Inclusive Quality Education for Children with Disabilities

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Foreword

The United Nations Convention on the Rights of Persons with Disability of 2006 marked a milestone in advocacy for PwD. More recently, the Sustainable Development Goals (UN, 2015) included a specific call for increased commitment to education for this and other marginalized groups, as a matter of human rights. These declarations, and others, reflect growing recognition of official neglect in considering and finding solutions to the needs of PwD globally. Many governments have come to embrace the idea that supporting education is the most productive investment a society can make in its people, but they are less than pro-active when it comes to supporting education for this group. People with disabilities—of all kinds, and in all parts of the world—are far more likely to face difficulty finding work; they remain a substantial portion of populations whose skills and aptitudes are often underexplored and untapped.

In this report, our colleagues at the University of Cambridge provide a comprehensive review of literature, sketching a portrait intended to deepen understanding of disability in its various models. They explain how it may be measured, and examine the needs for inclusive, quality education. The authors press for greater financial commitment by government to support stated policies and existing legislation regarding people with disabilities of all ages. A substantial part of the report is devoted to country studies of India and the England, outlining perspectives and priorities in these vividly contrasting environments.

Reflecting on policy and practice, the report frames its approach with a detailed examination of the 'Three Rs'—Rights, Resources, and Research. The authors call for strong alliances among researchers and those with disabilities as the most effective means for change advocacy. They highlight the need for deeper research into the discrete aspects of disability—such as gender, socio-economic status, cultural and geographic elements—to design and provide the appropriate education choices for PwD.

This broad examination of education for people with disabilities makes a useful contribution to the WISE Research series. Better research and evidence to evaluate the impact of policies is key to effective, strategic activism. As our authors explore more deeply the myriad aspects of education, we hope that they will continue to call out government failure to keep commitments, and to press for vigorous monitoring and accountability.

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Executive Summary

Education for all cannot be realized without the inclusion of all marginalized groups, and particularly children with disabilities. Inclusive quality education is crucial to creating interconnected societies based on values of social justice, equity of opportunities and freedom.

Our focus in this report is on the education of children with disabilities. We critically review the literature in order to develop a deeper and more nuanced understanding of the key issues and debates in the field of disability and education. Drawing on what has been achieved so far, we propose a new Three Rs model: 'Rights, Resources and Research'. We argue that in order to achieve inclusive quality education we need to focus on these three interrelated aspects.

Across the globe there is growing focus on the benefits of inclusive quality education for all children. The Sustainable Development Goals (UN, 2015) make an explicit commitment to children with disabilities, and other marginalized groups, to "ensure inclusive and equitable quality education and promote lifelong learning opportunities for all" (Goal 4). Despite some progress, children with disabilities remain the most marginalized in education. Estimates provided by various international organisations suggest that high numbers of children with disabilities in the global South do not go to school. Of those children with disabilities who do make it through the door, they are half as likely to transition to secondary school as their peers without disabilities. Gender also plays a pivotal role; girls with disabilities are less likely to complete primary education than boys with disabilities. The Sustainable Development Goals (UN, 2015) clearly recognize that this gap must be closed, as the international community more explicitly addresses the challenges of quality and equity.

Structure of the report

This report is organized in four sections.Section one gives an overview of the global mandates and the developments that have been made in the past three decades to ensure and uphold the rights of children with disabilities in education, particularly in mainstream settings. Based on our review of the literature we note that there are three significant and interrelated rationales for investing in the education of children and young people with disabilities. We highlight available evidence on each of these, namely the human rights argument, evidence in relation to economic development and the motivation that inclusive schools are better schools for all children.

Section two focuses on mapping out the different understandings of disability. Here we track the developments in conceptualizing disability from the medical model to the most current bio-psycho-social model, often used in international literature. We also address the strengths and challenges in

measuring the prevalence of disability. We make the point that disability is a social and cultural construct and that the legal definition of disability also differs across contexts thus presenting challenges when trying to establish cross national rates. We then discuss in detail the progress made by the Washington Group on Disability in establishing a common language on disability. Drawing on their work we discuss how questions on disability when framed using a functional approach can provide significant insights into the range of difficulties that people face. Thus helping countries plan provision for people with disabilities across a range of sectors. We conclude this section be reiterating the World Report on Disability's (WHO, 2011) final recommendation that disability research much be strengthened and supported.

Section three elucidates two contrasting country contexts, India and England. We examine these two countries, one in the global South and one in the global North, both with strong histories of disability legislation. In the case of India, we examine policy perspectives and provide an overview of the two key government supported national level programs: Sarv Shiksha Abhiyan and Rashtriya Madhyamik Shikhsha Abhiyan. Despite increases in enrolment rates for children with disabilities, our review suggests that schools remain ill-prepared to accommodate these children and struggle to offer them quality education. We discuss the enrolment data in detail, while also reviewing the impairment categories used in the national school survey, the District Information System for Education (DISE). Drawing on insights gathered from school and classroom based studies, we identify four key areas of focus, namely (1) training of mainstream teachers, (2) recognising special educators as important resource for supporting mainstream classrooms, particularly teachers, (3) promoting the use of cost effective teaching aids and adaptations to school infrastructure and (4) supporting students with disabilities to be part of the school culture.

In the case of England, we present legislation which has recently been implemented, including the new Special Educational Needs Code of Practice (DfE, 2015). We put forward the argument that the language used within the new legislation fails to incorporate concepts from the social model of disability and retains a medicalized lens. Similar, to the Indian case, we provide an overview of the development of inclusive education in England and elucidate the current educational status of children with special educational needs. We use disaggregated data to explore different intersecting variables, and proffer that children with special educational needs from black and minority ethnic groups are likely to experience multiple levels of exclusion. Additionally, we also highlight the disparity in educational outcomes for those with and without special educational needs. Finally, drawing on the literature regarding what works in inclusive education in England we expand on three key issues: (1) the nature and efficacy of support provided by teaching assistants, (2) need for developing an inclusive curriculum and finally (3) the need for better teacher education

Section four concludes this report by proposing the Three R's model: 'Rights, Resources and Research', which provides a framework for moving forward the debates on inclusive quality education. We assert that if inclusive education is to be achieved then the interrelated aspects of rights, resources and research must all be addressed. Central to our rights argument we assert that, as well as rights to and in education, persons with disabilities have the right to be counted. Gathering rigorous disaggregated data on disability is essential to ensuring the rights of persons with disabilities are met. We reiterate the importance of resources—human, material and infrastructural, in order to develop inclusive quality education systems. Finally, we assert the need for rigorous research involving strong alliances between researchers in the field of disability and development and people with disabilities themselves. This will ensure that the research conducted is inclusive and responds to real life concerns. Finally, we highlight the challenges of influencing policy through research. We conclude by arguing that research must be accompanied by strategic activism if it is to effect change.

Reflection on terminology

Before we begin, we wish to acknowledge the tensions surrounding the term 'disability'. When writing in a general context we use the term 'children with disabilities' or 'persons with disabilities'. However, with respect to each country context we use the appropriate terminology in line with local policy—for India, 'children with special needs' and England, 'children with special educational needs and/or disabilities'. Both countries define 'special needs' and 'special educational needs' rather differently and these concepts have been subject to much analysis and debates, highlighting various limitations in their usage. While we raise some of these issues in various sections of the Report, we have decided to use person first language to forefront the individual. Additionally, we have decided to use the concept of disability/disabilities, while being wholly mindful of the heterogeneity of the population we are focusing on. The aim here is to acknowledge that terminology is highly political in nature, and its usage must be person, contextual and culturally sensitive.

Within this report, global North and South are used in order to highlight the "fundamental economic inequality between the two blocs which results in inequalities in the standard of living, resources available and domination by the Northern bloc in international development" (Singal, 2010, p. 417). These terms do not refer solely to a geographical divide; rather, they place nations together broadly along the lines of 'rich' and 'poor'. Notably, most countries under the term global South have a colonial history. Despite some criticism of these terms in the literature (Crossley & Watson, 2003), we have chosen to use these to avoid the inherent bias situated within the terms 'developed' and 'developing' countries suggesting a "transmission of knowledge from so-called developed to developing nations" and a lack of recognition of the rich histories of many of the so called 'developing countries' (Singal 2010, p. 417).

Abbreviations

ASER: Annual Status of Education Report
ASD: Autism Spectrum Disorder
BESD: Behavioral, Emotional and Social Difficulties
BME: Black and Minority Ethnic Groups
CFA: Children and Families Act
CPD: Continuing Professional Development
CWSN: Children with Special Needs
DCF: Data Capture Format
DfE: Department for Education
DFID: Department for International Development
DPOs: Disabled People's Organizations
EAL: English as an Additional Language
EFA: Education for All
EHC: Education Health Care (plan)
EMIS: Educational Management and Information System
FSM: Free School Meals
GDP: Gross Domestic Product
ICD10: International Statistical Classification of Diseases and Related Health Problems
ICF: International Classification of Functioning, Disability and Health
IEDC: Integrated Education for the Disabled Children
IEDSS: Inclusive Education of Disabled at Secondary Stage
IEPs: Individualized Educational Plans
ILO: International Labour Organization
IQ: Intelligence Quotient
ITE: Initial Teacher Education
LAC: Looked after Child
MHRD: Ministry of Human Resource and Development
MLD: Moderate Learning Disability
MSJE: Ministry of Social Justice and Empowerment
NCERT: National Council of Educational Research and Training
NCTE: National Council for Teacher Education
NSS: National Sample Survey
NUEPA: National University of Educational Planning and Administration
OECD: Organisation for Economic Co-operation and Development
OHCHR: Office of the United Nations High Commissioner for Human Rights
ONS: Office of National Statistics
PE: Physical Education
PMLD: Profound and Multiple Learning Disabilities
PwD: Persons with Disabilities
RCI: Rehabilitation Council of India
RMSA: Rashtriya Madhyamik Shiksha Abhiyaan

RMSA-TCA: Rashtriya Madhyamik Shiksha Abhiyaan-Technical Cooperation Agency
RTE: Right to Education
SDG: Sustainable Development Goals
SEMH: Social Emotional Mental Health
SEN: Special Educational Needs
SEN CoP: Special Educational Needs Code of Practice
SEN/D: Special Educational Needs and/or disabilities
SES: Socio-Economic Status
SLCN: Speech Language and Communication Needs
SpLD: Specific Learning Disabilities
SSA: Sarv Shiksha Abhiyan
U-DISE: Unified District Information System for Education
UNCRC: United Nations Convention on the Rights of the Child
UNCRPD: United Nations Convention on the Rights of Persons with Disabilities
UNESCO: United Nations Educational Scientific & Cultural Organization
UNICEF: United Nations International Children's Fund
UPIAS: Union of the Physically Impaired Against Segregation

Chapter 1

Including Children with Disabilities in Education

The first section of this report provides an overview of the key developments in international discourse that have supported the inclusion of children with disabilities in mainstream educational efforts. Subsequently, based on an analysis of the existing literature, we identify three key themes which provide a strong rationale for the education of children with disabilities.

For this report, we have drawn on the work of prominent researchers in both southern and northern contexts focussing on inclusive education, and specifically, the education of children with disabilities. We drew on academic articles in international and national peer reviewed journals as well as academic books. Given the paucity of academic articles, in certain areas we have drawn on grey literature to help develop various arguments. This literature consisted of reports and case studies published by various international and bilateral donor agencies.

An overview of global mandates

> *"Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all."*
>
> (Goal 4, Sustainable Development Goals, UN 2015)

Education of children with disabilities is part of the international mandate, as noted in the Sustainable Development Goals. The SDGs have provided a strong directive for the global community to address the historical exclusion of people with disabilities in all areas of life. Relating to education, Goal 4 categorically notes the need to "eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous people and children in vulnerable situations" by 2030 (Target 4.5). It goes on to mandate the need to "build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent inclusive and effective learning environments for all" (Target 4.A). This explicit inclusion of persons with disabilities in the SDGs has provided a significant impetus for action for both international and national stakeholders working in diverse fields, including education, health and livelihoods.

The SDGs have been particularly powerful given that the Millennium Development Goals (MDGs) (UN, 2000), drafted and adopted by the international community at the turn of the century, and central in addressing development efforts, completely overlooked the needs of persons with disabilities. Prior to the establishment of the SDGs, the UN explicitly acknowledged the "invisible" status of persons with disabilities in mainstream development, and highlighted that "greater efforts are needed to ensure that development processes include persons with disabilities to help realize the overall objective of the full and equal participation of persons with disabilities in society" (UN, 2013).

The SDGs very clearly build on the many proclamations made in relation to the education of children with disabilities. For instance, at the World Education Forum in 2000, it was asserted that, "Education is a fundamental human right of all people—of value in and of itself, for improving the quality of life, and as an essential part of social and human development" (UNESCO, 2000). Article 3 of the declaration, Universalizing Access and Promoting Equity, made a recommitment to the goals set out in 1990 observing:

> *The learning needs of the disabled demand special attention. Steps need to be taken to provide equal access to education to every category of disabled persons as an integral part of the education system.* (UNESCO, 2000, p. 75)

It is widely acknowledged that the Salamanca Conference of 1994 proposed fundamental policy shifts required to include children with special educational needs. A commitment was made to promote the approach of inclusive education. Providing unequivocal support to developing an inclusive system, the Salamanca Statement and Framework for Action on Special Needs Education noted:

> *Regular schools with this inclusive orientation are the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving education for all; moreover, they provide an effective education to the majority of children and improve the efficiency and ultimately the cost-effectiveness of the entire education system.* (UNESCO, 1994, Article 2. p. ix)

Over the years, there have been key international and many regional milestones in efforts toward promoting the education of children with disabilities, and these are outlined in Illustration 1.

Illustration 1. Key international mandates on the education of Children with Disabilities

Rationale for investing in the education of people with disabilities

In reviewing the literature to make the case for investing in education of people with disabilities, three prominent themes emerged: (1) the rights argument, (2) an economic rationale, and finally (3) how inclusive schools benefit all children. These themes are not mutually exclusive and are significantly interrelated in helping make a strong argument for the need to educate all children, including those with disabilities. We develop each of these in detail with supporting evidence.

