen as a medical issue. There are medical resolutions, but there are some things which cannot be resolved medically. So, one has to figure out how to manage with them. It's like treating a patient. Because of a 'technical' kind of fear, people did not look at these children as children who grow up, who need a social life, emotional support, who will do crazy things, good things, bad things, sweet things, irritating things just like any other child would. They would need some things extra, something different but they need to be educated and presented with opportunities for education, just like any other child would. We took a long time to get to this point when we are able to look a child and see these issues and say let's figure out what works best for this kid who has certain abilities and certain difficulties.

Very often, the environment exacerbates the difficulties, for example, if you have a problem with your eyes and you are sitting at the back of the classroom and the font size in the book is too small and no one does anything about giving you a pair of spectacles, something that is a small handicap can turn into a huge disability. The minute the spectacles come on, everything changes. Like this, there are certain situations, certain environments you can create, which will not take the disability away, but it can be managed better.

It requires an enormous amount of expertise to understand how to help these children. It requires an enormous amount of support to manage 30 regular kids in a class and with kids with all kinds of disabilities, the class size cannot be more than five to seven children. This led us to think that since it requires so much expertise, a totally different approach to teaching and learning, let's set up different institutions for them. Initially, these institutions were where you left the child and the institution took care of them. So, people who are very concerned—a lot of them initially got their training outside the country because that sort of

training didn't exist inside the country, and people who had a person with the disability in their family, who wanted to do something, started these. This was the phase of the 'special place' – a centre for children with disabilities only. It was, very often, an excellent place with committed, caring people because of which the children blossomed. Many children have benefitted enormously from this kind of attention and care—children who would have been nowhere, have picked up and done all kinds of interesting things. It becomes a nice, protected environment where everything is fully taken care of. I'm talking of those that work well and there are enough examples in our country.

What's the not-so-rosy side of it, however, is that this kind of resourcing, this kind of people and environment is available only in bigger cities, and therefore, large parts of the country got excluded. Many institutions had extension centres in different parts to help, to spread their word but their core work was this 'special education' – a place for children with disabilities that is safe, secure, caring, committed – a professional place where they could access all kinds of services. This has been the model for a while. I have worked in places like this and I know the positives. It is almost like making up for a world which doesn't welcome these children at all. It is like creating a nice, little alternative universe for them. But it is an unreal world, not one which they have to handle. When they grow up, as members of society and community, as citizens of this country, they have to participate in everything. This participation gets compromised. Secondly, the rest of the world, their peers, do not even know they exist. Most people grow up thinking everyone in the world is a lot like them. So, losses on all sides.

By this time, a lot of conversation on inclusion had begun. Before it was 'integration' now it is 'inclusion'. The whole idea that these are children first, the disabilities come next and just like we make provision for other children, we make provision for children with disabilities. We do something extra because it is their right to get whatever it is that they require not out of the generosity of our hearts, nor as a favour to them. So slowly, the whole idea has shifted to a more rights-based approach; a more inclusive approach; the idea that these children have a place in society, and you cannot take that away.

The choice of what kind of schooling these children should have should be either the children's or their families, just as it is for others. If a family chooses that their child should go to a regular school with other kids and learn, it is the school's and the State's responsibility to ensure that whatever that child needs, is available. If parents of children with multiple disabilities, for example, feel that special schooling is what works for their children, make that available. If a third category feels that their child needs to stay at home because he/she cannot physically access schooling, make that care available at home. So, the whole perspective has shifted to consider the child's need and make that available to the child.

As far as possible, children should be part of a larger inclusive setting which means opening our minds – first, seeing kids as kids; second, providing physical access and help with all the physical needs of the child and, the third, is what is roughly called, 'curricular access'. Curricular access does not mean lowering of standards but adjustments that need to be made so that a child can access education in its fullest. If accommodations have to be made on the sports field, in the laboratory or the exam system, do it. Under the Right to Education Act, no school can say no to any child.

But in reality, it's very hard for parents, the school and the system. One, we have to build the kind of expertise that is required to work with children in disability. 'Disability' is a very broad word, there is a huge range of issues that crop up and at every stage of the child's life, the implications of that disability change. For example, the implications of autism, the way it plays out can be very different for a very young child than it is for an adolescent. Disabilities work differently, and many disabilities work differently with different kids. There is a whole range of neurological difficulties and while there is a broad pattern, very often, you have to be watching what exactly is going on with the kid then, you'll able to respond. This is hard for the regular school or system, given where we are. Is it impossible? Not at all. We have to work towards it and till we get to a point where our system is fairly open to this, we'll have to make a lot of adjustments. These may not be fully in-line with inclusion as an ideal because if you look at the child's point of view, what is the use of that child being in a school for the sake of it, if that school doesn't have the capability and is unlikely to have the capability for the next few years to really handle the child.

One way to look at this is that we want these kids to be with other kids and he/she will learn. People are nice, caring, open, and willing to make

adjustments. But very often, this is not enough because if we don't intervene during the critical years of a child's growth, we lose a lot. What could have been corrected or pulled back doesn't get pulled back because of the sheer unavailability of people who understand what it means to work at a critical time when intervention reduces the impact of the disability, even if it cannot take away the disability.

There are some States which have set up a very good system which goes down to the block and very often, the cluster level, there are others which done it but without great success. They have hired qualified people who screen children, work with them individually because the reality of the government school system is that there are small schools and spread widely. So instead of one special educator for each school, it makes more sense to resource it like this. At the block level, there are 5-6 people (physical therapist, speech therapist, special educator etc.) who are qualified to work with children with hearing impairment, locomotor disability, neurological difficulties, (in an ideal situations - in reality, you don't get so many qualified people in every block). Either children come to a centre, or these teachers go to their homes or schools. This is far from ideal, but this is what I mean by moving towards the goal post in a way that is actually possible in reality. In Bengaluru, you can do many things but if you move to Yadgir or Bidar, or a block in Bagalkot, you have very little access to such expertise. Even if you are financially able to get the right kind of speech therapist, physiotherapist, special educator, the issue is availability. So, we have clustered expertise in certain places, but the spread is not available.

Another thing we have not done, or not done enough of, or we've done some of it but not all, is to put in place certain practices, ideas, methods of working with children with disabilities in pre-service teacher education. A regular school teacher will not have 20 children with disabilities in their class, they are going to have one. So, if you have this one child, what are some of the things you can really do? What are the signs you need to look for, worry about? What are the signs that you should not be in a hurry to label? The dangers of labelling a child too early are equally bad. These aspects must be part of regular teacher education, especially, in the early years, because in the later years, it is very often, very difficult. I'm talking about pre-school and early primary, so, children in the age group of

3 to 8 years. In the case of a clear, visible disability, teachers must know some ways of handling it – small do-able ideas, not idealistic impossible ideas, something as simple as having a kid with a visual difficulty sit in front of the class. We're a very long way from having this sort of thing woven into regular teacher training.

The second problem is structural. The Rehabilitation Council of India (RCI) takes care of teacher training for children with disabilities and the National Council for Teacher Education (NCTE) takes care of regular teacher training. We have to bring these two together. The RCI cannot be part of the Ministry of Social Justice and Empowerment: it must be a part of the Ministry of Human Resource Development.

We also need to perhaps go away from being completely focused on the purity of some ideas. Inclusion in its purist form is very unlikely to exist on a large scale for a very long time. We will take at least 50 years to get where every school is both 'welcoming' and 'capable' of taking care and educating a child with a disability. But it does not mean we do not work towards it. Inclusion in its purest form, as an ideal, must be the underlying message all the time, in everything we do. But to get there, we have to do many things. We shouldn't close options because we want to stick to a certain pure idea. There is a large group of people who would say, 'close all the special schools'. Once you do that, you end up destroying a system that has done a lot of very good work and is a strong option in the minds of families of children with disabilities. We have come so far because of these institutions. We have to try and integrate some of the practices of these institutions into the regular school system; work around teacher education; and, wherever children with disabilities are identified, increase the budgets for learning material/aids/appliances.

Looking at curricular and assessment flexibility is most significant. We don't like to do that – exams are sacrosanct, and we must try and work around that. If you have a child with a learning disability, we must help her to succeed. We must find alternative learning and assessment pathways that are as rigorous and legitimate as any other. There is enough research across the world to help us. We have to create a system that allows and encourages this.

There is also not enough appreciation or understanding of what children with disabilities go through during adolescence. Their physical bodies, their emotional selves… Children on the

high functioning side of the autism spectrum; those with multiple physical disabilities who have very sharp minds; children on different parts of the learning disabilities group, children with intellectual disabilities – what happens to them during adolescence? Does anything different happen – their emotional responses; their changing ideas; their idea of beauty; sexual attraction; handling the change in their own bodies. These are things that we have not understood enough of because it stems from many of our beliefs that children with disabilities are different. We just don't prepare our children with disability for adolescence and young adulthood.

This is going to be critical in any move towards societal inclusion because if children are not able to handle many things that they should be able to handle, it will be a struggle forever. They will continuously need protection, even children who are capable of going out in the world or living on their own. Not all children need to be cared for, so, constantly protecting them beyond a point becomes negative and sub-optimal for the child to really develop. Safety issues are huge – emotional, physical. The threat of abuse is always there, there's no running away from it—some children will always need more protection than the others. So, building a support system around the child is very important but assuming that all children with disabilities are incapable of protecting themselves, is an extreme response.

Also, responding to situations in a very complicated fashion troubles the families a lot. Some simple ideas, small ideas that work, those that the mother or child or a friend can really work through is what we miss often. Most of this applies to all our children. We'll have to change many things and sometimes, very small things. And it's the responsibility of the system to do that. But I also think that to imagine that children with disabilities cannot cope, as a principle, is an insult to their dignity. It is as if I grow in a classroom which speaks Italian 24 hours a day, has all literature in Italian, and their whole cultural grammar is completely alien to me. I will be disabled in that classroom. That's the way most of our children with disability feel when they are in a regular situation, whether it's a classroom or the playground or a market. While informal places like market and playground can be mediated by someone who knows them very well, the classroom is where they are often alone.

So, to be able to re-design that classroom in a way that includes everybody, that's the challenge that all of us will have to work on and many teachers have done it. They have done it because they have been trained, or because they are good teachers and they get kids and treat kids as kids. Technically, they may not be doing the greatest things, but they'll end up having children who are capable of handling a few things in their existing environments. I've seen this happen in the remotest places. Because there is no other place for the kid to go, there is just the village school. Both parents are out working all day, grandparents are also working, there is no one to care for the kid, so the kid comes to school with siblings. And it is sheer luck that the teacher is welcoming and the kid begins to learn things, begins to do things. Now it's possible that if this child had the right kind of therapy, the right kind of educational input, the right kind of xyz, at the right stage, perhaps the progress would have been much better. But when you walk into the school, and in those circumstances, you see a happy child who is pretty much doing some stuff, it is pretty incredible. It comes from the teacher treating this child as a child.

On the other hand, to expect a teacher who has no exposure, no understanding of these things, who has fifty kids in her class, to make all these accommodations without any support and then say that the teacher doesn't care, is unfair. One has to find a balance, one cannot depend on heroes. The onus has to be on a system that helps the children, solutions have to be simple and sustainable and, third, let go of purist ideas, make the adjustments and changes that can be made. Let's do what is possible now.

Certain structural and systematic issues have to resolved, integrating disability training into teacher training; creating an alternative system of assessment, experimenting with the curriculum, such that it actually addresses all children. For these things, I think, the system has to be ready. Wherever there are children with disabilities, the school should be able to access such resources. Not every school has a child with disabilities. But once you have identified one, the teacher must have the ability to identify the resources that are not inside the school, but in a resource centre among a cluster of schools. This is the system that that works in the large, geographically spread out system. Every school will not be able to have such resources in our current structure. If we change our structure going forward, then that is different.

The new PWD Act 2016 is very comprehensive. Whatever has been recommended in the National Education Policy (NEP) is in line with the PWD Act of 2016. Now how do we empower people with disabilities who cannot fight for their rights? There are several groups across the country and most of them began as parent groups because they are the ones who feel, struggle and have to fight the most. So, parent associations have led the whole advocacy movement for people with disabilities. Then, there have been the people with disabilities themselves, who have got the education, who have wanted to work with the community, who have realised that they need to have a strong voice together. Also, there have been organizations that have worked for many years with children with disabilities. The PWD Act 2016 itself is a result of this. It's not the first Act but the kind of changes that have come, the language – these are a result of this national-level advocacy.

But in the smaller places, in places where this kind of support system is not available, it is very important for parents to really be the first voice because no one knows more than them, especially, when their child is young. They have to ask questions, demand and contribute to services, encourage, use all the machinery that is there. Very often, families are not aware that something is available and obviously, financial and physical access to these is limited. So, the idea is that the system reaches the family, the family doesn't have to reach the system. But in reality, this is not possible in our very large country. We'll have to use all the structures in the system that are available – the educational structure, NGOs and civil society organizations. The responsibility still lies with the State, but people have to start the conversations in the panchayats, SMCs and others to try and figure out how to access resources. It's not a matter of going and demanding; it's a matter of actually coming up with ideas. It's not as if people in the system don't want to help, that they are not interested. If a parent asks an official for a speech therapist in block X of district Y, where will the official find one? But if the parent tells him that there is a college for training speech therapists in the state capital and that they are willing to do block placement of some of their final year students, that will give the official some ideas. It may happen that while the instructors are there, they can quickly train one or two parents to learn and start doing some therapy. So, one has to come up with solutions and ideas. Demanding this of somebody is one way, but I somehow feel that it is not enough. We will together have to figure out, parents will have to lead because they understand what their child needs.

One last thing that I want to mention is that our data of children with disabilities, down to its last degree of detail, is not very reliable. We need to have a far better understanding of it to be able to track what is happening to children with disabilities who are in school, what's happening to them, who is attending, who is not.

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Inclusive Education:

Challenges in Building a Coherent Understanding

Dr Ankur Madan

As an instructor teaching a course on Inclusive Education in a Masters' in Education programme for the past six years now, year after year, I have to deal with a fair degree of scepticism from my students. Having been exposed to the realities of the public education system as part of their curriculum, the students are well versed with the constraints within which a majority of the schools in India operate. By now, they have seen enough poorly resourced classrooms, met teachers with little training and no motivation to engage and interacted with children with low learning levels struggling to make meaning of a rigid curriculum that is far removed from their immediate contexts.

Hence, when I introduce the *idea* of inclusive education to them and evoke pertinent legislation and policy documents and debates in human rights and social justice to garner support for its implementation, they view my propositions with reservation and ask a host of difficult questions about realising these ideals in practice. As I struggle to keep a brave face in front of my students and make a convincing case for it, I am faced with another kind of problem. I am unable to provide for them a coherent, unambiguous understanding of the concept of Inclusive Education in the Indian context, which could provide a framework of clear guidelines and recommendations for its implementation. The majority of the references and readings that I use in the class to teach originate in the Western world where Inclusive Education as a concept and practice has not only been part of the education discourse for many more years, but its origins and practice have a very different historical context from ours.

Hence, the pedagogic challenge that I face in my classroom is not only with respect to providing convincing, feasible solutions to implement the ideals of Inclusive Education in the public education system in India, but also to help my students answer a few innocuous questions, such as: *What is Inclusive Education? Who is it meant for? How can it be realised in practice?*

In this article, I will elaborate upon some of the conceptual issues involved in arriving at a consistent understanding of Inclusive Education and why it is pertinent to construct this understanding grounded in the pragmatic considerations of the social, cultural and contextual factors within which the public education system in the country is embedded. And finally, I suggest how scholarship in Inclusive Education can be generated from the ground by involving those integrally involved in its practice.

Interrogating the nature of Inclusive Education

The struggle to find academically and empirically sound sources so far for reference on Inclusive Education in the Indian context occurs at multiple levels. One, Inclusive Education as a phenomenon became popular in India only recently, after its quiet appearance in policy documents in the late nineties. Hence, there is only a scant body of scholarship that has so far been published and is accessible in the public domain. Two, the empirical research base in Inclusive Education generated in the past two decades or so is limited in both scope and quality (Lindsay, 2007; Rose, 2017; Singal, 2006). Three, representations of the concept in the policy documents are fraught with misinterpretations and ambiguity, allowing only a nebulous conceptual understanding of the phenomenon to evolve. Moreover, Inclusive Education is still not considered as an integral part of the mainstream education discourse in the country. Hence, its peripheral positioning has prevented it from being recognised as making any discernible contribution to scholarship in the domain of education studies in India.

However, while these are specific issues related to building scholarship on Inclusive Education in India, even in Western contexts, where the concept has received much greater attention, Inclusive Education has always been fraught with multiple interpretations and has remained a contested notion. Armstrong, Armstrong and Spandagou (2010) use the adage *'inclusion means different things to different people,'* to drive home the point. The authors further contend that inclusion is better

known by what it is not rather than what it is, illustrating its complex nature.

While several attempts at arriving at a coherent definition of Inclusive Education have been made, academic scholars and practitioners point to inherent difficulties in reaching a consensus. A major difficulty lies in the divide between viewing Inclusive Education from the perspective of what it was originally meant to be and what it has come to be. Tracing its origins, Armstrong, Armstrong and Spandagou (2010) recall that Inclusive Education arose as a response and challenge to the restrictions to access and participation that practices of mainstreaming and integration posed. The movement, steered by parents, teachers and disability activists envisaged the *role of schools in creating democratic and inclusive societies.* However, in practice, there is no clear set of principles that guides its implementation and Inclusive Education has been reduced to mere rhetoric which embraces some 'feel good' aspects of the inclusive discourse without any serious engagement with the original guiding principles. Hence, definitions of Inclusive Education vary based on descriptions of actual practices versus prescriptions of what ought to be (Ainscow, et. al., 2006).

A similar problem lies in some definitions being either too narrow or too broad, or even fragmented, on the basis of the group of students for whom inclusive education is meant.

Definitional debates apart, authors like Graham and Slee (2007) raise some fundamental questions that they hope educators and practitioners of Inclusive Education would try and answer as they interrogate the nature of Inclusive Education and its practice. In a powerful critique triggered by an examination of existing practices in Australia, the authors raise the following questions: what is meant by talk of inclusion, how this may differ from being inclusive, and whose interests may be served by practices that seek to include?

As one reflects on these questions, it becomes amply clear that the tenuous understanding of Inclusive Education arises from the tension that exists between its ideological and conceptual construction versus its realisation in practice. As Armstrong, Armstrong and Spandagou (2010) point out, after answering the question, *inclusion for*

whom, into what and for what purpose, one must also ask, what constitutes inclusive practice? since the desirable (the ideological) may be different from the achievable (practice).

Inclusive Education in policy

As one struggles to overcome this dichotomy, another dimension that adds further complexity to the issue is the representation of Inclusive Education in policy documents. This dimension becomes particularly pertinent in the Indian context. In India, the term *Inclusive Education* began to find mention in policy documents and schemes, such as the PIED, DPEP, PWD in the nineties and the SSA (2000). Much impetus for this was provided by the Salamanca Statement in 1994 in Spain to which India was a signatory (Chowdhury, 2011). However, in India, Inclusive Education appeared to be a concept that had been borrowed from the West mainly for its feel-good, child-centred, and 'romantic appeal' (Singal, 2005; Sharma, 2010; Alur, 2007). Singal (2006) contend that in India Inclusive Education as a phenomenon has not been adequately engaged with. She elaborates further that, in several policy documents as well as in early writings on inclusion, the terms *integration* and *inclusion* were used alternately, causing much ambiguity and giving scope for misinterpretation.

In addition to this, even in the schemes launched at the time, a dual approach was adopted wherein, while the education of children with disabilities was professed in regular schools, special schools too continued to be promoted. In fact, Inclusive Education was seen only one among several alternatives available for the education of children with disabilities and not as a way of bringing about school reform (Lindsay, 2007). Hence, with policy documents providing only ambiguous notions of inclusive education, fairly elemental questions like, *what is inclusive education or what comprises inclusive practices*, do not seem to have easy answers.

As one examines these issues, a larger question may be raised: *What then are legitimate sources of knowledge that may contribute to an understanding of Inclusive Education?*

Situating scholarship in relevant contexts

As stated in an earlier part of this article, in India, Inclusive Education appears to be a phenomenon that was borrowed from the West without adequate critical engagement with the concept (Singal, 2006). This led to several critical aspects of

its origin, purpose and application getting ignored and allowing only a fragmented understanding of it to evolve, leaving room for multiple interpretations and representations.

As we go forward, it is essential that any scholarship that develops in the domain takes into account the unique historical, economic, social and cultural diversity of India as well as the nature of its complex educational landscape. Several scholars corroborate this stance (Lindsay, 2007; Rao, 2001; Rose, 2017; Singal, 2006). I substantiate the view with a few illustrations.

Tracing the origin

Tracing the origins of inclusion in the western world, Rao (2011) explains that traditionally in the developed world, children with disabilities were admitted into special schools. As the social model of disability evolved, inclusion came to be seen as a means of overcoming the barriers of segregation and achieving deinstitutionalisation. With equity and social justice as guiding principles, inclusion became a symbol of school reform. However, in countries like India, where special schools were never a norm, *institutional segregation could not be used as a sound rationale for Inclusive Education*.

For the same reason, an economic argument that pitches Inclusive Education as an inevitability in India, since India cannot afford to build parallel systems of education, is not a very sound one either. Rao warns against inclusion becoming another 'trend' much like special education practices, that is simply transferred from the West. It appears that the very premises on which Inclusive Education gained ground in the western society may not provide such a sound rationale for us. Hence, if we embrace inclusion, the justification for it must also originate from motives which are embedded in our historical and socioeconomic milieu.

Similarly, in order to develop an understanding of Inclusive Education, it is extremely important to understand issues related to the situation of children with disabilities in India from historical, as well as sociocultural, perspectives. The unique diversity accorded in India to caste, class and religious differences is a complex context within which Inclusive Education must be envisaged and practised. I will briefly mention a few aspects to illustrate my point.

Disability in India

Ghai (2015) states that there is no unified definition of disability in India. She believes that in order to comprehend the meaning of disability in the Indian context and the cultural background which is rooted in strong mythological and religious beliefs that provide varied and complex meanings to notions of disability and disabled people as being *evil, flawed* or possessing *supernatural abilities*. Also, due to lack of systematic research of the historical perspectives, contemporary constructions portray disabled people as possessing negative identities due to the predominance of the medical model, where the identity of a disabled person is reduced only to its condition and the 'deficits' therein. (Ghai, 2001). She further laments the marginalisation of people with disability from society:

'Their lives remain mired in vicious patterns of helpless cynicism, political inertia and poor social innovations that offer no long-term solution'.

An important aspect of disability that cannot be ignored in the Indian context is its very close linkage with poverty. Poverty being the biggest cause of impairment in developing countries like India, its impact on the lives of the disabled and their families causes both structural and attitudinal barriers leading to feelings of extreme powerlessness and vulnerability (Ghai, 2001). Disadvantages that poverty, gender, caste and the rural-urban divide bring to disability are further exacerbated by stigma and labelling. This leads to complications like arriving at an accurate assessment of the number of people with disability in the country. Added to that are the problems of using multiple categories and inconsistent terminology to denote different types of disabilities. Consideration of all these factors should be primary in any credible discussion on the education of children with disabilities in India.

The education landscape

India's education system is layered with diversity and vastness. With the largest number of school-aged children in the world, the scale of the elementary education system in India is huge and perhaps hard to imagine for policy-makers and planners around the world (Little, 2010 as cited in Singal, 2014). With impetus from several important policy and legislative markers in recent years, (such as the SSA, 2001 and RTE, 2009) India has been able to achieve tremendous success in enrolling nearly 98 percent of its children in school (UNICEF, 2015). However, issues of retention, allocation and distribution of adequate resources, teacher education and, most importantly, quality of education continue to be causes for concern.

Caste and gender emerge as important dimensions of exclusion, with children from the lower castes and the girl child being at a higher risk of dropping out of school (Singal, 2014). The struggle to retain children in the public education system as opposed to the rising popularity of low fee-paying, poor-quality private schools is another systemic challenge that has come to hound the Indian education scenario. Data available on children with disabilities attending schools is highly contradictory and discrepant. According to a recent report by UNESCO and TISS (2019) there are approximately 7.8 million children with disability under the age of 19 in India. Among them, three-fourths among five-year-olds and one fourth in the 5-19 age group do not attend any educational institution. Chances of children with disabilities dropping out of school are five times higher than children from other disadvantaged sections of the society, such as the Scheduled Castes and Tribes (Singal, 2014). In this scenario, ignoring the systemic challenges within the education system, or viewing Inclusive Education from the narrow perspective of children with disabilities alone, is only going to prove counterproductive. The country can neither achieve its goal of education for all with this short-sighted view nor can the education of children with disabilities be envisaged as being meaningful and empowering. Recognising all these factors is of utmost importance for any idea of Inclusive Education in the country.

Constructing scholarship in Inclusive Education

My submission is that the belief systems and extreme marginalisation due to stigma and poverty that majority of people with disability face in India and the diverse and complex nature of the Indian education system form the ecological framework within which the nature of Inclusive Education must be constructed.

Further, such scholarship that evolves from the ground can be generated only when researchers and practitioners both come together and work as collaborators to construct knowledge about inclusive practice that is close to the real-life experiences of those involved in it. This knowledge could then contribute at various levels of informing policy-makers, administrators, parents and teachers in developing a shared understanding of Inclusive Education that takes into account the voices of those who matter. Specifically, such studies could focus on the ideological shifts and attitudinal changes that enable schools to adopt inclusion in principle and practice, how exclusionary barriers to learning are removed, how teachers and other stakeholders are continually prepared to work with children with diverse learning needs, how collaboration among the stakeholders is sought and how issues of governance, finances and rigidity of the curriculum and assessment are dealt with (Madan, 2018).

The challenge of providing convincing answers to students' incisive questions will continue to remain until enough examples of good practices in inclusive education emerge to demonstrate how against all odds, the goals of inclusive education can be realised. Meanwhile, it is essential that researchers, teachers, administrators, policy planners and academics join hands to form a coherent understanding of inclusive education which is embedded in its sociocultural context, is informed by practice and, in turn, contributes to its realisation.

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Creating Learning Opportunities for Children with Disabilities

Anupma Rai

Finding safe, secure and affordable learning opportunities when you are the parent of a child with disability is a daunting task. In this article, I will outline some steps I took with my son.

A survey of the National Centre for Promotion of Employment for Disabled People (NCPEDP) revealed that only 1.2 percent of persons with disability (PwDs) in India have had any form of education. In an all-India school level survey, NCPEDP found that of the 89 schools surveyed, 34 did not have a single disabled student and, unfortunately, 18 of them had a policy against giving admission to children with disabilities. (Sakhuja, 2004)

Disabilities which cause difficulties in learning include visual, speech and language and hearing impairments, affliction of the musculoskeletal or nervous system or both, learning disabilities and autism spectrum disorders, mental illness, disability caused by chronic neurological conditions, multiple disabilities and any other category which may be notified by the Central Government.

In the Indian education system, pedagogy depends heavily on textbooks and blackboards for visuals. This poses difficulties for children with auditory or/and visual processing problems. For them, activities involving drama, music, pictorials and use of audio-visual aids are essential, for example, learning the alphabet through sandpaper cut-outs, tracing letters, body movement (as in dancing), sounds, etc are more suitable. Similarly, activities that demonstrate concepts, such as rotation and revolution in geography, either through craft activities or role-play will ensure understanding. These multi-sensory teaching methods help a child to learn through more than one of the senses.

However, a child with disability may experience difficulties with either the visual or auditory or both of these modes. The child's visual processing may be affected, and she may have difficulties with tracking and directionality. The answer is in involving the use of two or more of the senses together in teaching, especially the use of the tactile (touch) and the kinetic (movement) by using both these to teach the formation of the alphabet for example, encouraging the child to write the letters using shaving foam on a tray. This will give the child's brain hooks to hang their tactile and kinetic memories on as well as the visual and auditory ones.

For teaching children with disabilities everything has to be tangible: in the words of a seasoned special educator 'first object then, abstract'. The classroom and other teaching environments should give children ample opportunities for learning to happen in the form of play and the emphasis on early reading and writing skills has to take a backseat. One day, when I was giving my son a sensory break in the special educator's room at his school with the help of a gym ball and a yoga mat, the child whose session was going on with the special educator was attracted by all the movements of the gym ball – he preferred to learn through his body. Also, children who have difficulties in learning, need to learn from their bodies by doing everything with their hands. Every action teaches them new words, their bodies need ample movements much more than other children to improve their alertness and enable sustained focus and attention levels in classrooms where they tend to easily lose track of what is being taught. They may need the teacher to stop and repeat the concepts many times so that they can grasp the basic idea.

Play therapists are doing amazing work with children having any form of disability, devising fun ways to help them be a part of groups. At the same time, occupational therapists design exercises and activities customised to the child's needs.

Though CBSE has made it mandatory for every school to have a special educator, sadly, in most schools, the special educators are either poorly trained or function with a standby teacher substituting for an absent teacher or lending a hand during examinations or sports activities. In most

cases, there is only one special educator for fifteen to twenty students belonging to different grades and with different levels of difficulties. The special educator at my son's school could take his session only once a week to help him with academics. Due to poor visibility (in terms of direct interactions with parents) and the fact that remuneration and long working hours do not match their qualifications, the attrition rate is very high and special educators keep on hopping jobs. This is a serious issue, since it results in making their students feel insecure. For students with disabilities, the learning environment has to be a predictable, emotionally safe place and for this, a sustained and strong bond between the educator and the child is essential.

Private special education and occupational therapy sessions cost anywhere between Rs 400-Rs 600 per session lasting from 45 minutes to an hour, which many of the parents cannot afford. This takes a severe toll on the financial stability of parents, especially when they need to save for their futures as well, as these therapies can go on for four to five years. If facilities for special education as well as occupational therapy, language and speech therapy are made available at the school, parents will not only save time and money but also have the option of offering their child with disability other experiences, like enrolling them for a skill class where the child's inner strengths and interests can emerge, for example, pottery, art and craft, multimedia, drama, music, sports, cooking and baking. In tier two and tier three cities, there are perhaps one or two centres that offer the required therapies and schools do not have even one special educator, whereas in metro cities like Delhi, Mumbai, Pune, a new centre comes up every week. There are schools that have the best team of professionals, but these schools charge exorbitant fees, rendering them unaffordable to the majority of parents.

It must be pointed out that there are no guidelines from the Rehabilitation Council of India (RCI) on this aspect of education. The RCI and CBSE need to come together to formulate guidelines for regulation of various agencies working in this area. Only recently, it made attendance mandatory for students pursuing diploma and B.Ed. courses in various disabilities in private institutions – this is a step in the right direction. Schools need to screen children every year and provide the required interventions which can be as simple as using more and varied teaching and learning materials.

