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Children with Disabilities in Private Inclusive Schools in Mumbai: Experiences and Challenges

***Abstract:** ‘Inclusive education’ policy has been introduced in India, however the concept is in its infancy This qualitative study analyses the case of children with disabilities studying in private inclusive schools of Mumbai. It discusses the development of self concept, elucidates the benefits and challenges of children with disabilities in inclusive education. We then suggest recommendations for improvements in implementing inclusive education in India.*

***Keywords:** Children with disabilities, Inclusive Education, Self Concept, Developing Countries, Mumbai.*

I. Introduction

There have been efforts internationally to include children with disabilities in the educational mainstream. Geoff Lindsay (2007:1) suggests that ‘inclusive education/mainstreaming is the key policy objective for education of children and young people with disabilities’. Inclusive education entails ‘increasing the participation of students in, and reducing their exclusion from, the cultures, curricula and communities of local schools’ (Booth and Ainscow, 1998:2). The Salamanca Statement and Framework for Action on Special Needs Education (1994) adopted by the World Conference on Special Needs Education paved the way for inclusive education. It upheld the aim of ‘education for all’ by suggesting some foundational changes in programmes and policies of nations. The Statement solicits governments to give the highest priority to making education systems inclusive and adopt the principle of inclusive education as a matter of law or

policy. It emphasizes that every child has a basic right to education and every child has unique characteristics, interests, abilities and learning needs.

The Salamanca Statement maintains that ‘inclusion and participation are essential to human dignity and the enjoyment and exercise of human rights’ (quoted in CSIE 1997). Thus we see inclusive education as largely emanating from the human rights perspective which upholds that variations in human characteristics associated with disability, whether in cognitive, sensory, or motor ability, as inherent to the human condition and such conditions do not limit human potential (Rioux and Carbet 2003). The idea of children having rights independently of the adults around them is a relatively new concept of the past century and a common theme in early legislation was that children were seen as passive recipients, to be ‘seen but not heard’ (Munro 2001). The adoption of Convention on the Rights of the Children (CRC) in 1989 and the World Summit for Children in 1990 were promising enactments and it appeared that rights of children were seriously being considered by the governments and international community (International Save the Children Alliance 2001).

The rights of the children were envisaged at the CRC and reaffirmed through the recent UN Convention on the Rights of Persons with Disabilities (UNCRPD) (2006). The CRC remains a landmark document which comprehensively covers civil and political, social, economic and cultural rights of children. It takes due consideration of the survival, development, protection and participation needs of children. India ratified the convention in December 1992, thereby committing itself to protect and promote rights of all its children. Both the conventions clearly

uphold the importance of education of all children with disabilities and maintain that they must not be excluded from the general educational system. Though the member nations have ratified the convention there are reported good practices and violations all over the world. 'Disability' in children renders them even more vulnerable to violation of their rights. Children with disabilities have universally suffered discrimination, violence and abuse, poverty, exclusion and institutionalization (International Save the Children Alliance 2001:2). Jones' (2000) critic of the 'country reports' to the UN Committee on the Rights of the Child, is that in majority of the cases children with disabilities were referred under Article 23 only focussing on rehabilitation and special care. Children were rarely mentioned under Article 28 (the right to education) and other Articles, indicative of 'welfare' rather than 'rights' approach of nations towards children with disabilities.

Societies develop their characteristic patterns of responding to disability, depending on the way disability is understood and their resources accordingly identified. Historical and cultural contexts, to a large extent, determine the criteria for normality and the definition of an ideal or acceptable person (Aristotle 1260 cited in Vehmas 2004). The rehabilitation practices of a society could be comprehended by taking a deeper look at the cultural nuances and responses to disability. Historical events, sacred texts and social institutions, all contribute to the social construction of disablement. In Indian and other Asian societies, the concept of *karma* governs basic assumptions about disability, where disability is seen as the result of one's deeds in previous births (Ghai 2001, Karna 2001 cited in Ghosh 2005). A World Bank report (2007:21-29) has explored the cultural modelling of disability which has impacted societal attitudes. The association of bad deeds with sufferings such as disability together with ignorance on issues

related to disability resulted in stigma and discrimination of individuals with disabilities. These negative attitudes have perpetuated societal disabling and resulted in marginalization and denial of equal opportunities in social and development spheres. The Convention on the Rights of Persons with Disabilities therefore has great relevance in India to help overcome cultural attitudes such as disability being one's fate and invest concerted efforts to provide equal opportunities for education to children with disabilities.

In order to gauge the national response towards inclusive education of children with disabilities, it is vital to know the magnitude of childhood disability. It is difficult to estimate the number of children with disabilities in India. The Census of India 2001 reports 7.73 million children and young adults in the age group 0-19 years. Singal (2006) has cited office of the Chief Commissioner for Persons with Disabilities (2003), which notes that the figures available are highly unreliable and range between 6 million and 30 million children with disabilities in India. It further notes that the Rehabilitation Council of India takes the figure of 30 million children with disabilities as the best estimate. There are noted discrepancies related to education of children with disabilities. Singh (2003) reported 3 to 4 percent of children with special needs had access to education with or without support services and Mukhopadhyay & Mani (2002) deduced that only 1 percent of children with disabilities in the 5-15 age group had access to education. A recent World Bank Report (2007) highlighted that 38 per cent of the children with disabilities in the age group 6-13 years are out of school. Irrespective of the estimate, in India the fact remains that a majority of children with disabilities do not have access to education.

In the context of the right to education for children with disabilities as laid out in CRC and more illustriously in UNCPRD, this research seeks to understand the experiences of children with disabilities in inclusive schools in Mumbai, India.

II. Research Context and Rationale

The concept of inclusive education was introduced in India by Jangira in 1997 when he referred to the UK Warnock Committee Report. However, Mani (2000) noted that he had pioneered inclusive education in India, in the 1980s while referring to the concepts of ‘dual teaching model’ and the ‘multi-skilled teacher plan’ (see Singal 2005). In practice though, inclusive education gained momentum in India during the 1990s in response to international developments which advocate inclusive education (e.g. Convention on the Rights of the Child 1989, UN Standard Minimum Rules 1993) and was largely influenced by the Salamanca Statement (UNESCO 1994). This declaration marked the incorporation of inclusive education in the official documents of many signatory countries (Holdsworth, 2002 cited in Singal 2006), including India.