1. Rights based arguments

Writing on political theory and liberal political thought, Nussbaum (2000) argues that all human beings "just by being human, are of equal dignity and worth, no matter where they are situated in society" (p. 57). The notion of all human beings being of equal worth underpins the rights based argument supporting the education of people with disabilities. Over the years, the coming together of various international organizations and the proclamations of various goals have made a clear and coherent case for why inclusion of persons with disabilities is a fundamental human right. Children with disabilities have until recently remained relatively invisible in efforts to achieve universal access to primary education. It has become clear that, without targeted measures to help them overcome multiple barriers, the goals of Education for All (EFA) will not be achieved. By focusing on educating the most marginalized there is a strong commitment to creating schools that respect and value diversity. The aim therefore is to promote democratic principles and a set of values and beliefs relating to equity and social justice so that all children can participate in learning.

At the core of inclusive education, as Sandkull (2005) highlights is the basic right to education, which is rooted in many international human rights treaties since the Universal Declaration of Human Rights adopted in 1948 (UN,1948). Following this declaration, the United Nations Convention on the Rights of the Child (UNCRC) mandated, in Article 28, that every child has the right to education (UN, 1989). Additionally, in Article 29 it states that the goal of education is to fully develop every aspect of a child's personality and ability, suggesting therefore that children must have the right to fully participate in all aspects of their education (UN, 1989). The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) underlines, in Article 3, the right for "full and effective participation and inclusion in society" (UN, 2006). Moreover, Article 24 focussing on Education, decrees children should not be "excluded" from education on the grounds of disability (UN, 2006). Therefore, an occurrence where a child is excluded from education due to disability can be seen as a breach of human rights.

'Equality' and 'equity' are terms often used interchangeably in education discourse (Espinoza, 2007). Nevertheless, a clear distinction should be made between the two when considering rights based arguments for education children with disabilities. It has been argued that:

> *Equity is more than equality. As with justice, it is abstract and less susceptible to definition. Equality on the other hand, as a general standard conveys an element of prescription and measurability. Whilst justice may be commonly defined as giving everyone his due, the term equality more specifically refers to division, partition and redistribution…equity in its broadest sense encompasses justice, equality, humanity, morality, and right* (Alexander & Melcher cited in Johns 1979, p. 119).

It is equity as described here, in fact, that is mandated in the UNCRPD and SDGs where a more equitable approach is taken decreeing that reasonable adjustments should be made for people with disabilities and that all facilities should be disability sensitive (UN, 2006; UN, 2015). The nuance of equity, equality and reasonable accommodation is demonstrated in Illustration 2 below. The left side of the illustration serves to depict equality, where everyone is standing on the same level—the resources are equally distributed, however only one person can reach the fruit. The right side of the illustration highlights how equity and reasonable accommodation can help all people to achieve the goal they desire.

Illustration 2. Understanding equity in education

Working towards equitable goals also enables one to pursue wider aims such as social cohesion. For a number of decades, concerns have been voiced in relation to the exclusion of persons with disabilities and the impact on society, Booth (2003) notes:

> *One of the greatest problems facing the world today is the growing number of persons who are excluded from meaningful participation in the economic, social, political and cultural life of their communities. Such a society is neither efficient nor safe (p. 3)*

In relation to this, it has long been cautioned that schools are shaped to ensure the continuity of existing structures within society (Spindler, 2000; Bowles & Gintis, 1976). In the context of EFA, it has been highlighted that education has "the potential to be used as a vehicle in the reinforcement of authoritarian,

discriminatory and anti-democratic practices in society" (Miles & Singal, 2008, p.3). Exclusion from schooling has the potential to lead to social isolation, to prevent this Booth (2003) advocates adopting a "developmental approach in education" (p. 4), aimed at creating an interlinked society with protective mechanisms for those vulnerable to marginalization. Schools, it is proposed, must be closely linked with the development of communities and wider society. Ainscow et al. (2006) argue that it is important to regard schools as a process through which education in communities can be further developed. Specifically, the International Commission on Education for the Twenty-first Century underlines the need for education policies that promote a will for all people to live together (UNESCO, 1996). UNESCO (1996) argues that educating all children has the potential to create a better society based on "the ideals of peace, freedom and social justice" (p. 13). Additionally, investing in children with disabilities through inclusive quality education and inclusive employment has the potential to contribute to creating societies that are tolerant, accepting of diversity, equitable and cohesive, benefitting everyone (WHO, 2011; Morgon Banks & Polack, 2014). This need to change individual beliefs and systemic practices is crucial in developing a greater acceptance of the rights, beyond education, of individuals with disabilities. Sidestepping people with disabilities through exclusionary education systems is likely to leave them in a cycle of inequality (Grech, 2008). Research based on analysis of fourteen household surveys in the Global South, conducted on behalf of the World Bank, highlights that strong correlations exist between poverty and disability in adulthood where individuals have been marginalized from education (Filmer, 2008).

2. Economic rationale

Identifying the economic returns to education broadly has been the focus of many studies (Harmon, 2011). While education has been linked to improvements in health, decreasing fertility rates, development of democratic citizenship and the achievement of larger development goals (UNESCO, 2014), the impact of education on income, both individual and national, has remained a foremost concern in the literature. Such an economic focus has also been an important impetus for international organizations to invest in issues of disability as part of their efforts toward poverty alleviation (ILO, 2002).

Focusing on disability, particularly in contexts with high poverty rates is important given that these are mutually reinforcing. For example, evidence suggests that children from poorer households are at greater risk of malnutrition induced impairments (World Bank, 2009). Similarly, the DFID (2000) report titled appropriately Disability, Poverty and Development noted that in many contexts 50 percent of disability is a result of largely preventable factors, while 20 percent of impairments are caused by malnutrition. Over the last few decades, there have been important shifts in the prevalence of different types of impairments and in the demographic spread of people with disabilities. At a global level, survival rates for low birth-weight infants have increased directly affecting the prevalence of developmental conditions and learning impairments (Fujiura & Rutkowski-Kmitte, 2001).

In the last 15 years, the cyclical relationship between disability and poverty has become a central focus in development efforts. DFID (2000) noted that "disability is both a cause and consequence of poverty" (p. 1). There is increasing evidence to suggest that being poor dramatically increases the likelihood of being born with impairment. This is not surprising as people living in poverty have limited access to basic health care, have insufficient and/or unhealthy food, poor sanitation facilities, and an increased risk and likelihood of living and working in hazardous conditions. Similarly, since people with disabilities are systematically excluded from basic health care services, political and legal processes, formal/informal education and employment, they are likely to have significantly reduced income-generating opportunities, thus leading to poverty (Yeo & Moore, 2003). Therefore, not surprisingly people with disabilities are usually disproportionately represented amongst the poorest of the poor.

Some of the pathways through which people with disabilities slide into poverty and remain poor are identified in Braunholtz's (2007) analysis of chronic poverty more generally. Braunholtz (2007) notes that not all chronically poor people are born into long term deprivation, rather many slide into chronic poverty after a shock or series of shocks that they cannot recover from: these shocks include ill health and injury. He goes on to suggest that the long-term poor who are not economically active because of health, age, physical or mental disability, are more likely to face enduring poverty, as the exit routes available to them are limited (Braunholtz, 2007). Thus, not only are people living in poverty likely to be at a greater risk of acquiring impairments, but once disabled they are more likely to stay poor and are also at a greater risk of passing on this deprivation to the next generation. Kothari and Hulme (2003) also highlights similar findings through their analysis of the life history of a poor two-person household in Bangladesh and (among other things) concludes that disability is an "important factor in understanding why poor people stay poor" (p. 16).

The complex relationship between disability and poverty changes based on each country context (Mitra et al., 2011), making factors which contribute to economic gains difficult to measure. Thus, as yet, it is difficult to make a universalized claim about the economic benefits of taking a disability-inclusive approach. Nevertheless, examples exist demonstrating fiscal losses. The exclusion of people with disabilities from education and the workforce also has a cost to society through the loss of productivity, loss of taxes, a decreased Gross Domestic Product (GDP) and the need for spending on disability-specific programs which are shown to be less cost effective than mainstreaming (Myers, Pinnock & Suresh, 2016; Walton, 2012). In terms of costs to the economy, it is estimated that in the Philippines exclusion from the workforce for people with unrepaired cleft lips and palettes results in a tax revenue loss of approximately nine million US dollars (Morgon Banks & Polack, 2014). In Bangladesh, it is thought that the low education of persons with disabilities and their subsequent exclusion from the workforce results in 26 million US dollar deficit to the economy (Morgon Banks & Polack, 2014).

Thus, not surprisingly it is strongly argued that investing in education of children with disabilities, through disability inclusive development, is likely to lead to significant economic outcomes including increased earnings, labour productivity and revenue (Myers, Pinnock & Suresh, 2016; Walton, 2012). Based on educational modelling for the general population it has been suggested that for every additional year of schooling there is a ten percent increase in individuals earning (Psacharopolous & Patrinos, 2004). Even though there is an absence of such analysis specifically in relation to persons with disabilities, it is likely that there would be a similar positive effect for additional years of schooling for people with disabilities. Recent work undertaken by Lamichhane (2015) indicates that in the case of Nepal, educating children with sensory or physical impairments would lead to a 20 percent wage increase. Similar results were noted by Liao and Zhao (2013) in their research covering parts of rural and urban areas in China; they noted that for each additional year of schooling there is a five to 8 percent wage increase for persons with disabilities.

However, despite international mandates to leave 'no one behind', many governments "lack the political will to make their education systems disability-inclusive, and believe the returns on investing in schooling for children with disabilities will be low" (Myers, Pinnock & Suresh, 2016, p. 10). Loryman and Meeks (2016) argue that this belief stems from the notion of 'Value for Money' (VfM) often being conceptualized and utilized narrowly, incorrectly equating "the best impact with the one that reaches the most people for the lowest cost" (p. 5). This view of VfM, they rightly note, has a negative impact on those who are most marginalized, often persons with disabilities. Persons with the most complex needs and those with profound and multiple disabilities or those intersecting inequalities are most likely to be at risk from exclusion as they are more challenging or more expensive to reach (Loryman & Meeks, 2016). Thus, if the aim is to reduce poverty for everyone, educate everyone, and leave no one behind, "an intervention with a low cost per beneficiary that only reaches those who are easiest to reach is not effective" (p. 8). VfM must therefore transcend the notion of "a simple calculation of cost and quantitative output" (Loryman & Meeks, 2016, p. 5); rather it should focus on the "optimal use of resources to achieve the intended outcomes" (National Audit Office, n.d.). Here the intended outcomes being the need to deliver quality education for all children.

3. Inclusive schools are better schools for all

Inclusive schools, and inclusive education systems, go beyond ensuring children with disabilities are fully included in all aspects of education. Inclusive education is argued to be a process of systemic change that must take place at every level to build classrooms, educational systems and communities based on an "ecology of equity" (Aincow et al., 2012, p.198). Ainscow et al. (2012) assert that student's outcomes are not only based on teacher's practice, but are also connected to process' that exist outside school, such as socio-economic status (SES). Factors outside of school (such as SES), as well as in school (such as teaching) must be addressed in order to achieve inclusive education and thus more equitable and quality learning for all children.

Developing better schools for all aims to reduce barriers to participation, as well as barriers to learning, for all students, not only those identified as having special educational needs. The focus is therefore on restructuring the education system at each level to ensure inclusive policies and inclusive practices as well as working towards fostering inclusive school cultures. Whole-school reform, based on the principles of inclusive education, focusses on the whole person. This reform begins with the concept that everyone is different—rather than just those with disabilities. This means, at a policy level, putting "flexibility and variation at the centre, structurally as well as in terms of content, with the goal of offering every individual a relevant education" (UNESCO, 2005, p. 16, emphasis authors' own).

Additionally, research indicates that the active inclusion of children with disabilities in mainstream settings does not have a significant negative impact on children without disabilities (Farrell et al., 2007). Instead, it is likely that inclusive schools are positive for all children (Thomas, Walker & Webb, 1998).

One of the key understandings to promote inclusive education in the classroom is "viewing differences between children and between adults as a resource for learning" (UNICEF, 2011, p.6). In relation to pedagogy, taking a differentiated approach to teaching, which accounts for student difference, will benefit all children and increase engagement (Sebba & Ainscow, 1996; Visser, 1993; Tomlinson, 2014). Moreover, having children with different levels of ability in one class enables pupils to gain skills in supporting each other (Sebba & Sachdev, 1997), opening the "learning potential of each student rather than [having] a hierarchy of cognitive skills" (UNICEF, 2011, p. 6). This is reiterated in the work of Florian (1998) who argues that inclusive education needs to have "a positive attitude about the learning abilities of all pupils" (p. 21). Promoting inclusive practices involves developing "social learning process" that change people's actions as well as the thinking that informs the actions (Ainscow, 2005, p. 112). Ainscow et al. (2012) highlight the need to offer space for educationalists to reflect on deeply held beliefs that prevent moves towards inclusive education.

Inclusive education means mobilizing resources effectively. Having adequate resources such as "teaching materials, special equipment, additional personnel, new teaching approaches" (UNESCO, 2005, p. 18), which are not only for children with disabilities but accessible to every student, ensures that all children can fully access the curriculum. Moreover, having trained teachers and support staff who have experience of working with behavioral needs enables every child to get the adequate support they need, not only those identified as having challenging behavior. Ainscow et. al, (2012) highlight the benefit of school-to-school collaboration as a way to effective share expertise and best practice. Notably, they highlight that extensive work research collaboration between schools has the potential to effect system wide improvement particularly in challenging areas (Ainscow et al., 2012).

In addition to enriching learning process through better teaching and system wide reform, having the opportunity for all children to learn together is a starting point for fostering inclusive school cultures. Inclusive education is a way to build community and instil inclusive values. Having an environment where all children learn together, teaches children about "tolerance, acceptance of difference and respect for diversity" (UNICEF, 2011, p. 6). Furthermore, beyond disability, diverse classrooms have the ability to "eliminate social exclusion that is a consequence of attitudes and responses to diversity in race, social class, ethnicity, religion, gender and ability" (Ainscow, 2005, p. 109). Thus, it is argued that the notion of inclusive education must extend beyond the school gate and out into society in supporting the development of inclusive communities. An Organisation for Economic Co-operation and Development (OECD) (2007) report entitled No more failure: Ten steps to equity in education argued that "tackling school failure helps to overcome the effects of social deprivation which often causes school failure" (p. 11).