Children with low attention spans will benefit hugely through games and exercises designed in consultation with an occupational therapist. The sooner the school and parents identify children having difficulties in keeping up with the rest of the classroom academically, cognitively and socially and pinpoint the underlying issues with the help of professionals, like developmental paediatricians, special educators and occupational therapists, the better it is for these children. They can be provided a customised plan from the elementary school onwards. This will help schools to integrate children in a mainstream classroom as far as possible so that students can access the curriculum and content of general education and develop positive peer friendships which will, in turn, give them a richer and more secure foundation for learning.

Learning never happens in isolation nor on the basis of shaky emotional wellbeing. As much as the children need to work on their weaknesses, they also need the environment of a regular classroom to prepare them for the future, to nurture them into growing into smart, secure and confident adults. This cannot happen in the sheltered walls of a special setup. Thus, our teachers need to be sensitised about the different types of disabilities in their varying degrees, besides developing strategies to help them to ensure equal participation of all children in the classroom. The National Institute of Open Schooling (NIOS) is proving to be a boon for students with disabilities as it allows children to complete their academic goals at their own pace without facing any ridicule and undue pressure.

At a time where open book exams are being considered even for neurotypical students to prevent them from just mugging up answers, we need to create similar systems for students with disabilities to help them prepare for a dignified independent life which is a must for inclusivity. Currently, the situation is fraught with a lack of commitment and integrity. For example, schools are known to refuse, first, to modify the curriculum for individual students despite having full knowledge of the child's disability and, later, to fail the child.

Teachers can use multi-media presentations in performing their tasks. However, the high-profile schools which have now adopted smart boards do not allow their teachers time to use these as they are rushing to complete the syllabus on time. The high teacher-to-student ratio is another hurdle in preparing and using teaching and learning materials to cater to the individualised needs of children with disabilities.

Some of my learnings

I got a chance to shadow my son, who is on the autism spectrum disorder (ASD), during his last month at a 'normal' school. It was evident that children in the class had different learning, attention and focus levels, with around ten children having learning disabilities due to different underlying issues. A girl who had emotional issues was not able to complete her work in most classes, while the same girl was quite enthusiastic during Abacus class, in which she answered most of the questions correctly when the teacher repeated the questions clearly and patiently. The teacher's perseverance helped her perform.

Parents of children with complete language abilities but having other learning disabilities tend to ignore teachers' warnings for getting the child assessed. In such cases, the school could provide assistance and guidance. A team of developmental experts and special educators at the school could invite parents to observe their child both in the classroom as well as outside of it and decide for themselves where exactly the child is struggling.

Bare classroom walls make children dull, they should be filled with children's creations. My son loves to draw vehicles, cartoon characters and recreate the graphics of mobile games. Instead of only clapping for marks achieved in a test, thereby, creating a benchmark for academic excellence in young minds, let us applaud these non-academic achievements, as well. In today's world, we are constantly reminded that marks achieved in board exams do not guarantee success later in life. Those who lagged behind in studies throughout their school life have successfully created unique enterprises.

Schools today have the infrastructure and resources to provide their students a stimulating learning environment. A small effort has to be made to use these creatively. Another observation is that the daily timetable should be planned in such a way that children are given movement breaks, physical exercises and other sensory breaks at regular intervals helping them be and do their best with complete alertness and concentration levels during academic periods. For example, a school in Delhi takes children skating in their zero period before starting the day.

My seven-year-old has not been able to keep pace with the school's academic curriculum due to his learning difficulties and sensory issues (which are some of the co-morbidities of autism), but his classmates are in awe of his ability to memorise spellings and swimming and underwater skills. When they met me, they had so many questions: Why does Heramb do this or that? Why is he not regular to school these days (the school did not allow him without a shadow teacher)? A major challenge is finding a good shadow teacher (educational assistant) as there is no organisation so far for training them and schools do not have the time and motivation to provide an in-house teacher or support staff to fit the role.

As a parent of a child with a disability, some days are tough with stone-cold gazes following me when I am trying to help my child pick up a skill; with people refusing to use fresh ideas or change their methods. One feels like hiding with one's child safe and secure in one's arms, away from world's judgmental looks. But do not allow your weaker self to do that, you will not only be doing a disservice to your child but also to many more children along the way. For every harsh comment I have got, I have received enough unexpected warmth in particularly difficult situations to keep me going and do whatever it takes to help my child reach his potential.

In this day to day struggle with teaching children with disabilities, we often tend to forget that first and foremost, he or she is a child. I still remember that after being handed a diagnosis for my son, for six months I completely forgot to take his pictures, when earlier I used to click every smile and every move courtesy today's smartphones. While running from pillar to post for therapies, do not forget to give the child ample time in open air and spaces. These helped my son immensely, addressing his many sensory and sleep issues, while creating fun learning opportunities as well. Personally, I do not understand this special tag – special-needs child, special school, special setup, so on and so forth – so will we go ahead and have special colleges, hospitals, banks, malls also?

Though the Ministry of Human Resources Development (MHRD)'s interventions and Delhi governments online admission drive for children with disabilities, forcing the schools in their neighbourhood to take them on board, has helped parents secure a seat for their child in a school, it is only the beginning of a long, perilous journey of constant fighting with the school authorities for the child's rights. If today we shy away from this fight, we must then stop dreaming of an inclusive society in the future.

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Inclusion, Special Needs and Reflective Teachers

Anuradha Naidu

Introduction

Teachers are the first responders to support the well-being of every child in the classroom, be it emotional, or related to health or rehabilitation. In the modern classroom, the term, 'diversity' includes children with special needs and disability, migrant children, children living in poverty, children of single parents, adopted children, children with parents who are seriously ill and many others with unique needs that require special attention. Pre-service teacher preparation should consider the multidimensional roles during teacher training as a preparation for inclusion.

Inclusion and diversity

According to UNESCO, Inclusion is a process that helps to overcome barriers limiting the presence, participation and achievement of learners. Children from the poorest homes, those belonging to distinctive religious, cultural or ethnic groups, indigenous communities, or having special needs and disabilities, are the most likely excluded learners (UNESCO). Barriers that limit participation may be physical, technological, financial, or attitudinal, or lie in a school's inability to keep children in school.

Aniscow and Booth also describe Inclusion as a process with a strong commitment to the appreciation of human diversity. However, according to them, when schools appreciate the diversity of their students, they begin to recognise the value that children bring with them. Valuing student diversity would mean that schools actively enable students to learn together and collaborate in mixed learner groups. The process of inclusion involves schools in extending this diversity to include all students within their communities and to refute all forms of selection and exclusion that discriminate (Ainscow, Booth & Dyson, 2006).

The term, 'Inclusive Education', which has gained currency lately, is commonly associated with special needs education in regular schools and has evolved from the realisation that segregated education was irrelevant in the face of the burgeoning disability movement for equal opportunities and rights.

Along with this has emerged the demand for schools to adapt and has heightened expectations for teacher education. Today, the broader definition of inclusive education includes all children who have been historically marginalised from diverse cultural, economic, and ethnic backgrounds; it is no longer just about ability.

Pre-service teacher education can be reconceptualised to enable teachers to function confidently in an inclusive classroom. From a nuanced perspective, this preparation should provide the trainee with opportunities to practise self-reflection and develop a sense of self-efficacy or belief in their own effectiveness. Opportunities to interact with children from diverse backgrounds, including children with disabilities and their families certainly open the windows of the teachers' mind to consider *in-child* factors and other barriers in their own belief systems. Innovation should be at the heart of teacher education, where interactions with 'self-advocates', like those who lead the disability movement in different regions, which are bound to have far-reaching positive effects and at the same time, bring alive real challenges in education today.

In recent decades, there have been several role models among persons with disabilities who have established themselves as changemakers and leaders working for an inclusive society. Disability rights advocates unrelentingly demonstrate efforts to create bridges of understanding in the mainstream. For two and a half decades, the legendary **Javed Abidi** provided leadership to the disability rights movement; his indefatigable campaign led to the passing of a new disability rights law, namely, *Rights of Persons with Disability Act (2016)*. Another disability self-advocate worthy of mention is **Anjali Agarwal**, who led a long-drawn advocacy campaign on accessible environments with the Government of India. More recently, **Smitha Sadasivan** has

worked closely with the Election Commission of India on accessible elections and on making sure that the votes of persons with disability also count. Finally, there is **Bhavana Botta**, who publishes an online newsletter, 'Connect Special', to disseminate the latest ideas to those who are interested in disability-advocacy issues.

There is a case for all teachers, not just pre-service teachers, to learn from the success stories of these role models. Considering the all-encompassing nature of education, can pre-service teacher training be enriched from the life experiences of people with special needs?

Self-reflection and teaching in the 21st century

When one thinks about thinking, there is awareness of one's own thinking process and not about thoughts alone. Descartes's famous quote, 'I think, therefore I am', shows that he took his own thinking as proof of his existence. Such reflective thinking is central to the concept of self and all that goes to make one essentially human. Can this essentially human aspect of thought be harnessed in the classroom in real-time? Given a deck of cards with multiple combinations of students, teachers should look beyond chance and probability to reflect on the situation they are presented with.

Today, the essential idea of teaching practice as classroom learning and the teacher as the bearer of all knowledge is challenged by the extensive use of cell phones and internet technology. Even the littlest of tiny tots can turn on a smartphone and log on to YouTube to watch a video of their choosing. As students get more adept at accessing information from the internet, teachers have begun to talk of the *student-centric flipped classroom*, which incorporates information learnt from digital resources at home. These trends show a changing world where learner diversity is the norm.

Can teacher self-reflection be the way forward? Ongoing work with teachers engaged in action research in their classroom in the 1990s showed that for a teacher to develop a detailed understanding of her role, she needed a self-critical perspective that involved a process of ongoing reflection and introspection. Even as early as in the 1980s, Eisner pointed out that teachers have a unique and central role to play in creating knowledge about teaching (Eisner, 1985). The central role of self-reflection in knowledge creation includes both reflection in action and reflection on action. The first of these is reflection on one's spontaneous ways of thinking and acting, while engaged in action. In short, reflection leads to better action (Schon, 1983).

Reflective teaching is a process whereby teachers analyse their lessons, methods and outcomes and use the insights to evolve a practice that enhances the learners' experience. Hobson describes the process as, 'teacher's story of her own journey'; in other words, an experiential insight into one's life as a teacher (Burnaford, Fischer & Hobson 2001). Hence, a teacher's self-reflection process is cyclical and recursive where one comes back to critically examine oneself and act again and again.

Inclusion and the reflective teacher

Every reflective teacher in an inclusive classroom is a learning facilitator, rehab counsellor, life coach and motivator. Being constantly in the limelight as a reference point, a teacher who is an inclusive practitioner has to maintain a high level of authenticity. Not only is she or he a role model who guides the development of the student, but the teacher also shares a moral responsibility to facilitate learning along with inclusion.

Here are some success stories of children who represent the diversity seen in a typical urban school in India. All of these real-life stories highlight the high acceptance the children enjoyed with their teachers and the courage demonstrated by their parents to ensure their children have a brighter future.

Saroj, six-years-old, is a son of a Nepali migrant worker. He has just joined UKG in a government-aided school where he is being taught to read and write English, Tamil and Hindi. He has the unique problem of children of migrant workers – none of these languages are spoken at home, as his mother tongue is Nepali. He likes his teacher and smiles brightly when he takes her name.

Ram and Arjun are four-year-old twins. Adopted by their parents as babies, they are now placed in two different sections in a private school. Both parents work, but the twins, though embedded in a large, secure family network, face frequent changes of caregivers. They struggle with problems of attachment and bonding with their parents. The teachers play an important role in offering them the much-needed stability.

Keertana, seven-years-old, was diagnosed with cerebral palsy at birth. As soon as she began to walk with support, her mother admitted her in grade 1. The fact that she cannot speak clearly did not stop her from participating in classroom activities. With her teacher's encouragement, she was involved in all the extracurricular activities, such as art, drama and dance and represented her class on stage during the school annual day programme. She thrives with the support she receives in school. However, she has her own unique rehabilitation needs and has to attend regular occupational and physiotherapy sessions after school hours.

Sumanth, six-years-old, is a carpenter's son. He was three when his mother had to undergo mastectomy; the mother is now a cancer survivor. The family's meagre income was diverted to pay for her treatment. When he was four, his father, a person with physical disability suffered a stroke, which affected his memory and further weakened him, rendering him unfit for any daily-wage work. Sumanth now happily goes to LKG in a government school, and says his teacher is kind. His teacher is understanding of his family situation. He is fortunate to have her support.

In all these stories, without it explicitly being said, there has been a collaborative team comprising the child, teacher and parent working closely together. Every one of these parents talked about the teachers' warmth and willingness to consider their concerns and also their ability to advise on issues according to the stage of development. These teachers were listening to the parents and responding with reassurance.

For every success story, there is also a story of struggle and disappointment. Nisha's story is one such example where school inclusion has failed. Nisha, six-years-old, has recently been diagnosed with autism. She was admitted to an expensive private school that practised inclusive education. Unable to handle her individualised needs, the school wanted her to leave despite the support she gets from her parents and grandparents. Sadly, such schools are ill-prepared to face the challenge of children who have high-support needs.

Inclusion and self-reflection in pre-service teacher education

Is there a need to include teacher reflection and research in teacher education programmes? Are we are going to open our hearts and minds to handle the many new situations never described in a textbook of education?

The traditional approach to teacher education gives the pre-service teacher all the subject matter knowledge she needs to eventually transfer to her students. In the West, however, in recent times, the aim is to prepare teachers to function as facilitators of learning. This follows what is known as the *constructivist approach*. The teacher supports or *scaffolds* the child's learning through guiding rather than teaching (Sailor and Skrtic, 1992).

Scaffolding is also used in the differentiated classroom where learners are of different levels and abilities but access the same curriculum. The pre-service teacher learns to develop lesson plans, instructional strategies and evaluation techniques that will consider the diverse learning profile of an inclusive classroom.

Yet, a pre-service trainee teacher – or any teacher, for that matter – cannot be expected to facilitate the learning of units of knowledge absent in her belief system (Bakker et. al, 2002). The learning of the heart lies beyond the subject matter of textbooks. Exploring attitudes, opinions, beliefs and values exist in this realm. Beyond one's awareness, each individual is also influenced by one's family and community norms, cultural and religious values. Oftentimes, there is a clash of these values and ideals, which opens up the invaluable process of reflection. Using visual arts, music and drama, the challenges of collaborating in a multi-cultural group can lead to a reflection on the joys and struggles, differences and similarities between friends and classmates. And in this way, young pre-service teachers can be encouraged to appreciate and respect the diversity that is visible and invisible.

Further, it is to be said that there is great value in research relating to teachers' beliefs and attitudes about educating students with disabilities in the general classroom. Not only will teacher preparation programmes gain, but schools, too, will gain from an understanding of the current challenges and find ways to improve pre-service and in-service education. In fact, pre-service training is increasingly promoted as being the best time to address teachers' concerns and possibly modify their negative attitude

toward students with disability and their perceptions about inclusive education. Innovative programmes that encourage pre-service teachers to work with students with disabilities, to collaborate with self-advocates or through social interactions get to know people with special needs, help to soften attitudes and increase comfort with diversity.

Self-efficacy of students

In the case studies cited above, each of the first four children enjoys the support and encouragement of their teachers at school. Each child perceived her or him teacher as having accepted her or him as a valued member of the class. These children are growing and maturing in the reassurance that they will succeed under the teacher's guidance. Each of them is gaining a sense of self-efficacy in the world as a student. But the story of the fifth child shows that the situation is not all that simple, highlighting the necessity for teachers to also consider the inclusion of children who need health and rehabilitation support. Home-schooling cannot be an option as that would deprive the child of the company of same-age peers.

Self-efficacy is quite different from self-esteem. The difference lies in one's belief in one's ability to succeed and one's judgement about oneself. Self-efficacy acts like a driver encouraging one to succeed, eventually changing an individual's opinion about the self.

Self-efficacy is better defined as the person's belief in their own effectiveness in specific situations. If we believe in our ability to perform an action, we are more motivated to do so. Moreover, we are more likely to imitate a model performing in areas in which our sense of self-efficacy is high. Self-efficacy is a learned pattern of thought and not based on genetics. The ability to imitate begins in babyhood and carries on throughout one's life. According to Bandura, self-efficacy develops in children through exposure to role models and their own positive experience of success (Bandura 1977). Hence, a confident teacher with high self-esteem with the ability to develop and believe in her effectiveness will develop confident students who will also believe in their effectiveness (Law et. al. 2010).

Self-efficacy research also shows the relevance of interventions that boost self-esteem, self-confidence and well-being among students. Self-esteem is the attitude one holds towards oneself. Even though self-esteem is relatively stable, success and failure can affect it. Reflecting on our own experiences as adults shows us that we feel good about our achievements and hurt by our failures. For a child, being excluded, stigmatised, ignored or chastised is a very painful psychological experience that can reduce self-esteem.

Conclusion

Pre-service teacher education can play an important role in preparing trainee teachers in the self-efficacy needed to practice inclusive education. The supporting values and belief systems, when explored under the guidance of experienced teacher-educators and practitioners using the creative arts, allow for deep thinking and reflection. Furthermore, interactions with self-advocates, especially persons with disabilities, also build relationships and friendships that eliminate attitudinal barriers based on fear and ignorance. Engaging in self-reflection leads to the attitude of inquiry that inclusionary practices require. Considering that such an inclusionary practice will need a teacher to be a learning facilitator, a motivator and a rehab counsellor all in one, there is a case to go beyond the subject knowledge for the pre-service teacher curriculum and consider self-efficacy training. Without a doubt, the inclusion of children with high support needs in regular classes must be considered through the reflection process that leads to self-efficacy. To refer to Bandura's work, people with a strong sense of self-efficacy develop a deep interest and a commitment to the activities they participate in are unlikely to be overwhelmed by challenging problems and quickly recover from their setbacks. Self-efficacy is the most important condition to enact behavioural change.

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Family Needs to Get Involved

Bringing up a daughter with Down syndrome

Falguni Doshi

My life was moving in a smooth, straight line, just like the way I had drawn it for myself – studied computers, got a job in a multinational firm, married a tall, dark, handsome and caring husband, had an extremely loving family and a lovely daughter.

When I was going to be a mother for the second time, everyone in the family agreed that we would not get sonography test done and will accept whoever comes into our lives – whether a daughter or a son and will give her or him a happy life and a good upbringing. I have to say this because at that time, the old ideology of preferring a son and a sonography test to find the gender prevailed. Even as I write this, I am unable to control my anger. What sort of mothers are those who can destroy a part of their own being due to their own mindsets or under family's pressure? Anyway.

The day Stuti came into my life, God lifted me from my smooth, straight line and put me on an unknown path. Since it was a normal delivery, I was able to listen to the conversation of the doctor and the nurse. As soon as Stuti cry was heard, the nurse said, 'Look, doctor, she is looking like an angel, and look at her eyes, this child is so different!' I could make out that I have got a daughter and she is as cute as an angel. All these things are etched in my mind like a picture… as if it happened only yesterday. On the second day, the paediatrician came for rounds and was discussing something with my gynaecologist. I did not understand what they were saying and when I asked, they said that certain tests have to be done since they suspect Stuti to be a Mongol[i]. I was a student of science, so I understood that they were talking about Down syndrome. Stuti's blood test was done. The report was supposed to come in a month. And for that whole month, I kept convincing myself that the doctor might not have understood Stuti's problem properly, there may be some mistake somewhere and that God will never do this to me. My behaviour has been always good with everyone, nothing will ever go wrong with me. I even tried to bribe God, I thought, Oh, God! Please see that Stuti's reports are normal, I will chant Gayatri Mantra everyday…

When the reports finally came, the doctor's suspicion was correct and Stuti was born with trisomy 21. My eyes were filled with tears and it was all quite painful. But then, immediately, it struck me that now that we know about it, what next? I lost my mother when I was a child, so I was used to solving all my problems myself and that helped me. The first thing I did was to meet the geneticist, a doctor who is an expert in genealogy, to try and understand the reasons for this and what the strengths and weaknesses are. He told me that bright colours, happy atmosphere and constantly talking with Stuti would be very beneficial. Babies with Down syndrome have low muscle tone and that has to be taken care of. He explained about various therapies. Everything can be learnt with patience. Then, I went to a centre where they work with special children, and I broke down there…so many children… each one having a different problem and the distressed faces of their mothers. I somehow controlled myself and decided that I would bring up Stuti with all my might and try to give her a good life.

Stuti's physiotherapy started when she was six months old. I learnt from the therapists all that was necessary for her and repeated it at home. I had studied computers to make it my career but now it was very helpful for me in getting information about Down syndrome. There were some changes in life and my work started on 'Mission Stuti'. I gave up my job and spent my time, energy and knowledge in raising my children. I was lucky that I got good people everywhere—good teachers, good therapists, good neighbours, good relatives and a good family.

Stuti is 17 years old today, very cheerful and composed, has passed the tenth standard exam, uses computers, mobiles, and all other gadgets with ease. She can do a lot of household chores and today, I am not her support rather she is my support. I have learnt many things in my journey while walking on this path. I compare Stuti with herself, not with other children. If she does any activity with a little improvement than before, I feel happy. A therapist can help us, but ultimately, it is we who must persist. So even though the teachers used to help Stuti with play therapy, speech therapy and studies, and I also did and got accustomed to doing everything that was needed for her. When the whole family gets involved in the process, then the positive results can clearly be seen. Stuti can learn everything that a normal person can learn, only the learning period may be longer, or the method of learning may be different. During all this, I have come to understand that miracles will not happen overnight, this is life and the struggle of each life will go on. If we want good results, then we have to be happy and keep on trying. I am happy that my family supported me at every step and has encouraged me wherever required.

I am still walking on an unknown path, have crossed many stages, many more are still to come, but the pleasure lies not only in reaching the destination but also in walking on the path that takes one to his or her destination.

[i] An old term, now unacceptable, used for Down Syndrome.

Falguni Doshi
Mother of Stuti Doshi

The Invisible Disabilities

Arpita Yadav

Do you remember watching the movie *Taare Zameen Par?* The movie raised awareness among people about learning disabilities and it also inspired me to do something. Having worked as a special educator for several years, I decided to focus on Specific Learning Disabilities (SLD). I have also attempted to bring in my experience of working with children with learning disabilities to make them independent and 'fight their own battles.' Specific Learning disabilities are not emotional disturbances, intellectual disabilities, or sensory impairments. They are not caused by inadequate parenting or lack of educational opportunity.

Let us begin by understanding what SLDs are and some aspects related to them.

- A neurological disorder resulting from a difference in the way a person's brain is 'wired'.
- Children with SLD are smart as or smarter than their peers but have difficulty reading, writing, spelling, and reasoning, recalling and/or organising information, if left to figure things out by themselves or if taught in conventional ways.
- SLDs cannot be cured or fixed. However, with the right support and intervention, children can do well in school and go on to be successful in their careers.

Broadly speaking, these disorders involve one or more basic psychological processes:

1. Auditory and visual perception (input)
2. Sequencing, abstraction, and organisation (integration)
3. Working, short term, and long-term recall (memory)
4. Expressive language (output) and
5. Fine and gross motor skills

Characteristics

- Slow reading rate
- Problems with understanding and remembering what is read
- Confusion with words similar in appearance/ sound
- Difficulty in sentence structure and poor grammar
- Slow writing rate and an overly large handwriting
- Frequent spelling errors
- Problem with reasoning and abstract concepts
- Problem remembering math rules
- Difficulty in recalling arithmetic operations
- Difficulty in finding main ideas and important points in a text
- Reversals of letters and math symbols
- Poor note-taking and outlining
- Difficulty following directions
- Poor organisation and management of time
- Difficulty in beginning and sticking to study
- Inability to complete work or assignments in given time

Types of SLDs

Auditory Processing Disorder

Auditory Processing Disorder (APD) is a condition that adversely affects the way sounds travelling through the ear are processed by the brain. Individuals with APD do not recognise subtle differences between sounds in words, even if they are loud and clear enough to be heard. They can also find it difficult to tell where sounds are coming from, to make sense of the order of sounds, or to block out competing background noises. For instance, a child might study by herself in a silent place but find it difficult to follow a direction or understand a lesson in class.

Types of Auditory Processing Disorder

- *Auditory figure ground* is the inability to pay attention if there is noise in the background. Noisy, loosely structured classrooms could be very frustrating.
- *Auditory memory* is the difficulty in remembering information such as directions, lists, or study materials. It can be immediate (I can't remember

it now) and/or delayed (I can't remember it for later).

- *Auditory discrimination* is the difficulty in hearing the difference between words or sounds that are similar (boat for coat, ch for sh).
- *Auditory attention* is the inability to stay focused or listening long enough in class to complete a task.
- *Auditory cohesion* is the inability to draw inferences from conversations, understand riddles, or comprehend verbal math problems, all of which require heightened auditory processing and language levels.

Helping the child

- Reduce background noise whenever possible and have the child look at you when you are speaking
- Use simple, expressive sentences and speak slightly slower and softer.
- Ask the child to repeat the directions back to you. Keep repeating them aloud (to you or to himself) until the task is completed.
- For directions that are to be completed later, writing notes, wearing a watch, maintaining an organised household routine help.
- Move to quieter places when listening is necessary. Aid him with a quiet place to study at home and changed seating plans at school, such as at the front of the class or with the back to the window
- Study aids, like tape recorders, online notes specially designed for children with APD will support learning.
- Assign regular and realistic chores, including keeping a neat room and desk.

Dyscalculia

Dyscalculia is a specific learning disability that affects a person's ability to understand numbers and learn the rules of maths. Individuals with this type of SLD may also have poor comprehension of symbols; may struggle with memorising and organising numbers; have difficulty telling time, or; have trouble with counting.

Types of dyscalculia

- *Verbal dyscalculia* is a problem in which the child can read or write numbers, but has a hard time recognising them when presented verbally.
- *Practognostic dyscalculia* is when the child

has difficulty in manipulating mathematical concepts, such as comparing objects (bigger, smaller).

- *Lexical dyscalculia* is a problem in which the child faces difficulty in reading numerals and maths symbols (including + and -).
- *Graphical dyscalculia* is when the child has difficulty in reading, writing and using correct symbols, though the concepts are understood.
- *Ideognostical dyscalculia* is when the child has difficulty in connecting mathematical symbols and their relationships.
- *Operational dyscalculia* is a child's difficulty in performing arithmetic operations.

Helping the child

- Cooking together: Parent and child can choose a recipe, make a list and let the child be in charge of getting the ingredients needed. For example, 1 kg of cauliflower, 3 carrots, 2 onions, 6 pieces of capsicum or cutting the vegetables into 5 pieces.
- Playing with the clock: Tell the child that he is in charge of telling you when it is a certain time, celebrating how well he/she did it and how responsible and grown-up he/she is.
- Shopping: Giving a child the responsibility to buy things herself/himself, checking money in the wallet can help a child understand some concepts with numbers.
- Counting: Having them count the number of cars they can see, the people on the road, the number of people wearing white shoes, the number of stairs in their climb.
- Remembering telephone numbers: The child can recall the first three numerals of grandma's phone number and an adult can punch in the rest. Call together and if he/she did it well, celebrate.
- Shops: The child can be the clerk in a store, with things from the home and school that are 'on sale'. Each has a 'price'. Teacher and classmates (at school) and parents and other family members (at home) are customers. This game is good practice for quantity, addition, subtraction and managing money.

Dysgraphia

Dysgraphia is a specific learning disability that affects a person's handwriting ability and fine motor skills. Problems may include illegible handwriting,

inconsistent spacing, poor spatial planning on paper, poor spelling, and difficulty composing writing as well as thinking and writing at the same time.

Characteristics

- A mixture of upper case/lower case letters, irregular size and shapes, incomplete letters, incorrect grip resulting in illegibility.
- Reluctance or refusal to complete writing tasks, crying and stress resulting from frustration at inability or slowness in writing, talking to self while writing.

A student speaks

Writing is definitely the worst task of all. It's just too hard to remember all the things I need to, like full stops and capital letters. Then, it's almost impossible to think about how to spell words when I'm busy trying to think about the story. It's so hard to remember what I'm writing about …. I decide it's easier to write just a few sentences. That doesn't hurt my hand so much either. My teachers, in my previous school, used to complain, but I just keep writing very short stories. After all, they don't understand what it's like to struggle and struggle to write and still have the paper turn out sloppy and full of mistakes. They always tell me how messy my papers are. They just can't understand how hard I try. No matter how carefully I work, the words don't look the way they look for the other kids. Sometimes I know how I want the words to look, but it just doesn't turn out that way.

This student is otherwise gifted: he has a high IQ and his verbal expression and reading are excellent. He is very good with computers, though he struggles to write.

Types of dysgraphia

- *Dyslexic dysgraphia* because of which spontaneously written work is illegible, copied work is good and spelling is bad.
- *Motor dysgraphia* is due to deficient fine motor skills, poor dexterity, poor muscle tone, and/or unspecified motor clumsiness. Generally, written work is poor to illegible, even if copied by sight from another document and writing of a small paragraph requires extreme effort.
- *Spatial dysgraphia* is the difficulty in the understanding of space and there is trouble writing on the lines and spaces between words.
- *Phonological dysgraphia* is characterised by writing and spelling disturbances in which the spelling of unfamiliar words, non-words, and phonetically irregular words is impaired.
- *Lexical dysgraphia* is when a child can spell but relies on standard sound-to-letter patterns with misspelling of irregular words. This is more common in non-phonetic languages, such as English and French as against Indian languages, which are phonetic.

Helping the child

- Feel the letters: Help the child focus on feeling—not seeing—how a letter is made by tracing a letter on the child's back or on his palm. Then see if he can reproduce that letter on a piece of paper.
- Writing large: Dysgraphia results in forgetting how letters are formed. Using multi-sensory materials to form large letters can help.
- Using clay: Rolling clay into ropes and making letters builds hand strength and boosts fine motor skills while reinforcing memory of the shapes.
- Break it up! The key word is the acronym POWER:

    P – prepare, list all your ideas

    O – organise and assemble them

    W – write the draft

    E – edit, looking for and correcting any errors

    R – revise, write the final draft

This works very well with older children and they learn it easily. Other students in the class also help the child in executing this strategy.

Dyslexia

A specific learning disability that affects reading and related language-based processing skills. It can affect reading fluency, decoding, reading comprehension, recall, writing, spelling and, sometimes, speech. The severity can differ in each individual and can exist along with other related disorders (co-morbidities).

Characteristics

- Appears bright, highly intelligent, and articulate but unable to read, write, or spell at grade level and is therefore labelled as lazy, careless and not trying hard enough.

- Has a high IQ, but does not like tests and exams. This leads to poor self-esteem, though the child could have diverse talents such as art, drama, sports, designing, business, etc.
- Has difficulty sustaining attention: seems to be hyperactive or a dreamer.
- Learns best through hands-on experience, demonstrations, experimentation, observation, and visual aids.
- Letters similar in shape - *d, p, q, g* - cause confusion. The word *bird* could appear as *drib*.
- Reading aloud creates immense stress as letters and their sounds are not co-related, so that the same line or passage is read over and over again.