It would be interesting to construct a historical trail for inclusive education in India in order to build a discourse and help the audience understand the context. However lack of documentation on education of children with disabilities in the nineteenth century in India is a major constraint (Alur 2002a). The first attempt to integrate was initiated by the Royal Commonwealth Society for the blind and the Christopher Blind Mission. The visually challenged children were integrated in regular classrooms where they were expected to devise self-learning mechanisms

during sessions where oral repetition was a dominant pedagogy (Chaddha 2003). During the pre-independence period, the provincial governments took sporadic interest in educating children with disabilities by dispensing ad-hoc grants to schools and institutions run by the voluntary sector (Gupta, 1984 cited in Alur, 2002).

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

In pursuit of the goal of providing basic education for all, the National Policy on Education (1986) and its follow-up actions have been major landmarks. The World Declaration on Education for All adopted in 1990 gave further boost to the various processes already set in motion in the country.

The Rehabilitation Council of India Act 1992 initiated a training programme for the development of professionals to respond to the needs of students with disabilities. The enactment of the People

with Disability Act in 1996 provided legislative support. This act made it mandatory to provide free education to children with disabilities in an appropriate environment until the age of 18 years (UNICEF 2003). Even though the legislation (The Person with Disability Act, 1995) made access to regular schools easier, it was still not guaranteed as an equal right for all students.

In 1999, the government passed the National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act for the economic rehabilitation of people with disabilities. These acts have been instrumental in bringing about a perceptible change/improvement in the attitude of government, NGOs and people with disabilities. In the past years, two major initiatives have been launched by the government for achieving the goals of universalization of elementary education (UEE): the District Primary Education Programme (DPEP) in 1994 and the Sarva Shiksha Abhiyan (SSA) in 2002. The District Primary Education Programme (DPEP) focused on universalisation of primary education which included children with disabilities. The main objectives of the programme were to provide access to primary education to all children, to reduce dropouts at the primary level and to increase achievement levels (Department of Education 1993). However, the success of the programme is under scrutiny. Alur (2002b cited in Giffard-Lindsay 2007) contended that the reasons for failure were reported corruption in the form of budgets for non-existent non-formal education centres, tribal dropout, the difficulty of multi-grade teaching in one-teacher schools, low learning achievement, and lack of integration of children with disabilities due to continued reliance on special school systems.

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

The National Policy for Persons with Disability, 2006, which attempts to clarify the framework under which the state, civil society and private sector must operate in order to ensure a dignified life for persons with disability and support for their caregivers. It includes extending rehabilitation services to rural areas, increasing trained personnel to meet needs, emphasising education and training, increasing employment opportunities, focusing on gender equality, improving access to public services, encouraging state governments to develop a comprehensive social security policy, ensuring equal opportunities in sports, recreation and cultural activities, increasing the role of civil society organisations as service-providers to persons with disability and their families.

Most recent advancement is the Right of Children for Free and Compulsory Education (2009) which guarantees right to free and compulsory education to all children between ages six to fourteen. For education for a child with disability, the act has to be read in conjunction with Chapter V of the Persons with Disability Act , 1995. Chapter V of the PWD Act ensures that every child with disability is entitled to a free education up to the age of 18 years. The responsibility for integration of students with disabilities in regular schools, as well as promoting setting up of special schools in order to make them accessible to children living in any part of the country lies with local authorities. Alur (2003) observed that in India there is a dichotomy between policy and practice; the government promotes the ‘inclusionist’ philosophy through its schemes and extends a parallel support to the ‘segregationist’ policy by promoting the idea of special schools through their assistance to voluntary organisation schemes.

In addition to these legislations and policies, the Indian Government provides facilities and concessions for children with disabilities under various programmes. For instance, under the IEDC programme, the government has made provision for aids, incentives and specially trained teachers in state run schools (for details see Planning Commission 2002). However, policy commitments of governments in a number of areas remain in large part unfulfilled (World Bank 2007) and have failed to bring the children with disabilities into mainstream education (Julka 2005).

Maharashtra (Mumbai being its capital), has 600 special schools which are exclusively for children with various types of disabilities(UNICEF 2003). This study however targets private schools, thus it would be imperative to understand the types of private schools in India and their numbers in Maharashtra. The main types are; ‘private unaided’ schools which means that the

schools are privately owned and funded and rely on user finance to quite an extent and 'private aided schools' which means that the schools which are largely funded by the government (90-95per cent) but their management is private (De et al. 2002). In Maharashtra, the private aided (primary and secondary) schools are about 5218 and private unaided are approximately 4220 (MHRD 2009).

The non-governmental organisations (NGOs) also play an active role in the provision of services for people with disabilities including education for children with disabilities since the early 1950s, particularly in urban areas. The NGOs are supported by the government through various grants. In the 1970s and 1980s, there was an increase in the number of NGOs in India (UNICEF 2003). Some of these NGOs are making consistent efforts towards including children with disabilities into regular educational settings. In Mumbai, some NGOs partner with regular schools to enable them to become inclusive'.

This study was conducted in private inclusive schools of Mumbai, which is India's financial capital. It covers an area of 437.71 sq. km. (MCGM 2009) and houses about 11.9 million people (Census 2001). According to the Office of Education Officer, Mumbai (2009) there are 1096 private schools out of which 631 are unaided and 4384 are aided. Majority of children with disabilities in India are being educated in special schools (UNICEF 2003).The special schools are concentrated more in the urban areas, with Mumbai having the highest number of special schools (Mukhopadhyay and Mani 2002). Mukhopadhyay (2003) reported that the private schools which are voluntarily providing inclusive education are mostly located in urban areas. There has been an expansive growth of private schools in the country due to the fact that government schooling has not been able to provide quality education (Nambissan 2003, Singal & Rouse 2003).

This study focuses on children with disabilities who have secured admission to private inclusive schools and are being educated alongside their non-disabled peers. This research assumes importance because the field of inclusive education is new in India and the literature on inclusive education is scant (Singal 2005:345). The review the literature on inclusive education in India has concluded that the terminology has found usage in the Indian literature but the empirical research in this area has been limited, as researchers have been vague about their key concepts, they have failed to draw insights available from others studies, and have remained oblivious to the need for gathering empirical data. The review suggests that current propositions and arguments about inclusive education have remained at the level of theory and no concrete steps or processes have been undertaken or systematically developed (ibid).

While elucidating the available support and challenges faced by the students in inclusive schools, we considered the development of self concept in children in these inclusive school settings.