Chapter 2

Understanding Disability

The second section of this report provides an overview of the key developments in conceptualizing and measuring the prevalence of disability. This section outlines how the concept of disability has evolved over the years, with a specific focus on discussing current approaches to understanding disability as a bio-psycho-social condition, rather than approaching it from an individual deficit perspective. These shifts in paradigms are important as they have a significant impact on societal perceptions toward disability and in shaping provision, including educational efforts.

Medical model

Historically, the most prevalent way of conceptualizing disability, the medical model, relies on the distinction between that which is 'normal' and that which is 'pathological' (Wade et al., 1996). It makes meaning of experiences of persons with disabilities in terms of what it considers as objective, innate conditions that limit their ability to participate with others. The primary concern in such an understanding of disability is on diagnosing the source of deviance, which is carried out by an 'expert' and then intervention to treat the problem. The medicalization of disability is a central feature in this approach, wherein the focus is on sickness, diagnosis and treatment, all carried out by a medical or rehabilitation professional.

The medical model argues that the source of pathology lies in the individual and hence their needs to be treated or 'fixed' which is best carried out in institutions which are specifically designed for them, such as special schools or rehabilitation centers. It is therefore assumed that children with the same disability, diagnosed with the help of standardized measures, would benefit from the same kinds of services and curriculum, making it legitimate to place them in a segregated classroom with groups of children classified with the same disability category. This reliance on specialist provision was the case in many countries both in global South as well as in the global North. In the 1970s, there were a significant number of special schools, sometimes very impairment specific, such as schools for the deaf, being set up by various charitable organizations in Southern contexts.

Baglieri and Shapiro (2012) rightly contend that the view of disability as purely medical is analogous to viewing gender as gynaecological or racial issues as dermatological. Over the years there have been powerful accounts by disabled people themselves (for example, Oliver 1996, Rioux 1996) of how the embodied experiences of impaired sight, hearing, learning or movement actually cause fewer barriers to them living their full lives than the loss of power, dignity, discrimination and intolerance that they experience in relation to others' perceptions of disability. These accounts, which shaped the conceptualization of the social model of disability, have been extremely powerful in challenging medical assumptions around disability.

Social model

Based on the work of large number of Disabled People's Organizations (DPOs) highlighting the need to look beyond the physiological and cognitive aspects of disability, the 1970s saw a noteworthy shift in the conceptualization of disability. Initiated by activists in the Union of the Physically Impaired Against Segregation (UPIAS) in the United Kingdom and developed academically by Vic Finkelstein (1980; 1981), Colin Barnes (1991) and most notably, Mike Oliver (1990; 1996), the social model proposed that 'disability' did not lie in the individual, rather it was the economic, social and other structures which were disabling. Thus, it was not the individual who was 'deviant', rather, the problem was located in societal oppression. Though this movement was strongly anchored in Northern countries, it had strong impact on global discourses on disability and successfully challenged the historically individualistic and deficit oriented view of persons with disabilities. The social model also had an impact on terminology with those ascribing to the model of using the term 'disabled people' rather than 'persons with disabilities' to highlight oppression, particularly in Northern contexts.

The social model moved thinking away from 'fixing' the individual with disabilities to looking at modifications and changes in the broader environment. There was greater acknowledgment that people were unable to participate in society, not because of their inherent physiological or cognitive condition, but rather because of societal barriers, both physical, such as stairs rather than ramps for wheel chairs, and socio-cultural, such as stigma and prejudice associated with disability. In the words of those in UPIAS "Disability is something imposed on top of our impairments. Disabled people are therefore an oppressed group in society" (UPIAS cited in Oliver 1996, p. 22). This model was highly significant in forefronting the rights of people with disabilities and has been called the "big idea" of the Northern (and specifically British) disability movement (Hasler, 1993). Specifically, it conceptualized three key arguments promoting the rights of disabled people: (1) disabled people are an oppressed group in society, (2) the demarcation of impairment and disability, (3) disability being understood as social oppression rather than the manifestation of impairment (Shakespeare & Watson, 2001).

However, the social model was not without criticism. One of the first criticisms came from within the movement itself, and focused on the lack of lived experience of impairment in the conceptualizations of this model. Morris (1991) detailing her experience of paralysis and "acute physical pain" (p. 7), argued that there is "a tendency within the social model of disability to deny the experience of our own bodies, insisting that our physical differences and restrictions are entirely socially created" (p. 11). Disabled feminists such as Morris (1991) critiqued the lack of space within the social model to talk about the lived experience of being disabled and a woman. The argument that the model enforced a fixed political ideology and identity on those who experience 'impairment', and that there was little space for a multiplicity of identity, particularly those of gender, sexuality and race was raised by others (Morris, 1991; Clare, 1999; Shakespeare et al., 1996).

Shakespeare and Watson (2001) have argued that the prolific success of the social model in reshaping disability (both politically and the way disabled people think of themselves) has led to the model becoming its own weakness. They argue that the social model has created such precedence that it has become a "sacred cow" which is difficult to challenge (Shakespeare & Watson, 2001, p. 11). Furthermore, the politically charged nature of the social model has led to what is often termed the 'strong' version where for political expedience the social model was simplified into the slogan: "disabled by society not by our bodies" (Shakespeare & Watson, 2001, p. 11), creating a dichotomy of oppressors and the oppressed. To become an activist, one had to focus only on social oppression and not on impairment. Shakespeare and Watson (2001) argue the inconsistency as troubling, "if the rhetoric says one thing, while everyone behaves privately in a more complex way, then perhaps it is time to re-examine the rhetoric and speak more honestly" (p. 12).

Contemporary understandings of disability have moved beyond these binaries of medical and social models of disability to a greater appreciation that disability experiences are shaped both by environmental factors as well individual bodies.

Bio-psycho-social model of disability

The World Health Organization (WHO, 2002) has been a key player in furthering this approach through the development of the International Classification of Functioning, Disability and Health (ICF). The ICF proposes an integration of the medical and social approaches. It considers disability and functioning as outcomes of interactions between health conditions (diseases, disorders and injuries) and contextual factors (WHO, 2002). Among contextual factors are external environmental factors (for example, social attitudes, legal and social structures, natural and built environment, products and technology); and internal personal factors, which include gender, age, coping styles, social background, education, profession, past and current experience, motivation and self-esteem all of which can influence how much a person participates in society (WHO, 2002).

In the ICF, problems with human functioning are categorized in three interconnected areas: (i) impairments are problems in body function or alterations in body structure — for example, paralysis or blindness; (ii) activity limitations are difficulties in executing activities — for example, walking or eating; (iii) participation restrictions are problems with involvement in any area of life — for example, facing discrimination in employment or transportation (WHO, 2002). Disability refers to difficulties encountered in any or all three areas of functioning. Fundamentally, disability is conceptualized as being the result of the interaction of health conditions with contextual factors — environmental and personal factors as shown in Illustration 3 below.

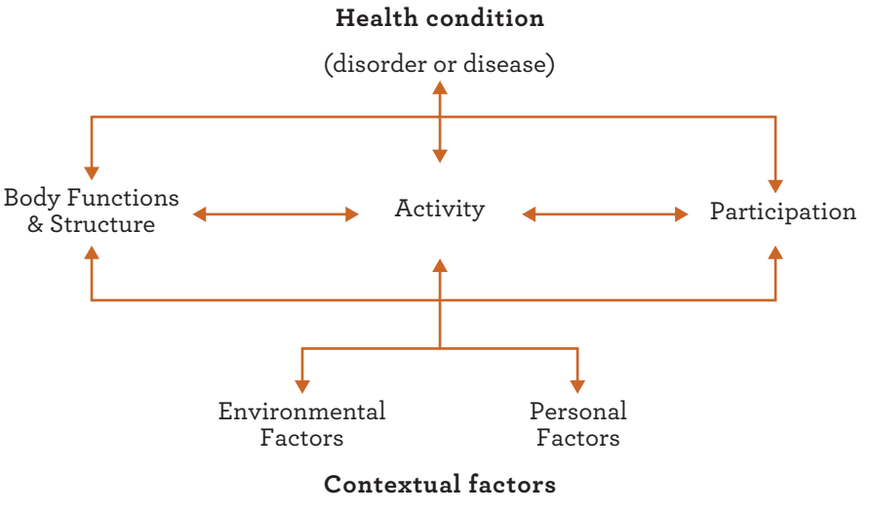

Illustration 3. ICF model of disability (WHO, 2002, p. 9)

The ICF adopts neutral language and does not distinguish between the type and cause of disability — for instance, between 'physical' and 'mental' health. 'Health conditions' are diseases, injuries, and disorders, while 'impairments' are specific decrements in body functions and structures, often identified as symptoms or signs of health conditions (WHO, 2002).

It is universal because it covers all human functioning and treats disability as a continuum rather than categorizing people with disabilities as a separate group: disability is a matter of more or less, not yes or no. It is also an essential planning tool, in instances where policy-making and service delivery might require thresholds to be set for impairment severity, activity limitations, or participation restriction (WHO, 2011). It has been successfully used for a range of purposes, including the development of health and disability surveys.

This view of disability, which positions it as part of the human condition is central in the discussions of the World Disability Report (WHO, 2011). There is growing acknowledgement that almost everyone will be temporarily or permanently impaired at some point in life, and those who survive to old age will experience increasing difficulties in functioning. Therefore, it is no surprise that disability is commonly regarded as a multi-dimensional, dynamic and complex construct. Disability is not homogeneous or static in nature. People with disabilities are highly heterogeneous and have diverse personal characteristics with differences in gender, age, socioeconomic status, sexuality and ethnicity, which intersect in a multitude of ways making disability a hugely personal experience. While disability does correlate significantly with disadvantage and exclusion from various aspects of life, not all people with disabilities are equally disadvantaged. Here issues of gender, where women with disabilities are more likely to be at a disadvantage than men with disabilities; type of impairment, for example a person with difficulties in walking and lifting will be more disadvantaged in a rural agrarian setting, and so on, are likely to play out. Conversely, wealth and status can help overcome activity limitations and participation restrictions.

Such a nuanced approach toward understanding disability has been very powerful in changing current discourses around ability and disability. This is most powerfully captured in discussions on how to measure disability. Nevertheless, the social model still remains politically salient and powerful within the disability movement itself.

Measuring disability: Establishing prevalence rates

Countries define disability differently; the definitions change within a country with evolving legal, political and social discourse. Notably, challenges exist not only in establishing cross-national rates, but differences also exist between national contexts due to varying definitions of disability used in surveys. For example, in India, Jeffery and Singal (2008) explain how the census and NSS used radically different definitions for four of the five major kinds of impairments. Linguistic challenges in gathering data on disability in different settings is also discussed by Lwanga-Ntale (2003). Reflecting on his research on chronic poverty and disability in Uganda, Lwanga-Ntale (2003) noted that defining disability was "rather problematic" (p. 4), as the term when translated into the local language was commonly used for those with physical impairment, mostly of upper and lower limbs. Hence there was an increased likelihood of ignoring those with learning difficulties, blind, deaf, epileptic, etc. He observed that in most dialects, there was no single word that translated into the English word 'disability' (Lwanga-Ntale, 2003). Similarly, in Hindi the word "viklang" used commonly for 'disability', does not encompass all types of disabilities, but is only indicative of physical disabilities. Moreover, some of the language that is used to identify people with disabilities is stigmatizing in itself. Kiarie (2004) notes that the original Kiswahili word "wasiojiweza" (p.18), used to refer generally to persons in all categories of disabilities, embodies an assumption that the individual is incapable of gainful employment and incapable of caring for themselves.

Other studies aimed at establishing prevalence rates of disability suggest that not only local perceptions and definitions of disability influence the identification of disability, but "social dynamics, particularly those of gender and age; type of disability and the associated social implications and stigma of that disability" also influence identification.. This was clearly evident in the findings of Kuruvilla and Joseph's (1999) study in rural South India. Similarly, Erb and Harris-White (2001) established that in rural Tamil Nadu the reported rates of disability were significantly biased toward upper caste Hindus. They inferred that "scheduled caste people have to be more severely disabled than inhabitants of the caste settlement before they will publicly acknowledge their infirmity" (p. 16). It's not clear why this discrepancy exists. However, it is likely that a greater willingness to define one as disabled exists when there are certain benefits in doing so. For instance, in richer industrialized countries where social security benefits are available, the issue of stigma is balanced against the advantages in identifying oneself as disabled (Yeo & Moore, 2003).

Another factor which influences people's decision to disclose information regarding disability in family-oriented cultures is related to the presumption that there will be an inevitable transfer of the 'damaged' life of the individual with disability to that of the other individuals in the family network. Here, Das and Addlakha's (2001) notion of "connected body-selves" is very useful as it first links the physicality of the body to an individual's identity and experience, and second, the meaning of personhood is fused to a network of other body selves. Thus, by acknowledging the existence of an individual with disabilities in the household there is an increased risk of the exclusion of other members from the community. Elwan (1999) notes that "having a disabled person in the family is sometimes thought to damage marriage prospects" (p. 29), and such an observation is supported by anecdotal evidence from India and Kenya.

Given the difficulties noted above, it is not surprising that a common observation in a range of research papers, and national and international reports is the lack of data on disability (WHO, 2011). Traditionally, data on disability has been gathered by asking a generic question on disability to all members of population, as part of a national census. In India, like in many other countries, it was common in the census to ask the question (or its variant)–'Are you disabled?' However, over a period of time such an approach has been criticised for being limiting given that the underlying assumptions draw on a medical approach to disability, where disability is seen as a consequence of disease or an individual's inability to do something that is considered 'normal'. Additionally, disability in such a framework is assumed to be dichotomous in nature, identified purely by the presence or the absence of a condition, and hence does not capture its complexity.

In recent years, efforts have been underway to address these gaps by attempting to operationalize the ICF model in a manner which can assist in forming a common language around disability which can be incorporated into population based surveys. The Washington Group (WG) on Disability is a United Nations sponsored City Group commissioned in 2001 specifically to improve the quality and international comparability of disability measure. The first task that the WG undertook was to develop a short set and long set of questions on disability for adults (Washington Group, 2017a and b). In 2006 and 2009, it successfully adopted these sets of questions for use across different countries.