Types of dyslexia
- *Phonological:* The child has trouble breaking down the sounds of language and matching those sounds with written symbols. Challenges with phonological processing make it hard to decode words.
- *Surface:* The child can sound out new words, but struggle to recognize common words by sight. Words like weight or debt, that sound different from their spellings, are difficult.
- *Rapid-naming deficit:* Many children with dyslexia have trouble rapidly naming things like letters, numbers and colours when they see them.

Helping the child
- Reading: Read out loud to the child. Allow him or her to read anything and everything. A short passage could be read several times.
- Vocabulary: Ask the child to tell parent/teacher a new word he/she has learned every day. Talk about what it means, look it up in a dictionary, and make up sentences with the word.
- Games: Clap so he/she can hear how many syllables a word contains, break up word sounds and blend them back together, call attention to alliterations in songs, poems, and nursery rhymes. Use computer resources, including apps, digital learning games, and websites with learning games.
- Encourage pre-teaching: Prior to reading a text, relate everything to real experiences. Generalise with visuals, toys, common household items, field trips.

Language Processing Disorder

A specific type of Auditory Processing Disorder (APD) in which there is difficulty attaching meaning to sound groups that form words, sentences and stories. LPD can affect expressive language and/or receptive language.

Characteristics
- Exhibits poor reading comprehension.
- Shows difficulty expressing thoughts in verbal form.
- Has difficulty labelling objects or recognising labels.
- Is often frustrated by having a lot to say and no way to say it.
- Feels that words are right on the tip of the tongue but is unable to articulate them.
- May be depressed or having feelings of sadness.
- Has difficulty understanding jokes.

Expressive Language Disorder

This is generally characterised by a small vocabulary for the age, so asking for things by the correct name is a struggle. There is also a difficulty following the rules of grammar, resulting in an inability to use complex sentences.

Challenges
- A child may use descriptive words that are associated with the item they are trying to identify, but have difficulty naming it.
- Incorrect use of words with similar meanings: 'I need socks *in* my feet' instead of 'I need socks *on* my feet'.
- Difficulty in using creative or original language: talking around or going on and on about a subject.
- Using fillers: using *um* or *you know* excessively to fill in time while they try and come up with the words they want to say.
- Using verbiage: It takes two to four seconds for a child to answer normal questions. This is called *response latency time*. Using 'I forgot' or 'I don't know' often is buying time to frame the sentence.
- Talking to self, rehearsing: repeating information received over and over, to help compensate for poor short-term memory.
- Inconsistencies in learning: needing several different kinds of input in order to receive information and understand it.
- Can identify errors but is not able to fix them: understanding that an error has been made, but

not knowing how to correct it.

- Does not finish sentences or thoughts: conversation may seem disjointed and incomplete, making it difficult to understand their message if the context is not established.
- Social skills difficulties and problematic behaviour: problems with social skills because others do not understand them.
- Age-appropriate IQ but has academic difficulties: as academic demands increase the lack of language processing can affect how much they learn and at what pace.

Helping the child

- Speak slowly and clearly and use simple sentences to convey information and write the main concepts on board.
- Allow use of tape recorder for note-taking.
- Provide individual support persons or peer tutors.
- Use visualisation techniques to enhance listening and comprehension and graphic organisers for note-taking.
- Give simple, direct and individual directions in small chunks, and get the child's attention before giving direction and speak clearly facing the child.
- Allow extra time for processing and understanding information.

- Ask the child to restate what he heard. This allows the speaker to identify errors and help the child correct them.
- Establish predictable routines, both at home and in school.

Other strategies at *Learning Aspiration*

When a child faces any of these challenges, most often, she or he is labelled as lazy and disinterested, even is the child is excellent in some other field. This can result in low self-esteem.

At *Learning Aspiration*, we use strategies that are opportunities for children to work on what is interesting. It could be a game or dance or theatre or art and craft as part of our teaching methods. For example, the life cycle of a butterfly is taught with the help of craft activity. Mughal history is taught through theatre. We use songs and music to teach grammar and puppets for Hindi story-telling. Board games and card games are very popular and have been successfully used. Learning by doing is the base of teaching at *Learning Aspiration*.

These are some of the benefits a child gets with all the performing arts and games and sports. The list of benefit can be endless. And we have seen miraculous changes in the area of academic learning of our students.

We believe children with SLD can lead their lives with excellence, what they need is an appropriate and enriching environment to exercise their strengths to overcome their challenges.

Arpita Yadav is the mother of a young adult with multiple disabilities. She studied Special Education in Delhi and believes in the natural and holistic way of learning where each child can learn as per his or her own abilities and pace. She is the Academic Director, *Learning Aspiration*, a school for children with learning disabilities that aims at providing an enriching environment to students who cannot cope with the mainstream school system. She may be contacted at arpita34@gmail.com

Promoting Inclusion in Early Childhood Education Through Effective Strategies

Aruna Jyothi

We are faced with more change than ever before in education. Classrooms are becoming far more dynamic in nature due to multicultural diversity, student diversity, rapid societal and technological change, high expectations and aspirations of parents, new cognitive research on human learning etc. This would mean, 'more and more, diversity among students in public schools represents the norm rather than the exception.' (Gollnick and Chin, 2009).

Given the diversity of our country in terms of caste, class, creed, religion, gender, differences in spoken languages, fewer students fit the mould of the *typical* or the so-called *normal* student. This would mean that other than the children with special needs (identified as children with hearing impairment, visual impairment, intellectual disabilities, autism, health impairments, learning disabilities), schools are increasingly having children who would need special attention for reasons other than special needs. 'With all these diversities put together one can safely assume for about 20-30 percent of children to have some special need or requirement in a classroom.' (Barr and Parrett,2001, Tom E C Smith, Edward A. Polloway, James R. Patton, Carol A. Dowdy).

What does this mean for a teacher in her classroom? Teachers need to be able to identify such students, understand their backgrounds, and accommodate them, including children with disabilities and decode what services to render, something easier said than done. Having said that, it is possible for many children with disabilities to receive a part of their education from regular subject teachers in general education classrooms, which means the teacher must provide the same experiences for students with special needs alongside the so-called, *normal* children, unless their needs cannot be met in the regular classroom either because of needs being very specific or the disability being severe. Teachers should have explored multiple options by using a variety of materials: visual aids, supplementary materials etc. before taking a decision on teaching the child with disabilities in a different setting outside of the regular classroom.

In India, inclusive education is still developing and presently it is not easy to identify good practices. Despite its diversity, India is yet to progress in accepting cultural, religious, gender and other differences, let alone disabilities that exist. When it comes to schools, it is important that all the stakeholders – parents, teachers and children – develop an attitude of accepting children with different needs.

'Inclusiveness entails the teachers to develop the necessary skills required and learn ways of modifying the materials, be open to trying different methodologies, modify the content and evaluation to suit the requirements of children.' (Tom E C Smith, Edward A. Polloway, James R. Patton, Carol A. Dowdy).

Differentiated instruction is far from being a reality in our schools. One-size-fits-all is the approach that our education system believes in. We pray and hope for the best to happen.

Instead, can we ask ourselves as teachers, *Are we ready to embrace such diversity in our classrooms?*

Being ready

What does it mean to be ready? How to prepare teachers to face such diversity?

Early intervention is similar to early childhood education: sensory processing and stimulation and exercises in cross-hemisphere transfer would take care of and help maintain the speed at which information gets exchanged, a crucial parameter for any action. Therefore, to qualify as a quality programme, some basic age-appropriate practices must be adopted. Early-years programmes have to be developmentally appropriate too. The programme must be interactive-active learning: the planning should meet the needs of children to the extent possible and it should focus on social development. Teachers must coordinate and cooperate with parents/family members. Such practices will benefit children all the way up to grade 2, perhaps even up to grade 5 and, depending on the case, even beyond primary school.

Many teachers practise activity-based learning in which children are given a lot of body movement exercises through games, action songs and rhymes. Activities can become meaningful and purposeful if teachers have set objectives along with some knowledge on handling Children with Special Needs (CWSN). They will then be able to plan and work in a focused manner to address different needs of children.

Some thoughts on ways of going about it

If one is aware of the need for sensory stimulation, especially for children with autism and visual impairment, teachers can plan activities for *vestibular stimulation*. All of our senses work together to give us information about our bodies and our environment. But when something is not working 'right' (whether through vision or hearing loss or neurological disorders), the entire system can malfunction. This explains why children with vision impairment might want to sit and rock, often referred to as a *self-stimulation*. They may be trying to fill in some of that vestibular information their brain is missing out on.

The objectives for some of the activities have been mentioned below are based on the connections I made for myself during my school teaching days. Teachers need to figure out for themselves the association/connections between objectives and activities that could be enjoyed by all the children and meet their needs as well.

1. Vestibular input is incredibly powerful and can have amazing effects. Vestibular processing, arguably more than any other sensory system, is nearly always at work in everything we do and, when used correctly, vestibular activities have the ability to calm and soothe a child as well as improve many aspects of development, like coordination, handwriting, attention and even reading.

Examples

• For the rhyme *Row, row, row your boat gently down the stream*, let children hold each other's hands and move forward and backward as though they are rowing a boat – do it sitting, standing, fast, slow, or make children lie on their backs, ask them to fold and hold on to their knees and go rocking back and forth and side to side.

• Trampoline, spring board, Jumping Jack: Who wants to be a Jumping Jack today? (Be around to prevent children from falling).

• Swinging from side to side: Let children hold hands and swing side to side to the rhyme *Rock-a-bye-baby*.

• Aeroplane: Make them stretch their hands out and go *wheeeee*. Ask them to feel the wind on their face.

• Gentle stretches for neck and back.

(Examples of the popular rhymes above can be replaced by other poems.)

2. Consider exercises related to movement. Teachers give children activities that involve a lot of moving around (kinesthetics) which is required for children. But can there be some activities that would improve the sense of balance? The way one can tell that an arm is raised above or behind even when eyes are closed is an example of proprioception, the ability to sense the orientation of one's body in relation to the environment. It is very important to the brain as it plays a big role in self-regulation, coordination, posture, body awareness, the ability to attend and focus, and speech. Try recalling instances or situations where you do not need to pay attention, on a daily or minute-to-minute basis, to steps while climbing, avoiding something on the path as you walk etc. One can get clumsy and uncoordinated when this sense of balance is dysfunctional.

Some activities to promote balance

• Making children stand on one leg (guess many can do it).

• Do the same with eyes closed (this is something even adults can try). We feel we lack concentration and lose balance. Therefore, many suggest this to improve concentration too.

• Walking backwards with eyes closed/ blindfolded.

Developing cognitive ability, visual perception, auditory skills

On the board write colour names in different colours: red written in blue, blue written in yellow etc. Children should identify the *colour* and not the *word*.

Some may feel that these exercises may confuse children, but the point is not to assess them on reading, but to develop cross-hemisphere wiring, exercises for synchronisation – like using both hands to play the piano. The point is to provide children

with a variety of such stimulation. Going forward, the child will benefit greatly from developed visual perception as it will allow him or her to take notes and, generally, understand study material better.

An effective classroom game that children love and which will improve attention along with listening skills is *Simon says*. The teacher keeps giving instructions to children who, in turn, perform the required action. For example:

Simon says, touch your nose

Simon says, touch your feet

Simon says, hold your thumb and so on.

When the instruction is given without saying Simon says, children should not follow the instruction and not do the action. Children just love such games (I am sure there are variations of it).

Other activities

- Practice making lines. Let children draw large circles in the sand. Use flour, air or finger paint before using a crayon.
- Put matching textures in two separate bags. Ask the children to select a texture from one bag and find the matching texture in the second bag.
- Make children do big steps, little steps, big jump, small jump, walk on a line, skip on one leg, walk on tiptoe, throw, catch, kick a ball, roll a tyre.

Activities to develop self-help skills

Apart from the ones mentioned above, developing self-help skills one of the areas of major support we need to provide for CWSN, though this is equally important for other children as well. Teachers may give simple tasks for children to do, such as:

- Packing their own things
- Staying physically clean, using napkins or kerchiefs
- Knowing to use the bathroom when required
- Performing simple tasks as serving fruit, juice, etc to other children during recess.

The objective of such tasks is to help children become independent, learn to help others and recognise their own needs, thus, paving the way for independent living and self-help in the future.

Activities to improve attention, retain things learnt, eye-hand coordination

Here are a few activities that could help children with these difficulties. Some of these activities may serve more than one purpose. (Just to reiterate, teachers should know the reasons for giving such activities to children and not just because 'that is how it must be taught in younger classes or because this is the idea of activity-based learning').

Improving attention

- Threading a needle (plastic needles are available in sewing kits).
- Picking out straws, like the Jenga game. Drop all the straws vertically into a box and pick one without disturbing the others (whoever picks maximum number wins and feels happy).
- Raising hands only on hearing words beginning with a specific letter.
- The teacher shows colour cards continuously and children keep track of colours shown and tell how many they see of a specific colour, example, Red.

Improving eye-hand coordination, fine muscle development

- Stitching – doing cross stitch on cloth or on chart paper.
- Sorting of beads, seeds, categorising them according to colour, size etc.
- Tracing along the dotted lines or over a picture.
- Cutting along dotted lines, folded lines or a picture.

Improving listening skills

- Listen to the beat/rhythm of claps and repeat.
- Watch the 'Karadi Tales' series (a good source if still available). Currently, people use BookBox videos.
- Listen to a sound/voice and point to the direction it came from.
- Listen blindfolded to the sounds around (or sound produced) and identify them.

Enhancing memory

- Ask children to arrange picture cards in a sequence that will tell a story.
- Recall story in their own words, but in the required sequence.
- Recall the names of classmates.
- Put a few items randomly in a tray ask children to look at them for a minute, then recall as many items as possible.

Labels in image: sailboat, carrot, chili pepper, mop, spatula, nail, needle, flashlight, insect, light bulb, boomerang, worm, tube of toothpaste, fish, snail

Figure ground perception

Children must find the smaller pictures in the larger picture, as in the one given above to help them focus on one specific piece of information in a busy background. Similarly, audio figure ground perception is to help a child pick a sound or voice from a noisy environment. Such exercises will help a child locate specific things from a larger setting. It is good practice for finding information from a book, blackboard, dictionary, track reading in a page/line etc.

The list of such activities is endless. What is important is to have an objective and not just a list. Teachers are no doubt driven by the syllabus/course that is to be completed, but what sets quality teaching apart is the strategy – how children are approached, the content delivered, learning kept flexible to suit children's needs – all of which show their willingness to do that extra bit to bring all the children into the learning space.

Play

Play is another area which provides lots of opportunities for a teacher to observe and understand children. Play is children's natural medium of communication. 'For children to *"play out"* their experiences and feelings is the most natural, dynamic and self-healing process in which they can engage.' When a child is playing, he/she is involved physically, mentally and emotionally. This is the reason that the play area should resemble real-life setting to the extent possible and not have to be directed all the time. It is important to provide them with a variety of materials or kits to help them to play out what they observe or learn from their surroundings – kitchen set, doctor set, carpentry, plumbing, teacher set, etc. 'Play is to the child what verbalisation is to an adult'.

Help children embrace diversity

The point to note is that all these activities are to be conducted for all the children in a class as inclusive practice since they work well for CWSN. Such practices will make children accept each other, embrace diversity and also make them sensitive towards each other.

Teachers should work in collaboration with the special educators wherever possible. In schools

where there are no such specialists, schools can:

- Make teaching-learning materials
- Design child-friendly curricula
- Plan teaching methodologies
- Modify assessments

Teachers should also be equipped with the skills of counselling, orienting parents and the community and sensitising children to accepting differences. Even after the general subject teacher gets trained, a strong support system is required to strengthen the approach or programme. Teachers also have to tune in to recognising, appreciating and acknowledging or even rewarding children for what they know and begin from where the child is, at what stage of learning the child is in.

> 'Children's learning is facilitated most effectively when teaching practices, curricula, and learning environments are strengths based rather than deficit focused and are developmentally, culturally, and linguistically appropriate for each child'. If we look at this statement carefully, we can see how important it is to create developmentally appropriate situations for students of any age.

With a little more awareness now than before, schools and teachers are realising that all children have the right to inclusion and are, therefore, finding ways to include everyone in the activities that constitute daily life. The challenge, still, is to find activities or create spaces that are available to all children and not design any special activities for CWSN, especially in the early years.

'Before children can understand a thing, they need to experience… experiment with real things.'

'Help them get the materials they need and guide their work but do not tell them too much…'

'Later in school, the children will have the theory and the explanations.' (Introduction, *Preparation for Understanding*, UNICEF)

> **In brief**
>
> Activities are to be planned for all the children in a class. Children need to be part of age-appropriate classrooms for learning, singing, dancing, music, games etc. While there has to be an objective for planning an activity, the aim should not be to assess children for their engagement in each of these. The idea is to provide children with plenty of opportunities and allow learning to happen. A keen observer will know if children are meeting the requirements or not, also, if every child's need is met or not.
>
> One needs to be aware of the most important skill or capacity that is to be developed in a child, especially for children with disabilities. For instance, if providing them with the social skills, self-help is the priority, please begin there and let academic learning happen through that. The aim of education should be to make children independent. Children can be main-streamed through various means and not only through academics or subject learning. It is only then that one can claim to have met the needs of every child. No reference to Individualised Education Programme (IEP) has been made because the point is to include everyone.

I am sure many modern versions of the games mentioned are available now. The materials mentioned are from what was used and from personal experience.

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Sexuality and Sexual Health Education in Children with Disabilities

Dr Gifty Joel

Sexuality is a core aspect of being human involving various physical, cognitive, emotional and social aspects. Children with disabilities are sexual beings too. They experience sexual development and changes as they grow and have sexual feelings, desires and needs just like their non-disabled peers. Unfortunately, their sexuality is often not accepted or addressed, because of which many do not receive sexual health education either at home or in school. They lack the knowledge required to develop a healthy sexual identity, thereby increasing their vulnerability to experience negative sexual outcomes. Research consistently shows that individuals with disabilities are at greater risk of sexual abuse, exploitation, unwanted pregnancies and sexually transmitted diseases.

As a researcher, I have worked in the area of sexual health education with several parents and teachers of children with special needs, particularly those with autism. Though it has been challenging at times, it has also been very fulfilling to address a topic that is still considered taboo in many respects.

Sexuality

Sexuality encompasses nearly every aspect of one's being, be it attitudes, values, feelings or experiences. It is not just about the physiological aspects of sexual development or the physical aspects of sex, it is more about how individuals experience and express themselves sexually. It reflects in the choices that individuals make, such as what they choose to wear, how they interact with others, what activities they choose to engage in, who they are attracted to and how they show their affection and intimacy. Sexuality is a core part of the human experience from birth through adulthood. It is influenced by one's upbringing, experiences, values, spirituality and culture.

Sexuality in typical children

In order to understand sexuality in children with disabilities, it is essential to understand sexuality in children without disabilities. During the early years of life, children develop an emotional and physical foundation for sexuality in subtle ways through daily life activities, such as being fed, held, cuddled, bathed and changed. They may learn about their bodies as they touch themselves or see themselves in the mirror. By age three, most children develop an awareness of gender. They can identify themselves and others as being male or female and associate certain behaviours as being more male or female, thereby gaining an understanding of gender roles.

During the preschool years, children are very curious about everything around them. They ask endless questions and may find simple answers to questions such as, 'Where do babies come from?' or 'Why are girls different from boys?' or 'Why don't girls have penises?'. Additionally, their own social interactions with peers, playing *doctor* or *mummy-daddy* helps them gain a better understanding of sexuality. In late childhood, children are less interested in matters related to sex and prefer to play with peers of the same sex. However, even though this period is often referred to as the latent period in the sexual development of children, they are exposed to bad language, dirty jokes and some information about sex from their peers or siblings.

By the end of late childhood, most children begin to develop the tell-tale signs of approaching puberty, such as growth of pubic hair, changes in height, weight and body structure, appearance of acne and facial hair, etc. These are soon followed by menstruation in girls and nocturnal emission in boys. This is a very confusing and turbulent time for most young teens as they experience changes in their mood along with changes in their bodies. They actively pursue knowing more about sex from various sources that they are comfortable with, such as friends, books and electronic media. As a part of adolescent development, they want to establish their own identity and distance themselves from their parents. They spend more time with peers and are often attracted to those of the opposite sex. They seek privacy and may spend long hours grooming themselves. Due to hormonal changes and development of secondary sexual characteristics they experience sexual urges and arousal. While exploring their growing bodies

they are likely to find self-stimulation of their genitals very pleasurable and satisfying. Some may seek a girlfriend or boyfriend to experience sexual relations with a partner.

Sexuality in children with disabilities

Sexual maturation

Children with disabilities undergo the physical aspects of sexual development in the same way as their non-disabled peers. Their bodies grow and change as they attain sexual maturation. However, some children with disabilities begin puberty earlier and complete puberty later than their typically developing peers. As with other developmental aspects, they may just take a little longer to catch up with their peers. Puberty is as confusing, if not more, than it is for the rest.

Parents tend to worry about menstruation in girls and often see it as a burden to both themselves and their child. But research shows that girls with disabilities accept menstruation in a very matter-of-fact manner. They may need extra help managing their personal hygiene and self-care. The key to making them feel at ease with the changes in their bodies is to provide education, deliberate practical training, various skill-building opportunities and reinforcements to promote independence in self-care activities.

Sexuality and social development

Social development is largely experiential and children with disabilities lose out on it greatly. Due to their limitations, they may have far fewer opportunities for social interaction than their typically developing peers, which can hinder crucial learning experiences that all children ought to experience. They may not have picked up cues from their environment about the subtle social rules that govern the expression of sexuality. They do not get to learn about sex and sexuality from peers and friends, therefore, they know less. This often results in them being somewhat awkward.

Again, their expression of sexuality is considered inappropriate and problematic to others around them because their errors in social judgment can interfere with their ability to assess whether they should perform certain behaviours in public or private places. Therefore, instead of the feelings of pleasure and fulfilment that come with expressing one's sexuality in a healthy manner, children and youth with disabilities are often chided and made to feel ashamed of their inappropriate socio-sexual behaviours.

Sexual behaviours

When adolescents with disabilities begin to feel or respond to hormonal changes and sexual feelings, parents and professionals are often disturbed, confused and even offended by the emerging behaviour. Masturbation is a normal behaviour through which most adolescents learn about their own sexual functioning and in which most non-disabled children typically engage in varying degrees through childhood and adolescence. It goes unnoticed because they learn to effectively hide it from others. They are quick to learn which behaviours are acceptable based on the reactions of the adults around them and over time, expressions of sexual behaviours change to being more covert. But children with disabilities need to be taught to do, or not do, certain things in public. This is one of the reasons we see more sexual behaviour among those with disabilities.

Privacy

Caregivers can sometimes be over-protective and may tend to infantilise children with disabilities; children who have long-term needs for assistance with self-care activities, such as going to the toilet, bathing, and dressing. Out of concern, they may always be around the child, supervising his/her activities resulting in the child never getting personal time or privacy. A boy with cerebral palsy with accompanying speech problems once texted me that he was frustrated with his mother being around him all the time. The only time he got for himself is when his mother went to the bathroom because she was there to assist him even when he went to the toilet.

Parents must be encouraged to give their growing children some privacy each day, because it is a developmental need especially during adolescence. Giving them privacy on a regular basis will enable them to explore their sexuality in safety and reduce the incidence of inappropriate behaviours in public. If parents cannot provide the child with a separate room, the bed can be curtained off. It is important for parents to take measures to establish comfortable responses to the needs of their children with disabilities so that they achieve greater maturity and independence in the future.

Sexual expression in daily life

Even young children assert themselves and make small decisions in their daily lives, such as what they want to wear or how they want to style their hair. Children with disabilities are often denied freedom to make the very same choices, as caregivers do most of it. Most adolescent girls with disabilities are made to wear their hair short for reasons convenient to caregivers, such as easy maintenance or because it will make them less attractive. They hope that such measures will save their children from any unwanted attention and potential abuse. Children with disabilities are often plainly dressed because caregivers assume it does not matter to them.

But we must remember that the presence of a disability itself affects the development of a healthy sexual identity, confidence, desire, function, and even their ability to find a partner in the future if they so desire. Children and adolescents with disabilities must be taught as much as possible to make decisions for themselves about the things that concern them. Parents, caregivers, and professionals must work towards empowering and not curtailing the rights of children with disabilities.

Sexual abuse

Several studies have reported that children with disabilities are more than twice as likely to be sexually abused than children without disabilities. This could be explained by some of the following reasons.

- Their daily dependence on others for intimate care makes them lose a sense of ownership over their own bodies. Caregivers routinely feel free to touch them in very intimate ways without asking their permission or giving them any control and often do not think about their feelings of modesty and dignity. Unfortunately, this makes it difficult for children to recognise abuse when someone is taking advantage of them.

- They are exposed to many caregivers in many settings, which means many people touch them in different ways for many reasons.

- Their inappropriate social skills and poor judgment may sometimes lead them to situations where they are exploited. Parents and caregivers may react to the fears of sexual abuse by protecting them from unsupervised social contacts, thereby inadvertently denying them critical opportunities to develop social skills and appropriate personal boundaries.

- They may be unable to seek help or report abuse because of their disability. Often children do not report abuse because they simply do not know what to say.

- They lack strategies to defend themselves against abuse.

- Children with disabilities are taught to comply from a very young age. They get accustomed to doing what they are asked to do and they are never taught to say *no*.

These reasons bring to light certain things that caregivers need to learn, as well as unlearn, for the benefit of their children. Depending on the degree of their disability, children can learn to protect the privacy of their own bodies assertively and to recognize and report violations to trusted adults. They can learn only when they are intentionally taught. The United Nations Convention on the *Rights of the Child* has stated that *all* children are entitled to accessible and appropriate education, guidance, support, and play opportunities. They have the right to be heard, respected and protected from exploitation and abuse.

Sexual health education

The important stakeholders in the lives of children with disabilities are parents and educators. Parents stand at an advantageous position to teach their child about sexuality, but they often feel so overwhelmed by other aspects of the child's disability that they may lack knowledge and skills to teach their child appropriately and feel awkward discussing sexuality with their child. They, in turn, often look to teachers to help. Hence, teachers and schools, in general, need to be well-equipped to take up the task of teaching sexual health education. It is specified in UNESCO's *Strategy on Education for Health and Wellbeing* that good quality school-based comprehensive sexuality education is essential as it increases correct knowledge, promotes positive attitudes and values and develops skills to make informed choices. Comprehensive sexuality education is defined as 'an age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, non-judgmental information'.

Teaching sexual health education requires educators to step out of their comfort zones and prepare to overcome any hindrances or discomfort in having open and detailed discussions on sexuality. It may be easier to provide a textbook education of the biology of sexual organs, pregnancy or childbirth,

but unfortunately many times it is not understood by those with disabilities. They need the same education about sexuality as their peers, but often the education must be modified to allow the information to be presented in such a way that they can benefit from it despite their limitations. An appropriate sexual health education programme for children with disabilities should include these topics: body parts, pubertal changes, personal care and hygiene, medical examinations, social skills, sexual expression, abuse prevention skills, and the rights and responsibilities of sexual behaviour.

Just as regular classroom teaching is modified to suit the individual needs of children with disabilities, the regular sexual health education curriculum could be modified for children with disabilities by simplifying information, using special teaching materials, such as illustrations, puppets, stories, anatomically correct dolls and frequent reviewing of what has been taught. When teachers plan Individualised Education Plans (IEPs), they could include age and need appropriate sexuality education for children with disabilities. A basic tip to make sexual health education more meaningful to the learners is to begin early. Children should be taught names of all the parts of the body, even the parts that we tend to omit, such as penis, breast, etc. Knowing the names of body parts is foundational to further learning about sexuality.

Additionally, in our society, the approach to providing sexual health education must change from being *reactive* to being *proactive*. Most parents and educators address sexual health only when the child's behaviour becomes problematic or when the child does something inappropriate. Parents and educators tend to talk about sexual health more to girls because menstruation is a more apparent event in a child's life. On the other hand, boys are often not taught about sexual health: they are expected to find out for themselves from various sources. However, in the disabled population, deliberate instruction on sexual health must be provided proactively to improve health and empower youngsters. It should not merely be a measure of rectification when something goes wrong.

Conclusion

Children with disabilities are no different from children without disabilities when it comes to sexuality. They just need extra help, support and education to deal with this rather complex aspect of their lives. The presence of a disability does not override the rights of children and adolescents to express their sexuality, to be treated with dignity or to have access to appropriate sexual health education. Parents, caregivers and educators need to increase their awareness on matters related to the sexual health of the disabled. We need to work together to promote their overall wellbeing. I believe that educators can make a difference in the lives of these children. I strongly encourage professionals and family members to gain more knowledge about this topic and also find time to share their knowledge with others.

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Total Acceptance

Kamala Mukunda

I will begin this article by stating an obvious fact about ourselves: we are constantly concerned about whether we are acceptable to others or not. The word *acceptable* is actually a bit weak—what we want is to be loved, adored, admired… And the fact of this constant and humming need hits us very hard when we suspect or realise that our peers do not accept us the way we are, faults and all.

In the same way, children's inner lives are not free of this need for unconditional acceptance from quite an early age. They want it most keenly from their peers, yet these same peers are very prone to making alliances that are inclusive and exclusive at the same time, creating *us-and-them* groups. The lines and divisions tend to shift around considerably, making children feel left-out now and then. In one way, this is good, though it also creates a constant sense of insecurity among them. The exception, however, is the child who stands out in class as being *different* and who can become a more lasting target of ostracism.

Who is *different* in class?

Any child can be different if he or she is unable to conform to certain standards, some undefined culture, some unspoken norms. So, it could be the child whose reading or arithmetic skills are significantly below par for the class, or the child who has difficulty managing her attention and behaviour in and out of the classroom. It could be the child who has a physical difficulty of any sort, or the child who engages in *stimming* (a repetitive behaviour that children on the autism spectrum sometimes display as a coping mechanism). Whatever the cause, children in these situations suffer doubly. They have a primary difficulty and are keenly aware that for the other children, things just seem to be easier. But instead of acceptance and affection from peers, they face rejection, ridicule and isolation. It does not seem to matter whether these are gross or subtle – it hurts just as much to be called a name or excluded from a whispered exchange as it is to be hit.

Given that children are too young to be talked out of such reactions, it has been of interest to me and my colleagues to see what kind of school culture can lead to a total acceptance of everyone, no matter what their difficulties are. We are interested in moving away from a model where the so-called *normal* students are encouraged to accept those who are *different*. Total acceptance could be a very different thing and such a culture would emphasise the essential *same-ness* of all human experience, show that respect does not have to be earned or deserved and even question the deep assumption that each of us is something more than our habits, memories, and attitudes.