Self concept enables the children to form healthy relationships, become independent and contribute actively to the society as they mature into adulthood; thus playing a vital role in their development (Harter 1998). Self-concept at school seems to be influenced by the image that other significant persons (teachers, parents, peers) have of the pupil (Burns, 1982 ; Harter, 1986) and by social comparison with others in the same setting (Rogers, Smith, Coleman, 1978).

A study by Ittyerah and Kumar (2007) focused on four components of the self-concept; body image, life experiences, skills/abilities, and social interaction patterns for children, adolescents and adults with disabilities. The narratives from children (7-13 years) included in the study showed that schools were viewed as “place of reformation” (p.109). Children interviewed in this study had highest mean scores for positive statements on self-concept and adolescents with

disabilities in the age group of 14-20 years, had least. Children with disabilities also had the highest mean scores for the negative statements illustrating their tendency to respond in extremes. In inclusive settings self evaluations provides a measure for comparisons with peers without disabilities. Thus, exploring the school experiences of children with disabilities in inclusive schools and the impact of these experiences on self identity becomes relevant.

II. Conceptual Framework

There are a few concepts which require definition before we set out to discuss the conceptual framework; ‘disability’, ‘inclusive education’ and ‘self concept’. We have derived our understanding from the theoretical review and we have utilised the same for this research.

For defining the major concept governing the research, which is ‘inclusive education’, we would first have to unravel the context. Singal (2007) contends that in India inclusive education is understood and practiced differently from the western world. In fact there is “a tendency to be ‘politically correct’ by taking on current trends in the west without a real or common understanding of their meaning, resulting in dilution of service quality” (Kalyanpur 2008 quoted in Singal 2007). Ideally, “inclusive education means attending the age appropriate class of the child’s local school, with individually tailored support” (UNICEF 2007). This research considered an ‘inclusive school’ as one where the children with disabilities studied alongside their non-disabled peers with some support mechanisms for continuing their education in that school.

In India the ‘disability’ classification is laid out in Persons with Disabilities Act 1995, which outlines seven kinds of ‘disabilities’ namely blindness, low vision, hearing impairment,

locomotor, leprosy cured, mental illness and mental retardation. In this paper, the category of mental retardation has been expanded to include learning disabilities (F81), Attention Deficit Hyperactivity Disorder (F84.4), Asperger's Syndrome (F84.5) Language and Communication Disorder (F80), and Slow Learner (F70) are considered (The figures in the brackets indicate the ICD-10 codes). This is according to the International Classification of Diseases 10 (ICD 10) for Mental Retardation classifications of World health Organisation and the fact that children with these special needs are categorized as 'disabled' and have the choice of either inclusive schools, regular schools or schools exclusively for children with disabilities. Children with disabilities comprise a heterogeneous group and the disabilities included in the research paper are not exhaustive. There is however a need to clarify our position; the focus of our paper is 'children with disabilities' and not the unique nature of their disability. We believe that though the nature and severity of disability could cause specific experiences and challenges, it must not overshadow the philosophy of inclusion in order to provide equal opportunities to all learners.

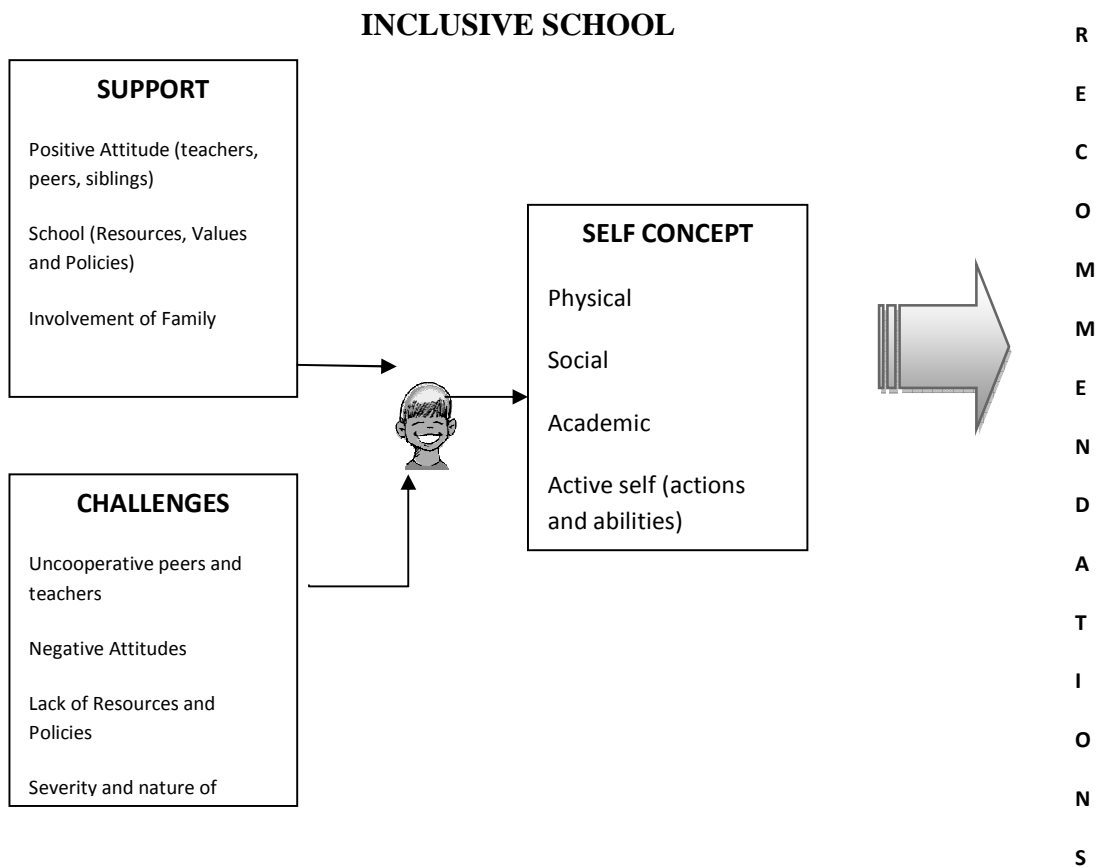
Self concept is defined as a person's view about oneself (Harvey and Greenway 1984). Self concept is based on accumulated perceptions throughout the lifespan and is strongly influenced by the interplay between their own actions, the reactions of others, and one's perceptions of the events and their surrounding behaviours and outcomes (Byrne 1996; Davis-Kean and Sandler 2001; Marsh et al. 1984). We have aligned our discussions with this understanding of self concept.