The WG short set questions ask whether people have difficulty performing basic universal activities in six functional domains: (i) walking, (ii) seeing, (iii) hearing, (iv) cognition, (v) self-care and (vi) communication (Washington Group, 2017a). These questions are not designed to measure all aspects of difficulty in functioning that people may experience, but rather these domains of functioning are those which are likely to identify a majority of people at risk of participation restrictions. The short set is recommended to be used in larger surveys. The Extended Set of Functioning (ES-F) covers more domains of functioning: vision, hearing, mobility, cognition, affect (anxiety and depression), pain, fatigue, communication, upper body functioning. Using this

extended set also captures information on the use of assistive devices/aids, functioning with and without the use of devices/aids where applicable, age at onset of functional difficulty and the impact of the difficulty on certain life activities (Washington Group, 2017b).

Both the Short Set and the Extended Set are to be used with an adult population. It was in 2009, that the WG began work on developing a set of questions intended to measure child and youth disability in surveys. The Washington Group and UNICEF partnered to propose a Module on Child Functioning and Disability (Washington Group, 2017c).

The primary purpose of the questions in the module is to identify children with functional difficulties. Doing so is important as these functional difficulties may place children at risk of experiencing limited participation in an unaccommodating environment, when compared to other children without these functional difficulties. This module focuses on children aged two to 17 years, with two separate versions for children aged two to four years, and those between five and 17 years, to account for differences in very early stages of development. The functional domains identified in the five to 17 years age group are listed in Illustration 4.

1. Seeing
2. Hearing
3. Walking
4. Self Care
5. Learning
6. Remembering
7. Controlling Behaviour
8. Focusing
9. Routine (accepting change)
10. Friends
11. Worry
12. Sad
13. Understanding (within and outside the household)

Illustration 4. Washington Group functional domains

All child questions in the WG module are meant to be asked of parents or primary care givers. In order to reference and focus the respondents on the functioning of their own child in reference to that child's cohort, where appropriate, the questions are phrased with the clause: "compared with children of the same age…" (Washington Group and UNICEF, 2017). Moreover, given that disability is conceptualized on a continuum from minor difficulties in functioning to major impacts on a person's life, therefore the answer categories are designed to reflect this continuum. The response categories for the majority of the domains are (Washington Group & UNICEF, 2017):

- No difficulty
- Some difficulty
- A lot of difficulty
- Cannot do at all

The module underwent extensive cognitive testing between 2012 and 2014 in India, Belize, Oman, Montenegro and USA in line with established Washington Group validation procedures. More recently, a draft version of the module was also used in an independent field test in Cameroon in 2013 and India in 2014.

Together these developments have provided greater impetus to our ability to gather reliable data on disability. For instance, the Washington Group (Madans et al., 2011) highlighted that the 1991 Brazilian census reported only one to two percent disability rate, but the 2001 census, which used the WG questions, recorded a 14.5 percent disability rate. Similar jumps in the measured rate of disability have occurred in Turkey (12.3 percent) and Nicaragua (10.1 percent). The World Report on Disability (WHO, 2011) categorically states that the existing "lack of data and evidence…often impedes understanding and action" (p. 263) in the field across various sectors, including education. As its final recommendation the report notes the "need to strengthen and support research on disability" (p. 267).

Chapter 3

Inclusive Education: Two country overviews

This section presents two country contexts, India and England.[1] We illustrate these countries to show the strengths and challenges existing in both the global South and North. India is an emerging economy, which is regarded as having one of the strongest legislation focusing on the educational rights of children with disabilities. The government has undertaken key programs aimed at including children with disabilities at all levels of the education system. England, an established economy in the global North, has a strong historical focus on disability and the British disability movement has had significant impact shaping international debates both on disability and inclusive education. Nevertheless, key challenges exist in relation to the education of children with disabilities. Both countries have been significantly researched (though with varying degrees) and therefore have considerable rigorous research published in English which we draw upon in the section interrogating the literature on inclusive education.

For each country, we begin by setting the policy context by reflecting on key policy documents and identifying the children with disabilities, however they are termed in these contexts. We then discuss their educational status, examining available statistics around enrolment trends, progression and other relevant indicators. We conclude by critically engaging with the literature, reflecting on the key strengths and challenges around inclusive education in each country. Our reflections highlight how some of the key issues in relation to the education of children with disabilities largely remain the same in both these very different economic, socio-cultural and political settings.

India: Setting the context

India is the largest democracy, home to 17 percent of the world's population (Office of Registrar General, 2011). Currently, around 200 million children are enrolled in the elementary classes (NUEPA, 2016a). Over the years, significant progress has been made in improving access to education and enrolment levels have reached near universal levels. Moreover, India's educational inequality has also significantly decreased (Planning Commission, 2013). However, there is great variation in terms of educational participation based on linguistic, socio-economic and cultural factors, which can result in significant inequalities in relation to educational access, participation and achievement for certain groups, particularly those belonging to scheduled castes, scheduled tribes (SC/ST),[2] girls and children with disabilities.

Indian school education structure, while common in most states, has slight variations. Primary education in most states includes, five years (six to 11 years), the next three years are termed as upper primary (11-14 years). These eight years of education, known as elementary education, are guaranteed as fundamental rights by the Government of India under the Right to Education Act, 2009 (Ministry of Law and Justice, 2009). Pre-primary level education is

1. This section only comments on England rather than the entirety of the United Kingdom (UK) due to different education guidelines in each of the four countries constituting the UK.

2. Scheduled Caste and Scheduled Tribe are groups of people in India recognized by the Constitution of India as disadvantaged. Special provisions have been granted to remove barriers for these groups by the government of India.

not compulsory and provisions vary significantly between rural and urban areas. In parallel to the formal system, the National Institute of Open School (NIOS) exists, where education is provided through a distance model.

While significant gains have been made, many concerns continue to be raised particularly in relation to increased drop-out rates, low attendance, and poor quality of teaching and learning (De et al., 2011; ASER, 2017). For example, in 2016, ASER[3] noted that only 41 percent of class 5 government school students could read class 2 text as compared to 62 percent of private school class 5 students. This percentage has more or less remained constant over the last few years.

According to DISE, three-quarters of the country's total elementary enrolment is in rural areas (NUEPA, 2016a). Recently, there has been an increase in the number of private education providers particularly low fee paying schools, in areas all over the country, but more so in urban areas. On the whole, education in the Indian context at elementary level is dominated by government schools in rural areas and private schools in urban areas (NUEPA, 2016a)

As mentioned earlier, India is recognized as a country that has a strong positive legal framework in relation to its focus on education of children with disabilities. In this section, we examine key policies and programs supporting their education. We then focus on the current educational status and main challenges facing the education of children with disabilities. We conclude this country analysis by critically examining the research literature pertaining to the education of children with disabilities, identifying factors which seem to support the inclusion of children with disabilities.

The status of children with disabilities: Policy perspectives

Historically, education for children with disabilities has been a part of the Indian policy discourse. The Kothari Commission[4] (MHRD, 1966) recognised this in 1966 when it stated that, "education of the handicapped children should be an inseparable part of the education system" (MHRD, 1966,, 6.43). It also went onto note that in addition to efforts aimed at getting some children with disabilities into schools, efforts should also be aimed at setting up "one good institution for the education of handicapped children in each district" (MHRD, 1966, 6.46). This twin track approach to the education of children with disabilities has continued in subsequent education policies including the National Education Policy, 1968, (MHRD, 1968) and the revised National Education Policy (1986, with revised Plan of Action in 1992) (MHRD, 1986). This dual approach exists even at the ministry level with general education managed by the Ministry of Human Resource Development (MHRD) and the training of special educators and special education controlled by the Ministry of Justice and Empowerment (MSJE); thereby "sandwiching the disabled children between the two ministries" (p. 113, Ghai, 2015).

3. An annual survey assessing the learning of primary school children in rural India.

4. Kothari Commission was set up in 1966 to undertake a comprehensive review of the Education system of the country and provide principles to guide the education at all levels in the country.

In more recent years the term 'inclusive education' has found its place in Indian official documents. However, there is no consistent definition of inclusion as indicated in a comprehensive policy analysis undertaken by Singal (2005, 2006). Both the Action Plan for Inclusive Education of Children and Youth with Disabilities, (MHRD, 2005) and the National Policy for People with Disabilities (MSJE, 2006) focus on inclusive education, specifically the Action Plan states:

> *Inclusive education as an approach, seeks to address the learning needs of all children, youth and adults with a specific focus on those who are vulnerable to marginalization and exclusion. It implies all learners, young people- with or without disabilities being able to learn together through access to common pre-school provisions, schools and community educational setting with an appropriate network of support services* (MHRD, 2005).

Indian policies and programs on disability have been influenced by the international declarations on inclusive education (such as the UN Convention on the Rights of the Child; Jomtein Conference, Salamanca Statement). In 1974, the Centrally Sponsored Scheme of Integrated Education for the Disabled Children (IEDC) was one of the first programs addressing the educational needs of children with disabilities. This scheme, while it provided for financial assistance for education of children with disabilities, aids and appliances, salaries of special teachers, cost of setting up of resource centers, had limited impact because it operated in a project mode and failed to bring systemic changes (Ghai, 2015).

Over the years, the education of children with disabilities has become a part of the mainstream education as indicated in Illustration 5, which outlines the major policies and programmes in India, and discussed further in the following section.

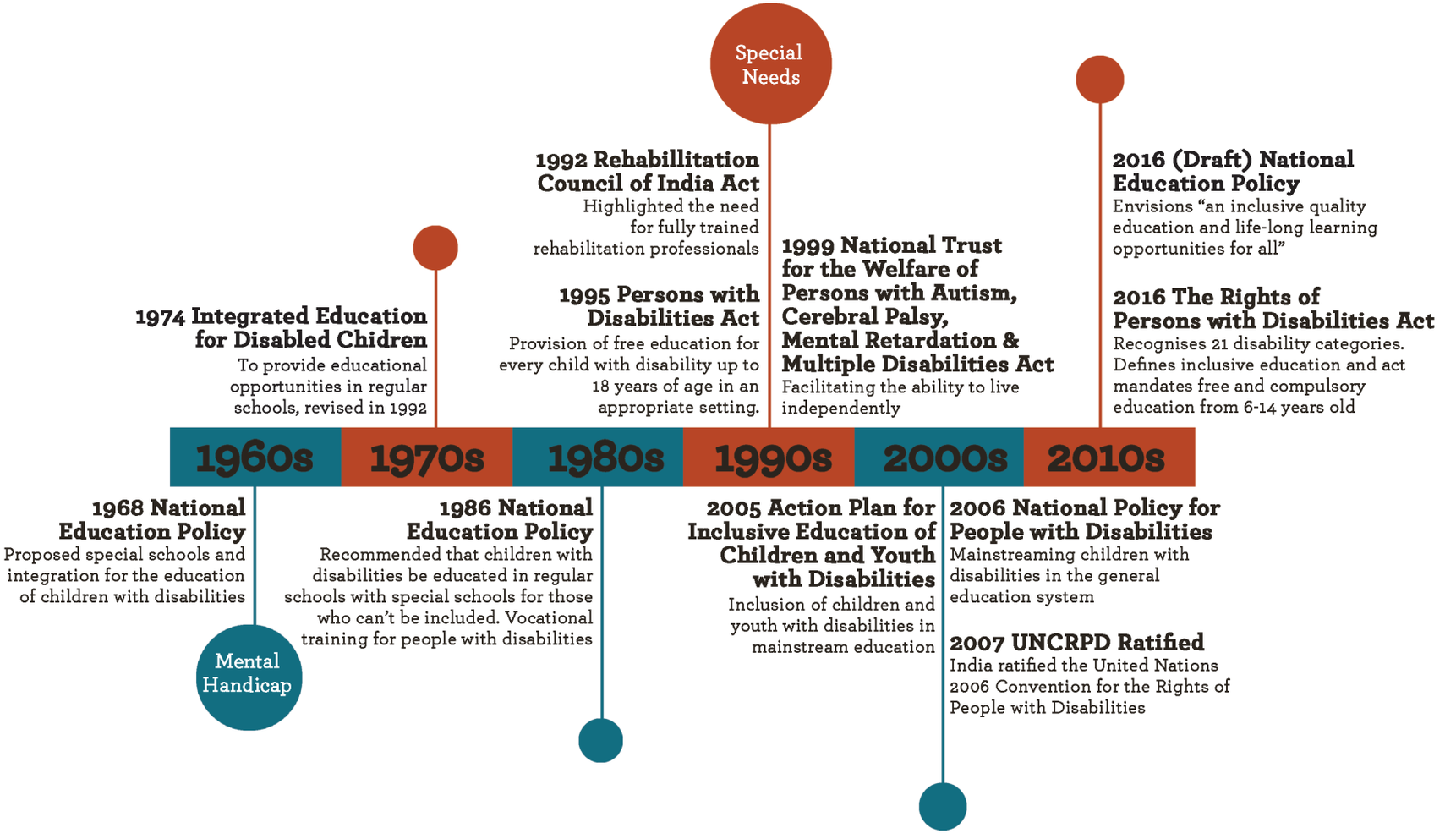

Illustration 5. Timeline of Indian legislation relating to the education of Children with Disabilities

The 86th Amendment to the Indian constitution determined education as the fundamental right of children between the age group of six to 14 years. In 2009, this was legalized through the Right of Children to Free and Compulsory Education Act (RTE) (2009). The act states that every child between the age of six and 14 years shall have the right to free and compulsory education in a neighborhood school[5] between grades 1 and 8. While this act covers all children, children with disabilities[6] were only specifically included in the act through an amendment passed in 2012 and were defined as a "disadvantaged group" (Ministry of Law and Justice, 2012).

While there is little evidence in relation to the impact of RTE, a study carried out by the NGO Arth-Astha (2013) provides some useful reflections. Based on data collected from 150 poor families with a child with disabilities from Delhi, Uttar Pradesh and Odisha, it was argued that while admission was no longer a barrier, the lack of preparedness of the school system, such as absence of transport facilities, drinking water and toilets were significant barriers (Arth-Astha, 2013). These findings are very similar to that of Singal (2017) who noted that the biggest concerns that parents of children with disabilities noted were to do with the lack of learning in school, rather than barriers to access. Nonetheless, the RTE (2009) has been significant in providing the legal mandate to support education of all children.

A key legislation supporting the education of children with disabilities has been the Right of Persons with Disabilities Act, 2016 (Ministry of Law and Justice, 2016). After India ratified the United Nations Convention of the Rights of the Persons with Disabilities (UN, 2006), concerns were raised in PwD Act (1995) with regard to the lack of coverage of all the rights recognised under UNCRPD (Singal, 2015). This led to the passing of a new act, "Rights of the Persons with Disabilities Act" (MLJ, 2016). Illustration 6 highlights specific measures identified in this act in order to facilitate the education of children with disabilities (see Illustration 6).