Same-ness

Psychological research has shown that even infants have a tendency to prefer those who are like them in some way. Researchers show a baby with two puppets who either like or dislike her own favourite food item. The baby prefers to play with the puppet that shares her likes and is even in favour of the other puppet being punished in some way![i] Studies like this with numerous babies have established that we are born with a strong urge to make *us-and-them* divisions on rather flimsy bases. One clue from this research is that when one emphasises *similarities*, rather than *differences*, it is easier for children to feel empathy, affection and companionship with each other.

Where are our similarities most evident? In all the areas that most schooling is designed to carefully steer clear of! Social interaction and emotional expression are all very much present in any school environment, but adults rarely make these the focus of an education. What if social interaction and emotional expression were at the *heart* of education? It would soon become clear to the children that everyone has their moods, their tangled relationships, their challenges and limits, their love of play and a silly joke and so on.

Everyone needs sympathy and help at some time or other, not only the child with a learning difficulty. In fact, our feelings unite us *all*, adult and child alike, because all of us have our ups and downs;

all of us have our difficulties. Also, when a school is about much more than academic subjects, there is no reason to single out the child who needs more one-on-one reading time in particular. Another child demands teacher attention on the games field, another needs extra assistance in the pottery class and yet another needs a great deal of help in finishing his lunch! In this way, the *same-ness* becomes apparent without us having to articulate it in clichés like, 'We all have our strengths and weaknesses.'

Respect and affection

A hundred years ago, the writer Max Ehrmann wrote *Desiderata*, a beautiful prose poem, from which one line has always stayed with me: *You are a child of the universe no less than the trees and the stars; you have a right to be here*. Something about this simple statement has helped me tremendously as a teacher. Indian society has become so merit-obsessed and we are so sold on respect and admiration that must be earned or deserved in some demonstrable way.

In contrast, let me paint a picture of an ideal school culture, where the adults' respect and affection are automatically given to all children, irrespective of their differences. I am not talking about praise or even appreciation. *Respect* takes the form of listening, taking what a child says with the right amount of seriousness, not talking-down to the child and so on. Of course, none of this needs to stop the adults from making strong demands of the children and challenging their behaviour. In such a school, would children pick up the culture without any deliberate instruction? This would help to create a wider atmosphere of acceptance.

It sounds idyllic! I can say from experience that although it is possible to create such a culture among the adults in a school, the children do not unfailingly follow suit. Sometimes, the temptation to feel superior by putting down a peer is too strong, and there is a repetitive quality to this behaviour—the same targets, the same culprits. Yet what is of value is the strong and continual message from the adults that everyone is a 'child of the universe', needing no justification or reason to be accepted by each other. In such an environment, a child with a learning difficulty can feel secure in the love and regard of his or her teachers. The child may, however, still feel inadequate through comparison with peers.

What is the way out? We have regular dialogue with students and teachers about the destructive nature of comparison, and how we all suffer when we compare ourselves with another and feel either inferior or superior. Even though we know that comparison is futile, however, we still indulge in it from time to time. But as children grow older, there is a definite impact of this culture on them. I believe, they genuinely do not think that a person's worth is measured by what they can or cannot do. Their relationships with each other are warm and complex and their abilities or disabilities are completely irrelevant to their sense of bonding.

Spinning stories of self

It is tempting to complete the phrase *total acceptance* with the phrase *of who you are*. That is, we also crave acceptance of a personal nature, our stories of who we are, our particular likes and dislikes: in short, of our selves. But I feel that as long as I hold on to pictures of who I am, it is easy to hurt me. Yes, a child may want to replace the picture 'I am bad at writing' with 'I am good at football'. But any picture or self-description is a straw person, vulnerable to being knocked over. One attempt we make at our school is to watch this need to describe ourselves, tell stories about who we are and want to be. Spinning these stories creates a self that must be protected against insult and, conversely, be propped up by praise. These are illusory movements, we see, although we are in the habit of responding to life by doing exactly this all the time.

Everyone says that the greatest psychological challenge faced by children with learning difficulties is that they suffer low self-esteem. Only a world that values high self-esteem will make a problem called 'low self-esteem'. There is no doubt that having a learning difficulty is a challenge in today's educational scenario, but it need not become a *problem*. Add a self that is vulnerable to psychological hurt and you have created the problem: you are stuck in a position of offering comfort, false praise, searching for something that compensates the child emotionally. I remember one of our students sharing years after graduating that he had felt uncomfortable with praise for his reading, which he knew he did with difficulty and not very well. It felt patronising, he told us. What was the urge, the need in us, to praise him? Some need to prop up a strong sense of self? When this need to prop up person-hood is not there, everyone is more relaxed.

A great deal of research is going into how we can support the learning of children with various kinds of difficulties and, hopefully, over the next decade or so, all this will bear fruit in our classrooms. It is going to be as important to address the psychological side, the feelings of difference that arise in everyone's minds. While counselling and therapy can address feelings of inadequacy in the individual child, the effects are somewhat limited, I feel. Why not look at psychological well-being as residing in the class or school as a whole? Resilience, as a property of an environment, a community, rather than of an individual, is more holistic, more compassionate. No amount of individualised counselling and therapy can bring about a shift in the culture of a school, and this is where I believe we should put our energy. I hope that some of the ideas I have outlined in this article will help educators in their journey to create a school culture of total acceptance.

[i] For more such fascinating studies, see https://www.youtube.com/watch?v=FRvVFW85IcU

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They Have No Ill-will…
Bringing up a son with autism

Godavari Verma

Gaurav was born on September 29, 2010, in a hospital in Bhopal through a surgical procedure. At the time of birth, he weighed about 1.8 kg. and so was kept in an incubator for one week. From birth, Gaurav had jaundice. In spite of taking him out in the morning sunlight, he was not cured. So, we took him to the doctor and he was admitted to the hospital. Many tests were carried out, but the doctor was unable to find the cause for his jaundice. Finally, the doctor got the HIDA scan[i] test done in a cancer hospital and Gaurav was diagnosed with Biliary atresia[ii] which has an incidence of one in 1,00,000.

The doctor told us that Gaurav needed to be operated upon within 60 days of his birth. Accordingly, he was operated, and the doctor told us that the operation was successful. Gaurav started recovering slowly and was discharged from the hospital after four months. His medication continued for the next eight months, approximately and then, he was completely cured of Biliary atresia.

Time passed slowly. Gaurav was two years old, but he had not started speaking. He would not even try to speak. He would go to all family members but not to strangers. He was afraid of any sound made by train, auto or machines. He was not very fond of toys and would not play with them much. He liked round objects a lot and would move his hands in circles. But we were not able to find out why he did that. Time went by and Gaurav turned three. We thought that when we admit Gaurav to school, he would start speaking in the company of other children. We got him admitted to a private school. But even after three months of attending school, there was no change of any kind in Gaurav.

We, then, took Gaurav to *Samarpan* institute and came to know that Gaurav has autism. We did not know what it meant. At *Samarpan*, we were told about *Arushi* – an organisation where children with such difficulties are trained through therapies, special education and other methods.

Gaurav started going to *Arushi* when he was almost four years old. After which there was a gradual improvement in his condition. With the help of speech therapy, he started speaking a little. Earlier, he was not able to understand anything but gradually, this improved. Gaurav was not able to express the problems he faced in school. He continued going to *Arushi* and his school. He slowly learnt to read and write Hindi and English.

At *Arushi*, they advised us to admit Gaurav to the Kendriya Vidyalaya. At present, he goes to *Arushi* and Kendriya Vidyalaya, both. His special education training continues at *Arushi*. Gaurav is in grade 2. I have to take more care of him compared to the other children because even today, he is unable to look after himself fully. Since his birth to this day, I have had to attend to him to a great extent because even today he is not able to make out what is good for him and what can cause harm to him. He displays many forms of repetitive behaviour if he is not attended to. He has to be told again and again to eat his food or to read and write.

Gaurav is now nine. Since his birth, I have not left him alone. I am doing everything possible to make Gaurav alright. Though he can do quite a lot of things on his own, he still depends on me for many things. I can see a lot of change in him though he needs to learn a lot more.

All our family members know about Gaurav being autistic and their behaviour towards him is absolutely normal. There is a lack of awareness about autism in our society. I would like to tell parents and teachers that these children want you to behave with them the way you behave with any other 'normal' child. They do not need your sympathy or pity. They only want your love and normal behaviour. They do

not expect anything from you. Gaurav and all the children, like him, want society to give them equal rights. Society should not look at them as inferior. They may lack certain things, but they do not have any trickery or ill-will.

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i HIDA scan is a hepatobiliary iminodiacetic acid (HIDA) scan; an imaging procedure used to diagnose problems of the liver, gallbladder and bile ducts. (mayoclinic.org)

ii Biliary atresia is a rare gastrointestinal disorder characterized by destruction or absence of all or a portion of the bile duct that lies outside the liver. (rarediseases.com)

Godavari Verma
Mother of Gaurav Verma

Teacher's Role in Early Identification of Developmental Delays

Kinnari Pandya

Case 1

Rama*, two and a half-years-old, is the second of three siblings. Her parents cultivate vegetables on a farm on the outskirts of Bengaluru. A neighbourhood alternative school enrolled her and her elder sister in school. Her parents had begun to realize that there was some kind of hearing loss Rama was experiencing. However, their hope to see her develop as all other children led them to believe that she was one of those who would develop oral language a little later than usual. Rama's family represents a culture where there is little or no conversation among adults and children. Conversations, if at all, are more functional in nature.

As she started going to school, the teachers realized that Rama did not respond to sounds – near or far. She would typically have a blank expression on her face. With observations and preliminary investigations, the teachers realized Rama had 'total hearing loss'. It wasn't surprising then that she hardly spoke or responded.

With the help of doctors in the parent community, the teachers figured out that a cochlear implant could help restore partial hearing, and she would be able to eventually speak. Her parents, given their economic background, could not afford the implant. Through the teacher groups proactive engagement, social media networks and crowd-sourcing, they managed to raise Rs 6 Lakh for the implant.

Today, after a year of the implantation, Rama can respond to her name, echoes a few words and has begun to make more meaning of the environment around her. Her teachers suggest that speech therapy routines have enabled her to speak sounds with clarity, but their challenge is to continue these rigorous efforts and provide consistently rich verbal language exposure to her at home as well.

Case 2

Now about 24 years old, Asha* was the eldest of four siblings in a farmer family residing in a village on the outskirts of Vadodara city. She was 9 when I first saw her in 2004. She was referred to as 'pagal' (mentally retarded) by her family; lying in a cradle, barely about one and a half feet tall, surviving on a diet of about half a chapati a day, with protruding tongue, house-flies all around her... She could make sounds, recognize people, was well aware of her surroundings and happenings, but could hardly do any physical activity.

Studying about the work of Social Defence Department and other welfare services for children and poor, I could persuade her grandmother to take her to the Social Defence Office to get a compensation of Rs 200/- month. She was required to get a doctor's certificate for receiving the compensation for significant disability. The visit to the psychiatrists and later, a paediatrician, at a general hospital for this certificate, purely by chance, gave a completely new life to Asha. She was diagnosed with an extreme case of Cretinism, 'a congenital iodine deficiency syndrome, a condition of severely stunted physical and mental growth owing to untreated congenital deficiency of thyroid hormone, (congenital hypothyroidism) usually owing to maternal hypothyroidism.'[1]

Her case became a revelation and the cause of study for the local medical college. To cut a long story short, a treatment of about 10 mg of thyroid tablet brought significant changes in her metabolism, appetite and growth patterns. Asha grew tall, started walking, developed language, and gradually, became independent enough to take care of herself. At the age of 13, she began going to the Anganwadi Centre (AWC) with her 4-year-old brother. She has now perhaps completed schooling and become independent as an adult.

For 11 years, Asha was deprived of basic healthcare, nutrition, and stimulation for sheer lack of 'identification' of cases like hers. This despite the presence of a school, an anganwadi centre and a village health centre in the vicinity. Of course, to me, the key thing then was that she had survived! Surely, Asha's case is just one amongst many.

Asha's case, although over a decade old, continues to make me wonder about several aspects in a

child's ecosystem that impact the development of a healthy child. The significant people in Asha's immediate micro-environment – grandmother, parents and community – enabled her to survive, provided the care that they could, and upon knowing the possibility of a cure, proactively sought guidance from health professionals, ensured she goes to AWC and school and is socially trained to manage her life independently.

Both the above cases reflect the significant role that a child's immediate environment plays in ensuring a healthy childhood. Parents and teachers have the foremost responsibility of helping children's optimal growth and development.

Teachers across age-grades, especially in the early childhood years, have a critical role to play in ensuring children's overall health and well-being. Education for children in the early years is about holistic development. While each child develops at a unique pace and has individual differences, it is critical to observe, report and seek expert advice for timely intervention in the case of developmental delays or atypical behaviour across domains of development.

Steps a sensitive, reflective and inclusive teacher could take

Know your students

After home, it is the school where children spend their maximum time. As a teacher, it is critical to know each child's background and medical history to understand if the child has had an intensive illness(es), conditions since birth, and the frequent happenings in the child's life outside school. As a teacher of young children, it also becomes critical to have information about the child's family background, parent's occupation, the time and nature of their engagement with children at home, the child's routine after school and so on. While this might appear to be a challenging task with 30-40 children in each class, this information about the child and the child's family will help the teacher put the child's day-to-day behaviour and progress into perspective. A medical history will help the teacher to know any atypical signs that need attention.

Observe

As a teacher, observing every child through different activities conducted in class is a critical practice in the teaching-learning process. During observation, apart from the ability to respond to the specific 'content' being taught and scholastic ability, a child's mood; ability to concentrate on

various activities, follow instructions, socialize and make eye-contact, manage temper, involuntary movements, comprehend with a few iterations, perceive spatial aspects, language and reasoning, to name a few, become critical indicators of the child's overall development.

Gain insight into development patterns

A teacher with her immense experience of working with children and knowledge of education theories would have a fair understanding of the development patterns of children of different age-groups – at least in those classes that she has taught for a couple of years. This understanding of the developmental progression and ability of children to perform different tasks – physical, conceptual and social engagement – would enable a teacher to understand any deviations, both positive and advanced development, or delays that may be peculiar in any child's development. This nuanced understanding of a child's individual development is important for a teacher to notice any consistent atypical patterns in a child.

Document

The next critical step to observation is documenting children's work in school. For instance, anecdotal records are considered a useful way of documenting specific aspects that the teacher observes in a child in routine. Regular notes of teacher's daily observation or unique occurrences may point to the child's problems, for example, a child consistently not making eye contact, repeated involuntary movements or written text may show patterns of a child's dyslexia. Other forms of documentation, such as developmental checklists, a portfolio that captures each child's work, are also useful evidence to see patterns in a child's growth and development.

Share and partner

An individual teacher's observation is an important starting point to recognize a child's abilities across the development spectrum. There is always a possibility that what one teacher observes is unique to that particular context and not a consistent pattern the child displays. Sharing observations about children – specific aspects noticed; concerns or positives – with the larger teacher group would help substantiate the observed behaviour in other contexts. A collective understanding of a child's response to an event, or patterns across domains of development will enable the teacher group at several levels:

- To make an accurate judgement of the child's condition (whether it is a temporary phenomenon or something that needs critical attention).

- To collaborate to help the child at their own level, for instance, academic help, listening to the child, planning individualised programmes and distinct pedagogic approach.

- To discuss with the parents any consistent patterns at home.

- To decide the next steps, if and where required.

Any work in the context of disability ought to be a collective effort. Parents and teachers at their individual levels are likely to be ineffective beyond a certain point. Upon identification of a concerning aspect in a child, a partnership between parents and teachers to work together in helping the child becomes critical. Further, this partnership would need to extend to other professionals who participate in the treatment and therapy for the child, such as paediatricians, physiotherapists, speech and occupational therapists, vocational educators for older children, and so on. Rama's case is a good example of a teacher group's collective efforts – right from identifying the problem, and partnership with all concerned – to help her with loss of hearing.

Network and refer

Referrals are key to addressing a disability or related concerns. Teachers, as one of the closest observers of children, are also a key influence on parents. Teachers and schools ought to have a network of professionals who can be reached out to in case of a child needing help. This network also helps teachers and families avail of any specific benefits and provisions that are available to children with different disabilities. If at all, Asha was identified by a teacher of the local school, the AWC worker, or a healthcare professional, she would not have lost precious eleven years of her life lying in a cradle.

In the case of Rama, all of the above aspects have played a role in her ability to gain speech and language, understand and engage with the world around her, and opened up the possibility of her being independent and a contributing member of the society going forward.

In a class of 40 children, perhaps only one (or none) of the students may have one or the other form of a delay, but it is of utmost importance that even that one child gets the required attention, at the right time, and the family get necessary guidance to help the child.

As teachers, we hold the responsibility of building futures and every child and her development and progress accounts for this. While in our context, classes with high pupil-teacher ratio, individualised attention and care may seem challenging, it is not impossible. An observant, reflective and proactive teacher, with support from the school, can do wonders to a child's life by providing timely intervention. All Ramas and Ashas can be helped – provided there is a collective will of all in her environment, and we together ought to create that environment.

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i https://www.merriam-webster.com/dictionary/cretinism Retrieved 4 November 2019.

* Names have been changed to protect identity.

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A Life of Dignity For All
The Journey of Shishu Sarothi

Mamta Ghosh and Neha Das

Persons with disabilities (PwDs) account for 15 percent of the total world population, of which 80 percent live in developing countries. According to Census 2011, 2.21 percent are living with one or more form of disabilities in India. This group of people remains the most marginalized and vulnerable in society. The reasons are inaccessible environment, discriminatory practices and non-inclusion in society.

Shishu Sarothi Centre for Training & Rehabilitation of Persons with Multiple Disability located in Guwahati has been working with children and persons with disabilities since 1987. Starting modestly with two children in a one-room setting, in its early days, the organisation was a centre primarily addressing the needs of children with Cerebral Palsy (CP). However, over the last three decades, it has grown into a leading regional level institution, working to enable and empower children and persons with disabilities for their full and effective participation in an inclusive society that respects their inherent dignity and autonomy.

The vision is to create an inclusive world where PwDs – children, women and men – live on equal terms with respect and dignity, enjoy their rights and fundamental freedoms and are valued as a part of human diversity and humanity. A dedicated team of professionals works towards the realisation of this vision by upholding and advocating the rights of children and persons with disabilities, ensuring equal opportunities, promoting their inclusion and full participation in a non-discriminating, barrier-free society.

The uniqueness and sustainability of our model lies in the multi-faceted work ranging from early intervention for very young children to special education provided for children and young adults with disabilities between the ages of three and eighteen. There are also services provided to children with different disabilities, such as intellectual disability, deaf-blindness and multi-sensory impairment and children and young adults with high-support needs through a rights-based framework. We work through the twin-track approach of service delivery as well as rights-based advocacy. The major thematic areas include education, health, advocacy and research.

Inclusive Education

In order to align the need of education for children with disabilities with the Right to Free and Compulsory Education Act (RTE) 2009, as well as the Rights of Persons with Disabilities Act (RPWD) 2016, our work in the area of education involves the promotion of inclusive education through several centres and units which include the following.

Centre for Inclusive and Vocational Education (CIVE)

This unit provides all-round educational and therapeutic inputs for children with developmental disabilities, including a Reverse Inclusion Playgroup, an equipped Information and Communication Technology (ICT) Lab, a school readiness programme for children with autism spectrum disorder and other Pervasive Developmental Disorders. At the centre, a diverse team of special educators, therapists, counsellors and social workers work together to achieve the goal of Inclusive Education. There are several units under the Centre for Inclusive and Vocational Education (CIVE).

Playgroup Unit is a *Reverse Inclusive Class* in which both children with and without disabilities learn together. The main emphasis on learning is given through developmentally-appropriate and child-centred methods which provide opportunities for all-round development.

Functional Academic Unit focuses on developing functional literacy and numeracy skills to support children in carrying out their daily living activities smoothly and lead an independent life with minimum support.

Functional Unit focuses on developing prevocational skills, life skills and also work-related behaviour so that students can make a smooth transition towards vocational training.

Special Teaching Unit caters to children with High Support Needs in the younger age group to create awareness of self and environment and

development of perceptual skills through multi-sensory approaches.

Leisure Learning Unit comprises children who, again, have High Support Needs and require greater support. The students in this unit need extensive support across all domains of development and are helped to develop basic skills for everyday living in order for them to lead life with dignity, self-respect self-confidence and acceptance.

Vocational Unit trains young adults with disability in various vocational courses to empower and equip them with skills for employability in the long run.

Physical Rehabilitation Unit provides therapeutic services. Students avail of physiotherapy and speech therapy from trained professionals for a minimum of two days in a week to achieve physical and developmental milestones on a need-based approach through short- and long-term goals.

ICT Lab (Information, Communication and Technology) has at its core the objective of assisting persons with disability to become computer literate. Special assistive devices and software according to individual needs assist students in learning basic computer skills.

The organisation has adopted a multi-faceted approach towards the promotion of inclusive education. Reverse Inclusion was initiated in 2016. A typical preschool curriculum is followed in which Special Educators and Montessori-trained teachers collaborate to ensure that all children are learning to the best of their abilities. The organic manner in which children with and without disabilities interact with one another is a delight to see.

Over the years, many children have been mainstreamed to regular schools. Teachers from *Shishu Sarothi* continue to support teachers in these schools and follow-up on the progress made by the children. Pre-enrolment sensitisation and orientation programmes for mainstream schools are organised for regular schools embarking upon the journey towards inclusion.

In September 2018, the Government of Assam and the National AYUSH Mission under the Ministry of Health and Family Welfare launched the Jivadhara Scheme, a pilot scheme aimed at introducing yoga for children with disabilities in the district of Kamrup, Assam, in association with *Shishu Sarothi*. This new initiative has been very effective as it complements other therapies already underway at the Centre and uses techniques of chanting, *pranayama* (breathing exercises), warm-up exercises, and *asanas* along with child-friendly activities to promote mindfulness. The yoga sessions are held for an hour each week. There are regular meetings which are conducted with parents to introduce them to the idea of yoga and its benefits for children with disabilities. Interestingly, most parents attend these yoga sessions along with their children.

RAISE-NE (Regional Action on Inclusive Education in the North East)

The RAISE-NE (Regional Action on Inclusive Education in the North East) project was initiated in 2016 to complement the programme of *Sarva Siksha Abhiyan* (SSA) on inclusive education to improve the quality of education for children with disabilities in government/government-aided schools in selected districts of Assam, Manipur, Meghalaya, Nagaland and Tripura. *Shishu Sarothi* is currently working with five SSA schools in the district of Kamrup (Metropolitan) and is set to expand services in another district. The main goal of the programme is to promote and advocate quality inclusive education through capacity building, sensitisation, training of teachers on curriculum adaptation, universal design for learning and alternative assessment methodologies.

Sparsh Unit

This unit provides comprehensive need-based services to persons with deaf-blindness (Db), a unique disability which is a combination of visual and hearing impairment and Multi-Sensory Impairment (MSI) that occurs in people between the age of 0 and 40 years. The programme was initiated in 2015 in two districts of Assam, focusing mostly on rural areas with support from Sense International India and provides home-based services which include counselling, educational facilities with parent-training and distribution of assistive devices, such as hearing aids and Braille kits.

Human Resource Development Department

This HRD conducts Rehabilitation Council of India (RCI)-approved training programmes to create a cadre of trained rehabilitation professionals. The department started by providing short-term training for parents for the management of children with cerebral palsy. From 2003, various RCI-approved certificate courses (which includes Advanced Certificate Course on cross disability and Inclusive Education), Diploma (D Ed Special Education- Cerebral Palsy) and degree-level courses (B Ed Special education – Intellectual Disability)

have been initiated. Teachers from government schools across the region have been trained on disability through the RCI approved Foundation Course.

Home-based training programmes for teachers and caregivers' trainings have been conducted under the National Trust. *Shishu Sarothi* has, over the years, reached out to more than 5000 professionals including doctors, nurses, RMSA, SSA, ICDS, ASHA and Anganwadi workers, through various governmental capacity-building initiatives on disability.

Bharati Infratel Scholarship Programme (BISP)

Shishu Sarothi is also the implementing partner for the Bharati Infratel Scholarship Program (BISP) in collaboration with the CSR wing of Bharati Infratel Limited. This programme was launched in 2016 to support the higher education of students with disabilities across all the eight North Eastern states with identified partner organisations in each state. Over 195 students across North East India have been awarded scholarships for a variety of courses and programmes.

Other Interventions

Early Intervention

Shishu Sarothi has been running the Early Intervention Unit (EIU) since its inception in 1987 and has reached thousands of young children across North East India, providing over 50,000 therapeutic sessions. The unit provides early detection, screening and management services for infants, high- risk babies and young children with delayed development milestones and disabilities through therapies and child-specific home management programmes.

Research in the area of child development has borne testament to the fact that the first six years are the most crucial for every child's overall development. Hence, it is essential that such services are provided to children who are at risk or have been diagnosed with one or more form of disability. The factors leading to such developmental delays include, among others, prenatal complications, premature birth, low birth weight, malnutrition, neglect and disease.

Such services ensure timely intervention and ensure that children with developmental delays: cognitive, motor, socio-emotional, communication, can enhance their quality of lives and achieve their fullest potential which in turn will encourage their early inclusion in mainstream society. For instance, children with disabilities and their families are provided with individual assessment and evaluation in order to understand and recognise the development of gross and fine motor skills, cognitive skills, receptive and expressive language skills, play skills and self-help skills of each child, in order to work with them accordingly. There are planning and development management plans, ranging from setting individual short- and long-term goals for every child, right up to home management programmes for parents to continue working with their children on identified specific goals.

In addition, follow-up sessions with children, as per the convenience of the families, are held on a weekly or monthly basis. The programmes are reviewed and updated with appropriate need-based therapies which include physiotherapy, speech therapy, occupational therapy and special education. Free Play Stimulation programmes held thrice a year enhance the motivation and engagement of children through the medium of play.

Children from the Early Intervention Unit are provided with referral services as per the progress and individual needs of the child within *Shishu Sarothi's* Centre for Inclusive and Vocational Unit, Sparsh Unit and Pre-Vocational Unit. They are also referred to medical professionals for the control of associated conditions such as seizures and diagnostic tests like BERA and vision testing. Aids, appliances and assistive devices ranging from hand/knee gaiters, ankle-foot orthosis, hip-knee-ankle-foot orthosis, knee-ankle-foot orthosis, modified shoes etc, are also recommended.

Counselling

The Counselling Unit provides primary psycho-social support and counselling services to parents. The unit works to educate the parents, usually the primary caregivers, about their child's disability to help them cope with emotions that they may be going through surrounding their child's disability and to empower them to better manage their situation. We also create an understanding of the need for inclusive education in mainstream schools wherever there is potential.

Outreach

Shishu Sarothi also conducts outreach programmes in the rural areas of Assam with the objective of creating awareness among communities, identifying or screening children with disabilities and providing

information about the prenatal and postnatal risk factors for the children. At the request of members of the local community in Goalpara, weekly Early Intervention services in collaboration with a local NGO was initiated in 2014 and has continued since. Through these weekly visits, we have reached out to more than 600 children from Goalpara and its neighbouring districts as well as some districts in Meghalaya.

Advocacy

Shishu Sarothi carries out advocacy, activism and legal literacy on the rights of persons with disabilities through raising awareness, legal counselling, litigation and policy influencing programmes through its Disability Law Unit – North East (DLU-NE). The Disability Law Unit has been involved in awareness and sensitisation workshops or programmes for various stakeholders including Disabled Peoples Organisation (DPO), bureaucrats, judiciary among others under the Rights of Persons with Disabilities Act, 2016 across all North Eastern states. At present, we are involved in awareness generation programme on disability and the RPWD Act, 2016 with the Social Welfare Department, Government of Assam as the implementation partner at the state, zonal, district levels along with

the development of Information, Education and Communication (IEC) Materials. This initiative is the first of its kind in India.

Research

Shishu Sarothi has recently initiated its work in the area of research in disability-related issues from time to time to create evidence on the situation of persons with disabilities because of the unavailability of disaggregated data on various areas of disability. *Shishu Sarothi* has collaborated with the Voluntary Services Overseas (VSO) to create an SDG disability tracker focusing on persons with disabilities in the context of the Sustainable Development Goals *(Gender Equality*, *Clean Water and Sanitation* and *Decent Work and Economic Growth)* in the districts of Chirang and Kokrajhar, Assam.

Thus far, the journey of *Shishu Sarothi* has been full of mixed experiences. There have been several roadblocks, but the journey continues as a dedicated team of professionals work relentlessly towards a common goal. The organisation envisages a future where society respects and celebrates diversity and persons with disabilities live a life of dignity at par with others in all respects.

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Understanding Dyslexia and Multiple Intelligences

Mrudula Govindaraju

Dyslexia is the most common learning disability which occurs in one in ten school children. In fact, the numbers may be more, as high as 20 percent, since there is no statistical data available for India. Children with dyslexia, unlike other disabilities, do not have any physical 'marks' or attributes. Hence, it is an *invisible* disability.

Dyslexia does not affect the intelligence of the child, therefore, most of the time such children are termed 'lazy, stupid, duffer' and suffer the consequences of bullying in school, parental wrath and teachers' disdain. As a result, the child suffers from low self-esteem, exhibits destructive behaviour and picks on children younger than themselves.

Children with dyslexia, also known as *Specific Learning Disability*, (SLD) have average to above average intelligence and they are highly creative. If they do not receive timely intervention they may drop out of school and become social delinquents.

What is dyslexia?

Dyslexia is not a disease. It is a neurological condition where the brain processes information differently. According to the Rights of Persons with Disabilities Act, 2016 (Clause 2a of Section 2, page 34), dyslexia or SDL means, '... a heterogeneous group of conditions wherein there is a deficit in processing language, spoken or written, that may manifest itself as a difficulty to comprehend, speak, read, write, spell, or to do mathematical calculations and includes such conditions as perceptual disabilities, dyslexia, dysgraphia, dyscalculia, dyspraxia and developmental aphasia.'
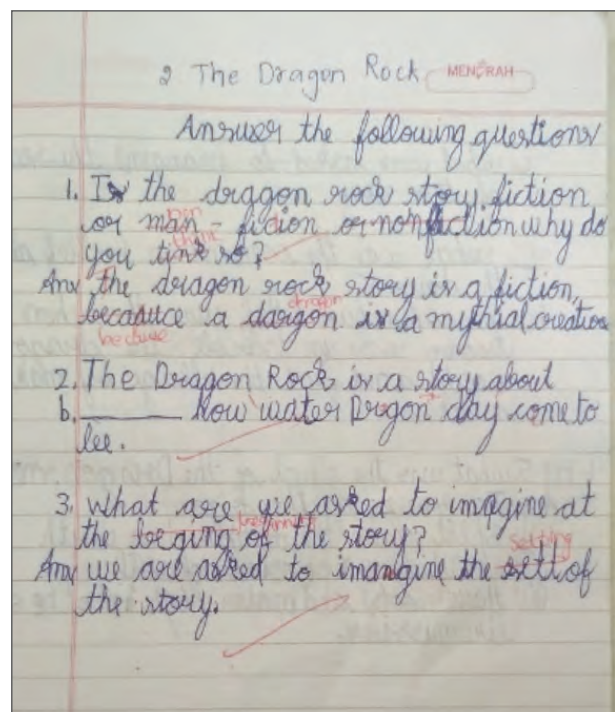
'Dyslexia is a brain-based type of learning disability that specifically impairs a person's ability to read. These individuals typically read at levels significantly lower than expected despite having normal intelligence.' (National Institute of Neurological Disorders and Stroke).