With these major concepts used in the paper delineated, we illustrate the conceptual framework guiding this study (figure 1). The framework has been derived based on the literature review and depicts the lines of enquiry for this research. It centres the child with disability in an inclusive school. As the concept of inclusive education is still evolving in India, there are no set standards

for schools. Thus, the schools have both characteristics which may benefit and encourage students with disabilities and ones which may deter their full participation in school proceedings. In an inclusive setting, the child with disability is in constant interaction with his/her typically developing peers without evident disabilities.

The framework helps us to understand the promoting factors and barriers as perceived by the child and how inclusive environment as a whole impacts his/her self concept.

Figure 1 Conceptual Framework



Research Objectives

This research purposes to:

1. Examine the factors which may influence development of self concept in children with disabilities in inclusive settings.
2. Examine the experiences of children with disabilities in inclusive schools.
3. Suggest strategies to enhance the experience of children with disabilities in inclusive schools.

Thus we have analysed the experiences of children in inclusive settings and their perceptions about self. The descriptions of children with disabilities related to experiences in inclusive schools which were supportive as well as those which comprised a challenge were analysed.

Based on these analyses, we suggest some recommendations for furthering inclusive education for children with disabilities in India.

Research Methodology

This is a qualitative study based on interviews of children with disabilities in inclusive schools in Mumbai. We have described and analyzed the experiences of children with disabilities studying in inclusive classrooms.

Surfacing ontological and epistemological assumptions are the primary steps for designing any research. Table 1 illustrates the methodology which forms the basis of this research namely; ontology, epistemology, methods and the logic of inquiry. It would be interesting to first look at the logic of enquiry, which is abductive, “it is sometimes described as involving induction, but this grossly underestimates the complexity of the task involved” (Blaikie 2000:25). The idea of

abduction refers to the process used to generate socio-scientific accounts based on the accounts of social actors’; for deriving technical concepts and theories from lay concepts and interpretations of social life (ibid: 114). Literature indicates that “inclusive education” in India is an emerging concept and is understood and practiced differently. In order to study the phenomenon of inclusion of children with disabilities in regular classrooms in the Indian context, this appeared to be the most promising approach.

Table 1 Research Methodology

Ontology	Epistemology	Methods	Logic of reasoning
Viewing the social reality as the social construction of the participants.	Assumes that people employ interpretive schemes which must be understood, and that the character of the local context must be articulated.	In-depth interviewing has been used to gather information from the child as well as the significant others (parents, teachers, peers). Non-participant observation in classrooms has also been employed.	Abductive; describing and understanding the concept of inclusive education as well as the factors that influence it, as understood by the research participants thereby producing a technical account from lay accounts.

Methods

This qualitative study is based on discussions with children with disabilities in private inclusive schools in Mumbai, India. We had employed the case study method as it allows an intensive study (Shepard 2003) within its real-life context of children with disabilities. It provides an in-depth and systematic way of looking at events and helps in gaining a sharpened understanding of causality and provides a sound base for extensive exploration in future research (Bent 2006). A total of ten in-depth interviews were conducted from seven inclusive schools in Mumbai. The

general characteristics of the children are presented in Table 2. The discussions related to children's perceptions and experiences regarding themselves and their placement in regular educational settings were noted down.

The interviews were audio-taped and later transcribed for analysis. Many researchers have subscribed to audio-taping of interviews in order to avoid bias (Borg & Gall 1989; Seale & Silverman 1997). Borg and Gall (1989) suggested that it could prevent unconscious selection of text favouring the bias of the researcher. In this research it particularly helped as the interview span with children lasted more than an hour in each case and the questions related to the research were interspersed with a lot of other information sharing. Children often lost interest if the researcher resorted to note-taking.

Table 2 Characteristics of the Research Respondents

Name*	Sex	Age	Grade	Impairment
Sania	Female	7	II	Language and Communication disorder
Ishita	Female	9	IV	Learning Disability
Aakash	Male	10	IV	Asperger's Syndrome
Soham	Male	10	IV	Slow learner
Nikhil	Male	11	V	Spina Bifida
Gaurav	Male	13	VII	Attention Deficit Hyperactivity Disorder
Rakhi	Female	13	IV	Spina Bifida
Tanmay	Male	13	VII	Hearing Impairment
Simran	Female	15	VIII	Visually Challenged
Harshit	Male	15	VIII	Cerebral Palsy

*the names of all children have been changed to maintain anonymity.

The interviews were conducted from July to December 2008. The interviews were conducted with the help of an interview guide that contained the list of issues and probes were included wherever considered essential. The questions intended to gain an understanding of how these

students viewed their physical, social and psychological self, their abilities, class placement, the legitimacy of inclusive education, and the extent to which they regarded themselves as part of the wide school and community culture and felt accepted by their classmates, friends and teachers. There were two children who had problems with communication (Sania and Tanmay) and therefore, their mothers acted as interpreters for the interviews with these two children. This is a limitation of whether the interpretations adequately reflected the views of the children. However, their mothers were the best possible interpreters for these children. As Stancliffe (1999) also stated that a well-informed guess (which the mother's might have employed in our case study) is desirable in cases where the person is unable to communicate his/her own views.

Before each interview, the purpose of the study was explained to the prospective participants, it was also made clear that there would be no consequences to their schooling or in any other way by not participating, that there was no compulsion to participate and accordingly consent was obtained from both the children and their parents before conducting the interviews. The interviews were conducted in English and Hindi depending on the understanding of the respondents. The interviews conducted in Hindi were later translated.

This study focuses on two key areas; the child's understanding of self as well as their comprehensive experience of inclusive environment, both of which govern their participation in inclusive schools and the development of their individuality.

Data Collection and Analysis

The interviews were conducted in seven inclusive private schools. A monthly fee was required to be paid and additional costs were incurred for subsidiary expenses on uniforms, books, school

activities and transport. They were all mainstream schools with a Resource unit of children with disability which provided at least one Resource teacher within campus to assist the children with disabilities. The schools were implementing the “Resource Room Model”. Smith et al. (1993) define ‘resource room model’ as one where the children with disabilities attend resource room for special assistance in deficit areas and spend the rest of the day in general classrooms with their non-disabled peers.

As there was no official list of inclusive schools, the seven schools were chosen based on information from key informants and practitioners/ NGO’s. Those inclusive schools which had at least five children with disabilities on roll were selected for this study. The idea behind this inclusion criterion was that it would enable us to get at least one student we could interview. It also made it possible to find children with different types of disability. For instance a school with one child with a locomotor disability would only be dealing with the mobility issues and may/may not have other resources like a resource room or therapy room etc. Another assumption which guided this was that the number of children with disabilities would be scattered in different grades bringing to light issues related to particular classrooms like variation in curriculum, teaching strategies etc. A number larger than five might have been too optimistic as the concept is still new and in its earlier stages of implementation so that we might not have been able to find any schools with more than 5 children. This also helped in further selection of the students taking into account refusal and non-response.