5. The primary unit of implementation of the RTE Act is the government school (schools run by the national and state governments). Further, government aided schools also have an obligation to provide free and compulsory education subject to a minimum of 25 per cent annual recurring expenses. Private management schools (not funded by government) are only obligated to admit children from weaker and disadvantaged group up to 25 percent of the strength in class I.

6. Children with disabilities as identified in the PwD Act (1995) and National Trust Act (1999) are to be provided support under this Act. However, with the Rights of the Persons with Disabilities Act, 2016 being passed, PwD Act (1995) has been repealed. Therefore, it can be assumed that now all the 21 disabilities covered in the new act will be included.

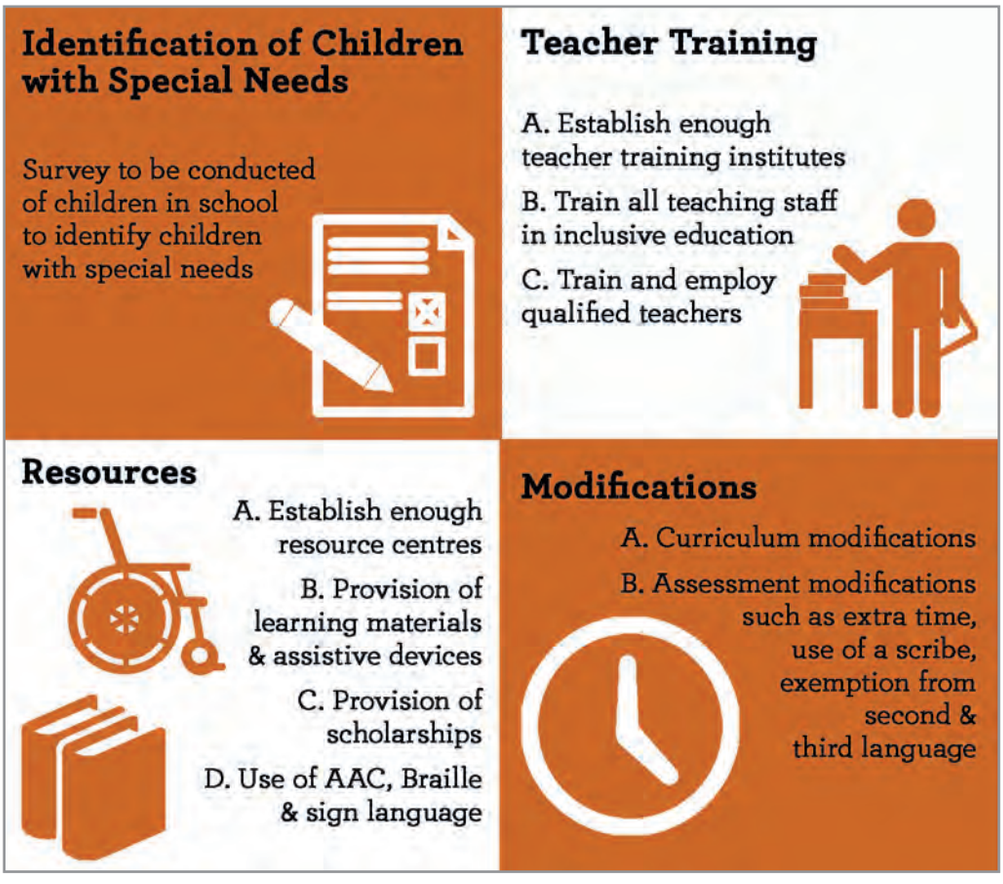

Illustration 6. Measures enlisted in the Rights of Persons with Disabilities Act (2016) to promote and facilitate inclusive education (information from MLJ, 2016)

This Act reiterates the twin track approach by stating that, "every child with benchmark disability between the ages of six to eighteen years shall have the right to free education in a neighbourhood school, or in a special school, of his choice" (MLJ, 2016, p.13). Nonetheless, it is interesting to note that while issues around quality of education have become important in mainstream debates on education, the focus in relation to children with disabilities continues to be on increasing access. This is not to say that access is not important, given that children with disabilities continue to be most marginalized (as we will show later), but it is important to acknowledge that children with disabilities also have a right to quality education.

In order to operationalize education policy objectives, the government currently supports two national level programs, the Sarv Shiksha Abhiyan (SSA) and the Rashtriya Madhyamik Shikhsha Abhiyaan (RMSA). Both these programs focus on improving access, quality and outcomes for all children at primary and secondary level, and within each program there is a strong focus on children with disabilities (MHRD, 2011; MHRD, n.d.) Illustration 7, below, gives an overview of each program.

Illustration 7. Overview of Sarv Shiksha Abhiyan (SSA) and Rashtriya Madhyamik Shikhsha Abhiyaan (RMSA)

Both of these programs provide a strong policy impetus for supporting the education of children with disabilities, however as we highlight in the next section, significant issues remain in relation to successful implementation.

Current status of education for children with disabilities: What do the numbers tell us?

We now focus on current enrolment and progression figures of children with disabilities. In doing so we draw on data collected through the national Educational Management and Information System (EMIS). The Unified District Information System for Education (U-DISE) was developed by National University of Educational Planning and Administration (NUEPA) supported by the Ministry of Human Resource and Development (MHRD) to collect data from all schools providing education from classes 1 till 12. Data is collected individually from every school on an annual basis. Each school is provided with a data capture format (DCF) which covers different school, teacher and pupil characteristics.

Thus, DISE is the most comprehensive annual source of official data gathered at the school level across India and is the only source for data on disabilities. Schools are asked to provide information on number of children with special needs enrolled by class and gender and by nature of disability (NUEPA, 2014a). The categories of disability used in the identification process can be seen in illustration 8.

a. blindness

b. low vision

c. hearing impairment

d. speech impairment

e. loco-motor impairment

f. mental retardation

g. learning disability

h. cerebral palsy

i. autism

j. multiple disability

Illustration 8. Categories of disability (information from NUEPA, 2014a)

While we do use this data for our analysis, it is important to highlight that the manner in which this data is collected raises some important issues, especially around identification of children. For example, in some cases an assumption is made that children will have a formal diagnosis of their condition, which is rarely the case (Jeffery & Singal, 2008). Therefore, in the absence of formal assessments or disability certificates, teachers are required to 'identify' children without any formal training. The criterion to categorise children with different disabilities is enlisted in a document prepared by NUEPA and RMSA-TCA (NUEPA, 2014a) which is provided to all schools. This is an interesting document which in itself raises some concerns. For example, in identifying if a child has mental retardation, the document notes that in the absence of an IQ assessment, the teacher can categorise a child as having mild mental retardation if the parents have reported the child as having a history of delayed development in following areas before reaching age of six years:

1. Neck holding not achieved by three months
2. Sitting not achieved by nine months
3. Standing not achieved by 1.5 year
4. Speaking words not achieved by 2.5 years
5. Toilet training not achieved by five years

These symptoms even if present at some point time do not necessarily indicate presence of mental retardation. The criterion list appears to be too simplistic to aid a diagnosis. Nonetheless, the U-DISE data is the most widely available data on educational access for children with disabilities.

An important point on terminology, official documents in India tend to use the term 'children with special needs' (CWSN): this is in all cases seen as being synonymous to children with disabilities. In this section of the report, when discussing data from India we will use this official terminology.

Schooling trends

Since the mid-1990s there has been a significant increase in the enrollment of children with special needs in primary education (NUEPA, 2014b). The following figures (1 and 2) show the percentage of children with special needs to total student enrollment from classes 1 to India at the national level, and also for key states in India including Delhi, Kerala, Maharashtra and Odisha. These states have been chosen in order to account for the diversity among different states in India. The data shows that generally there is a trend toward increasing numbers of children with special needs being enrolled in primary education. However, from the academic year 2014-15 a decrease in enrollment is noted.

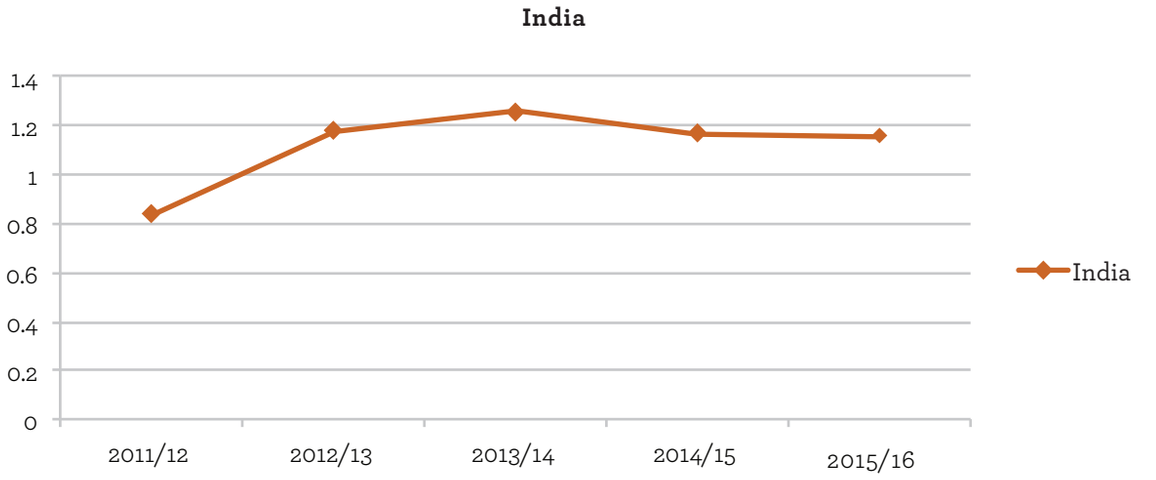

Figure 1. Percentage of children with special needs in elementary school for India 2011-16 (Authors' calculations based on NUEPA state report cards for respective years)[7]

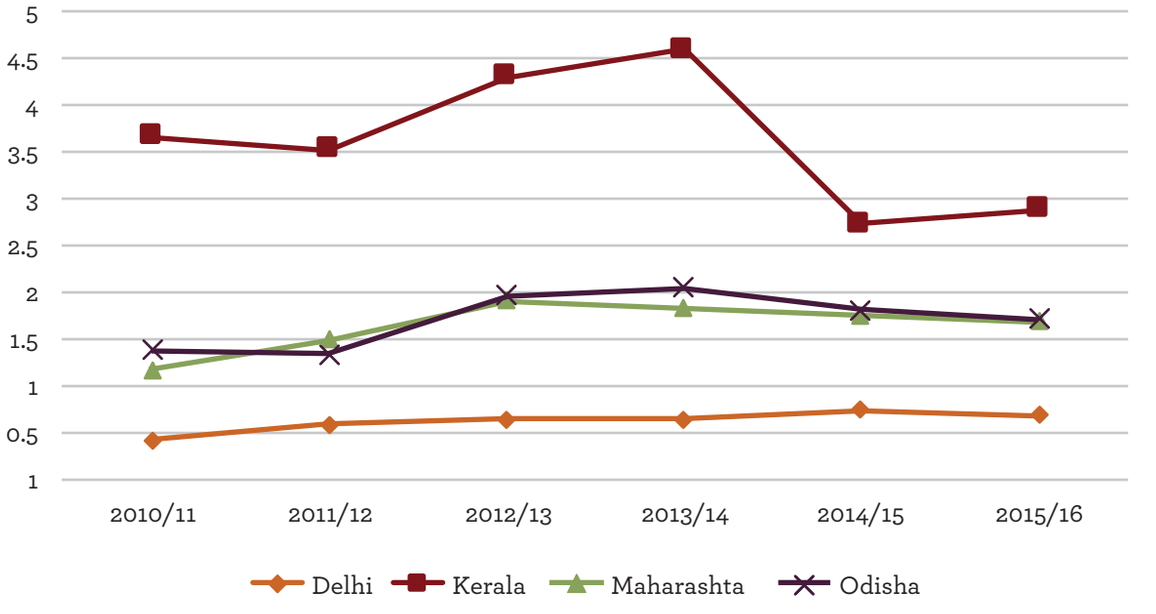

Figure 2. Percentage of children with special needs in elementary schools for select states 2011-16 (Authors' calculations based on NUEPA state report cards for respective years)

While there is generally a positive trend in the enrolment of children with special needs, the data reveals that children with special needs form a very small proportion of the total pupil enrolment. Variations in the proportion of children with special needs across states are evident in Figure 2. Kerala has a significantly higher proportion of children with special needs in comparison to the national average and other states. It is a state which also has overall strong educational indicators, for example female and male literacy rates are at 92 percent and 96 percent respectively, which is higher than the national literacy rate of around 70 percent.

7. The disaggregated data for CWSN at national level for 2010-11 is not available in the state report cards. Also, the children with special needs figures available in two different tables in 2010-11 analytical report does not corroborate. Therefore, data for 2010-11 has not been plotted.

A low proportion of children with special needs when compared to the total pupil population is further evident at the secondary and higher secondary levels as indicated in Figure 3.

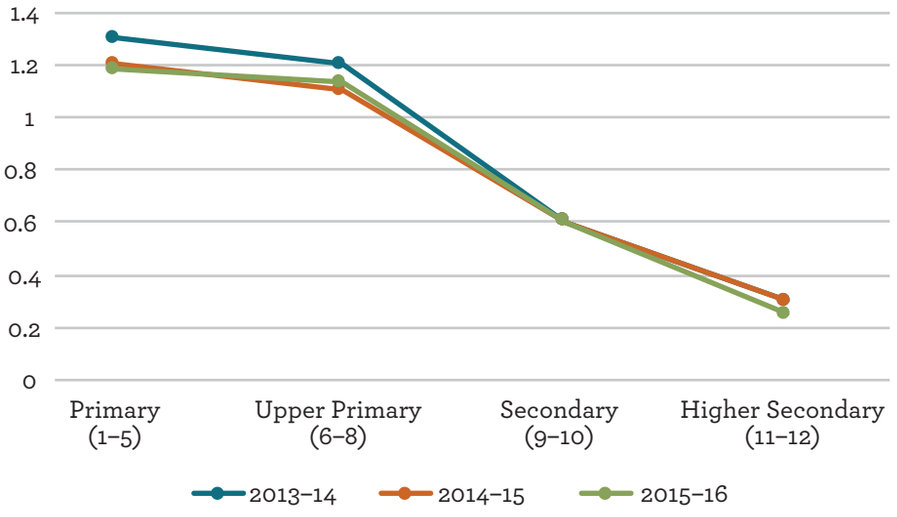

Figure 3. Percentage of children with special needs enrolled in education versus the total pupil population 2013-16 (Authors' calculations based on NUEPA state report cards for respective years)

Gender is a key factor in the enrollment of children with special needs in primary education. More boys with special needs are enrolled in primary education in all states compared to girls with special needs. At the national level, over the last five years, approximately 42 percent of children with special needs have been girls whereas 58 percent have been boys, as indicated in Figure 4.