Characteristics of dyslexia

Although characteristics are specific to an individual, that is, no two persons with dyslexia show the same traits, there are a few that are common to all.

- Problems with processing sounds – *pot* instead of *pet*
- Inability to spell – *powdr* instead of *powder*
- Reading letters in reverse; confusion in order of letters – *b* and *d*, *form-from*
- Trouble reading longer words
- Omitting or misreading words – *play* for *playing*, *every* for *earth*
- Inability to complete classwork
- Difficulty in copying from blackboard
- Reading numbers in reverse order; not knowing place values
- Poor sense of time
- Planning, prioritising and organising difficulties

Here are some samples of the English classwork of a grade 5 student with dyslexia. The misspelt words are: *causes, town folk, dragon, expect, wall*.

Calculation of accounts; and English classwork of a class 11 student with dyslexia.

Remediating children with dyslexia

Catch them young

This is the best solution. When children in the lower primary classes are identified to have a learning difficulty and when they are given remedial interventions tailored to their needs, they not only achieve academic success but also become socially well-adjusted.

Train teachers in methodologies of remediating dyslexia

Primary school teachers must be equipped to identify and provide remedial classroom interventions for children with dyslexia. Madras Dyslexia Association (MDA)[1] conducts teacher training programmes for teachers in both government and private schools. MDA also sets up Resource Rooms in schools so that children can be remediated in the school premises itself.

Get assessed by experts

Assessments using standardised tools confirms the presence of dyslexia in an individual. This helps the caregivers ascertain the strengths and needs of the child, allowing them to plan the intervention to help the child cope with the difficulty. All examination boards offer various concessions to children diagnosed with SLD. An assessment will show the type of SLD the child has, for example, dyslexia, dyspraxia, dyscalculia, dysgraphia, the severity of the disability, co-morbid conditions that exist along with SLD, like ADHD (Attention Deficit Hyperactivity Disorder). The remediation and other therapies required can then become clearer, for example, speech therapy and/or occupational therapy (OT).

What is remedial intervention?

- It is systematic
- It identifies the strengths and needs of the child
- It is individualised
- It is multi-sensory

Dyspraxia, dyscalculia and dysgraphia

Dyspraxia

Developmental dyspraxia is a disorder characterised by an impairment in the ability to plan and carry out sensory and motor tasks.' (Source: National Institute of Neurological Disorders and Stroke). Children who have dyspraxia require occupational therapy and special education.

Characteristics of dyspraxia

a. Poor balance and coordination – tripping and falling easily, banging into people and objects, having problems with right-left coordination.

b. Clumsiness – dropping things, hand grip is not

firm, poor handwriting.

c. Perception difficulties – cannot read maps, difficulty in crossing the road.

d. Emotional and behavioural problems.

e. Difficulty with reading, writing and speaking.

f. Poor social skills, posture and memory.

Baking and Confectionary classwork of a grade 10 student with dyspraxia and dyslexia.
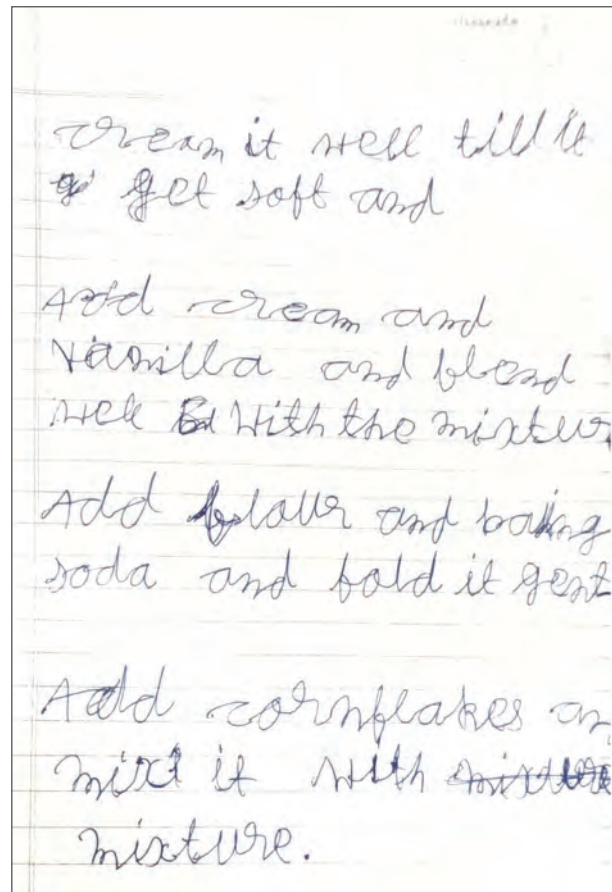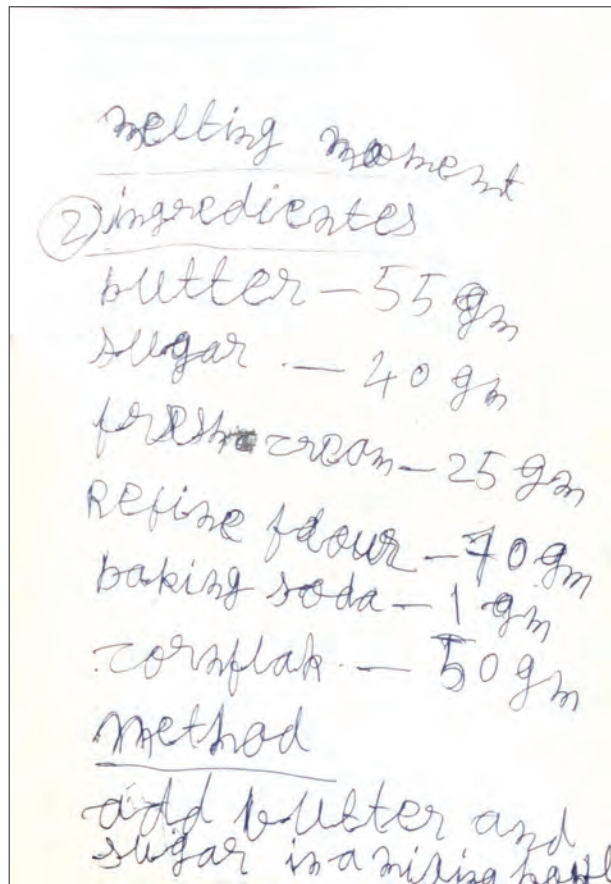
Dyscalculia

Dyscalculia is a disorder which is characterised by the inability to understand the meaning of numbers and an inability to apply mathematical principles to solve problems. (Source: British Dyslexia Association).

Characteristics of dyscalculia

a. Inability to understand which of two digits is larger.

b. Lacking effective counting strategies.

c. Poor fluency in identification of numbers.

d. Inability to add simple single-digit numbers mentally.

e. Limitations in working memory capacity.

Multiplication by a grade 10 student with dyscalculia and dyslexia.
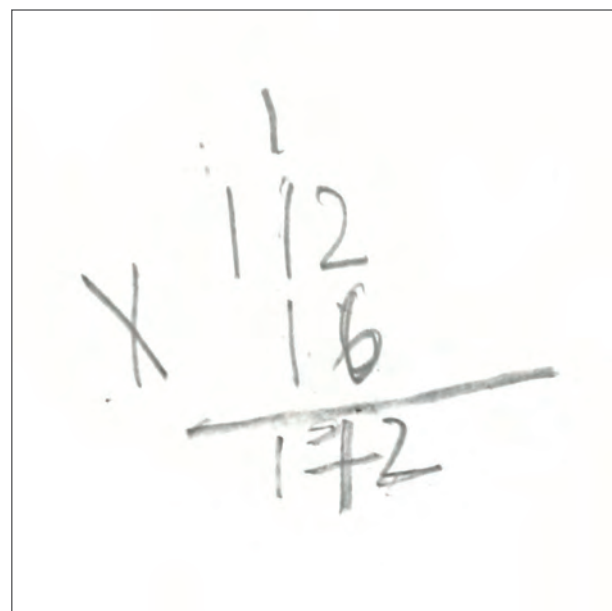
Dysgraphia

Dysgraphia is a neurological disorder characterised by writing disabilities. Specifically, the disorder causes a person's writing to be distorted or incorrect. In children, the disorder generally emerges when they are first introduced to writing. They make inappropriately sized and spaced letters, or write wrong or misspelled words, despite thorough instruction. Children with the disorder may have other learning disabilities; however, they usually have no social or other academic problems. (Source: National Institute of Neurological Disorders and Stroke)

What happens when a child is referred for an assessment?

Assessments are scientifically designed tests/tools that experts use to find out what kind of SLD a child has. From the report they generate, the special educator can draw up an Individual Educational Plan (IEP) to remediate the child. The report also shows if the child requires speech or occupational therapy.

Importance of the triumvirate – school, parent, special educator

Research and experience of working with children who have SLD has shown that when these children have a strong backing from the school, the parent and the special educator, they achieve success in academics and in their social life. When all three groups work in tandem and in cooperation, children go on to choose careers where they excel and become adults who are important contributors to society.

Counselling parents of children with SLD

For any parent it comes as a shock when they first come to know their child has a learning disability. Initially they are in denial and take some time to come to terms with the finding. Many times, one parent may cooperate (for example, the mother) while the other parent (for example, the father) may disagree vehemently. It becomes important for the school teacher, the special educator and the principal to counsel the parents, multiple times, so their child may get the best benefits of remedial interventions.

Multiple Intelligences

This is an important tool for teaching children with SLD and is based on Howard Gardner's theory of Multiple Intelligences (MI). According to convention, intelligence is measured by IQ (intelligence quotient) which tests a person's proficiency in language (linguistic) and mathematical (logical mathematical) abilities. When a child is tested using only these two areas of ability, which is the norm in schools in India, we commit an injustice to other children in a typical classroom. Because individuals learn differently using different abilities. Those children who have difficulty in language (linguistic) and mathematics (logical mathematical) miss out on the learning. Moreover, if all children in a classroom were to acquire learning in a uniform fashion, then the tests and exams they write must also generate uniform results. That does not happen. Learning is unique to the individual. Therefore, teaching and assessments should cater to the learning diversity of a classroom.

Since in practice it is difficult to devise teaching methodologies which cater to the individual needs of a child in a typical classroom, using the MI theory solves the problem. Using it, a lesson can be taught in different ways which will reach the greatest number of children in a classroom. It also encourages multiple perspectives of understanding a problem and deriving solutions. The MI method generates different points of view, encourages group work and peer learning.

What is MI?

For something to qualify as an intelligence, it has to satisfy Howard Gardner's eight 'signs' of intelligence. After extensive research, Gardner identified eight, distinct intelligences. (Source: The Components of MI)

Spatial Intelligence

a. 'The ability to conceptualise and manipulate large-scale spatial arrays (example, airplane pilot, sailor), or more local forms of space (example, architect, chess player).' (Source: The Components of MI)

b. Visualises very well, is good with directions, can distinguish between colours, forms, shapes, sizes and their relationships.

c. This ability is seen in architects, artists, painters, chess players, sailors, hunters, guides, astronomers.

Bodily-Kinesthetic Intelligence

a. 'The ability to use one's whole body, or parts of the body (like the hands or the mouth) to solve problems or create products.' (Source: The Components of MI)

b. Characterised by good coordination, balance, dexterity, grace, flexibility, speed in body movements and actions.

c. This ability is seen in athletes, dancers, sculptors, surgeons, martial art practitioners.

Musical Intelligence

a. 'Sensitivity to rhythm, pitch, meter, tone, melody and timbre. May entail the ability to sing, play musical instruments, and/or compose music.' (Source: The Components of MI)

b. Are music lovers can discriminate and judge music forms, compose music, play musical instruments, sing.

c. This ability is seen in musicians, composers, instrumentalists.

Linguistic Intelligence

a. 'Sensitivity to the meaning of words, the order among words, and the sound, rhythms, inflections, and meter of words.' (Source: The Components of MI)

b. Effectively employs words either in speaking or in writing, shows interest in reading and crossword puzzles.

c. This ability is seen in journalists, authors, storytellers.

Logical-Mathematical Intelligence

a. 'The capacity to conceptualise the logical relations among actions or symbols (e.g. mathematicians, scientists).' (Source: The Components of MI)

b. Able to sort and order (in different categories), understands mathematical statements, propositions, functions and complex propositions, capable of making related abstractions.

c. This ability is seen in statisticians, mathematicians, computer programmers, scientists

Interpersonal Intelligence

a. The ability to interact effectively with others. Sensitivity to others' moods, feelings, temperaments and motivations (e.g. negotiator). (Sometimes called social intelligence.) (Source: The Components of MI)

b. Has empathy, social skills, can discriminate between many personal cues, respond effectively to them, inspire people to positive actions and tide over negative emotions.

c. This ability is seen in social activists, counsellors, politicians, faith healers, effective parents and teachers.

Intrapersonal Intelligence

a. 'Sensitivity to one's own feelings, goals, and anxieties, and the capacity to plan and act in light of one's own traits. Intrapersonal intelligence is not particular to specific careers; rather, it is a goal for every individual in a complex modern society, where one has to make consequential decisions for oneself. (Sometimes called self-intelligence.) (Source: The Components of MI)

b. An honest, accurate picture of oneself (strengths and weaknesses) capacity to understand oneself and act adaptively; awareness of one's inner moods and desires and healthy self-esteem.

c. This ability is seen in philosophers, effective parents and teachers.

Naturalistic Intelligence

a. 'The ability to make consequential distinctions in the world of nature as, for example, between one plant and another, or one cloud formation and another (e.g. taxonomist). (Sometimes called nature intelligence.) (Source: The Components of MI)

b. Keen interest in plants and animals, explores nature, use the environment effectively.

c. This ability is seen in: farmers, botanists, veterinarians, ayurvedic practitioners.

Dyslexia and MI

Children with SLD usually have a unique ability in one or two Intelligences. When that ability is tapped, children tend to perform well academically and socially. For example, if a child has a dominant Bodily-Kinesthetic Intelligence, he or she will learn effectively by using her body and its parts. Such children can create and shape things with their hands in order to learn their lessons. Children with SLD must be encouraged to tap into their dominant intelligence which will be areas they will be exceptionally good at.

Dyslexia and technology

The MDA has invested in using technology to assist children with dyslexia. They have developed the *MDA Avaz Reader App* in collaboration with

Invention Lab, an IIT Madras Alumni venture using cutting edge technology. This is an assistive reading app for a reader with learning disabilities. The app uses state-of-the-art technology, works largely off-line and is available for Apple devices and for the simplest Android device, a tablet or a mobile phone, making it affordable. This app uses technology to translate the text captured as picture into a readable format and can be used to read any printed material – newspapers, textbooks and story books.

The MDA Avaz Reader is reader-centric and offers 'customisable' settings to suit the needs of the reader and offers multi-sensory strategies to develop independent reading skills in children with SLD. It is aimed at providing continuous support to a child with dyslexia, playing the role of the supportive teacher even in her absence.

Some of the key scaffoldings provided to the reader in the app include:

a. Choice of different visual appearance of the text to be read

b. Window-focus to a specific line, and line-by-line display of text to keep the reader's attention to the required line.

c. Pencil tool to track the text to be read.

d. Read-out-aloud in a familiar accent and with configurable speed.

e. Need-based picture hints, audio pronunciation, word families and syllabication as appropriate to read a difficult word.

f. Build sentence assistance to enhance comprehension.

MDA and training

In their journey to help children with SLD, MDA continues to empower the primary school teacher through its training programmes. In collaboration with the State Government of Tamil Nadu, MDA is training government primary school teachers by sensitising them to SLD, providing identification kits that teachers can administer in their classrooms and imparting remedial techniques and teaching methodologies to the teacher. The primary school remedial content, *E-Shikshnam* is available free of cost on an online platform.

MDA also sets up *Resource Room*s in schools, where experts from MDA hand-hold special educations in the school for a minimum period of one year. This effort is beneficial to child who will be remediated within the school premises.

Life-long management of dyslexia

Dyslexia is a neurological condition, not a disease and will remain for life. When children are remediated early in the lower primary classes, they learn to develop coping strategies which help them navigate school and college life and, later on, in their careers, relationships and other activities of daily living. Such an individual becomes a proud and contributing member of the society they live in.

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[1] The Madras Dyslexia Association (MDA) was established in 1991 by a group of parents and educators who wanted to help children with dyslexia at a time when the term was not very well-known.

Mrudula Govindaraju has an MA in English Literature and is a copy-editor by training. She has worked in the publishing industry for more than ten years and has edited and designed school textbooks for primary school children. She has edited online training courses and created course materials for managerial training programmes. Mrudula also writes storyboards and scripts for online self-learning tutorials. She has taught children with learning differences. At present, she edits the MDA newsletter. She may be reached at govindaraju.mrudula@gmail.com

Seeing Disability as Diversity

Pranalee Sharma

'…I had to suffer a lot of mental trauma after Ayan was born. He had asphyxia when he was born. The doctor told me that Ayan would have certain developmental issues while growing up. I blame the doctor for this situation. I was staying with my husband and his parents. They didn't accept Ayan and he was deprived of his grandparents' love and care. For Ayan's wellbeing, I had to leave that house and we shifted to my parents'. My husband works for a company where they organise regular parties. Every time, I take Ayan with me, the other parents take their children away from him. I tolerated this for a while, then I stopped going for these parties. I have now turned into some unsocial being just to save my child from social neglect and isolation…'

This is a snippet of a case study of eight-year-old Ayan diagnosed with developmental delay, who was attending the inclusive Rajkumari Amrit Kaur (RAK) Child Study Centre, a preschool in Delhi in 2012. Ayan attended two different schools before being a part of RAK Child Study Centre. Teachers of both the preschools asked Ayan's mother to withdraw him as he was a 'misfit'. In 2012, Ayan had already completed three years in RAK Child Study Centre and, according to his mother, he was thoroughly enjoying his time there.

The mother became concerned about his future after RAK Child Study Centre. By then, Ayan was already eight-years-old and he was supposed to enter formal school the next year. Unfortunately, Ayan had been denied admission at every school his mother visited. She was at a loss and quite stressed trying to find an accepting environment for him. Apparently, the schools only wanted children with disabilities who could compete with the other children.

What is disability?

According to the *International Classification of Functioning*, disability (or health disability) is a term encompassing all impairments, activity limitations, participation restrictions, as well as environmental factors. A child born with certain limitations or some form of impairment is termed, 'disabled' - someone who is unable to function like the

majority of the population. Living with a child with disability can have a profound effect on the family and its functioning. The above snippet points out the discrimination and stigma a child with disability and his or her family have to face. While most families accept the child and the disability early on, they always have to face challenges associated with bringing up a child with disability (Bennett, Deluca & Allen, 1995). When we think of the various issues related to children with disabilities, we tend to skip the ripple effects of disability on the families. Ayan's mother, in this case, had to struggle physically as well as emotionally to cater to her child's needs.

There are several costs that the families need to meet, such as appointments with various healthcare professionals, lack of childcare services affecting the parents' ability to work, lack of effective life skill training or education etc.

According to the social model of disability, the presence of mere impairment does not make a child disabled, rather the environment has a larger role to play by creating a disability from impairment. The inability of an individual to participate in routine activities of life arises from the exchanges between the individual's body and the environment where the individual lives.

'…I sometimes think of taking Ayan and shifting to some small town or village. People there are at least sensitive and accepting due to their ignorance or unfamiliarity. Ayan will at least have friends there. People in remote villages might label him as nasamajh (mindless) but wouldn't alienate him like the people in the cities do…'

More children (with disabilities) are being raised at home rather than in institutional care due to the attitudinal trend of marginalisation (Appleby, 2014). Is disability a perception? How do people look at disability? Similar questions arise when we try to delve into the whole issue of disability from the perspective of a non-disabled individual. Disability usually evokes feelings of fright, curiosity, anxiety etc. Many of us are usually unsure of how to behave towards an individual with disability. Take for instance a child with visual impairment

trying to reach a certain destination. Should we act with care by helping the child or should we ignore the disability? Will an act of care be seen as demeaning? Are we marginalising the child by trying to help or by acting as if the disability doesn't exist at all? When we see a child with disability, we tend to provide assistance implying that we are superior, consequently, discriminating against the child with disability. Unintentionally, we happen to treat individuals with disability as lesser than the rest.

Disability and social bias

A newborn baby is always seen as a gift of God and as a being who requires constant adult care. However, if a child is born with some visible deformity or congenital 'defect' then, he or she is not warmly welcomed or accepted by society as compared to a 'well-formed' child. Additionally, Indians believe in the theory of *karma*, that is, a child born with some form of visible impairment is said to be a consequence of the child's or its parents' wrong deeds in a previous life, leading to the stereotyping and marginalisation of the child as well as the parents. The family and the child must adapt to these circumstances and develop resilience.

One major hindrance in giving the required support is economic inability. There are several examples where one parent, mostly the mother, has had to leave her job to provide full-time care. Observing other children living differently, attending school, playing with peers, making friends can impact the child's self-esteem.

Disability in the context of school

The mere act of going to school itself can develop a sense of self-esteem, confidence and well-being in the child with disability. Attending schools with other children, sitting in classrooms like everyone else, being treated as any other child in school, promotes better well-being in children with disability (Sharma & Sen 2012). We have historical evidence of special schools for children with disabilities. These children were excluded from the mainstream education although the policies believed that children with disabilities also needed to be educated and be contributing members of society. But this led to further marginalisation as they were seen as a separate category of children who are not 'normal'.

Later schemes, like the *Integrated Education for Disabled Children* (1974) and *Project Integrated*

Education for the Disabled (1987), tried to include children with disabilities into the mainstream. These schemes attracted a lot of children, mostly with physical rather than intellectual disability into education. In 1997, the term 'inclusive education' was included in the District Primary Education Programme. Following this, the National Policy on Education (1986), Rehabilitation Council of India Act (1992), the Persons with Disabilities (Equal Opportunities, Protection of Right and Full Participation) Act (1995) and The National Trust Act (National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disability (1999) stressed upon providing supportive learning environment to children with disability. These policies, schemes and acts have been successful in enabling access to schools and creating awareness about the importance of integrating children with disability in mainstream education. With the implementation of the Right to Education Act (RTE) 2009, every child, including children with disabilities, have the right to be in schools.

How far schools have been successful in providing effective inclusive settings for the children with disabilities is still a question. Creating an inclusive learning environment for children with disabilities within mainstream schools might take a long time. Children with disabilities now have physical access to school, are exposed to formal education, but the negative social perceptions of teachers, peers, and other students still interfere with their right to education. Several disabilities, such as learning disabilities, emerge when children enter the formal set-up of a school. Children with learning or intellectual disabilities are at a higher risk of not getting proper education compared to children with physical disabilities. The lack of properly trained professionals in schools, resources and awareness about future options are a few of the reasons behind the absence of children with intellectual disabilities from schools.

When I visited the Azim Premji School, Matli in Uttarkashi, I observed Akshat,[iii] a nine-year-old child with Down syndrome in the LKG class. When I asked, the teacher said that it was his first time in school. He had never been to any school before that. Like Ayan, he had been denied admission by all the schools in the vicinity. The parents knew that their child was special but seemed unaware of what this entailed. His mother would ask the teacher, *'Madamji, kab padhna-likhna shuru karega ye? Kab*

poems aur rhymes gaana shuru karega?' (Madam, when will he begin to learn to read and write? When will he start reciting poems and singing songs?)

It made me think that while Ayan's parents had lost hope and were disturbed by the social stigma, Akshat's parents, on the other hand, had positive expectations from him just like other parents. Conversations with the teacher also revealed that Akshat's mother forced him to read and write at home. Due to her lack of awareness, she may not know how to engage academically with Akshat. But even if her expectations are unrealistic, Akshat's mother believes he has potential. Akshat was seen playing with the young pre-schoolers, showing love and care for his friends while Ayan was mostly avoided by children. Comparing both the situations make this statement of Ayan's mother, real:

'...I sometimes think of shifting to some small town or village with Ayan. People there are at least sensitive and accepting due to their ignorance or unfamiliarity...'

In an era of rapid polarisation and rise in hate crimes there is a dire need to foster sensitivity, empathy and care for all beings from an early age. Schools can act as empowering and inclusive spaces for children with disabilities and to achieve this, children and parents need to be prepared well, but most importantly, the teachers need to be prepared. Pre-service training programmes for teachers are not effective enough to fully equip the teachers to manage children with mild or moderate disability in classrooms (Sanjeev & Kumar, 2007). Though the curriculum of such training/courses/ workshops include the significance of inclusion, kinds of disability etc, they hardly cater to the social perceptions of stereotyping, stigmatisation and marginalisation of children with disabilities. It is important for the teachers to be aware of such biases and stereotypes because the teachers' attitudes not only affect the way the teacher teaches but can also influence the attitudes of the other students.

Schools need to build an environment that promotes resilience and develops empathy. The skills of navigating and negotiating through resources to sustain well-being (Ungar,2006), such as the ability to identify psychological, social or physical resources when needed and also, the motivation to access resources, like talking to people when sad etc., need to be nurtured. It would take a long time to make every space disabled-friendly which is how society will become inclusive but a school climate where everyone consciously listens to and understands each other's perspectives, can be created.

Can we see disability as diversity? Does diversity only mean cultural, religious or linguistic diversity? Even though India is a proud ambassador of multiculturalism, comprising varied cultures, religions, languages, practices, ethnicities etc, there are several instances of ethnic and language conflicts and riots. The Indian Constitution recognises and protects the religious and cultural diversity. There is need to rethink the idea of diversity when we only define it in terms of cultural practices and beliefs. Diversity in all forms needs to be acknowledged. This will result in the creation of accepting, respecting and nurturing environment for every human being. We believe and appreciate that all children develop at a different pace and all children are different. Children with disabilities also develop differently, acquiring skills, communicating, functioning and growing at a different pace. A positive acceptance of children with disabilities in classrooms and schools can reduce social bias and stigma from the minds of people.

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[i] Name changed to protect identity.
[ii] A case study conducted in 2012 as part of M.Sc. in Human Development and Childhood Studies.
[iii] Name changed to protect identity.

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Parents Should Seek Help Without Delay

Bringing up a son with cerebral palsy

Neeta and Nitin Nayak

Nirmit was born on July 12, 2011. At the time of birth, he weighed only 1.4 kg. We were quite shocked when we learnt this. We could not sleep for the whole week. We were under tremendous tension and scared as to what would happen in the coming days. Doctors were also not able to give us a clear diagnosis. After staying in the hospital for 20 days, we brought Nirmit home. We had no idea about the problems we would face in future. We only thought that Nirmit was a little weak. We consulted many doctors but there was no improvement and he was still slow in reaching developmental milestones. After ten months, we met Dr Tikkas who is a paediatrician in Hamidia Hospital. He told us that Nirmit was suffering from cerebral palsy (CP) and needs various types of therapies. He advised us to go to the CRC[i]. We were really worried about the future of our son. However, we started taking him to the CRC regularly which was 15 km from our place. At home also, we started all the therapies that were done by the therapists at the centre. But not much improvement could be seen. We continued taking him to the centre for about three years. In between, we faced certain family problems and could not attend to Nirmit properly. His development had slowed down further. Meanwhile, Dr Tikkas told us about Dr Vikas Kadam who is an occupational therapist and whose therapies helped Nirmit in sitting up and walking.

We continued with Dr Vikas's therapies. Nirmit was now a three-and-a-half-year-old and we tried to put him in a playschool. A few schools refused to admit him. We enquired in many other schools and finally, he got admission in The Learning Tree. The teachers there were very helpful and Nirmit learnt to live together with other children. But our problem did not end here. Nirmit was able to walk a little but he was not able to read and write. It is at this point that we felt the need to put him in a special school. From friends and acquaintances, we came to know about *Arushi*, an organisation where children with disabilities are trained through therapies, special education and other methods. We went there and they understood our situation very well and thus began the special education of Nirmit. There was a gradual improvement in his condition. He began to understand and identify things. We also became more confident with regard to Nirmit's condition.

Rama Madam, a special educator at *Arushi*, helped Nirmit with his studies and because of her efforts, Nirmit started a little bit of reading and writing. Around this time, we faced some financial problems and found it difficult to send Nirmit to *Arushi*. But we got a lot of support from Sapna madam, Rama madam and others at *Arushi* and he started going there again. Nirmit is now studying in Kendriya Vidyalaya where he interacts and studies with non-disabled children. But he also faces certain problems there. Non-disabled children keep a distance from him and do not let him sit with them. In spite of these problems, a few things are good – many children take him to the morning assembly and washroom etc. They tell him about the homework and write classwork in his notebook. Because of their support Nirmit goes to school without any fear.

It is because of *Arushi* that Nirmit is confident and comfortable in the company of other children. He even performs confidently in the plays staged by the children of *Arushi*. For this, we are very thankful to *Arushi* and the teachers there.

Our routine has completely changed because of Nirmit's education and therapies. We get up early, drop him at the school, pick him up at 11.00 am and drop him at Arushi, bring him home from there at 1.00 pm, take him for his therapies at 5.00 pm and finally make him do his homework at home after returning from the therapy sessions. We also need to take good care of his diet in the morning,

afternoon and night, and make time for him to play. Both of us, together, take care of all his activities.

We would like to share one important point with the parents of children with disabilities – they should not worry much about the future of these children. Rather, they should focus on their present, spend more time with them, play and laugh with them. Keep inspiring children to move forward without making them aware of their weakness. Our biggest regret is that we did not get to know of his problem and treatment at the right time and so Nirmit's treatment was delayed. We would request all doctors, parents, teachers, and therapists to give complete information about this disability to parents having children with CP—the treatment, how and what should be done and where one can go for treatment. They should also be made aware of the progress of the disability or its effects as a child grows up. This would prepare us to take necessary steps to help our children.

Thanks to *Arushi* – an organisation that has created a whole new world for these children where they get involved in various activities and enjoy themselves thoroughly.