None of the state administered inclusive schools in Mumbai had at least 5 children with disabilities hence all seven schools in our study were private schools. Hence the children belonged to high-income families who were able to pay (approximately Rs. 12000/- (£163) per annum) for the education of their children. The monthly fees charged by the schools makes it

inaccessible to few sections of the society, only sometimes a few 'bright' children are admitted to these schools as a charitable gesture (Singal and Rouse 2003).

For purposes of confidentiality, since the number of children with disabilities in each of the selected schools is very small, we have not disclosed the names of the schools.

The permissions from the Principals of the schools were secured with relative ease. Identifying the children and procuring informed consent from their parents was time consuming and difficult. Obtaining consent from parents and children was not easy. We had sent request letters to thirty parents through their children. Twelve of them returned the consent forms with outright rejection. Ten parents sought clarifications through phone and personal meetings and eight of them did not respond at all. Thus the refusal rate was high (66%) since parents were afraid of reiteration of the fact that the child had a disability and any negative impact of the questions related to child's disability. Hence the responses given were valuable and are indicative of children and parents who showed interest in the research.

Additional information pertaining to the child's background information, reports/feedback related to performance, challenges and achievements was secured from interviews with principals of the seven schools, twenty regular teachers, twelve resource teachers. The concerns raised with the Principals included; the basic requirements for an inclusive school, how do the admissions criteria reflect the needs, attributes and diversity of potential students, in what way the school is different from other schools , what were the support systems available for children with disabilities etc. Interviews with fifteen non-disabled peers, with appropriate consent, provided data related to interpersonal interactions. The principal of the school had communicated to the teachers the purpose of our visits to schools and seeking information from them through a

circular. The researcher had to resort to convenient sampling for the regular teachers. The researcher used to spend time in the 'staff room' and those teachers who visited the place during that time and showed willingness to share their experiences were included. Most of the regular teachers agreed for the discussion except a couple of teachers who did not wish to compromise on their free time. Out of the seven schools, six had only one resource teacher and they were all included in the study. One school had nine resource teachers and six out of those shared their concerns. The fifteen non-disabled peers were identified by the children themselves as their 'good friends' so the researcher explored their attitudes towards their peers with disability. The data obtained from multiple sources was combined to prepare case studies. Cross-case comparisons resulted in common themes. Atlas-ti (qualitative data analysis software) was used for analysis.

Limitations

- A major limitation is the lack of availability of relevant literature for Indian context as very few empirical studies have been undertaken in India.
- Obtaining permission from parents and children for interviews was not easy. The refusal rate was 66%; (40% rejecting the request and 26% non response) indicating the unwillingness of the parents to participate in the research. We may have lost valuable information and reasons for non-participation in the research.
- Finding appropriate times for conducting the interviews was extremely difficult. The interviews and discussions had to happen within the available time and without causing any disturbance to the normal school proceedings.

- In the case of Sania and Tanmay, due to communication problems, their mothers had to be their interpreters. This raises the concern of the accuracy of expression of the children's views
- This study is based on 10 interviews of disabled children in private inclusive schools, hence our results are limited in their representation.

III. Results and Discussion

We have examined the supportive factors and challenges for children with disabilities studying in inclusive schools. We have also analysed data pertaining to self concept of children with disabilities in inclusive school settings.

Support

There were several supporting factors which helped the child with disabilities to continue in a regular school. The school has the primary responsibility for helping children learn alongside their typically developing peers. An inclusive school must enable education structures, systems and methodologies to meet the needs of all children, particularly those who face the greatest barriers to achieving their right to education (see also Save the Children 2006)

The inclusive schools considered in this study have taken on the initiative of inclusion. All the 7 schools in this study have provided supportive mechanisms for their enrolled students with disabilities. All the inclusive schools had a resource room for students with special needs with at least one resource teacher. The research studies by Lingard (1994) and Martson (1996) show that a combination of resource and regular classroom teaching results in improved educational

progress for students with mild disabilities. Table 3 enlists the facilities provided by these schools to include children with disabilities. All children included in the study had spent at least two years in the school which suggest that the schools were responsive to their needs and is providing facilities to ensure continuity. Almost all children need remedial teaching and the schools have made a provision of a resource room.

Table 3 Efforts of schools to include children with disabilities

Child	Impairment	No of years spent in inclusive school	Facilities provided at School
Sania	Language and Communication disorder	4	Regular remedial classes with the resource teacher
Ishita	Learning Disability	3	Remedial classes with the resource teacher thrice a week
Aakash	Asperger's Syndrome	5	Counseling sessions for child and parents
Soham	Slow learner	2	Remedial classes with the resource teacher, exemption from one language
Nikhil	Spina Bifida	2	Remedial classes with the resource teacher, Provision of Writer, occasional counseling sessions
Gaurav	Attention Deficit Hyperactivity Disorder	3	Counselling sessions
Rakhi	Spina Bifida	3	Remedial classes with resource teachers (flexible)
Tanmay	Hearing Impairment	7	Remedial classes with resource teacher, collaborative teaching in mathematics, exemption from one language
Simran	Visually Challenged	2	Remedial classes with resource teacher, collaborative teaching
Harshit	Cerebral Palsy	5	Provision of a writer

The resource rooms of the schools were variedly equipped and very few had all the necessary teaching aids. The schools make the 'writer' available to the children who may need their help. The 'writers' are usually children from lower grades who volunteer their services. Most schools had a policy to give extra time for children with disabilities to complete their examination.

Resource teachers are mainly responsible to provide the extra support for students with disabilities in inclusive schools. The resource teacher handles the remedial workload, conducts counselling sessions with the child and parents, collaborates with the regular teachers to monitor their progress in class, and takes responsibility of the child during co-curricular activities. Their favourable attitude toward the children was evident during personal conversation with the researcher. All the children and their parents reported that the resource teacher would go the extra mile to make the child feel a part of the regular school. Almost all the children mentioned their resource teacher's name as their favourite teacher in school.