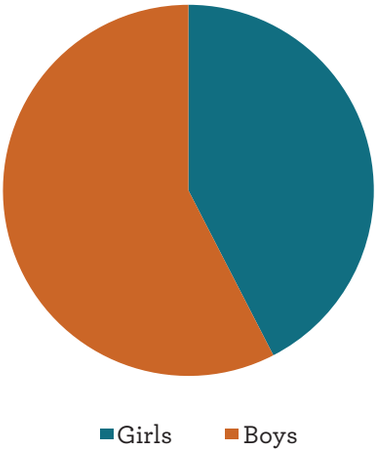

Figure 4. Proportion of children with special needs enrolled in elementary education 2015-16 disaggregated by gender (Authors' calculations, NUEPA 2016a)

The type of impairment a child has plays a crucial factor in the likelihood of the child being enrolled in elementary education. The national level data indicates that children with mental retardation, low vision and physical impairment have the highest proportion of school enrolment amongst children with special needs. Children with autism and cerebral palsy are least likely to be enrolled in elementary education as indicated in the Figure 5.

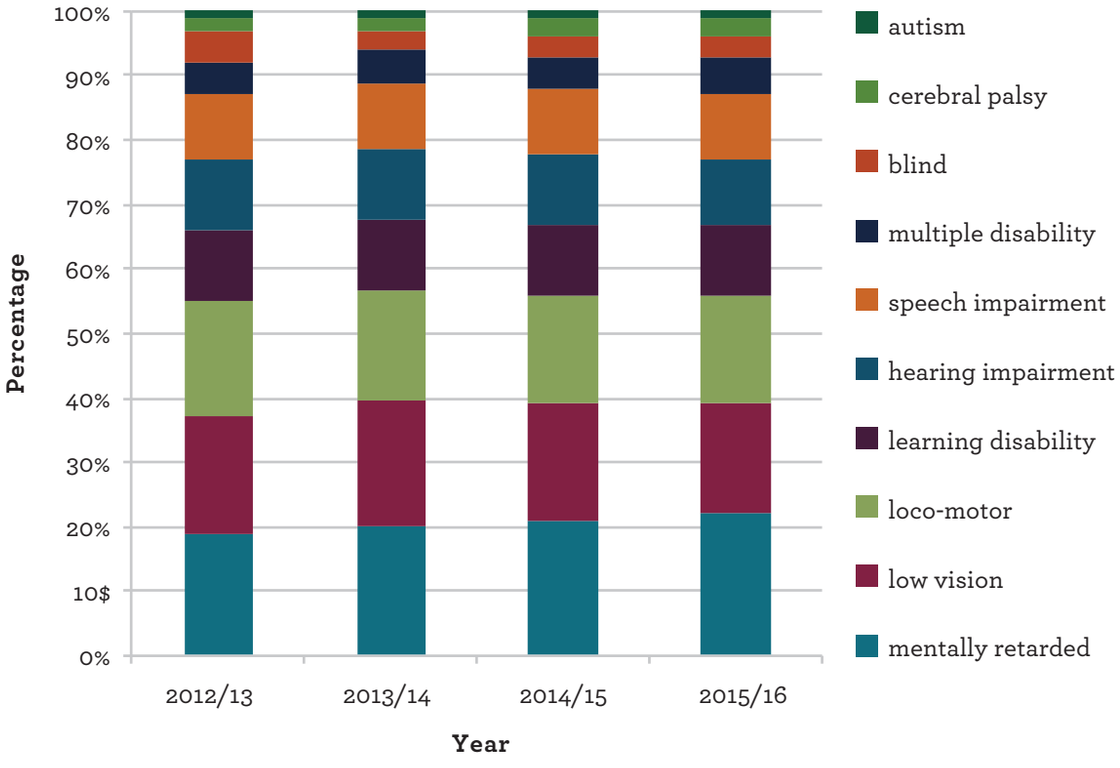

Figure 5. Enrollment of children with special needs disaggregated by impairment for India in elementary education 2012-16 (Authors' calculations based on NUEPA state report cards for respective years)

Transition is another key challenge. The data for the school-year 2015-16 indicated that a significant number of children with special needs are enrolled in lower primary education however, only half as many children with special needs are represented in upper primary. Figure 6, shows the distribution of children with special needs across primary, upper-primary, secondary and higher secondary at the national level in 2015/16 highlighting the low numbers of children with special needs in upper years of schooling.

Figure 7 indicates that this distribution trend is consistent across all states, however, in Delhi the numbers of children with special needs in both primary and upper primary for children with special needs appears consistent. In reviewing the data for classes 5-6 we deduce that at the national level only ten percent of children without special needs failed to move to class 6 as compared to 20 percent of children with special needs. Similar patterns are visible across Maharashtra and Odisha where between six and 18 percent of children with special needs failed to move to class 6. Interestingly, in Delhi, the enrolment of children with special needs increased by 22 percent in class 6 when compared to class 5; in Kerala the increase was of 16 percent.

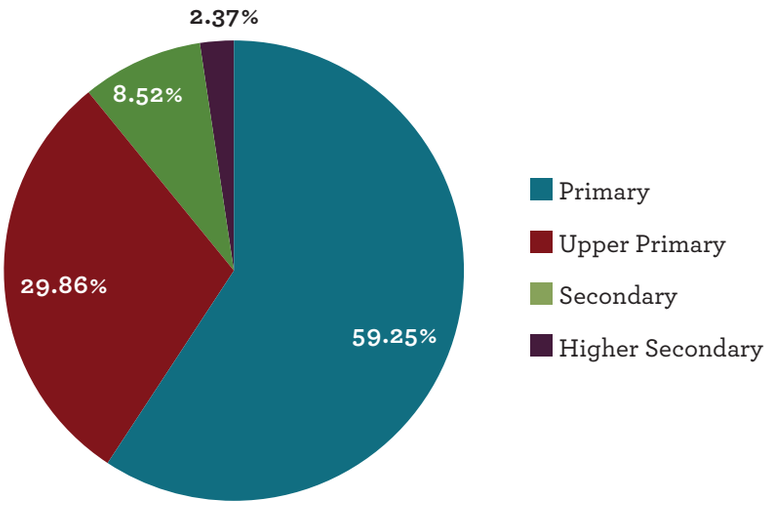

Figure 6. Distribution of children with special needs across all educational level in India 2015/16 (Authors' calculations, NUEPA 2016)

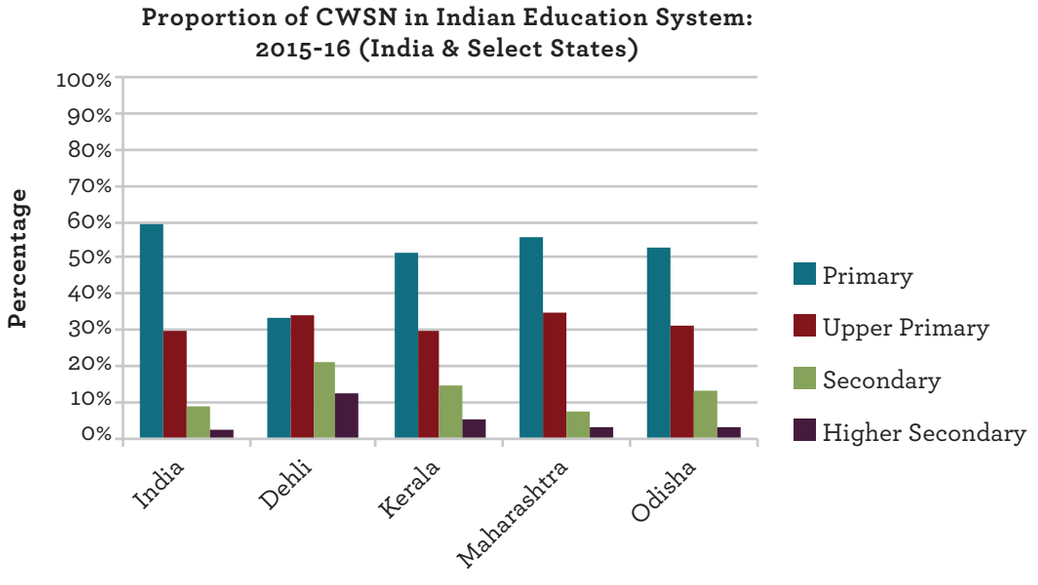

Figure 7. Distribution of children with special needs across education levels in India and select states 2015/16 (Authors' calculations, NUEPA 2016a)

In contrast, changes in school infrastructure have been significant. For example, given the high focus on access, the last five years have seen a steady increase in the number of ramps in schools. Figure 8 indicates the percentage of elementary schools that have ramps when required to do so. Notably, in Delhi 100 percent of ramps exist in schools where they are required to do so.

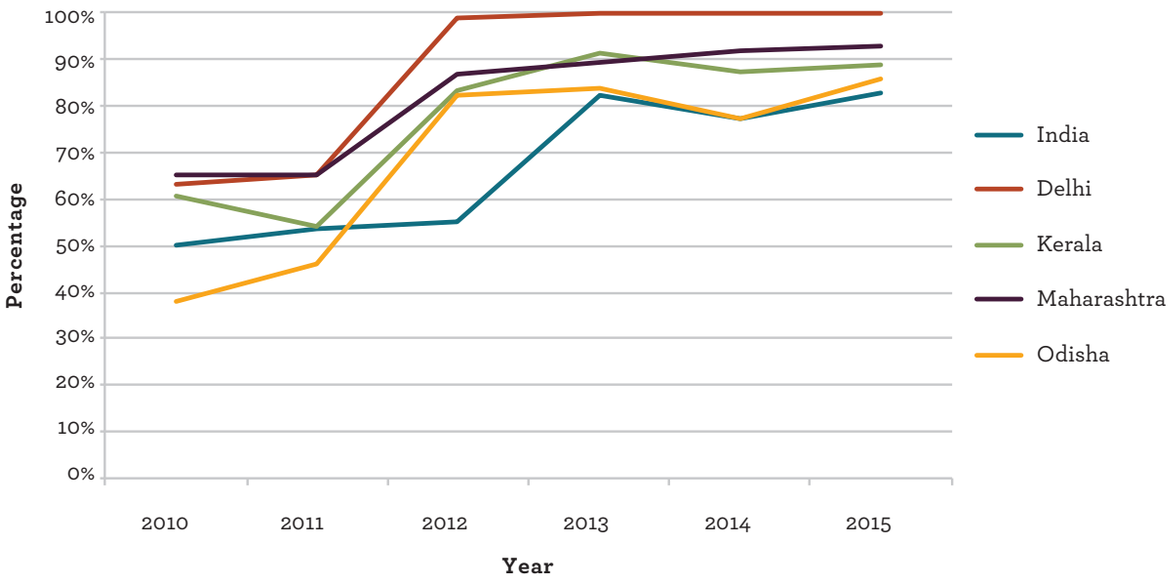

Figure 8. Percentages of ramps present in elementary schools where required 2010-2015 (Authors' calculations based on NUEPA for respective years)

Thus, data from India highlights that while strong policies and programs exist in relation to the education of children with special needs, there continues to be a large number of children who remain out of school. A World Bank study (2009) noted that children with disabilities are the most excluded group of all the marginalized groups. Additionally, intersecting variables of gender and types of impairment have a significant impact on access too, wherein girls with disabilities have greater barriers to access and children with autism and cerebral palsy continue to be least likely to be in the education system (World Bank, 2009). While there is not much evidence on learning outcomes, a study by NCERT (2012) which involved tests and questionnaires being administered to a sample of 1.2 million Class 5 students, and 10,851 teachers from 6,602 schools across 27 states and four union territories, noted that "physically challenged students do substantially worse than the rest of the population" (p. 113). Findings from the study suggested that children who reported to have a physical impairment scored, on average, 12 scale points less than their peers in reading comprehension even after controlling for background characteristics.

What works in inclusive education in India: Reflections from the literature

In India, educational research does not have the same status or funding as seen in other more developed economies. Thus, the amount of literature available in the field is very limited. In this review, being conscious of the limited amount of studies in international journals, we made specific efforts to seek out nationally available literature by visiting the two most prominent national libraries, National Council for Educational Research and Training (NCERT) and National University of Educational Planning and Administration (NUEPA). The purpose was to identify papers published on this topic in national journals, but also any masters and doctoral theses, which would have relevance to this review.

Our review highlights that most papers currently focus on discussing the definitions and concept of inclusive education (Punani, 2004; Singal 2005; Bindal & Sharma, 2010). Numerous studies focus on issues of teacher attitudes and self-efficacy, highlighting trends toward identifying barriers to educational access (Singal, 2008; Das & Kattumuri, 2010; Sharma et al 2009; Das et al 2013; Bhatnagar & Das, 2013). There is very limited research aimed at assessing the quality of schooling and impact of interventions on the educational outcomes of children with disabilities. Researchers from within the Indian context, such as Das and Kattumuri (2010), Singal (2015), Srivastav et al. (2015), have highlighted the need for more robust research on inclusive education in India. Based on our review we have identified factors highlighted as being essential in efforts to achieve inclusive education. We have clustered these around four key themes: (1) the training of mainstream teachers, (2) the importance of special educators, (3) the use of cost-effective teaching aids and adaptations to the school infrastructure and finally (4) supporting children with disabilities in mainstream school.