[i] The Ministry of Social Justice & Empowerment has set up seven Composite Regional Centers for Persons with Disabilities at Srinagar (J&K), Sundernagar (Himachal Pradesh), Lucknow (U.P.), Bhopal (M.P.), Guwahati (Assam), Patna (Bihar), Ahmedabad (Gujarat) and Kozhikode (Kerala) to provide both preventive and promotional aspects of rehabilitation like education, health, employment and vocational training, research and manpower development, rehabilitation for persons with disabilities.

Neeta and Nitin Nayak
Parents of Nirmit Nayak

Work with Abilities Rather Than Disabilities

My Experiences as a Special Teacher

Pushplata Pandey

Whenever one talks about children with disabilities, people react in different ways – some show compassion and sympathy towards them, while some people do not want to understand them at all. As teachers, it is our responsibility to respect the feelings, behaviour, and needs of children with disabilities and allow them to come closer to us. We must try to perceive their problems and learning needs and ensure that equal opportunities are provided to the children with disabilities for their learning needs and they are given ample opportunities to connect with their teachers.

Disabilities, physical or intellectual, affect learning and we should be aware of the specific needs of each child with a disability. I think that some factors clearly impact the causes of children's problems. Some of these factors may be common for all children, but for the rest, it may be useful for teachers to keep the following in mind:

- Individual differences
- Availability of supporting materials to enhance the child's functional abilities.
- Acceptance of children with disabilities by classmates and school administration.
- Individual attitude and interests.
- Overall environment of the school and community.

All these factors contribute significantly as they affect the physical, mental, social and emotional development of children. Children with disabilities face more difficulties but they may not able to express their requirements. In such a situation, our role as a teacher becomes even more crucial.

In my experience, many teachers want to do something to help these children but do not know how and where they can get support. As time goes by and a child with a disability goes from one class to the next, the teacher begins to think of the day the child would complete his/her studies and pass out of school so that the teacher can stop thinking about the student. Some schools practice a subtle kind of elimination process by creating many barriers in the admission itself so that they may maintain a high academic record. But it is also true that many teachers accept the classroom challenges that are faced by these children and also work with them.

Process of identifying children

The sooner we take the necessary steps with a child with a disability, the more positive results we can achieve. The list is a lengthy one. – observing the child; preparing a case study of the child by meeting the parents, getting a medical certificate, seeking information on teacher- and child-related activities, classroom observation, paying attention to their behaviour with classmates and in the playground, using checklists and preparing Individual Educational Plan (IEP) with their help, conducting functional evaluation, getting a medical evaluation done, involving parents from time to time in the work that is being done with children, preparing small quarterly targets for achieving annual targets, preparing workbooks, ensuring activities for intellectual and physical capacity development, giving opportunities for participation in activities organised for social and emotional development, and giving responsibility.

Parental response

A good relationship can be built with parents if they accept the physical needs of their child and have realistic expectations from the special teacher. Some parents pay a lot of attention to their children, while some others want to get rid of them. They do not understand or accept their intellectual needs, nor do they cooperate. Children have to bear the brunt of this. Sometimes the image of a special teacher in a school is that only those children go to her/his class who have difficulty in studies. One child had behavioural problems but when the parents came to know that the child is joining a special teacher's class, they were not ready to accept the fact. Even today there is a lack of awareness about special education. This can be overcome only by the efforts of the teachers who must discuss the changes taking place in the children with the parents and familiarise them with the children's needs.

Evaluation and children with disabilities

Every child learns at a different pace and has her/his own learning style. We must evaluate our children in many different ways, such as group-work assessment, continuous assessment and open book examination. We should also design tests according to the child's ability. If the special teachers are also involved in this, then all the children and teachers will benefit. A few colleagues think that after the implementation of the Right to Education (RTE) Act, the no-detention provision of the policy means no assessment of learning. It is a widespread belief that these provisions have weakened the learning outcomes. We feel that only the results of written tests are important. But it is not so. The NCF 2005 has suggested improvements in evaluation. It specifies that assessment can identify the strengths and weaknesses of children and help them improve accordingly. We can prepare remedial learning plans for children with disabilities.

Unforgettable Prabha

I have had many experiences as a special teacher that I can never forget. Today, I remembered Prabha when I turned the pages of memories of my past. There was a unique connection between Prabha and me. We had developed a friendship in a very short time. She was studying in grade 4 in GPS, Devpur. During class observation, we noticed that Prabha had difficulty related to her vision that was causing problems in the class and so her eyes were tested. It was found that her eyesight was deteriorating very fast. The parents were asked to get the medical examination done. One year went by in all this process. Keeping in view her low vision disability, instructional work was planned. At that time, an action plan was being designed for reading books and writing with low vision aids and devices (10+ Dome Magnifier). According to the report, she was going to lose her vision very soon due to optic nerve disease. Prabha was not told about it. We used to meet at home twice a week. One day Prabha told me in school, 'Madam, I am not able to see your face clearly today'. She told me this by touching me. It was very sad to hear this because in some situations we cannot do anything. Gradually, Prabha's vision became worse, but fortunately, her family members understood the problem and

supported her. As a special teacher, I decided to teach her Braille and she continued with her studies.

Role of parents

Parents play an important role in our lives. They understand and accept our good qualities as well as weaknesses. The need of every child is different. Parents are expected to intervene early for the individual needs of children with disabilities and not let their disability get in the way of their development. Parents must accept them, own them in front of others and their education should be inclusive. Together with the cooperation of teacher and parents, all obstacles can be overcome, especially if we cooperate with the specialists and experts.

Role of a special teacher

Your relationship as a teacher starts the moment you meet the children. No matter how difficult a student may be, you need to embrace the challenges of knowing him or her. The teaching-learning environment in your classroom should be positive. Teachers need to be aware of the physical, intellectual, emotional and social needs of children. Your class should be suitable for group work. You may have to face difficulties in your teaching process. Children with disabilities not only grapple with their developmental difficulties but have to also deal with the negative perceptions held by classmates or sometimes, family. You need to work with their abilities, rather than their inabilities, in the classroom. Think about how children can move on with their skills on a regular basis. They will develop gradually when all the classroom activities are in accordance with their requirement and they participate in them. Before taking individual action for practical problems, we must understand it properly. Success stories that are related to children should be shown and told. Each child is different, and the teacher's role is very important.

Everyone has the right to complete her/his education. The main objective of education is to prepare a good citizen. A school can take the initiative in this direction and it can set an example for society and create awareness among parents.

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Need Opportunity not Sympathy
Bal Mela for Children with Disabilities

Shankar Badaga with Anwar and Venkatesh

Just like any other day, I was on my regular school visits, but the school I visited that day was special and invoked an insight in me. The school that I am talking about is the Government Higher Primary School in the Kupagal village of Shorapur taluk (Yadgir district). I was talking to the children of grades 6 and 7. One child was not responding since she could not grasp my words. Then, her friends helped her with hand signs, and she could understand me. I found out that her hearing was impaired, and her siblings too had the same condition. Even though I could not have normal communication with her, her friends did not seem to face any trouble communicating with her. This incident somehow got me thinking that these children also have special abilities and if only we could understand them better and provide them with diverse opportunities, they too could be successful in studies. I realised what they need is opportunities, not sympathy, to bring out the competencies waiting to be unfolded.

On a closer look, we found out that every school has a minimum of three to four such children. In the Shorapur block, there are 573 children with disabilities studying in primary classes and we have never treated them on equal terms with other children, instead, we show sympathy for the disability and curse the creator for bad luck and never explore ways to give them opportunities to bring out their hidden competencies. In every intervention, we talk about Constitutional values such as equality, equity and freedom but ensuring the same to these children is overlooked most of the time.

Education is a fundamental right of every child. Ensuring it, is the responsibility of the society, government and school. Every school should be accessible to all children and ensuring quality education to these children should be the ultimate motto. It is not only our wish but a constitutional mandate to give quality education to children with disabilities in order to bring them into the mainstream society. They must be able to sustain the dignity of their life just like any other children and to sustain it, there is a need for equitable opportunities. The Education Department has a special cell for training in inclusive education with respect to children with disabilities.

Objectives of Inclusive Education

According to Samanvaya Shikshana Kaipidi 2018-19, Handbook of Inclusive Education 2018-19, these are:

- Opportunities shall be made available for admission to regular schools.
- Social relationship between children with and without disability should be built.
- Special teaching-learning materials (TLMs) and resources for better learning processes must be employed.
- The negative attitude towards children with disabilities must be corrected.

Over the past decade, we have been engaging with the children and teachers of public education sector on various platforms, but there has never been any initiative to include children with disabilities, nor has there been any exclusive events for them.

Finally, an initiative was taken up by Adiveppa, the then Block Coordinator, Azim Premji Foundation and a discussion with department functionaries followed, in which they responded constructively to organizing special events for children with disabilities. A preparation meet was organised by the Foundation and the department collaboratively and we discussed the concept of a Bal Mela, exclusively for children with disabilities and prepared a document on the objectives of the event. During the discussion, some important notes were listed:

- Parents and community have misconceptions about these children's abilities.
- These children are believed to be products of past sins.
- There is a lack of medical awareness.

- School environment also segregates them from other children.

Attempt to remove such misconceptions and bring out the abilities of children with disabilities was the main objective of the Mela.

Objectives of the Mela

- To create awareness among parents and community and to create an environment for recognition and respect for the abilities of children with disabilities.
- To create awareness about child rights and constitutional values.
- To spread awareness regarding various government policies for the welfare of children with disabilities and to help them avail of these.

Preparation for the Mela

This Mela was a challenging one for us too. Using appropriate pedagogies to bring in learning among these children with the help of the teachers, was the first hurdle to be crossed. Secondly, we had discussions with various departments – Education, Taluk Panchayat, Social Welfare, Women & Child Welfare, Health, Transport, Disabled Welfare, Municipal corporations and the Association of Divyang Children – to enquire about the provisions and schemes of welfare for these children. All these departments were asked to participate in this Mela with an activity of their own.

A plan was charted out for the members of the Foundation to identify 30 schools that had children with disabilities and work in collaboration with the resource persons of the department and the respective teachers to include them in the learning process for a month. We engaged with these children through various activities in the domain of simple mathematics, language and encouraged them to share their needs and talents. The process enabled the teachers and parents to understand the abilities of these children better and it helped us to work with parents and teachers collaboratively.

The day of the Mela (February 8, 2018)

The Mela was inaugurated by a former Member of the Legislative Assembly (MLA), Mr Madhangopal Naik and officers from various departments attended. Approximately a hundred children with disabilities participated in fifty different activities – simple mathematics, social science, language and daily-life management skills. Various departments (Education, Taluk Panchayat, Social Welfare, Women & Child Welfare, Health, Transport,

Disabled Welfare, Municipal corporations) and associations of children with disabilities also participated to create awareness on provisions and welfare schemes in their respective stalls.

There was an air of celebration. It was a different experience in comparison with other Melas. Functionaries of the block expressed their sense of satisfaction and pride in organising this special event. Children discussed the topics of their choice with the audiences to the best of their ability.

Post lunch, achievers with special abilities were given the platform to share their thoughts. Mr Basavaraj Umbrani and Dr Shivaraj Shastri spoke about the challenges in their paths and their success stories. Mr Basavaraj Umbrani, visually impaired, is a recipient of the National Award and he shared the thought that disability is only in terms of the physical world and not the mental. In the state of Karnataka, Shorapur has pioneered in giving opportunities to these children with disabilities. He could solve mathematics operations like addition, division and multiplication to the sixth-place value within a few seconds without any aid, which mesmerized the audiences. He also opined that children with disabilities have special abilities and that we need to identify and support them in bringing out their talents. The other speaker, Dr Shivaraj Shastri, Kannada Lecturer at the Sharana Basappa College, Kalaburagi, who has a visual impairment, shared that the human species is special, and one must make full use of what one has; saying, 'if you don't have one arm, use the other'. There were about two thousand people in the audience, including children, parents and the members of the community.

Glimpses from the Mela

Insights from the Mela

- A sense that children with disabilities can learn on par with other children was exhibited. During our school visits, we could see the teachers actively involving them in the learning process with the help of their peers.

- If the teacher has the conviction to teach these children, then the children will emerge successful.

- The slogan, 'Need opportunities not sympathy' has initiated a critical thought process in everyone.

- These children do not need sympathy but opportunities along with patience, love and respect to become successful.

- Parents realised that their child with disability is not a burden and that the child can also live a normal life like the rest.

The day ended with a sense of satisfaction among our members for having achieved something extraordinary and the smiles of happiness and pride on the faces of children was invaluable. The Mela provided a platform to recognize and respect the abilities of children with disabilities along with ensuring the constitutional mandate.

'A policy of inclusion needs to be implemented in all schools and throughout our education system. The participation of all children needs to be ensured in all spheres of their life in and outside the school. Schools need to become centres that prepare children for life and ensure that all children, especially children with disability, children from marginalised sections, and those in difficult circumstances get the maximum benefit of this critical area of education. Opportunities to display talents and share these with peers are powerful tools in nurturing motivation and involvement among children.' – NCF 2005 (4.3.2. *Policy of Inclusion*)

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The Long Road to Acceptance

Sita Krishnamurthy

Almost all of us in this world are brought up to aim for comfort, money, status and enviable careers. There is no room, or even a passing thought, for a special-needs person in these plans, either as a parent, or a sibling or even a teacher. So, when a child with a 'disability' is born, parents have great difficulty accepting it as special-needs children were not in their life plans. Statistics show that for every 59 live births, one child has the Autism Spectrum Disorder (ASD). However, other disabilities, such as intellectual challenges, spasticity, learning disability (as known in India), Down's Syndrome (DS) and hyperactive disorder are comparatively lower in incidence.

Parents are not adequately prepared to deal with the needs of children with disabilities (CwDs). They get plenty of 'advice' from well-meaning friends and relatives. Those who are educated resort to *Google* but good, meaningful information and support systems are completely lacking.

Given the miserably inadequate infrastructure support available even in large cities, children with disabilities (all types) are accepted in special schools that cannot cater to specific needs in terms of therapy and training. Mainstream schools that practice inclusion also have a very difficult time because neither enough knowledge nor sufficient training is given to the teachers. However, the biggest concern for special schools and parents of CwDs remains the lack of awareness in society.

My observation is that society has impeded our goals for children with disabilities by rejecting them. Over the years, we have had to redesign our curriculum to bring CwDs as much as possible on par with the neuro-typical population. What makes people look down upon, fear, dislike, even reject persons with special needs?

Academic qualification, special skills and economic status do not seem to matter as much as the ability of CwDs to socialise and communicate. At the Deepika School, we have been working towards improving these skills and trying to mainstream CwDs into society. As the saying goes, charity begins at home and, as a first step, we have to empower the teachers in our school to develop and strengthen their own personalities and capacities. Exhaustive training is given to all the special educators both in teaching and in soft skills. The support staff – the men who drive the school vehicles, the administrative staff – are all trained to love and accept the children as they are and support the school in achieving its goals.

Our journey

When I was teaching in a mainstream school, I was unable to comprehend Mamtha's* inability to understand or remember for more than a few seconds, what was being taught in class. Dinesh* would smile angelically but would neither talk nor participate in any activity, however exciting it was for the other children. The constant 'why?' in my mind led me to discover a whole new world that has given nothing but joy and a sense of satisfaction.

When we started working with special children, we only had one issue to deal with – slow learning. The children could sit quietly, pay attention and learn with enthusiasm. Teaching them was cakewalk. They had excellent social and communication skills. They had problems only with academic learning. So obviously, we were not prepared for what we would be facing in a year's time when from three students, we jumped to twelve. Now, the students had varied problems from Hyperactive Disorder to Asperger's Syndrome! And this was in the times when Asperger's Syndrome was practically unheard of. We were clueless, Google-less and had no experience of working with autism.

The hyperactive Arvind* hated reading and writing and the moment he sat at his desk, he would start tapping his feet under the desk and tap with his hands on top of it. This was the signal for other children to give up what they were doing and follow suit! We wasted precious hours running behind him. The only repertoire of words for Vishal*, a child with autism, was a long list of TV channel names which he would repeat continually. At that time, in our ignorance, we did not know that he was trying to communicate. We could not know Sneha* was struggling with hypersensitivity

to sound when she sat with her fingers in her ears. Evidently, we had plenty to learn. We met senior special educators, doctors and as many specialists as possible in the field of disability. We attended seminars and conferences around India to broaden our knowledge. Unfortunately, we only learnt the prevalence, the whats and the *whys*, but never the *hows*.

Not just Arvind, Vishal and Sneha but the several children who had been rejected by the mainstream schools had to be helped. We were not blaming the mainstream schools. They did not know what to do, let alone *how* to help. Understandable, considering we ourselves did not know it then!

The lessons we learned

We bought books on different disabilities but none of them seemed to apply to the Indian children. That is when we realised the importance of observation. An unbiased and keen observation and an objective analysis of the children gave us many insights into the world of CwDs, especially, those with autism.

We realised that physical activity and regular exercises helped not only their motor development but also helped them overcome some sensory problems. Self-help skills and personal hygiene, hitherto expected to be parents' responsibilities, needed to be taught and monitored.

Teaching the children to understand and speak English became a huge challenge since students were from multiple states and had difficulties with even their mother tongue. We had to resort to miming and sign language to be understood since we ourselves did not know their language or dialect. There was Koushik* who would mouth a stream of words whenever he had to speak which we thankfully did not understand as we later learned that he was spewing out only abusive words!

Then came the challenge to help the children understand, recall, analyse, apply and generalise. The tasks for every learning process had to be analysed and sequenced. All academic learning and vocational training depend largely on cognitive skills. We need a lot of planning and creating activities to improve our children's cognition. We discovered that with appropriate training it is possible to improve children's understanding to some extent and give them a feeling of achievement.

However, none of the above was possible if we could not work on their social and communication skills, especially as when students became teenagers, there would be a major shift in behaviour and mere

cognition would not be enough. All our efforts over the years would be in vain if the students developed negative behaviours and could not be trained in a group. If acceptance had to happen, we had to concentrate on the soft-skills.

The home run

When we moved into larger premises, we slowly introduced the therapies needed: speech therapy for the non-verbal kids and for those with difficulties with speech. A very gentle and compassionate paediatric physiotherapist set up a unit and helped the children with motor requirements and sensory integration therapy for students who were hypo- or hyper-sensitive to light, sound, touch, smell and taste. A well-equipped occupational therapy unit was also set up with the help and support of parents.

All this took care of their physical needs. The students now needed to learn acceptance and sharing, joy of living, appropriate and acceptable socialisation, culture, self-expression and much more. Music, dance, art, craft and cooking became integral to learning. Arts-based therapy was introduced as a healing process for specific purposes.

Arts-based therapy sessions

A trip to Belum Caves, Andhra with the children became a stepping stone to one of our major teaching processes. The trip opened up vast vistas for multiple teaching techniques. Children learned to search for trains, book tickets, calculate money needed for travel and accommodation, etc. Socialisation and communication happened naturally. Self-help skills and personal care took an

upward swing. It also added to their knowledge of history, geography and math. Every year, students went on excursions - first for shorts trips as preparation, then for longer trips of two weeks or more.

Of course, it has not been easy. We found a number of children were still bed-wetting, did not know how to bathe or possess the basic courtesies of using the washroom. Some were choosy about food, some would stay awake all night…the problems were endless. On a long trip, fifteen-year-old Rajeev cried his heart out at night and said he wanted to go back to his mother when the group was 2000 km away!

Some of them displayed amazing skills unexpectedly. A student with Asperger's Syndrome (currently listed under ASD) could read the names of every station and river that we passed even when the train was running at full speed! Some boys and girls showed exemplary leadership skills and lightened the work of the teachers to a great degree. Another surprising and delightful outcome of all the trips and therapies was the strong values and tolerance that the students developed.

Now we had the confidence to foray into academics and we trained our students to write the Open Basic examinations of grades 3 and 5 held by National Institute of Open Schooling (NIOS), Delhi. Students were also trained to write local SSLC board examinations and the secondary level examinations of NIOS. With the confidence born from the success of the above examination results, we have ventured into teaching for senior secondary examinations and skill development training for those who cannot continue academic training.

Today, a typical day for young students starts with prayer and chanting, Brain-Gym exercises, classroom learning interspersed with games, physical exercises, art and music. Some of them receive speech therapy and some, physiotherapy. Children in the autism spectrum are also given sensory integration. Some days they have music, dance and arts-based therapy. Weekly outings are planned for play, looking around and mixing with the public.

Older students in the age group of 12 to 18 years are given academic training according to their learning abilities. Those who have severe learning difficulties are started on appropriate and meaningful vocational training. Students who have fairly good visual perceptual skills are trained in multimedia and animation, in the culinary arts,

beautician and hairstyling, housekeeping, laundry, making paper products and so on.

Every year, we design a theme-based show which is well within the students' capabilities. *Tastes of India*, a programme on the culinary arts of India was a resounding success. Students and teachers grouped themselves into different regions of India and produced mouth-watering dishes! A programme on *Swacch Bharath* to showcase the dangers of pollution and the importance of waste segregation was held. Even music and dances based on *Swacch Bharath* were beautifully performed. We had *Dances of India* and *Rhythms of India* to encourage the skills of not only the students but also the teachers. At such times, we see that rare glow of pride and joy in the parents' faces too and the happiness invariably seen in the faces of the children when they do what they enjoy doing and have an aptitude for is very heart-warming.

The facilitators

It is a joy to be with the students who always live in the present. The road to reach this understanding of the needs of special students has not been a smooth one. Each student, whatever the disability, has unique learning needs and a unique style of learning. Being authoritative and firm with them works well but does not come easy for many teachers.

We have to be alert and observant all the time when we are working with hyperactive children. When we work with intellectually challenged children we have to consider learning from their level of understanding. A good attainable goal, but achieved at a slower pace, works wonders with them. Dyslexic children, who are otherwise normal and intelligent, suffer the most because no one seems to understand that it is a neurological condition. Despite several awareness drives in schools, affected children are still subjected to abuse and harassment both by schools and parents. The refrain is. 'Why does he/she not read or perform in tests when he seems to know all the answers?'

'If you want to work with children in the ASD you should have them in your hearts first' is an essential lesson that was given to us at the very beginning of our work with autism. It requires immense love, patience and compassion to understand and train them. Here special educators play a vital role. Their personalities, attitudes, vocabulary and knowledge are very important. They cannot think of this as a job but as an overwhelming need! As teachers,

we have to remember that children are quick to sense our attitudes. While training in specific disabilities is mandatory for the teachers it is only a very small part of the whole training programme. Anyone can pass a training programme and get a degree, but that does not make them good teachers. A balanced personality, emotional stability, problem-solving skills, creative thinking skills, effective communication skills, empathy and good interpersonal relationships are needed. Developing these skills requires a supportive and encouraging environment with opportunities to bring out teachers' creativity. School heads and managements cannot be fully aware of the needs of each of the student, but the teachers are. Hence, we believe in giving the teachers the responsibility to create a child-specific curriculum. The teacher is given a broad framework, but the details of daily training are left to her/him.

More than all of the above, teachers should also be aware of the sensitivities of the children. A high-pitched shrill voice, sometimes even bright and showy dresses can cause disruptive behaviour in children. We have a regular training programme for all the facilitators and therapists with monthly sessions on developing teamwork skills, learning new teaching techniques and progress in technological devices as applicable to special education. Stress-relieving programmes are also held.

Teaching children with disabilities needs a special approach but is a very rewarding and satisfying occupation. Regular sessions in spiritual development have also proven invaluable. To de-stress teachers, we organise picnics and trips; train them in dance and music; have regular sports sessions to not just relax but to enhance their self-esteem and health. The management does not look at them as mere employees but as resource people who need to be guided and supported regularly – but not supervised – so that they handle special children with dedication and commitment.

Teacher Empowerment Programmes

The parents

If the wellsprings are not cared for and equally nurtured, they could dry up. Parents of special needs children need more care, more compassion and continuous support. When we talk to the parents, we realise how difficult their lives are on a day to day basis. Many do not have any support system. Sometimes a parent does not even have the support of spouse or close relatives. Burdened as they are with financial issues, as medical and therapeutic interventions are expensive, they are not in a position to pay for extra sessions even if those are needed. Both the management and the teachers have to understand them with compassion and empathy. Regular sessions with medical doctors, counsellors and therapists are held for parents.

We can help children only when they have supportive parents. Regular meetings are held with the parents to discuss progress or the lack of it. They are our first line of support and their cooperation is invaluable. We start every academic year with a *Bonding Day* where we organise a day's picnic with the parents, children, teachers and other school staff. Sometimes, even siblings and extended family members join us. Nothing develops the bond between parents and teachers than an informal setting, like a picnic.

It has indeed been a long road to make our children accepted and included. Let us take a pledge that we will turn society around to accept inclusion so that one day there is no discrimination, no rejection - only love and compassion.

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Education of Children with Disabilities
Right to Inclusion with Appropriate Support

Dr Sudesh Mukhopadhyay

Introduction

Accountability is the buzzword of today and is used both ways: upwards and downwards. More than ever, each of us, irrespective of the position or role that we acquire in this continuum, needs to reflect and respond. Do we really mean and act upon what we are saying or committing? Do I have a reason to take this position? The Central Advisory Board of Education (CABE), the most powerful body of the Indian education system, met on September 21, 2019 and the following statement was made in the inaugural address by the Honourable HRD Minister:

"The Draft National Education Policy 2019 (Draft NEP 2019) is built on the foundational pillars of Access, Equity, Quality, Accountability & Affordability. It aims towards an education system built on the premises of quality and equity inter alia for building an equitable, just and human society. Several reforms measures have been proposed in the Draft NEP 2019 so that all students have equitable access to quality education across the country.[1]"

We will know what the Draft National Education Policy, 2019 implies for the current and coming generation of millions of children of this country including children with disabilities (CwDs). *Under-Represented Groups* (URGs) is a term that this policy uses for disadvantaged groups such as SCs, STs, OBCs, Minorities and so on. The noteworthy point is that *Gender* has been recognised as a phenomenon cutting across all people and my only concern is, then why not also disability, as it is a disadvantage across all social, economic, geographical and other such man-made parameters that define under-representation/disadvantage? The final and more comprehensive National Policy on Education is now available as promised by the government. It still needs to be approved by the Parliament. The Section 6 has still not mentioned 'disability' as a cross-cutting challenge.

Are we ready to meet the challenges and opportunities that are at hand to really accountable to the coming generations? A 16-year old student, Greta Thunberg from Sweden, has recently a started a movement on Climate Change, challenging each of us with the question – Are we doing enough? She has been able to reach many students and citizens across the globe. Interestingly, as per media reports[i], she also happens to be in the autism spectrum.

Being different can be a gift

> Thunberg's parents say their daughter, once painfully introverted, was always a bit different from other children. Four years ago, she was diagnosed with Asperger's on the autism spectrum which helps explain her remorseless focus on the core issue of climate change after overcoming depression. In the "Being Different Is A Gift" she told Nick Robinson when interviewed on Radio 4's Today programme, 'It makes me see things from outside the box. I don't easily fall for lies I can see through things. If I would've been like everyone else, I wouldn't have started this school strike for instance.'
>
> *Source: (Extract from Birrell, Ian, April 23, 2019).*

Hence, there is a need to move beyond advocating the need to *include* persons with disabilities (PwDs) and become accountable and proactive in ensuring that we have created empowering environments in our education system and, at a micro-level, in our institutions of education from early childhood to adulthood. If we follow the experiences of many children and young PwDs within our communities and across the world, the message is loud and clear – inclusion is empowering, but not for *them* but for each one of *us*. We need to discover and build upon the strengths and not get entangled with perceptions that may not be sound enough to take the path of inclusion. Let us understand the concept of education against this backdrop and discover together the road to empowerment.

Education

Education is defined as per the Greek notion of *educare*, to bring out or develop potential. Such

education is:

- *Deliberate and hopeful*

  It is learning we set out to make happen in the belief that people can be more.

- *Informed, respectful and wise*

  A process of inviting truth and possibility.

- *Grounded in a desire that at all may flourish and share in life*

  A cooperative and inclusive activity that looks to help people to live their lives as well as they can (Smith, 2015).[ii]

The education of CwDs is being addressed through different modalities though the preferred provisions vary with the developments in the history of education in general, and of CwDs, in particular. The state of the economy and the value system also affect the modality mix. There are countries where inclusive education is the dominant mode and others where special schooling continues to be the preferred mode. In many countries, mixed modalities are valued, including home-based services for children with severe and multiple disabilities and non-institutionalisation.

Today, inclusive education is based on the premise that all children can learn in a regular school in the neighbourhood. That the system should change for the diversity of learners and not the learner changing for the system has been highlighted in the UN Convention on the Rights of Persons with Disabilities (UNCRPD, 2006). The assessment that the quality of education, in inclusive as well as in the special education setting, remains wanting, is based on conjecture and not on rigorous research, which has not yet focused on the effectiveness of alternative modalities.

The CBSE has already started talking about 'life skills' and the latest version of the NEP (2019) also refers to it. It is to be noted that the 'Plus/Enrichment Curriculum' for children with disabilities in special schools is also about life skills. The Skills Council also has it on its agenda. NCERT needs to address this while designing the National Curriculum Framework 2020.

Learning from legal provisions

The education of CwDs is one of the major responsibilities of the government today. In India, we have been working towards this approach since 1974 through the Ministry of Social welfare (now known as, the Ministry of Social Justice & Empowerment). An analysis of Commissions, Five Year Plans and subsequent Acts passed by the

Inclusive Education provisions under Five Year Plans	
Five Year Plans	**Major Developments**
First Plan 1951-56	Under Social Welfare
Second Plan 1956-61: Third Plan 1961-66	Increased Facilities, MOE: National Advisory Group, Surveys NGOs' involvement
Rest Period	Education Commission, National Policy—IED
Fourth and Fifth Plan 1968-74, 1974-79	IED Scheme in MSW, Selective coverage
Sixth Plan 1980-85	IEDC Scheme in M/HRD, Prevention, Integration, Sample Surveys
Seventh plan 1985-90	NGOs, women and the disabled at par
National Policy 1986, POA	Chapter on Education of Handicapped
Eighth Plan 1992-97	PWD Act, RCI, DPEP, Sample Survey
Ninth Plan 1997-2002	SSA, National Trust, Census Survey, 86th Amendment, NSSO 2002
Tenth Plan 2002-2007	Monitoring, Expansion, Legal Framework, Reservation, Minister's statement, National Action Plans, Comprehensive Plan on Disability in making (IECYD)

Eleventh Plan 2008- 2012	IEDSS, RMSA, RTE, Revising PWD ACT, Revised SSA Framework, NCPCR, EOOs in Institutions of Higher Learning, Disability Studies
Twelfth Plan 2012-17	Amendment,2012 to RTE 2009, RPWD Act, 2016 and follow up Notifications
Post 2017	NITI Ayog: The Three-Year Action Agenda (2017-18 to 2019-20) Samagra Shiksha imbibing SSA & RMSA RTE and Choice of special schools (RPWD, 2018)
Draft National Education Policy, 2019	Presented in CABE, 20 September 2019; focus on 5+3+3+4 (in place of 12 years of school education and includes pre-primary and grades 1&2 as Foundational Learning of 5 Years) and Disability as part of URG; inclusion across the board; changing character of all regulatory bodies such as MCI, AICTE, NCTE, RCI and others.