The resource teacher is very good, she takes lot of pains with Sania and keeps me informed of her progress. She even shares the board games she uses with her in school to be played at home. She is trying very hard for her to pick up the language (Sania's mother)

Rakhi has to attend remedial classes on a regular basis. She is very friendly with the resource teacher. The resource teacher ensures that Rakhi completes her class work on time and prepares her for the exams. (Rakhi's mother)

While these schools were attempting to provide some facilities for children with disabilities, these facilities were inadequate and far short of what was needed. Many (7 out of 10) children of

the respondents identified their mothers as the main support provider even during school hours. The mothers were found to execute their responsibilities with dedication and unrelenting spirit.

In order to enable the child with disability to attend a regular school, the family has to take on a proactive role even at school through providing additional support in not only caring for their physical needs such as eating, toilet care; but also in ensuring the child is able to keep up with the academic work load.

The resolution of helping Tanmay to cope in the regular school has brought in additional responsibilities for me. It is my routine to visit Tanmay's school during 'zero hours' or lunch time or at the end of the day to find out how the day has been for him. If there are any class notes which need to be photocopied, or assignments to be submitted next day or any assessments coming up, I have to keep track of everything. (Tanmay's mother)

My mother comes to school every day during lunch time. She has to help me with the catheter. She never complains about anything. Sometimes, I ask Mummy whether I am a burden to her. She cannot go anywhere because of me, she always keeps worrying about me. She always tells me that she loves me and I am never going to be a burden. But she cries when she says this. (To researcher), Does she lie to me? (Rakhi, 13 years, Spina Bifida).

Challenges

There could be many barriers for educating children with disabilities in regular classrooms. It is evident from the experiences of children with disabilities and their families, in an inclusive school environment. These barriers could emanate from scarcity of resources, negative attitudes of teachers, non-disabled peers and their parents.

The peers in school, being the closest on par, play an important role in the lives of the children with disabilities. There is general support for the hypothesis that children who are not accepted by peers are generally at risk for difficulties later in life (Ochoa & Olivarez Jr., 1995). Acceptance by peers provides a much greater challenge for children with disabilities. Children with disabilities are often an easy target for being teased and bullied by their non-disabled peers as reported by children interviewed in this study (see also Nabuzoka and Smith 1993; Dawkins 1996). Recent research findings suggest that vulnerability to bullying cuts across all types of disability (Mishna 2003; Smith and Tippett 2006).

Seven children interviewed found it difficult to make friends with the non-disabled peers because they were made fun of and bullied. The children commonly reflected that they wanted to be accepted and have more friends in the class who understand them and involve them in their talks and play.

I faced an embarrassing moment when a friend discovered that I use diapers. The friend threatened me of disclosing this to everyone in the class. Initially I was horrified but later I asked him what he would have done if he were in my place. He then assured me that he would not disclose this to anyone. But now I feel that he has betrayed my trust and told this fact to many people in the class because some of the classmates look at me and laugh. (Nikhil,11 years, Spina Bifida)

I do not like children in my class because many of them say that I am 'stupid' and that my brain does not work. I know that they do not like me and no one wants to be my friend. I have two friends in the class but they also tell me that we are your friends and in front of the class we will act as if we are not your friends (Soham,10 years, Slow Learner)

They (classmates) know that I get angry easily because of my disability, however, they tease me to such an extent that I get angry. Sometimes they tell me, that Vaibhav (classmate) has made my cartoon in his English notebook or they complain to the teacher that I have not done my work or I am talking. They want me to get angry so that I get scolded by the teacher (Gaurav, 13 years, ADHD).

Another strong barrier which the children perceived was the attitude of regular teachers. Several studies using both quantitative and qualitative studies have examined teachers' beliefs, attitudes, and perceptions about students with disabilities and inclusive education (e.g. Agbenyega (2007; Wall, 2002; Opdal & Wormnaes, 2001; Balboni and Pedrabissi, 2000; Chiang, 1999; Cornoldi et al., 1998; Brantlinger, 1996; Minke et al., 1996; Villa et al., 1996; Fulk & Hirth, 1994; Giangreco

et al., 1993; Gerber, 1992). These studies conclude that attitudes and concerns of teachers affect their acceptance and commitment to implementing inclusion.

There were two general attitudes which surfaced from our interviews as being challenges for children with disabilities in inclusive schools. Firstly, regular teachers considered children with disabilities as the responsibility of the resource teachers. Secondly, they felt children with disabilities to be a 'disturbance' to the class and as causing distractions which delayed course completion. Therefore, they choose to ignore their presence and concentrate on execution of their lesson plans.

I have no personal problem with Aakash but it is difficult to teach with him in the class. For how long, could one ignore his distractive behaviours. Sometimes, he taps his pencil on the table continuously. Some other time he is reading a different book in class. Sometimes he even starts to talk to himself. The other children in the class get distracted and a lot of time is wasted (Class Teacher of Aakash, 10 years, Aspergers Syndrome).

My teachers like me except my maths teacher. My maths teacher does not even understand me. He always asks my friend to repeat whatever I tell him. (Harshit, 15 years, Cerebral Palsy)

I cannot waste the time of the entire class in giving special attention and guidance to Soham. I have to look after the interest of all my students. Besides, Soham gets remedial education at the Resource centre. The special teachers are there to look after his special needs. (Class Teacher of Soham, 10 years, Slow Learner).

The regular teachers do not cooperate with us from their side. It is always anyone amongst us who takes initiative and action for children with special needs. The child could really benefit if we teachers are able to work together. There is a great difference in our ideology in terms of dealing with children with special needs. (Resource teacher of a school which had nine resource teachers)

These are the challenges faced by children with disabilities who have secured admission in inclusive schools. Children with disabilities aspiring to study in inclusive school have the greater challenge in their attempt to secure admission. The eligibility criteria of these schools are stringent; the nature and severity of disability is the foremost concern of the school authorities. It was observed that most inclusive schools only enrol children with mild disabilities. The schools also assess the parental support during the time of admission. They give preference when parents are willing to take on the extra responsibility for their child in terms of sharing the workload with the resource teachers (in some schools), meeting the child's physical needs (if any), visiting the school regularly to monitor and facilitate child's progress, and arranging transport (as there are few inclusive schools, in many cases the child's home is distantly located) and the child is accordingly granted admission.

Inclusive Environment and Self Concept

As indicated in the quotes below, most students with disability ranked low in their academic performance, which they perceived as a shortcoming. Out of the ten children we interviewed two of them (Simran and Harshit) were slightly older than the other children and may be

considered belonging to the adolescent group. We have not generalised our findings to children with disabilities and have specifically provided their chronological age in the quotes keeping in mind that the self-concept develops with age (Damon & Hart 1982; Papalia & Olds 1992).