1. Training of mainstream teachers

Evidence from the field notes low levels of confidence and lack of clarity among mainstream teachers in relation to teaching children with disabilities. While teachers don't necessarily have negative attitudes, poor infrastructure, large class sizes, lack of para-professional staff, lack of competence, and academic achievement are challenges experienced by them toward inclusion of children with disabilities (Sharma et al., 2009; Singal, 2008; Das et al., 2013; Shah et al., 2013). Further, Das et al. (2013) found in a survey of 223 primary school and 130 secondary school government school teachers in Delhi, that 70 percent of teachers had not received training in special education, nor did they have prior experience of teaching children with disabilities. Moreover, 87 percent of the teachers didn't have access to support services in their classrooms (Das et al., 2013). Teachers working in private schools also highlighted similar concerns. Bhatnagar and Das (2013) in a study of 470 secondary school teachers in Delhi private schools revealed that 95 percent of the teachers had not undergone any training in special education. Teachers who had received training in special education did express fewer concerns in relation to educating children with disabilities (Bhatnagar & Das, 2013). This is similar to Sharma and colleagues' (2009) finding in their study on pre-service teachers' attitude toward inclusive education in schools in the city of Pune. They highlighted that negative attitudes toward inclusion can be overcome once teachers are made aware of policies, given adequate support and resources. Lack of training can result in teachers being less likely to meet the learning needs of children with special needs (Bindal & Sharma, 2001; Singal, 2008; Das & Kattumuri, 2010). Based on their work with training teachers in Tamil Nadu, David and Kuyini (2012) noted that long-standing in-service training programs were much more effective than short stand-alone programs. Others have noted that it is vital to strengthen pre-service training of elementary teachers in India (NCTE, 2009), more generally which will have a significant impact on the quality of teachers and their ability to meet the needs of a diverse student population (Singal, 2008; Das & Kuttumuri, 2010; Sharma et al., 2009; Das et al., 2013).

2. Special educators: an important resource for mainstream teachers

Special educators or resource persons (as referred to in SSA above) for inclusive education are a critical aspect of various programs on inclusive education in India. Teachers and children with special needs are provided support through special educators in mainstream schools, as they provide help in preparing individualized educational plans (IEPs), supporting general teachers in lesson planning, coordination of different activities and also at times providing one-to-one 'remedial' teaching (Singh, 2010; Das & Kattumuri, 2010). While studies have highlighted the significant role and need for special educators, concerns around shortage and lack of availability are highlighted by many. Singal, De and Bhutani (2016) in their analysis of the RMSA noted the significantly low numbers of special educators being currently trained in relation to the need. Similarly, Sawhney (2015) in her case study of a government and a private school in Hyderabad noted the absence of any support for the mainstream teachers. The private school only had a visiting counsellor who was unable to guide the teacher in relation to teaching and learning processes in the classroom. In contrast in Mumbai, Das and Kattumuri (2010) noted that all seven private schools in their sample had one special educator (approximately 1:25 CWSN), in fact one school had nine special educators (1:4 CWSN). However, these schools were charging students' very high fees, thus raising questions around the costs of such support.

In addition to issues of shortage, various challenges in the roles and responsibilities of special educations were highlighted by Singh (2010). In her research with itinerant support teachers in government schools of Uttar Pradesh district, she noted issues around very large workload and the long distances travelled to reach schools (often around six to ten miles away) without adequate transport in rural areas. Additionally, many educators expressed concerns around the fact that they had been trained in a single disability, and hence found it difficult to help children with other disabilities. Finally, significant concerns around challenges faced when collaborating with teachers were also raised. Nonetheless, the issue of supporting mainstream teachers has been highlighted by many and alternatives models and arrangements to address this need to be sought (Myreddi & Narayan,1999; Singal, 2008; NCTE, 2014; RCI, 2015).

3. Use of cost effective teaching aids and adaptations to school infrastructure

The role of assistive technology in enhancing the functioning of people with disabilities has long been emphasized (WHO, 2015). However, there are various barriers to their successful implementation and uptake. In India, aids and appliances for people with difficulties in mobility and sensory aspects have been provided under the SSA. While there is little research on the use of assistive technology in classrooms to support children with special needs, Ahmad (2010), examining the use of assistive devices in schools in Delhi, notes that while there were simple ways of developing cost-effective teaching and learning materials to support the inclusion of children with disabilities, such as index cards, color-coding, display charts, highlighters, word games, clay, sand-tray etc. there was little support to do this.

As noted in the earlier section, official data suggests that physical infrastructure of schools has undergone significant changes in recent years. However, in many cases, faulty design of provisions such as ramps makes it difficult to use (SSA, 2015). In a small scale study in Hyderabad, Sawhney (2015) reported a lack of infrastructure for children with disability in both private and government schools. For example, in one private school children with physical disability were excluded from any sports or games as the large playground field was not accessible to wheel chair users.

4. Supporting children with disabilities in mainstream schools

Various studies have reported that children with disabilities experience exclusion with regards to teaching-learning and activities undertaken in mainstream classrooms. Das and Kattumuri (2010) reported that regular teachers did not take an interest in the learning and performance of children with special needs as they believed it would compromise their teaching time for 'regular students'. Additionally, some studies (for example, Sawhney, 2015) have noted that children with special needs may also commonly be excluded from friendship groups, might eat alone, and not be invited to be part of playing activities. Similar findings were also reported in a study undertaken in Mumbai private schools by Das and Kattumuri (2010) wherein children with special needs found it difficult to make friends and were teased and bullied, thus negatively affecting their self-esteem. In combatting this, it was noted that schools need to focus on peer sensitization and empathy building as critical aspect of inclusive strategies (Das & Katturmuri, 2010). Similarly, David and Kuyini (2012) observed that children were more likely to accept their peers with special needs when teachers were using more inclusive practices, such as peer tutoring programs.

England: Setting the context

England is one of four countries that make up the United Kingdom (UK). The current population estimation for England stands at 54.8 million (ONS, 2016), with approximately 8.56 million children on the school roll (DfE, 2016a).

In England, as well as the rest of the UK, formal education is compulsory until the age of 16 (OECD, 2014). Free early years education and child care provision begins for all children at the age of three with a universal allowance of 15 hours per week (DfE, 2017a). Additional early education and child care provision exists for families on low-incomes (DfE, 2017a). Compulsory formal education begins during the year a child turns five, and schools are legally obliged to start admitting children in the September following their fourth birthday (DfE, 2014).

Despite eleven years of compulsory education, there is still disparity in educational outcomes for different socio-economic groups. According to the 2015 Program for International Student Assessment (PISA)[8] results, the gap between the highest and lowest attainers (top and bottom ten percent) in England is "over eight years of schooling" (DfE, 2016b, p.6). This gap is more significant than in the majority of Organization for Economic Co-operation and Development (OECD) countries (DfE, 2016b). The difference in educational attainment is reportedly due to socio-economic and citizenship status (DfE, 2016b). Despite the inequality in outcomes for the lowest attainers, the average PISA results for science, mathematics and reading have not changed since 2006 (DfE, 2016b). Science and reading results are above the OECD average, although reading is only marginal, mathematics scores however, only meet the OECD average (DfE, 2016b).

The OECD (2014), using data from the 2012 Survey of Adult skills, reports that the "parents' level of education still has a strong influence on their child's educational attainment" (p. 4). Children whose parents have completed their upper secondary education are 2.2 times more likely to pursue tertiary education in comparison to the children of parents who have not completed this stage of education (OECD, 2014). According to OECD (2014), the United Kingdom has one of the biggest differences in earnings based on education attainment–a person who has not completed their upper secondary education in the UK is likely to earn only 70 percent of what a person who has completed their upper secondary education earns.

Generally, in the case of children with Special Educational Needs (SEN) there are even more marked disparities in terms of educational attainment. The Equality and Human Rights Commission (2016) reports that in the school year 2012/13 "children with SEN were over three times less likely to achieve at least five A*-C GCSEs[9] or equivalent including England and mathematics compared to children without SEN (23.4 percent compared with 70.4 percent)" (p.3). Importantly, this gap is larger than it was in the school year 2008/9 (Equality and Human Rights Commission, 2016). Children with SEN are almost seven times as likely to be excluded from school in comparison to children without SEN (Equality and Human Rights Commission, 2016).

Understanding who the children with special educational needs (SEN) are in England: Addressing policy

Within England, disability is a protected category under the 2010 Equality Act (EA) (UK Government, 2010). This means that all people, including children, who are considered under the act to have a disability are protected by law from discrimination. The act mandates that a person has a disability if they have a "physical or mental impairment" which has "a substantial and long-term adverse effect" on the person's "ability to carry out normal day-to-day activities (UK Government, 2010, section 6). Most recently, the Conservative government, which has been in power as a coalition since 2010, and as a

8. It should be noted that PISA only examines students who are 15 years of age, and tends to exclude students with SEN due to sampling.

9. The General Certificate of Secondary Education (GCSE) are the exams, and subsequent awards, given at the end of secondary school.

majority government since 2015, has enacted two key pieces of legislation specifically concerning children with special educational needs and/or disabilities (SEN/D): the 2014 Children and Families Act (CFA) (UK Government, 2014) and the 2015 Special Educational Needs Code of Practice (SEN CoP) (DfE, 2015).

The CFA (UK Government, 2014) and the SEN CoP (DfE, 2015) define a child of compulsory school age as having a learning difficulty or disability if they have "significantly greater difficulty in learning than the majority of others of the same age" or, "a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools" (p.20). The CFA (UK Government, 2014) specifically notes that a child or a young person does not have a learning difficulty or disability solely because the native language spoken at home is different to the instructional language in school. The SEN CoP (DfE, 2015) delineates a child or young person as having SEN "if they have a learning difficulty or disability which calls for special educational provision to be made for him or her" (p.15). The term SEN has four categories (Illustration 9): communication and interaction; cognition and learning; social, emotional and mental health and, finally, sensory and/or physical needs.

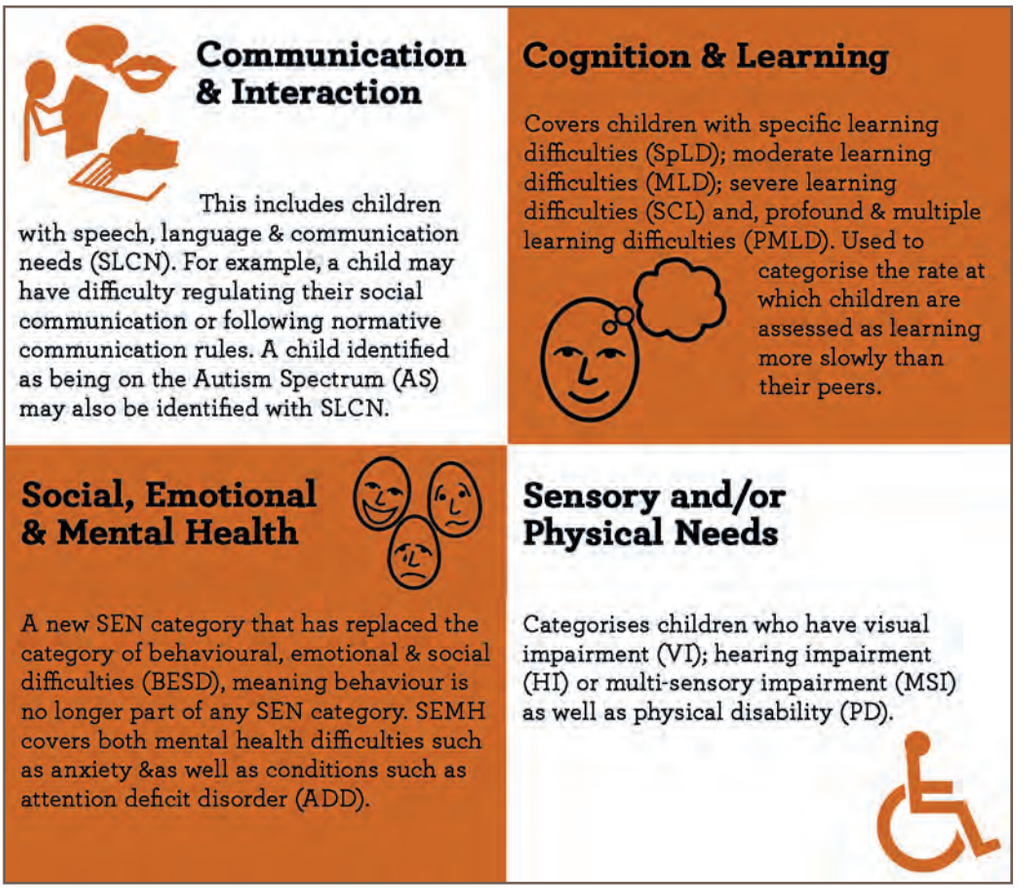

Illustration 9. SEN categories in England (information from DfE, 2015)

The CFA (UK Government, 2014) and SEN CoP (DfE, 2015) have significantly changed the way that children are identified as having learning difficulties and disabilities. Previously there were three assessments of SEN: school action; school action plus; or, a statement of educational need (statement) (Bernardes et al., 2015). As of 2014, children can either be on SEN support or, be assessed for an education health care plan (EHC) (Department for Education, 2015). It's also possible for children to be categorised as having SEN support but no specialist assessment of type of need (Department for Education, 2016c). SEN support is mandated when a child is identified as having special educational needs and is in need of necessary special educational provision; children on SEN support are identified and managed by their school (DfE, 2015). In these cases, provisions such as educational interventions, transition planning and therapeutic programs may be used. If there is little, or in some cases, no progress, then specialist assessments may be needed, a child can only be assessed for a EHC plan[10] if no progress has been made using SEN support. An EHC plan is an assessment carried out by the local authority that determines the educational, health and care needs of the child (DfE, 2015). Additionally, this plan entitles the young person to a personal budget as detailed in the EHC plan, managed by either parents, local authority or educational institution (DfE, 2015). The personal budget can be spent on services collated by the local authority under the term 'local offer' (DfE, 2015).

As highlighted earlier in the report, the country and cultural context has a

10. The legal test of whether a child needs an EHC plan is still the same as it was for a statement and this is outlined in the 1996 Education Act.

significant effect on the conceptualization of disability. The UNCRPD, which the UK ratified in 2010, recognises that "disability is an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers" (UN 2006, preamble). In comparing this transnational model of disability, which has been influenced by the ICF and social model of disability, definitions found within English legislation appear to have a more medicalized lens. Specifically, the definitions in the 2010 Equality Act (UK Government, 2010), the 2014 Child and Families Act (UK Government, 2014) and the 2015 SEN CoP (DfE, 2015) locate disability within the individual and their perceived inability to access facilities and/or services: "disability which prevents or hinders him or her from making use of facilities of a kind generally provided" (DfE, 2015). Moreover, these definitions fail to acknowledge societal barriers. In the context of education, it has been suggested that the term special educational needs was implemented to try to move away from a deficit focused model (Norwich, 2014). However, Norwich (2014) rightly underlines that the change in terminology has failed to lessen the deficit focus based on current individualistic definitions in educational policy. The development of terminology, and move towards special educational needs, is summarized in Illustration 10.