Source: Developed by Sudesh Mukhopadhyay, 2018 based on her Chapters.

Note: Some landmarks have been mentioned for Inclusive Education; there could be some omissions as many other Acts also address Disabilities though do not mention explicitly in the titles of programmes and schemes.

Parliament gives an idea of the developments. One can summarise these developments as under:

This table captures the efforts towards Inclusive Education since Independence. Inclusion is now a well- known term even though still an evolving process for all countries, including India.

As a result of enabling policies and legislations, all states are witnessing more and more court cases, taken right up to the Supreme Court, indicating the gaps and challenges from policy to implementation in actualising the spirit with the action.[iii] Clause16 of the RTE Act (2009), relating to non-detention has been amended in 2017. Its removal can have serious implications for all vulnerable children, as the system is not self-monitoring nor are schools accountable for the support that was envisaged under this Act of 2009 that now also covers CwDs.

In the light of provisions and now the intent reflected by the Draft NEP, 2019 (DNEP 2019), it is important for all policy-makers, planners, implementers and stakeholders to expand the vision of inclusion to include equality of opportunity, as well as economic and social mobility, for all sections of society including PWDs. While schooling till the senior secondary level is important and recommended, the significance of the initial years of schooling till 14 years of age cannot be undermined or over-emphasised. Since education is on the Concurrent List and disability, as such, is a State subject, we all need to understand the implications of translating the National Policy into actionable implementation provisions. Related orders and administrative actions are always with the States. CSR and public-private partnerships need to be understood with care and caution as the market economy also has impacted the flow of funds from international agencies, such as UNESCO and UNICEF.

The challenge of human resources

Ever since the inception of special and inclusive education, the availability and continuous capacity-building of the human resources for empowering CwDs has been a critical issue. The quality of education can be facilitated only with adequate and planned, professionally competent human resources. Staffing in schools needs to be determined on the basis of real, not minimum, requirements. The RTE Act must recognise this reality and not relegate the recruitment of teachers, special teachers and other professionals to chance and ad-hoc decision making. The challenge is:

- Do we have enough service providers?
- Should we also look at the nomenclature that we use? For example, if we look at special schools as schools with special services then these will be a type of school established for a special purpose, such as the Navodaya Vidyalayas, Kendriya Vidyalayas and Sainik schools.
- Also, how do we plan to provide the special support that some children may need? We

need to study, analyse, research and document circumstances that are created by location, social environment, health, disabling conditions since birth, due to accidents and many other such developments in the life of an individual.[iv]

Disability-wise data released by reporting agencies bring up questions for planning services and resources. Children with neurological and sensory disabilities have significant issues of proper diagnosis for placements in schooling facilities and services and enabling interventions for learning. No information is available for learning outcomes as of now. There is diversity in the needs of children with, for example, orthopaedic, CP and multiple disabilities, with each child having a different learning profile. While it is important to strive for the same outcomes, it must be remembered that pace, pedagogy, support, non-remedial enrichment interventions differ. These will have implications for learning outcomes and, flowing from that, impact assessment procedures and curriculum design.

Special education schools - a continuum of inclusion

Inclusive education differs from previously-held notions of *integration* and *mainstreaming*, which tended to be concerned primarily with disability and special educational needs and implied learners changing or becoming ready for (or deserving of) accommodation by the mainstream. By contrast, inclusion is about the child's right to participate and the school's duty to accept the child and respond.

Inclusion rejects the use of special schools or classrooms to separate students with disabilities from students without disabilities. A rights-based approach places emphasis on full participation by students with disabilities and respect for their social, civil and educational rights. Going by both, the spirit and the provisions in the RPWD Act 2016, schools are not to distinguish between accepted terms such as 'general education and special education' programmes. Instead, school processes are to be so structured that all students learn together, with space for choosing to be special schools.[v]

We are the facilitators of, not barriers to rights! Do we, as national and state governments, respect the right to exercise choices? Can we say with confidence that all schools are inclusive, and all special schools fulfil the criteria of the RTE Act? This is an important question that the system must consider, as the RPWD confers the right not only for schooling but the right to choose special schools, if need be. NITI Aayog expects MHRD to deal with the education of CwDs, as well. Hence, the response of the Central and State Governments will decide how we move further on our journey for inclusion and towards schooling for all rather than using labels, like inclusive schools, special schools, schools with special services. The outcomes of CABE, Sept 2019 and the NEP 2019 are going to impact all these concerns.

Teacher preparation and management

Pre-service teacher preparation is crucial. While the NCTE is the regulating body for all teachers, the Rehabilitation Council of India (RCI), established as an Act of Parliament prior to NCTE, regulates the training of special teachers. In 2015, the RCI updated its curriculum for a two-year course and is geared to prepare teachers for general and special schools to serve CwDs following the NCTE notification of 2014 for two-year B Ed and M Ed courses that are cross-disability oriented with specialisation in two disabilities while ensuring pedagogy for school subjects. However, NCTE accepts the RCI qualifications of both the diploma and degree in Special Education only up to the primary level. The result has been a setback to appropriate and adequate number of professionals to serve CwDs in schools as they are underpaid contract teachers without opportunities for career progression.

Vision and challenges for teacher education (DNEP 2019)

The National Policy on Children (2013) gives details of the expected role of service providers, including those for education. There is a need to look at manpower requirements from 3-18 years of age groups and the related role of the statutory bodies.

Ad-hoc, stand-alone notifications by the respective ministries will lead to chaos and poor implementation of the policy. Pre-service, in-service and continuous professional growth needs to be seen as an on-going process, serviced by universities and other higher education institutes (HEIs) as stipulated in the section on higher education using Face to Face and Open and Distance Learning (ODL) modes. Certifications, credits transfer, subject options, manpower, recruitment and service conditions, including career paths, all need to be addressed simultaneously. Many of these aspects are crucial for successful implementation in the larger interest of children in general, and, PwDs in particular, a neglected area so far. Under the new guidelines set down by the National Professional Standards for Teachers (NPST), teachers will be prepared for different tracks in the B Ed programme, of which Special Education teaching will be one.

Specialist teachers

There is an urgent need for more special educators in certain areas of school education. Some examples of such specialist requirements include subject teaching for CwDs at the middle and secondary school levels, education of children with singular interests and talents and teaching for specific learning disabilities. Such teachers would require not only subject-teaching knowledge and understanding of subject-related aims of education but would also need to possess the relevant skills for and an understanding of the special requirements of CwDs.

While the generalist special educator has enough competence to work across primary school subject areas and also support and complement a subject teacher in middle or high school, a special educator might not have adequate knowledge to undertake subject teaching at higher levels of school. Similarly, a teacher is better prepared for the education of children with singular interests and talents after she has accumulated the required experience. Such areas could be developed as secondary specialisations for generalist teachers after the completion of pre-service teacher training. These will be offered in the in-service mode, as either full time or part-time or blended courses.

Conclusion

The challenge is, how do we look at future departments of education in multi-disciplinary universities offering a choice-based credit system, options for change and with new combinations?

Kurukshetra University and RCE/RIES of NCERT have run four-year integrated teacher education programmes with specialisations in languages, humanities, sciences and commerce. At one point, even agriculture and other vocational options were also available even at B.Ed. and M.Ed. Elementary. Unfortunately, these institutions never got the chance to award degrees and continue to be affiliated colleges in their respective state universities. We must learn from these experiences, after all, we are accountable to the future generations that our present decisions are going to impact.

While policy-makers and administrators continue to grapple with these issues, CwDs still need us to carry on even at this moment. Let us each abide by the following ideals and champion the cause of the CwDs:[vi]

1. Be a life-long learner and inspire our students to also be the same.

2. Keep in touch with latest developments, such as learning outcomes, continuous and comprehensive evaluation and testing as diagnostic tools; teaching-learning as a continuous and enriching process.

3. Consider Universal Design for Learning (UDL) as an empowering process for all children.

4. Believe, recognise and respect that everyone is a responsible citizen and PwDs are also us.

5. Be a game-changer by knowing your strengths and weaknesses, looking for opportunities, being responsive and not prescriptive.

[i] Birrell, Ian. (23 April 2019). *Greta Thunberg teaches us about autism as much as climate change*.

https://www.theguardian.com/commentisfree/2019/apr/23/greta-thunberg-autism/

accessed on 21 September 2019.

[ii] Smith, M. K. (2015). What is education? A definition and discussion. *The encyclopaedia of informal education*. [http://infed.org/mobi/what-is-education-a-definition-and-discussion/. Retrieved 20 September 2019.

[iii] Portions of this writing are also from Author's chapter on Education of Persons with Disabilities in Indian Education: A developmental Discourse by Mukhopadhyay Marmar and Parhar Madhu (Eds), Shipra Publications, 2015.

[iv] Will advise all readers to read books by Shivani Gupta, No Looking Back, Rupa Publications Pvt. Ltd and Malini Chib, One Little Finger, Sage India.

[v] http://seshagun.gov.in/sites/default/files/2019-05/disabilitiesAct2016.pdf/accessed 22 September 2019.

[vi] Adapted from Mukhopadhyay, Sudesh, Making the Difference: Our Roles and Responsibilities. In Verma Preeti et.al. (eds.) (2019); *Be the Difference: Equality and Equity in Education*, Mumbai; Department of Special Education, SNDT.PP332-333.

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Grace Under Challenges
A Sibling Speaks

Prema Raghunath

When I became an elder sister after several years of being the youngest, my first reaction was a mixture of excitement and pride and, it must be admitted, feelings of satisfaction of getting the opportunity, at last, to generally give instructions and have somebody obey them, as I had been doing.

As time passed, it did not quite work out like that.

My sister was diagnosed with Cerebral Palsy (CP) and the resultant bewilderment, confusion and consternation in the family took many months to subside. My parents were, understandably, worried and completely in the dark, because this was a time when nothing much was known about conditions like this, which resulted in multiple disabilities of movement, speech and development. Having a child with disabilities meant social ostracism of a very sophisticated kind - everyone was kind and appeared to understand, but in fact, nobody did. Invitations to social functions thinned out and, as we had decided that Gita (my sister) was not going to be tucked away out of sight but would be a fully participative member of the family, our appearance caused embarrassment. I am going to try and outline the issues that arose from this. Things have changed greatly from those times, but the human angle remains essentially the same. I think a lot of people reading this will recognise some of the aspects as relevant.

Loss of childhood

The other children in the family have to all grow up overnight - outwardly at least. I lost my parents to the overwhelming changes that having a child with disabilities inevitably brings. Everything has to revolve around the many needs - the general routine has to accommodate the various therapies - physiotherapy, speech therapy and other demands. This could result in, unless parents are alive to this, the siblings taking on more responsibility than they can possibly handle at a very young age. Consequently, they are automatically excluded from their friends' circles.

Secondly, many of the achievements of the siblings are sometimes underplayed in an effort to protect the sibling with disabilities. Although today many things have changed for the better and definitions have altered, I still feel that younger and elder siblings need to be given the attention they require to reach their own potential.

Thirdly, these deficits may never be made up. In many ways, I have recognised in myself the effects of having had adulthood thrust on me – anxiety, some survivor guilt and confused emotions.

Increased empathy

The good part of growing up in such a situation is that one is far more *tolerant* - the lesson that life throws up surprises is learned early. The early sense of responsibility can morph into accepting leadership positions as well as a sense of self-reliance. In my own case, I think it made me far more tolerant of *differences* – I did not think everyone had to be the same for me to get on with them. In one sense, making friends was easier, though in another, more difficult. At one stage, the acid test of friendship became how the other person accepted Gita. If they could include her, they were all right, if not, then there were fights which sometimes ended in tears.

Great love

I must mention this as an important component of being sister to a person with disabilities. There is an enormous sense of *love, care* and *nurture* which can be nothing but good. People usually have to wait for the birth of their own children to feel all this, but I think we - a special category- experience these

things earlier. It is tied up to the lost childhood aspect which I mentioned earlier but is beneficial, all the same.

What parents could do

One of the big facets of having a child with disabilities is that it impacts everyone's life - parents, siblings, grandparents and, though perhaps to a lesser extent, the extended family. Parents feel several things - sadness, denial, sometimes disavowal while all the time knowing inwardly that this is not going to go away. However, daily life has to be lived out – going to work, running the home, keeping up with social connections, taking care of other responsibilities as well as finding the time and energy for another child, older or younger. The list is quite challenging.

But here's the thing – the other child (or children) has also been presented with a new normal. Grades may drop (they did for me), there may be tantrums, new behaviour patterns. Here is where parents could get help so that the sibling can get some quality time and space with them. This is easier said than done, but with the wisdom of hindsight, I can see what could have been different.

In the end, I want to say that if parents of children with disabilities become very special themselves – two ordinary human beings develop a side of themselves that can only be described as heroic and draw on the strength they never knew they possessed, siblings too turn out to be very special indeed. They are special because of their unflinching support of decisions made by others, not quite knowing what they are all about, only standing by the side of the brother or sister whom they will do anything for.

That is some of what I learned from Gita, whose grace and lovely, generous nature more than made up for the upheavals. For it was grace that she too displayed – grace under tremendous challenges, both physical and emotional. She could cut through the externals of any person and know them for what they were and let me have the benefit of the knowledge! We were dear sisters who were best friends.

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IT DEOSN'T MTTAER
IN WAHT OREDR
THE LTTEERS IN
A WROD ARE, THE ONLY
IPRMOATNT TIHNG IS TAHT
THE FRIST AND LSAT LTTER
BE IN THE RGHIT PCLAE.

These are examples of transpositional (mixing-up letters and sounds) and phonetic spelling. Children with dyslexia tend to interchange letters and spell phonetically.
Courtesy: Madras Dyslexia Association, Chennai

WEE REED IN VAIREE
DIFRINT WAEZ FRUM HOU
WEE SEE WERDZ.
THIS KEN HAV AN EFFEKT
AAN PEEPOOL THAT FIEND
REEDEENG DIFIKULT.

Learning Through Travel
Experiences from Deepika School

Sumathi Ramjee

At the Deepika School we have students who have difficulties with reading and writing, some with very short attention spans and some slow learners. The conventional modes of teaching did not yield positive results, so we started out with a small endeavour in 2007. We took our students for a school tour to Andhra Pradesh to facilitate the learning of the Social Sciences and found that it had a tremendous impact on them. It brought about a complete transformation of personality. Students learned life skills, which are essential for a balanced outlook, they expressed more interest in the world around them, they were inspired by the grandeur of the monuments and sculptures built by kings of yore and came back with renewed zeal to pursue learning through textbooks. Walking into a field of crops of that region gave them first-hand experience of the geography of the country.

Our first trip to Andhra Pradesh took us to hydel power projects over the Krishna River (Srisailam and Nagarjunasagar), where students watched the power of flowing water being converted to electricity. They experienced the wonder of nature while crawling through the stalactites and stalagmites of the Belum caves. While waiting for the train at Gooty station, the Station Master arranged for an informal talk on diesel engines where our students had all their doubts about the engines clarified. Studying about diesel engines in the railway station from an engineer who worked every day with engines was a novel way to learn.

Travelling to the rubber plantations in Kerala they watched the latex being tapped, set aside for curing, squeezed to remove water and then sent to the rubber factory for processing. They lived in an estate, ate local cuisine, watched bee-keeping and understood the making of laterite soil bricks. They learned details about grafting in nutmeg trees to produce better quality nutmeg, went to the Agricultural Sciences department and learned mushroom cultivation and vermi-composting. Lying on their stomachs on a rock precipice at the top of a waterfall in virgin forestland and watching it from above brought in the thrill of an adventure never known before.

Kappad Beach where Vasco da Gama, the Portuguese explorer, landed, an Olive Ridley turtle hatchery and a treasure house of ancient furniture and armoury at Arakkal museum gave our students myriad hues of what our country has to offer. At the end of this trip, none of them wanted to go back home!

Subsequent trips were to the forts at Vellore and Senji (Gingee) where students saw how liberal minded and secular those rulers were by allowing all forms of worship within the fort premises. The difficult climb to the top of Senji fort made us all realise the comfort zones we live in!

Maruthuvamalai, Kanyakumari

For students with spatial orientation difficulties, map reading in geography is usually a complex task. So, in the trip to the southernmost tip of the country, Kanyakumari, students climbed Maruthuvamalai, a hill nearby to see the tip of the country and understood the topography. The

three mighty water bodies of the Bay of Bengal, the Indian Ocean and the Arabian Sea were there down below and as we pointed to each of the seas, our students learned social science for life. Vattakottai, near Nagercoil, took us back to Marthanda Verma's heroic victory against the Dutch. We marched to the echoes of *selaiaikaal, olaikaal* recreating a vision of what had happened centuries ago when the Dutch tied a piece of a sari *(selai)* to one foot of the soldiers and a palm leaf *(olai)* to the other and made them march calling out *selaikaal, olaikaal*.

The Karnataka school trip took our students to Chitradurga, Hampi, the Daroji Bear Sanctuary, Aihole, Pattadakkal, Badami, Kudalasangama and Bijapur. The richness of the heritage that crowns India was visible in their expressions as they wondered how it was all built without the help of technology. Invariably, they came up with the comment that people of yore were far more innovative than us. The students re-enacted the adventure of Onakke Obbava at Chitradurga, marvelled at the sculptures of Badami, Pattadakkal and Aihole and imbibed the secularity of the regions. Bijapur brought in the splendour of Adil Shah with the technical marvel called Gol Gumbaz.

Added to this feast of culture was the trip to a loom where we watched a typical Ilkal sari being woven, watched the sun set over the mighty Tungabhadra Dam at Hospet, sampled the local cuisine and came back with the thirst for knowledge still unquenched.

Pattachithra Raghurajpur, Odisha

A cultural meet that we were invited to, opened the doors to a trip to Orissa where our students stood on par with mainstream students from all over the country and participated in various art forms of dance, music and craft. Discovering what this land had to offer was unforgettable.

Our students were transported with happiness by the spired domes of the temples of Jagannath, Mukteshwar and Lingaraja, the meditative boat ride on the expansive Chilkha Lake, the explosion of colour in the craft bazaars of Pippli, the majestic Konark Sun temple and the unrivalled talent of the *patachitra* artists of Raghurajpur.

Humayun's Tomb, Delhi

Armed with the experience of short trips that were about a week long, we ventured into organising one that was a fortnight long and involved travelling across the length and breadth of the country. We themed it as the *First War of Independence* and beginning with the Battle of Plassey, 1757 in West Bengal, we took them to Kolkata, Buxar, Kanpur, Lucknow, Delhi, Jhansi and Amritsar, spanning out through the trip what the Independence struggle was all about. Walking through the little hamlet of Brahampur, understanding the nuances of a different culture, visiting Thakur Bari, Rabindranath Tagore's house in Kolkata, eating the famous *luchi-aloo dum* and *rosogolla* brought in a uniqueness to the flavour of the school trip.

When history is taught through textbooks, it seems very abstract and unreal, but to visit the sites of famous battles like the Battle of Plassey, the First War of Independence that spanned across states from West Bengal to Delhi, they saw what destruction the war had caused in Lucknow; the innocent lives lost in Kanpur. After returning from the trips to Plassey, Kolkata, Kanpur, Lucknow, Jhansi and Delhi, all of which were involved in the

First War of Independence, our students put up a stage show in which they created the monuments through human formations, enacted the bravery of the kings and queens who fought battles and dramatized scenes where leaders sacrificed their lives for the country's freedom. This gave them a better understanding of what the leaders went through and what they, as students, can do to make the world a better place.

Visiting a jute mill in West Bengal, they understood how fibre is converted into gunny bags and realised the difficult work environment that the workers have to battle. Travelling across the length of the country by train, they saw the different mountain ranges, the sea, the rivers and the crops that are grown in various soils and the diverse industries in each state.

Dholavira, Gujarat

Another learning experience was the visit to Gujarat where the highlight of the tour was a visit to Lothal and Dholavira which were cradles of the Indus Valley Civilisation. As we went through the ruins, we recreated what may have been there in a glorious past that vanished so mysteriously. The Fossil Park nearby was equally fascinating where every little stone had a tale to tell with little sea creatures fossilised in it. The barren beauty of the Great Rann of Kutch, the artists at Bhujodi, who created marvels with their hands, be it in carpentry, block printing, Kutch embroidery or weaving, reiterated the cultural diversity of this land. Returning from the trip, we traversed the Konkan coast soaking in the beauty of the flora and fauna that went by. Doodhsagar waterfalls made a memorable impression in our minds as we silently promised ourselves another trip to this natural wonder.

Taking us further back into the history of cave men, was Bhimbhetka, Madhya Pradesh where the paintings gave us an insight into life aeons ago. The fascinating talent of the sculptors of Ellora, the ingenious Daulatabad Fort, Aurangazeb's attempt at recreating the Taj Mahal at Bibi ka Maqbara, Aurangabad, the Paithani weaving of that region – everywhere the learning was immense, the take-home monumental. Sitting in front of the Sanchi Stupa or in front of the sculptures at Ellora, our students put down as a visual art exercise all that they saw in front of them.

The situations that one encounters in a land that is culturally so diverse make way for learning to cope with stress and emotions. Being away from the protected comforts of home, students learn to be independent, become more responsible by learning to take care of their belongings, empathise with the other, especially those going through emotional trauma, take decisions independent of their parents, solve minor problems, learn soft skills, such as time management, leadership and teamwork, accept various cultures and adapt to situations as and when demanded.

Going to Daroji Bear Sanctuary and seeing the sloth bears there made the students come up with the idea of writing to the Government, asking them not to give permission for the construction of a steel plant coming up in the vicinity, thus, paving way for future citizenry which is environment-conscious and will proactively take up a worthy cause.

Learning in a different way brings out the relevance of what is being learnt, leading to social change. Through such school trips, students learn the history of the country and realise that by applying thought, mistakes made in the past need not be repeated. Going to a village in West Bengal and watching them use a stove that uses coal and cow dung as fuel, seeing alternative sources of energy like solar power, wind power and biogas instils in them the possibility of an alternative way of living. The bio-diversity of the Western Ghats taught them the holistic way in which nature provides, with every element of nature being essential in the 'circle of life'. Interacting with children who hardly get sufficient food to eat and clothes to wear and are deprived of schooling made them count their own blessings. Staying in a defence establishment made the students learn first-hand about disciplined and healthy living with physical fitness being prime in the agenda. Listening to different languages, getting information from various people in the train, eating food different from home food were lessons in the diversity of cultural India.

With the current curriculum and teaching of the Social Sciences, emphasis is given to learning facts, with the skills of interpretation, application or problem-solving seldom being explored. Our school trips enable the learner to establish the vital link between abstract theory and the real world. This was seen when my students noticed the term Jhansi Municipality and concluded that the local government must be a municipality and not a corporation. In every town or city they travelled to, they made observations related to the political science that they had studied theoretically, such as looking at election posters, government buildings, ministerial bungalows. Every night of the trip was spent in putting down in writing all the places visited and a brief significance for learning to be reinforced.

At the end of each trip, the students give valuable feedback. Spending a few days together breaks down communication barriers and even a non-communicative student expresses the impact that the trip made on him/her. They tell us what moved them the most, what upset them and where it could have been different.

A report based on the entire trip, including the expenses is submitted by the accompanying teacher to the school for further discussions on what changes need to be made for subsequent budgeting and planning. The parents are called for a meeting and the students' strengths are discussed, highlighting instances of exemplary behaviour, making for more acceptance and appreciation from the parent. If an issue of concern has been noticed, it is highlighted so that both the school and the parent can work on it to bring about a positive change. Class teachers are asked for noticeable changes in the students' outlook and invariably it is found that there is an enhancement of confidence level, better critical skills of interpretation, analysis, understanding and reasoning, each of which is vital in developing a nuanced understanding of the society in which we live. Journeying through the length and breadth of the country to learn, imbibe and adapt by experiencing the diversity not only of Indian culture but the physical terrain too, has led to a school trip being organised every year with meticulous thought and planning leading to the holistic development of students with learning disabilities, who have benefitted from our different approach.

Looking at the strides made in learning for each student involved in the project, it is obvious that the same methodology of facilitating learning would help to mainstream students and make them better global citizens as there is so much to learn from history and geography.

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Inclusive Education in India
From Concept to Reality

Dr Uma Tuli

Children are a nation's most valuable asset. It is our responsibility to ensure that every child is able to live a happy and productive life. For this, it is essential to develop their potential to the maximum. Education is an important pre-requisite for empowering and equipping children to meet the challenges of life and helps in their holistic development.

Over the years, various programmes and initiatives have been undertaken globally to ensure education as a right of all children including those with additional needs particularly those from the weaker and marginalised sections of society.

Despite efforts made over the years to overcome the prejudices associated with disability and highlighting the need for a rightful place in society with inherent dignity, potentials and capabilities, the majority of persons with disabilities still face exclusion and discrimination. They receive education in a segregated environment or are poorly and ineffectively integrated with their potential untapped.

Ground realities

According to the Census 2011, 2.21 percent of the over 120 crore people in India, that is, over 2.68 crore people live with one or other form of disability. Among them, 66 lakh are children in the age group 5-19 years. The World Report on Disability, produced jointly by the World Health Organisation and the World Bank in 2011, estimated that about fifteen percent of the global population lives with disability.

Although much progress has been made in the education sector, India faces immense challenges in addressing the educational needs of children with disabilities in the age group of 5-19 years. Twenty-eight percent of girls with disability have never attended an educational institution. The figure for boys at twenty-six percent is only marginally better. Only sixteen percent of the disabled male population and nine percent of the disabled female population has matriculation /secondary education. Not surprisingly, only nine percent of males and three percent of females with disability are graduates.

Policy and legislative framework in India

In India, over the years, various programmes and initiatives have been undertaken, focusing on making education a right for all children. The following are the main legislative provisions:

- Constitutional provisions: Article 21 A, Article 45 and Article 51 A (K)
- The Mental Healthcare Act, 1987, revised in 2017
- Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 revised in 2016 (The Rights of Persons with Disabilities Act)
- Rehabilitation Council of India Act, 1992, revised in 2000
- Right to Education Act-2009, revised in 2018
- National Trust Act 1999

Due to lack of required infrastructure, adapted teaching-learning material and several other factors the desired objectives of Right to Education Act (RtE) have not been fully met.

National policies

The National Policy on Education (NPE) 1986 and Programme of Action 1992, which emerged from the NPE, reiterate the approval to integrate physically or intellectually challenged children with the general category as equal partners so as to prepare them for normal growth. The NPE emphasised the

need for the expansion of integrated education programmes. Recently initiated policies include:

- The National Action Plan for Inclusion of children and youth with disabilities, 2005
- National Policy for Persons with Disabilities, 2006
- The National Plan of Action for children, 2016
- The Draft National Policy on Education, 2019

The **Draft National Education Policy 2019** does not lay adequate emphasis on inclusive education with holistic approach for its implementation.
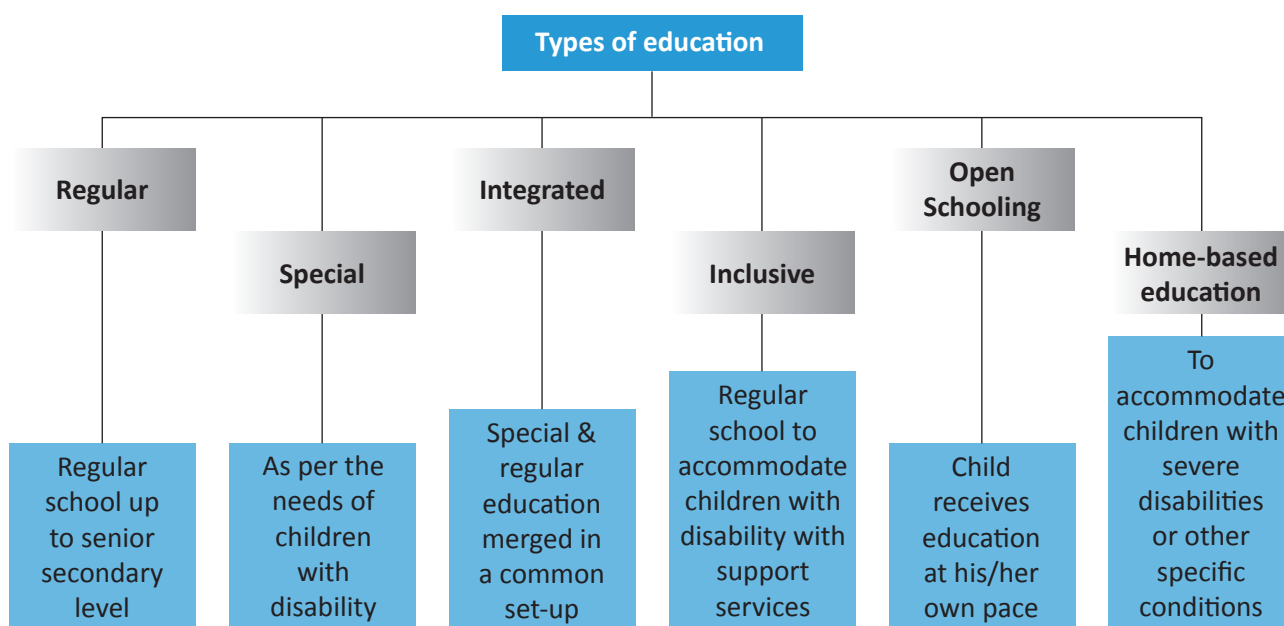
Inclusive education

The changing perspective from being compassionate and sympathetic towards children with disabilities to becoming providers of support and opportunities, and a rights-based approach gave rise to the concept of Inclusive Education. It is a system of education wherein students with and without disability learn together and the system of teaching and learning is suitably adapted to meet the learning needs of different types of students with disabilities. It is a process that involves transformation of schools and centres of learning, caters to all children – boys and girls, able and disabled, the marginalised and less privileged alike.