I do not understand many things in the class and therefore, I borrow their notebooks. They then tease me and everyone in the class tells me that my brain does not work like theirs (Soham, 10 years, slow learner).

I never perform well in my examinations. My teachers, parents and my tutor are always unhappy with me (Ishita, 9 years, learning disability).

My disability distinguishes me from the rest of the class. I am not very good at studies but there are others in the class who are also not. But I am known in the school, in the neighbourhood and everywhere else as a 'special child' (Nikhil, 11 years, Spina Bifida).

Children with disabilities were found to be conscious of their physical self and develop poor self image. All four girls and one boy were concerned about their physical self and were comparing themselves with other children in the class on standards of physical beauty. Two of the girls who considered themselves 'pretty' (others had told them so) were very conscious of their physical self and tried to enhance their appearance by choosing clothes for themselves matching it with appropriate accessories. It appears that the girls were more conscious of their physical self than boys; the data however is insufficient to generalize.

Sania is very conscious of her physical self. She is pretty and she spends quite a lot of time in front of the mirror. She is fond of dresses, kids' jewellery and nice shoes. She picks them herself in stores and tries them passionately when she reaches home. She spends a lot of time everyday in choosing what she decides her daily wear. (Sania's mother)

I have never seen myself, but my parents and friends tell me that I am very pretty. It makes me happy when people tell me I am pretty and I like this about myself (Simran, 15 years, visually challenged)

However, children with physical disabilities or physical traits which were not considered as attributes of physical beauty, like obesity (example Ishita) or a squint (Soham as below) had low physical self concept.

They do not like me because I am not as pretty as other girls like 'Nirisksha' (Another girl in class). I feel sad in school. All the children have fun and they play but I sit alone in the classroom. If I go with them, they say "See, football is coming with us" and they laugh. So I do not go out with them. (Ishita, 9 years).

I am a girl having a disability. I look very different from everyone, I use long shoes and cannot walk and roam around in the school. I am also not as pretty as my friends (Rakhi, 13 years, Spina Bifida)

I have a squint eye, so I do not look like other children. I am not as smart as them (Soham, 10 years, Slow Learner).

All the boys and one girl (Sania) seemed to give more importance to athletic competence. The child's physical capabilities and performance were fundamental to the formation of physical self concept (see also Stein 1996). Children with physical disabilities mentioned that they were unable to perform well in sports and it bothered them. This is consistent with Appleton *et al.* (1994) finding that young people with spina bifida in the UK regarded themselves as less socially accepted and less athletically competent than did able-bodied controls.

I am very different from all the other kids in the classroom. I use a wheelchair. I am not able to run and play like other kids (Nikhil, 11 years, Spina Bifida)

However, those children who displayed athletic competence were happy about it and it seemed to give them confidence.

I love outdoor activities. I am good at Judo, Basketball, Cricket and Athletics. I want to be a sportsperson, someone like Sachin Tendulkar (Gaurav, 13 years, ADHD).

Two children (Nikhil and Rakhi) who had mobility problems and were unable to join the rest of the class during sports activities felt dejected about it. They usually remained in the classroom or spent time in the library while their classmates were away.

In school, I am not so active. I usually read books during games period because I cannot do much. All my friends go down and play during lunch hours and games period. At home, I do lot

of things like playing computer games, playing board games with my sister and watching television (Nikhil, 11 years, Spina Bifida)

In most cases (6 among 10 students), children with disabilities perceived problems for social interactions. They expressed that their 'disability' caused social isolation. They desired to have more friends and be involved in normal activities with their friends. However they expressed dissatisfaction in their relationships with their non-disabled peers.

I do not have many friends in school. No one likes to be my friend because I cannot perform well in studies or sports. They do not call me to their home for birthday parties and other events. I want to be friends with my classmates. I always call them for my birthday party. I even drop them home in my car. But it seems that they do not reciprocate. (Nikhil, 11 years)

Sania wants to play with other kids in the school but other kids shun her. Because she is not able to speak, other kids make her a scapegoat when they are chided for some mischief (Sania's mother).

I do not like talking to people in the class. They are not good and they make fun of me (Ishita, 9 years).

All 10 children were openly appreciated for their abilities at home as well as in school, which made them happy. However, two of the children informed that their special talents were ignored or not nurtured by the teachers, peers and families. These children were not as confident about their special abilities as other respondents who received encouragement from their family. Some

parents accompany their children (Aakash and Tanmay) to the stadium and special sports training camps in school during vacations as they aspired to provide the necessary support for their special talents. This extra effort by parents to support their children's special abilities was an important finding for inclusive education; parents (particularly mothers) are very involved as care providers. The discussions with resource teachers in schools revealed that mothers were vital actors in inclusive education. Most mothers visit the school daily or at least once a week to keep track of their child's progress, complete class notes, and help him/her with physical needs (if any). These visits are in addition to their household responsibilities and helping the child at home. This pressure sometimes results in their inability to groom their children's abilities by providing the needed support like in the case of Rakhi who had a good voice and wanted to sing but was disappointed that she was not able to take music lessons, or Sania who had special gymnastic talent but did not have the opportunity to develop this.

I like singing and I want to learn music. I cannot learn music now because my mother will have to take me to the music class and be there with me. We cannot call the music teacher home because they will take too much money. But I will learn music one day and become a singer (Rakhi, 13 years).

I do not get time to play with Sania (7 years) or take her to special gymnastics classes. I know she can do very well in sports but I struggle with finding the time to manage everything. Her father too does not have time for her (Sania's mother)

It was observed that some children with physical disabilities like Nikhil and Harshit had accepted their disability and appeared resilient but 6 out of 10 children lamented about their disability.

I am not as capable as other kids when it comes to studies and sports. But I feel I am mentally stronger than them. I go through tough times every day. I have a severe disability, and the other kids can never understand what I go through, I am happy with whatever I am able to do under the circumstances (Nikhil, 11 years).

Though I know that things are not going to change for me and I have to spend my whole life with this disability, I do not lose hope and try my best to make myself strong to face the challenges (Harshit, 15 years)

I never understand anything in the school. All children make fun of me. I cry at home every day. (Soham, 10 years)

My friends ask me how I can live such a difficult life. I tell them that I was born like this so I have to live this life. Now I have got used to it. But truly speaking, I have lot of pain. I do not know why God has not made me like my friends (Rakhi, 13 years).

Some studies have shown that children with disabilities want to be seen as ‘normal’ (Priestly 1999), stay healthy, to have friends and interests, to be part of the local community, to acquire social and self-care skills and future independence, to feel confident and respected by others, and to experience success and achievement (Beresford et al. 2007). Burchard’s (2005) research shows that disabled young people in UK have high ambitions and display desires for education,

to gain qualifications, get high-status jobs and earn a good wage. Our study of children with disabilities in Mumbai shows that they aspire to be like their non-disabled peers. These children too expressed ambitions for doing well in their academic work, in sports and they also wanted to look attractive. Therefore it is important that children with disabilities be provided with opportunities to perform and develop their skills to the best of their abilities.

Recommendations

In our study we observed that all schools except one had one resource teacher for all children with special needs in the school (ranging between 20-25 children). This meant that the proportion of resource teacher to student was very low in most of the schools. A similar finding has also been reported by Sreekumari (2003), that the number of children with disabilities under one resource teacher is high which acts as a barrier. For the Integrated Education for Disabled Children (IEDC) scheme the ratio of resource teacher to student has been decreased to 1:6 (Mukhopadhyay and Prakash 2004). It is important to have resource teachers in the school to be proportionate with the needs of the children with disabilities in order to provide adequate support. Sometimes, children with disabilities display some needs which may require a constant collaborative effort of the regular and resource teacher in the classroom, for instance, a child with an acute hyperactivity disorder may require the presence of a resource teacher in the classroom. This would only be possible if there are enough resource teachers to share the workload. The one school which was an exception had hired nine resource teachers for around thirty-six children with disabilities, the ratio thus worked out to be one resource teacher for four children with disabilities. It was observed that the resource teachers in this school were satisfied with their ability to keep up with the needs of the children and the children benefited from the

level of care and support available to them in their studies. The parents of children with disabilities from this school had to come to the school less frequently and were appreciative of the school's efforts towards inclusion of their child. Thus, the recruitment policy of resource teachers in inclusive schools must ensure that the ratio of resource teachers is commensurate with the extent of disabilities of children enrolled.

Six out of ten children felt hurt and segregated by some interactions at school, particularly with regular teachers and peers. The interviews with regular teachers revealed that the teachers did not have appropriate exposure in dealing with children with disabilities during their pre-service training and therefore, lacked appropriate attitude and sensitivity. The teacher training courses across India are varied and approach inclusive education from the 'deficit perspective'. Apart from an optional paper on 'children with special needs' there are no formal inputs on inclusive education which could prepare the teachers to handle diversity in the classrooms (Singal 2005 cited in Giffard-Lindsay 2007). The standard Bachelor in Education programme has a course on educating children with special needs in India. However, teachers when confronted with the practical challenge of teaching in inclusive classes lacked the skills to deal with the situation and mostly ignored children with disabilities as being the responsibility of the resource teachers alone. Most (15 out of 20 teachers) teachers interviewed during the study expressed their inability to deal with children with disabilities.

When a school introduces an inclusive environment, it would be beneficial for at least the teachers who would be handling inclusive classes to be given some orientation to equip them to deal with relevant situations. The individual schools might find it beneficial to organise special

training workshops at regular intervals for teachers who might be interested and involved with children with disabilities could improve satisfactory outcomes for both the children and the school. In fact prior to planning the training sessions, there could be training needs analysis which would identify areas in which the teachers seek help. At the macro level, as more public and private schools might be interested in becoming inclusive, the teachers training curriculum could include a special module to train on inclusive education. This module might also provide an internship period in inclusive schools. The government bodies responsible for designing teacher education curriculum is National Council for Teacher Education (NCTE) and National Council for Education, Research and Training (NCERT). There have been recent attempts to redesign the teacher education curriculum to respond to changing educational context and a Draft Curriculum Framework for Teacher Education in India (2006) has been published. However, this may take a long time in implementation as other policy documents. Our recommendation is that it should be expedited.

Peers could be sensitised by the regular and resource teachers through group sessions where they learn about disability and empathy. A constant effort by the school personnel to include the child with disability in normal activities of the school could certainly bring about a change in behaviour of non-disabled peers towards their classmates with disability.

Children with disabilities have an equal right for education as laid out by the current education act. Therefore any School offering education to children with disabilities should be able to provide equal facilities to children with disabilities on par with facilities offered to their non-disabled peers. While the disabled children in this study have had access to their right to education along with their non-disabled peers, our analyses show that the facilities provided to the disabled children fall short of their needs. Therefore the inclusive schools need to make

efforts to introduce and provide for relevant alternative activities for children with disabilities when their classmates engage in activities which disabled children cannot participate in. Computer games, art and craft classes, additional music classes or any special skills class where the child displays interest could be arranged as alternative activities.

The recommended changes might prove beneficial for children with disabilities who have taken on the challenge of studying in inclusive schools as well as being rewarding to the schools which have adopted inclusive education.

IV. Conclusion

Our study of the experiences of children with disabilities in inclusive schools in India aimed to consider certain aspects of inclusive schooling and suggest some improvements which could be beneficial for children with disabilities and strengthen the process of inclusion. As the concept of inclusive education is simultaneously being understood and practiced, the voices of primary stakeholders are indeed imperative. These lived experiences must inform and guide the policy as we strive to make these schools 'inclusive' in a real sense of the term.

Children with disabilities studying in inclusive schools have unique experiences where they interact constantly with their non-disabled peers. It affects the development of their self concept in areas related to academics, physical self, active self and social self. This paper elucidates the self perceptions of children in these areas which to a large extent determine their adjustability in an inclusive school setting. The inclusion process is facilitated through support received from school, resource teachers, and parents particularly mothers. Our research findings highlight specific challenges faced by children with disabilities in inclusive schools in terms of peer relationships and attitudes of regular teachers. Based on our findings in private inclusive schools

in Mumbai, we have made recommendations for improving the experiences of children with disabilities in inclusive schools. The main recommendations included recruitment of resource teachers in proportion to the numbers and needs of the enrolled children with disabilities in a school; pre-service and regular in-service training of regular teachers on issues related to managing inclusive classrooms, peer sensitisation; and introducing relevant alternative activities for children with disabilities. Implementing these processes in the inclusive educational system would enhance the participation of children with disabilities and foster their aspiration to be like their non-disabled peers.

Acknowledgement

We dedicate this research paper in memory of Peter Townsend. His contribution towards this paper will always be cherished. Our special thanks to Dr. Tania Burchardt for her comments. Our gratitude to Inlaks Foundation, India for the research visit grant, without which this endeavour would not have been possible.

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