Types of education

The concept of child-centred, need-based education and life-long learning has led to various schooling options for children with additional needs. These can be classified into the following categories:

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                    Types of education
    ┌──────┬──────────┬─────────┬──────────┬──────────┐
 Regular            Integrated          Open Schooling
        Special              Inclusive          Home-based
                                                education

 Regular    As per the   Special &   Regular      Child       To
 school up  needs of     regular     school to    receives    accommodate
 to senior  children     education   accommodate  education   children with
 secondary  with         merged in   children with at his/her  severe
 level      disability   a common    disability with own pace   disabilities
                         set-up      support                    or other
                                     services                   specific
                                                                conditions
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The first four options are formal and have well-demarcated locations and appropriate infrastructure and resources where education is received through face-to-face mode, following a well-defined curriculum to be accomplished in the allocated time. The results of summative assessment serve as an indicator for promotion. In the integrated set up, the onus is on the child to fit himself/ herself in the existing system. The child is generally integrated only for social, cultural or sports activities to a certain extent and for academics is integrated only for those subjects which are in the regular curriculum. Children with mild disabilities, who are able to adjust in regular settings with medical intervention or other forms of support, like special education or remedial education, are integrated. This integration is mostly either only in social activities or partially in academics depending upon the severity and type of impairment.
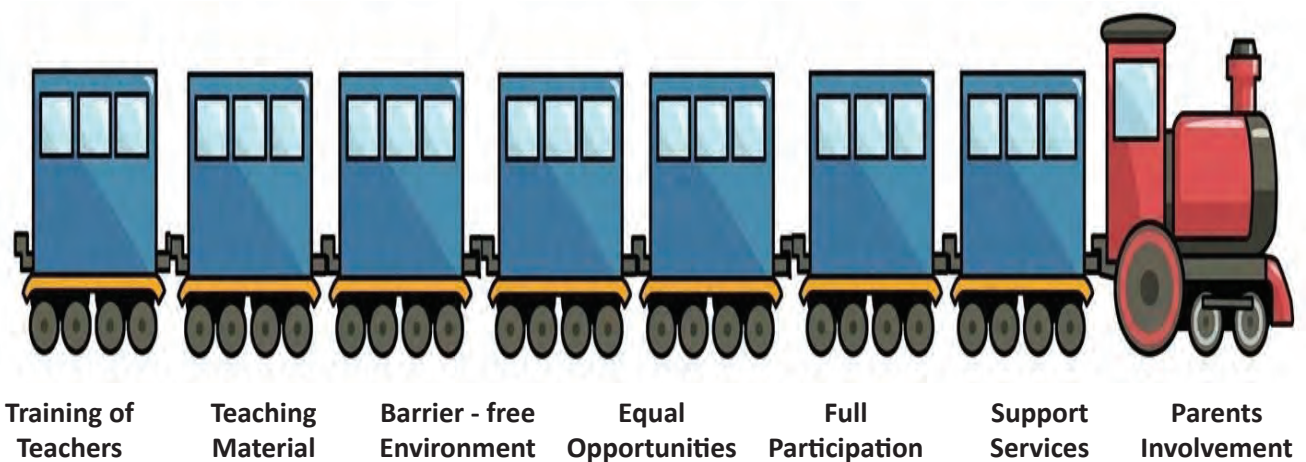
Open schooling provides need-based education, varied subject options at all levels, the self-paced learning and multiple options for completing their grade assessments. *Home-based education* (HBE), recognised in the Rights of Persons with Disabilities Act, 2016, aims to enable children with

severe intellectual /physical disabilities to acquire independent living skills and helps towards school preparedness and preparation for life. Most children undergoing HBE have multiple disabilities, severe cognitive challenges, cerebral palsy and autism spectrum disorder.

Components of inclusive education

The essential components for implementing inclusive education in the real sense are:

| Training of Teachers | Teaching Material | Barrier - free Environment | Equal Opportunities | Full Participation | Support Services | Parents Involvement |

A journey, not a destination..

Involving parents and communities is invaluable and needs to be mobilised and encouraged to lead change. The acceptance of the child by parents/members of the community influences the personality of the child and determines the attitude and treatment of other family/community members towards him/her. They play a crucial role in deciding short- and long-term goals for individualised education.

Equal opportunities and full participation

Inclusive education is based on the philosophy of ensuring equal opportunities and full participation of children with additional needs. It is the responsibility of the school management to be committed and restructure school culture, policy and practices so that students with diverse needs are facilitated in various academic and non-academic activities.

Barrier-free environment

Accessibility to all places in the building and classrooms is the first step towards inclusion, followed by a non-restrictive teaching-learning climate.

Support services

To fulfil all the educational needs of the children, support services must be delivered holistically and, as far as possible, be provided in the school. Services include occupational therapy, physiotherapy,

Accessible bus

Tactile path

speech therapy, early intervention, psychological assessment and counselling. Special educators should collaborate as a team and with mainstream teachers to monitor the progress of the child.

Teacher training

It is necessary that teachers who teach and manage the classroom are sensitised and oriented to the concept and philosophy of inclusive education and exposed towards adjustments to be made in terms of infrastructure, flexibility in curriculum and teaching methodology. Continuing rehabilitation education programmes and short-term courses for pre-service and in-service teachers will provide them with an insight and prepare them to respond to diversity and children with different disabilities. Schools should impart life-enhancing knowledge and skills to students that can improve their lives. Skill development also increases their potential for greater economic independence.

Challenges

Global studies have revealed the major challenges in implementing inclusive education. The following diagram depicts these.

| Attitudinal barriers | Insufficient special educators and training programmes | Inaccessible infrastructure | Limited appreciation and understanding of the holistic approach | Lack of adapted learning material and paucity of funds |

Why inclusion is necessary

Research indicates many benefits of inclusion.

- Students learn to appreciate each other's unique strengths and abilities
- Students are encouraged to help each other.
- Students with additional needs are able to foster friendships in a natural manner and in a natural environment.
- Non-disabled students get a chance to develop positive attitudes towards people with disabilities.
- The sense of belonging to a community helps build self-esteem and a feeling of achievement for students with disabilities.
- Students often learn desirable social behaviours best from each other.
- Children reach their developmental potential and learn to adjust in all environments.

Promoting special-needs education in Amar Jyoti

With its holistic approach of rehabilitation, the Amar Jyoti Charitable Trust (AJCT), Delhi was among the first institutions in India to launch integrated and inclusive education in 1981. The school started under a tree with a multidisciplinary approach for the wholesome development of children. There was one class of thirty children of which fifteen were with additional needs.

Today, the school follows a modified NCERT curriculum and is recognised by the Directorate of Education. At present, it has 510 students, with and without disabilities in almost equal numbers. Recently, a new section for children with deaf-blindness has enrolled sixteen students who are receiving home-based and centre-based training. The academic inclusion

from nursery class onwards helps in nurturing the feeling of social inclusion amongst the students. The Trust has a branch in Gwalior (Madhya Pradesh) which is rendering similar services since 1989.

Students are encouraged to participate in various co-curricular activities, like integrated sports and cultural activities. Pre-vocational training in computer applications, beauty, culture, art and craft, screen printing, jewellery-making and tailoring forms an integral part of the curriculum for the all-round development of the students. It is mandatory for all the students from class 3 onwards to choose one vocation as per their interest. Some of these skill courses are accredited through National Institute of Open Schooling and State Council for Vocational Training.

Inclusion in sports and cultural activities

Children play before they learn to read and write. Sports like basketball, table tennis etc. and cultural activities are encouraged, which help in the intellectual, social, physical and emotional development of children. Children learn to develop potential and adjust to different environments. The students of Amar Jyoti participate in several national and international competitions.

Additional academic support services

Students are trained in communication skills,

debate and elocution in the English lab, while the Science lab enables practical conceptual learning. Similarly, the Computer lab and Smart class enhance learning. Amar Jyoti is a recognised centre for National Institute of Open Schooling for grades 3, 5, 8, 10 and 12. It is also an accredited institution for the education of the disadvantaged to cater to the needs of individuals with additional needs.

Therapeutic interventions

Medical practitioners and specialists in areas like medicine, surgery, orthopaedics, ENT and paediatrics provide free consultation and diagnostic services. In children with delayed milestones, various intervention units like occupational therapy, physiotherapy, speech and audiological unit and early intervention unit play an important role in achieving development. Besides therapeutic services mobility aids are also provided. Corrective surgeries are also performed by the doctors volunteering their free services.

Children facing any difficulties related to psychological, behavioural or any academic issues are assessed at *Child guidance clinic*, counselled and are referred for appropriate intervention. This unit also helps parents of additional-needs children by suggesting to them the mode of education by which their children would benefit and organises parent support programmes where various issues of parenting children with additional needs are discussed.

Capacity development programmes

One of the challenges faced in the implementation of inclusive education is the lack of trained human resources. To meet this demand, Amar Jyoti runs various human resource development programmes. Masters' and Bachelors' programmes in physiotherapy affiliated with the University of Delhi help in developing skilled physiotherapists. Diploma programmes in Special Education with specialisation in mental retardation, hearing and visual impairment approved by Rehabilitation Council of India (RCI) are being run. Besides this, various short-term courses to orient teachers from mainstream schools are designed and conducted as per need.

The way forward

To realise the dream of inclusion, it is imperative to have a synergy between the various sectors of society, wherein responsibilities are shared equally. A *mantra of convergence* enables harnessing

resources and expertise for effective universalisation of inclusion, for working towards which the Fifth International Conference on Inclusive Education, held in New Delhi in November 2018, made the following recommendations.

National education policies should effectively assimilate Inclusive Education (IE) in the general education system by:

- earmarking dedicated resource for teacher-training and promoting IE, specially among rural and marginalised communities.
- establishing model inclusive schools.
- including an implementation plan, with specified deadlines to ensure universalisation of IE.
- including strategies that ensure multi-sectoral and inter-sectoral linkages to create greater awareness among implementers and the community.

Teachers training programmes (including those for master trainers) should:

- be designed involving teachers' in the training need assessment.
- be strengthened to include soft skills, social/emotional learning for IE.

Education system should:

- sensitise students, parents, school administrators, teachers and support staff about the imperatives of inclusion in the education system.
- ensure adequate provisions of support system as needed.
- provide services for mobility and independent functioning for learners with disabilities.

Pedagogical reforms should:

- provide flexibility in curriculum and evaluation customized to the needs of learners.
- include opportunities for participation in co-scholastic activities for participation by all learners.
- consider alternatives such as a 'creative stream' in addition to the existing science, commerce and humanities streams to meet the needs of challenged learners.
- include provisions/ strengthening skills/ vocational training as a part of the curriculum. Addition option for skills /vocational training should be made available in National Open Schools.
- work toward ensuring that Universal Design for Learning becomes the norm.

Data and research systems should:

- be established/strengthened to implement research to address policy and implementation gaps.
- establish a database that provides inputs to inform evidence-based policy formulation/revision.
- routinely capture information on drop-outs, transition and academic achievements of all learners.

Strengthen collaborations by:

- promoting collaboration between educational institutes, communities, families and local government to ensure effective implementation of IE.
- creating professional bodies such as national and international academies to promote IE.
- involving the corporate sector to provide resources for IE.
- establishing appropriate mechanisms and structures to ensure inter-sectoral collaboration in policy-making and implementation of IE.

Conclusion

Making education accessible to ALL children – with and without disability – is everyone's responsibility. In recent years, there has been a paradigm shift from charity to empowerment and from the medical model to the psychological model. The journey of IE has overcome a number of challenges and undergone several significant changes ranging from an era of negligence, marginalisation and discrimination towards an inclusive, barrier-free and rights-based society. The Draft National Education Policy 2019, currently under deliberation, is an opportunity to adopt a holistic approach emphasising convergence of resources and networking to encourage students with and without disability to stand on the same platform as their non-disabled peers and achieve their full potential.

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Role of Family, School and Community in Special Education

Usha Madan

Ideally speaking, education should cater to the development of cognition and emotional skills of students, ultimately equipping them with good life skills to face the challenges of the world. It should prepare a student to have a meaningful personal life and at the same time a productive work-life.

Unfortunately, the present concept of education is more academic progress through acquiring information instead of nurturing holistic development of students who need to be trained to face the challenges of life with confidence by making use of their potential as much as possible. Though this focus is side-lined in today's education system, most of the mainstream children manage to some extent to get equipped as they grow by seeing, hearing, analysing their experiences and observing the environment around them. Thus, they are self-trained for life skills.

Unfortunately, intellectually challenged children lack these skills and hence need to be trained with greater focus on life skills, starting with physical (motor) skills, cognition and emotional training at the right time, followed by functional academics and vocational skills training.

However, when it comes to educating children with disabilities it is a disappointing fact that family and community measure their educational progress by making comparisons with mainstream children, without considering whether the child is equipped for it and if that is what the child needs.

In this context, before exploring the best practices in early education, it is vital to understand what education means to children with disabilities. It should not be a mere watered-down version of the mainstream curriculum, which is just acquiring information.

An ideal education for children with disabilities should focus on a programme holistically, with independent living as the final goal. The training for this should be started as early as possible and be the foundation for their teenage and adult life skills, mainly focusing on imparting skills to maximise independent living followed by vocational training, based on individual strengths, so that students can become employable and financially independent as having a disability of any kind should not be considered the reason for not being trained to become self-reliant. Children with disabilities should be given every opportunity to be educated in the right way, without any reservations and be trained in accordance to their requirements and abilities, so that, despite their challenges, they can develop independent living abilities along with suitable employability. Special education should be empowering (so that they are not considered 'liabilities' to the family or society, as is often the case).

In educating a child with disabilities there are three fundamental components, namely, the *school*, the *family* and the *community*, which undisputedly have significant roles to play by complementing each other. When all these three synchronise, then the greater objectives of acceptance, respect and accommodation are assured, it leads to empowerment and inclusion – the final goal of special education and the right of children with disabilities.

The role of the family

No one can dispute the fact that parents are the primary caregivers whose life's goal is to see that their children become independent and thrive on their own. Family awareness about the challenges of a child with disabilities, their unconditional acceptance and the involvement of siblings contributes a lot in educating/training a child with disabilities in the most productive way.

While school and other therapies facilitate the training process, the deep involvement of parents and the family is crucial in reaching the abilities that match the goals set for each child. We have evidence to show that children who have the support of their family are bound to succeed in any kind of training to become independent and productive.

The role of the community

The community in which a child grows up should realise that a child with disabilities is not just

one family's responsibility. Inclusion is a societal function and can happen in the real sense only when neighbours and the general public understand that children need to be understood as children first and given the acceptance and help they need in every walk of life. As we all know attitudes and assumptions influence our actions, hence, it is imperative that everyone aids children with disabilities in ensuring a smooth transition from their families to schools and, finally, in taking their place in society.

The role of the school

The primary objective of any school which wants to cater to children with disabilities, either as a special facility or as an inclusive set-up, should be providing and maintaining a learning environment conducive to the overall development of the children. They should also connect with and involve the families and community as much as possible. The curriculum should be designed focusing on all the five developmental domains, namely, *physical, linguistic, emotional, cognitive* and *social*. The criteria of assessments should be clearly set out in the Individual Education Plans (IEPs) with the starting level followed by expected level (goals) under each domain matching the challenges and the abilities of each student. Required therapeutic interventions must be included.

Holistic approach: Mandala

Deepika, a school for intellectually challenged children, envisages this holistic approach and our teaching objective is to train children with intellectual disabilities to lead as independent a life as possible.

We have a do-able, structured training programme called *Mandala*. We have been using this strategy in the development and implementation of educational innovations for children with intellectual disabilities for about fifteen years now and are happy to say that it has been quite successful in making our students independent. Based on our observation and experience with children with disabilities for all this time, we have understood that this kind of holistic education is the need of the hour and should encompass independent daily living skills, social skills, communication skills, motor skills and functional academics, followed by vocational skills training.

The purpose of this tool is to summarize evidence-based practices that identify and describe the three major components as discussed above, namely,

the *school, family* and *community* for the holistic training of children with disabilities. It has a set of practices for meeting the educational objectives of each group of students.

The picture below shows the terms and practice concepts of this structured intervention, which is trainer-directed and uses a planned set of resources. This occurs in both formal and informal learning environments. The technique used within these approaches is a behavioural model (for example, prompting and reinforcement) with gradual fading after skill acquisition. These objectives are student-centric and correspond with their potential with realistic expectations.
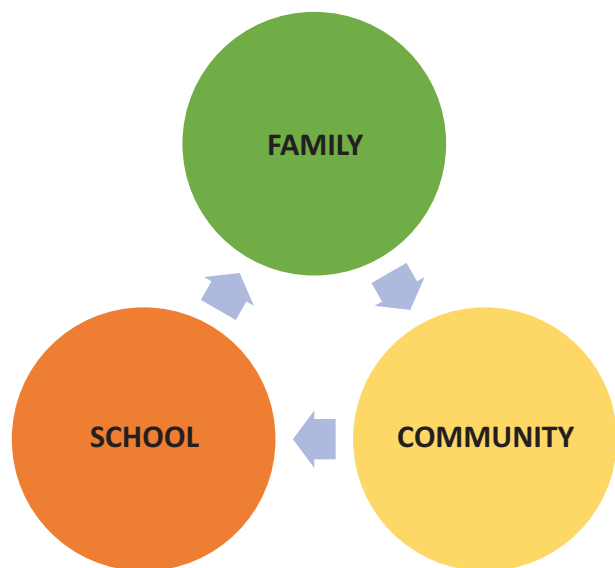
Strategies

School

Our core curriculum focuses on life skills, motor skills, communication skills and social skills along with functional academics, followed by vocational skills-set training. Here teachers, peers and therapists are involved.

Family

We conduct personal counselling sessions, especially for mothers for emotional management; parents' counselling for unconditional acceptance; quarterly sibling workshops; half-yearly extended family workshops for grandparents and other significant family members.

Community

The aim is to sensitise the public to the fact that children with disabilities are not just their family's responsibility, but a societal one. Awareness

programmes are conducted to educate corporate houses, public service departments and mainstream schools.

The Mandala process

In school

Our curricular objectives are inculcating life skills, social skills, communication skills and training for specific skill sets as well as and vocational training.

- *Life skills (independent daily living skills)*

This begins with assessing the level of daily living skills the children have acquired at the time of admission. The major focus is on toilet training, bathing, personal hygiene/care, independent eating habits.

It has been observed that many parents do not realise the significance of training children for basic life skills as early as possible because they either underestimate the potential of the children or are overprotective and find nothing wrong in doing these things for the children forever without realising the repercussions. The major challenge in such cases is that these students are not allowed to 'grow up'. For example, parents giving a bath to their growing children or letting them sleep in their beds makes these children fail to understand the *my body* concept, which in turn, exposes them to the risk of not being able to differentiate between good touch and bad touch. It also hampers training in the concept of personal space as it is very important to understand proper social boundaries for their own safety as they grow into adulthood.

Many parents fail to understand that children with intellectual disabilities will have normal physical and associated sexual growth at a certain stage in their lives and they need to be prepared well in advance to manage that. Otherwise, it not only becomes an unprepared challenge for many parents, it also leads to many teenage-associated behavioural issues. This can be quite challenging and frustrating to both, the parents and the children.

To address all these, three levels of inputs about the lifestyle of the children are taken once a child gets admission in our school: one from the parents, one from the in-charge teachers and the final, crucial, one from the *overnight stay programme* at the school after the first two months of schooling. This gives us a clear picture of their levels of toilet etiquette, personal hygiene, daily living skills abilities and associated dependency and parents' perspective on these important aspects of their special child. These observations help us to set the goal for IEP in life skills and in educating and involving the parents to train their children at home. This is combined with structured motor skills training as physical fitness, muscle coordination, stamina are required to carry on daily chores and personal care.

- *Social skills*: Students with intellectual disabilities have problems in acquiring, understanding and applying social skills and they need lots of training to learn and internalise these. Training for this is provided by putting them in different social situations, starting from home visits to social functions, malls, public service departments, short (two nights) and long (seven nights), educational trips. Based on the observations of their styles of interaction and behaviour, notes are made about the level of social skills and personal skills development, social deficits/excess and social awkwardness and IEPs are then planned accordingly.

- *Communication skills*: The focus is on enhancing need-based expressive and situational conversation for better social connections by designing opportunity-related interventions to increase student engagement and participation throughout the day both in person and over the phone. Opportunities are created first within the school and the family and then extended to social situations.

For nonverbal children, teachers first assess and identify behaviour that conveys intent of communication. To understand the child better, information from the parents is also gathered about the common behaviours displayed to convey different emotions/needs. Also, a *functional analysis* of behaviour (antecedent-behaviour-consequence) is done to get an insight into behavioural intervention targets, for example, throwing a tantrum when hungry or running away to avoid a task. Students are then trained to replace these behaviours with a more understandable gesture/sign language which is also reinforced at home. We also have sign language workshops for parents so that there will be no difference in the way the school and family communicate with the child.

- *Functional academic*: Once these basic skills are acquired, then functional academics, like basic concepts of time and money, reading a calendar, identifying areas, landmarks etc, are taught. This is done in a very practical way by exposing them to real life situations. The training starts

with basics, such as making them understand the concepts of activities related to time periods of the day, concepts of *early* and *late*, less and more and slowly progressing to higher level concepts required in day-to-day life.

- *Skill sets training*: After all the above fundamental skills required for independent living are acquired, then skill sets training for home management followed by vocational training suitable for students are initiated. This again starts with training in personal grooming, home management skills, interpersonal relationships skills both inside and outside the family, getting familiar with the neighbourhood, independent travelling skills and, finally, specific on-site skill set training.

Family

The family is the most powerful and significant emotional support system in developing and moulding children with disabilities in becoming as well-equipped as possible for independence. Excellent results are seen when families are involved. The dreams, efforts and attitudes of parents with regard to their child underpins their performance, both in personal and vocational training, required for empowering them.

Nurturing children in a warm supportive environment and accepting and respecting them for what they are requires a lot of positive parenting and constant involvement of parents and other family members. This is quite a challenging and energy-intensive exercise for parents, especially mothers. Hence, regular one-on-one counselling sessions for mothers and both parents are conducted to create awareness about their child's potentials, limitations and to manage their personal emotions.

Parents' empowerment programmes through spiritual healing workshops, introspection through art-based therapy, movement therapy, yoga therapy and family bonding day are offered. This is followed by sibling programs and extended family members workshops as they also contribute to making the child accepted and included the way he/she needs to be at the family level. This also reduces the stress on mothers to a large extent.

Community

The community undoubtedly plays a significant role in the overall preparation and quality of life of both, the students with intellectual disabilities and their families. Unfortunately, societal stigma, lack of awareness, negative attitudes and society's tendency to focus more on the disability and what a child cannot do, rather than focusing on the need to reach out to them and accommodating them as a community responsibility cannot be denied. This can only be addressed through appropriate public education and neighbourhood sensitisation programmes. So, regular interactions are designed and initiated with corporate houses, public service departments and mainstream schools, residents' welfare associations, transport staff, domestic help. This helps in making everyone understanding the need to be empathetic and supportive rather than sympathetic or judgmental.

Children are taken to vegetable markets, malls, milk booths, railway stations, post offices, pharmacies to interact and buy and these opportunities are used to educate service providers on the issues of children with disabilities, leading to the understanding of why and how we should accommodate them.

Analysis and results of the Mandala programme

The following chart clearly shows the contribution of the school, the family and the community in the education/training of children with disabilities

Analysis and results of the MANDALA technique
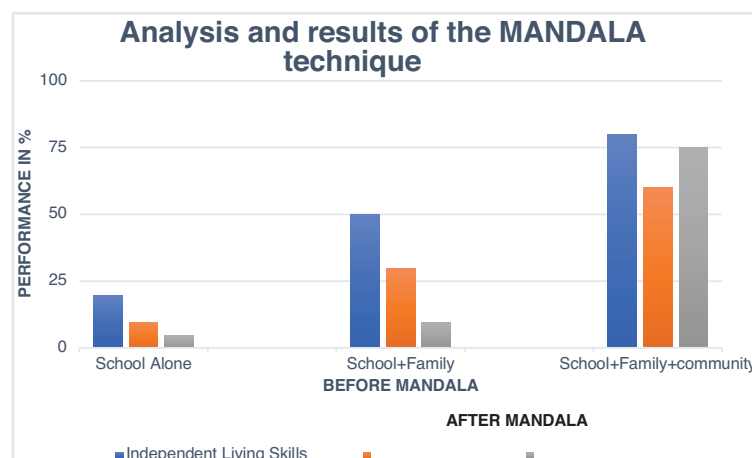
and their respective performance with respect to the three important ultimate goals of every child's (with disability) education, namely *independent living skills, employability* and *inclusion.*

Thus, an ideal education for students with intellectual disabilities should start with schools teaming up with families and simultaneously, sensitising society. This approach will eventually facilitate a proper and smooth transition of these children from school and family environment to community living with dignity.

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Working for a Greater Cause
Interview with a Special Educator

Vijayashree P S

How conscientiously would our student community learn and understand mutual respect if a school caters to both the disabled and non-disabled children! One such exemplary school that is doing this is GHPS Paper Town, Belagola, Mandya. The initiative by a government school teacher has changed the way children with disabilities are perceived by children studying in a regular school.

The day I visited this town, there were more than fifty parents at the school premises with their special kids for a medical camp. The cluster functionary introduced us to one teacher, Syed Khan, mentioning that Syed is the reason for starting this, Primary Health Care Centre in the school and he takes the ownership of the entire process as a teacher. Intrigued by the sight of students running around, parents in conversation with the doctors about their child's medical conditions and teachers volunteering and focusing on the arrangements, I requested an interview with Syed Khan after school. He readily agreed.

Vijayashree: What is your educational background? And why did you choose to be a Special Educator?

Khan: I completed my BA and was working as an Assistant Teacher at GHPS Ganamguru, in the Srirangapatna Taluk. In the initial period of my service, whenever I met my colleagues in the Education Department, we would come to know of a lot of deaths of children with disabilities. Such news was disturbing to me, and I used to wonder why these children should die only because there are no facilities for them. During that time, the department organised a 90-day *Bunadi* training, which is an induction training for newly appointed Assistant Teachers of government high schools. After the training, the participants needed to clear a test. I was one of the seven participants who passed that assessment and were sent to Bhoj University, Madhya Pradesh, to complete the Special BEd certification. The Karnataka Government funded our Special BEd degree. I completed it and returned as a Special Educator.

Vijayashree: When and how were you posted to this school?

Khan: There was no Primary Health Care Centre round this location when I returned after my course. So, the first thing we needed to do was to choose a region to set-up the care centre. For that, we needed to identify the place that had the largest number of children with disabilities. When we surveyed the records of the Health Department, we realized that the KRS cluster had the most number of children with disabilities. We, as a crew with a first-aid van, also, travelled across the region and with the help of Anganwadi employees we were able to visit the houses of children with disabilities. We saw how living in far-flung areas, in economically poor households made the children's health weaker.

Therefore, we started searching for a place to set-up the health care centre. That's when we came to know of the Paper Town school building, which was the verge of shutting down due to low pupil enrolment. Right away, we approached the Block Education Department and requested that the Primary Health Care Centre for Hobli be set up here, retaining the school also.

Vijayashree: Was the permission was granted immediately?

Khan: Yes! I was extremely excited about this good news. By then, I had discussed and head-hunted for a few volunteers and social-workers, because I knew that having a strong team was crucial. We, as a team, reached this school. There was half-an-inch of dust on the first floor to clean. We had received a primary amount for procuring basic materials, as well. We put up a hoarding: 'Punarvasathi Kendra' (rehabilitation centre). The regular school was running smoothly on the ground floor, so, we also, we did not have to bother about the mid-day meals. We were all set.

I had imagined that the Centre will be flooded with parents the very next day after it opened. Unfortunately, no one turned up to this building for quite a long time.

Vijayashree: That must have been very

disheartening.

Khan: I realized that neither the parents nor the community clearly understood what this centre was for, what it meant. So, around mid-2008 this solid team of the three of us set out to go and meet the parents at their houses. We approached each family with the *anganwadi* volunteer. It was pathetic to see the plight of these children. Not to fault the parents, because they were not aware of how to take care of these children. A few children were completely bedridden, and cleanliness of their room and surroundings was very poor. The children were actually, also suffering due to the unclean environment.

As we became closer to these families through regular visits to all the villages, trust was built between us. In the course of time, when we realized that the families are receiving us and our interventions positively, we became confident to start awareness programmes for the communities, as our next step. That is when we introduced the concept of a rehabilitation centre where there are facilities for children with disabilities.

Vijayashree: Did they understand what a rehabilitation centre can do?

Khan: The parents had witnessed us doing first-aid and fundamental physiotherapy at home. That made it easy for us to clarify that the facilities provided at the rehabilitation centre would be more than the basic exercises we did at home. We did persuade the families, saying that the rehabilitation centre would help their kids become a bit more independent.

We invited the families for the first medical camp to the school, which the parents instantly agreed for. Once they saw the physiotherapy facilities, play materials and toys that the children delighted in and understood that there were doctors/specialists to consult, they were ready to send their children.

Vijayashree: This is a major achievement considering the conservative living conditions and remote locations of these parents.

Khan: It was a considerable effort by our team. We had to work for months to gain their trust.

Vijayashree: How did the centre function post this?

Khan: It was evident to the parents that their children are happy coming to school. Few children started sitting independently after a few days of therapy. One child began walking with the support of a metal frame. All these were wonders for their

families. The parents have formed a friendship-club here and they were spending the entire day with the kids and us (staff). We are all a family now.

Vijayashree: What is the routine of a typical at the rehabilitation centre?

Khan: The school begins with the assembly. The students, then, go to their respective classrooms for classes. The children with disabilities with their parents and staff begin their planned routine, such as physio, playroom, speech therapy, to name a few. Post-lunch, these children sit with the regular students in the respective classrooms for their subject lessons.

Vijayashree: So, all the students learn together?

Khan: Yes, all the students learn together (*smiles looking at my jaw drop*).

Vijayashree: How do you do it? It must be very challenging.

Khan: Well, it is not, ma'am. I have learnt one thing, which is that instructing at a moderate pace can do wonders for a non-disabled child. But our teachers must teach at a slow pace since they must cater to all the students here. As a result, non-disabled children also learn things proficiently.

The inclusiveness that the school provides to both sets of students is something that is immeasurable. Students grow with this involvement in peer learning. Parents are here during school hours, also offer assistance in the students' learning. The complete school environment aids every student's holistic development. This is an incredible space to learn!

Vijayashree: Sir, how do you work with different departments?

Khan: If all the three departments – Education, Health and Women & Child Welfare – work in collaboration, we can bring a change or see a change.

Vijayashree: How do you manage all the aspects – collaborating with the community, the school routine, working with the various government departments and most importantly, improvement every child's physical & mental well-being?

Khan: We have a strong team of teachers, staff and parents. The system is transparent here. For example, if there is a release of fund or special scholarship, I immediately call a meeting of all the stakeholders and we collectively decide on how we use the fund. While working for a greater cause it

is important to maintain transparency and the right use of resources.

Vijayashree: Now that you have accomplished such an incredible task. What is your goal in life?

Khan: I strongly feel that I have done nothing and there is an immense amount of work still to be done in this field. All children have the fundamental right to live and I wish we have to start a full-fledged hospital that caters to the special needs of children with disabilities. I also feel all the children need to get equal opportunities. One of our alumni is now pursuing his bachelor's degree at Mysore University. We feel proud when we learn that he is living a life like any other student, which has been possible because of the speech-therapy that he received during his school days here. And I request the Education Department to consider this slogan for our school, 'A school that gives equal opportunities to children with disabilities'.

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