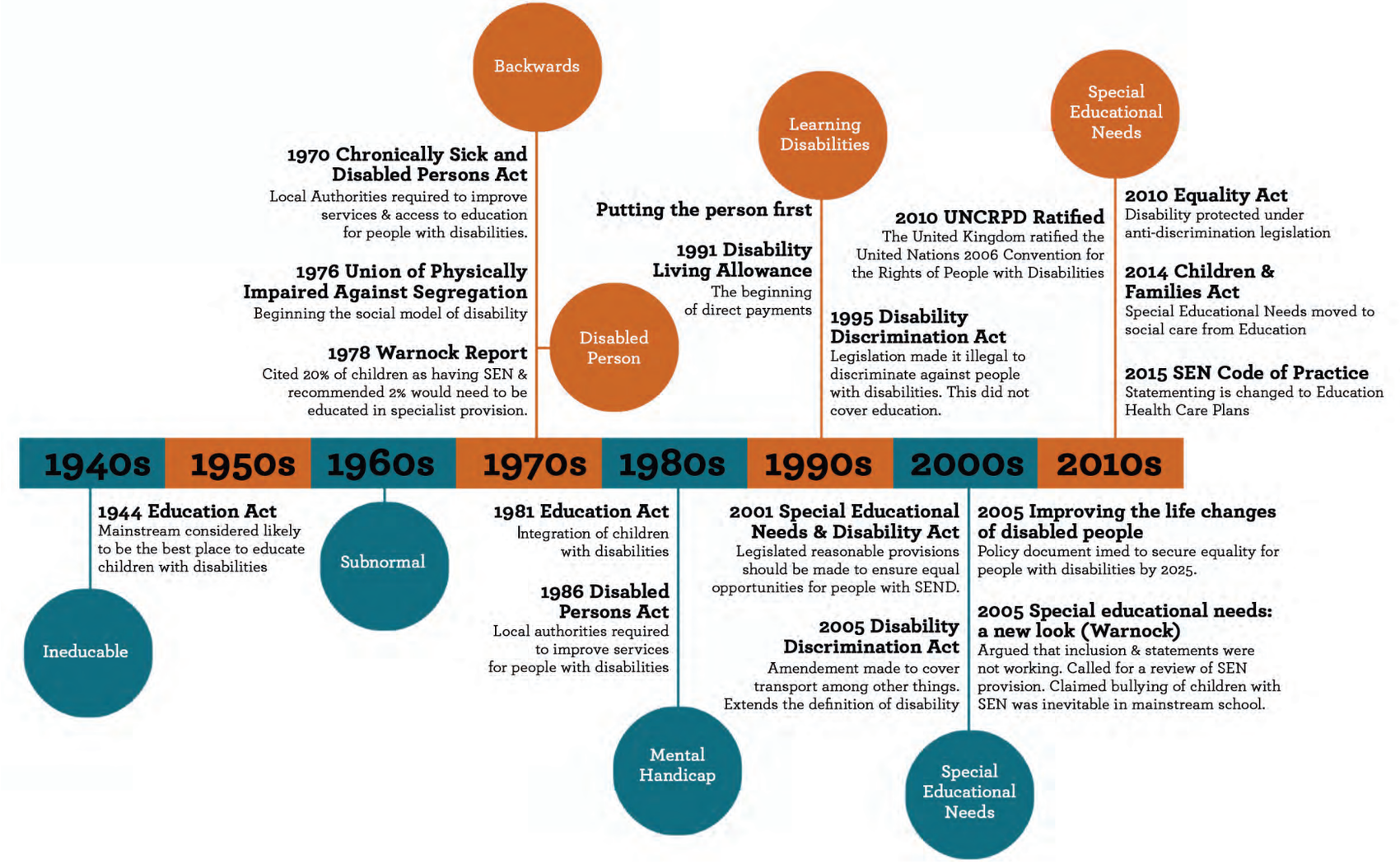

Illustration 10. A timeline of SEN policy in England

Educational status of children with SEN in England: What do the numbers tell us?

As of January 2016, there are 8.56 million pupils on the school roll in England[11] (DfE, 2016a). Of those, 1.2 million are identified as children with SEN–14.4 percent of the total pupil population (DfE, 2016c). The majority of children with SEN (0.9 million) are identified as being on SEN support (11.6 percent of pupil population), only 235,805 children have an EHC plan (2.8 percent of the pupil population) (DfE, 2016c) (see Figure 9).

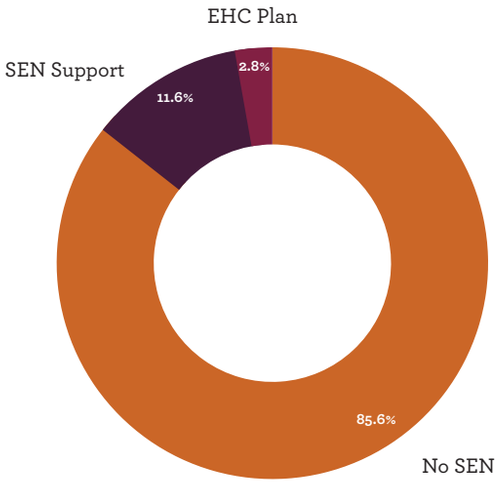

Figure 9. Student population in England with SEN 2016 (Authors' calculations based on DfE, 2016c)

The amount of children with an EHC plan has risen by 640 pupils since 2015. However, the percentage of children with an EHC plan in relation to the total student population remains the same (2.8 percent) (DfE, 2016c). The Department for Education (2016c) reports that the percentage of children with EHC plans (or statements), in relation to the total student population, has remained stable since 2007. The number of children with SEN who do not have an EHC plan has fallen over the last six years from 18.3 percent in 2010, to 11.6 percent in 2016 (DfE, 2016c) (Figure 10). It is possible that this is in response to Ofsted's (2010) assertion of an over identification of children with SEN and the changing government administration (Figure 11).

11. 4,615,170 pupils are on the roll for state funded primary schools.

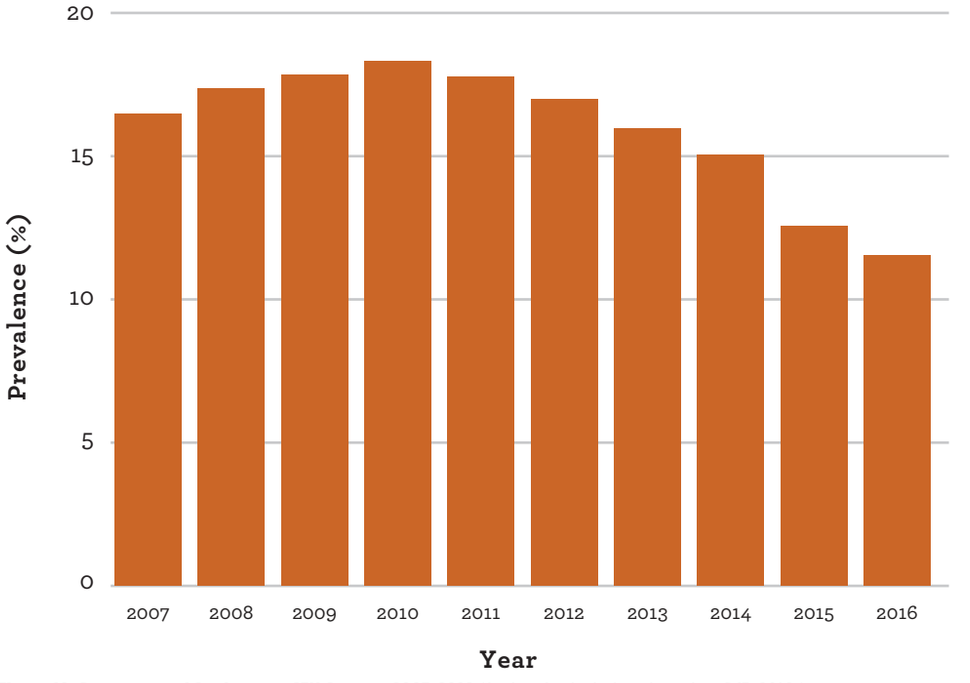

Figure 10. Percentage of Students on SEN Support 2007-2016 (Authors' calculations based on DfE, 2016c)

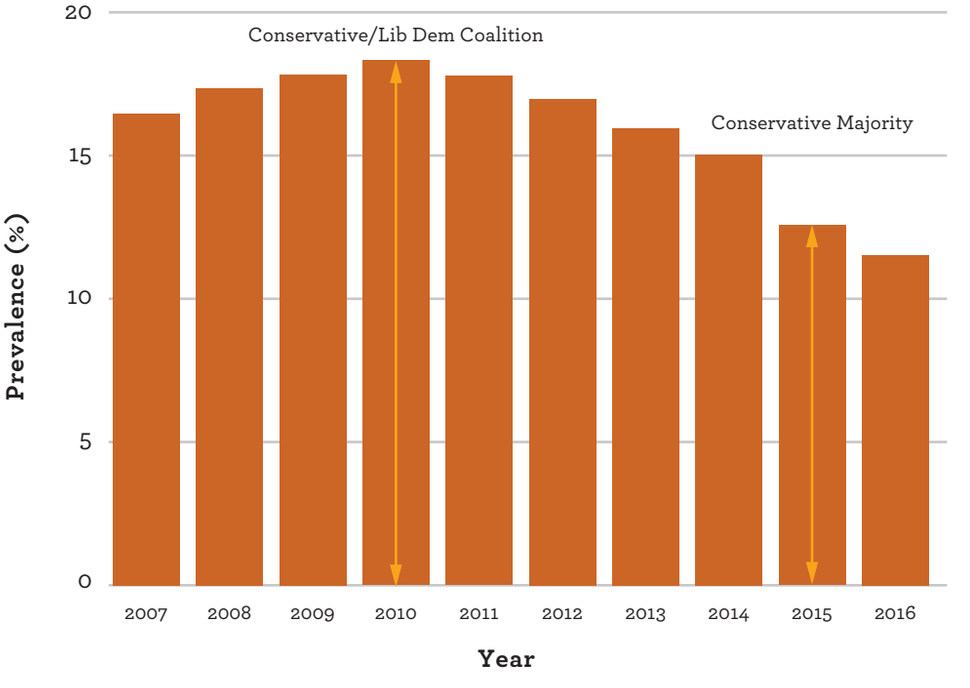

Figure 11. Percentage of students on SEN support 2007-2016 with government administration indicated (Authors' calculations based on DfE, 2016c)

There are 1,039[12] (maintained and non-maintained[13]) special schools in England (DfE, 2016c). Currently there are 109,180 children learning in both maintained and non-maintained special schools, approximately 1.3 percent of the total school population (DfE, 2016c). Figure 12 highlights the number of special schools since 2006 showing a slight reduction in the number of special schools which then increases after 2013 (1,033 in 2006; 961 in 2013 and 973 in 2016) (DfE, 2016c). It's likely this change is due to frequent changing positionality of special education in differing government's education policies. For example, in 2011 the Conservative-Liberal coalition suggested, in a preliminary report, that they sought to "remove the bias to inclusion" (DfE 2011, p17), which may have contributed to the increase in special schools in England (Norwich, 2014).

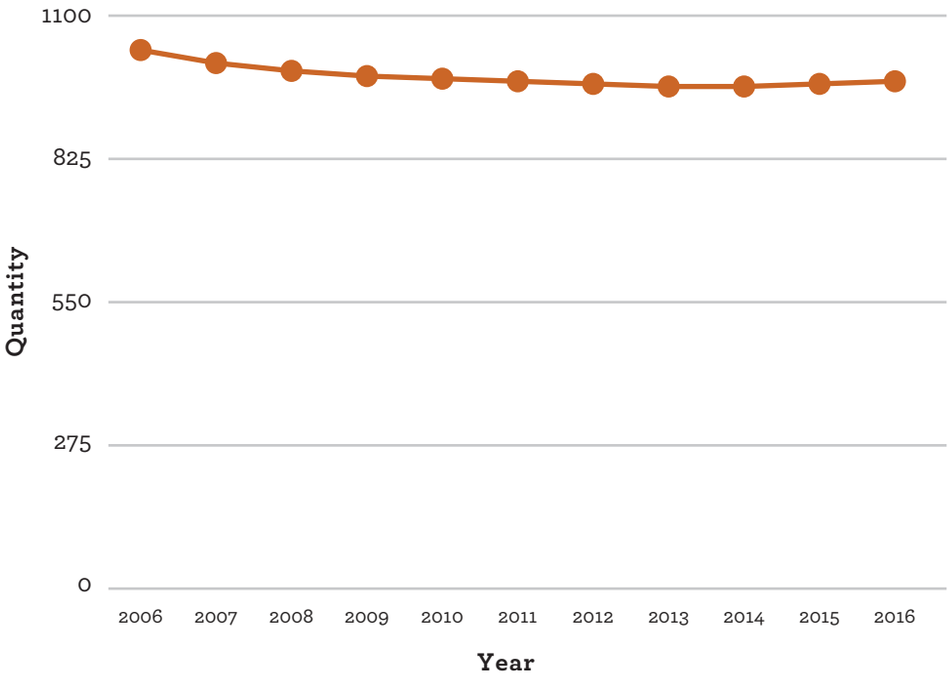

Figure 12. Number of special schools in England (Authors' calculations based on DfE, 2016c)

Characteristics of children with SEN

The most common primary need for all children with SEN is moderate learning disability (MLD). 26.8 percent of children on SEN support and 25.9 percent with an EHC plan have an identification of MLD respectively (DfE, 2016c). However, characteristics such as gender, age, socioeconomic status, language status and ethnicity can change the rate at which young people are identified with SEN.

12. 654 schools are approved as providers for children with AS. 556 schools are approved as providers for pupils with SLD and 531 for pupils with MLD.

13. Maintained special schools are government funded and run by the local authority. Non-maintained special schools are either fee-paying, or government funded schools not run by the local authority.

More boys than girls continue to be identified as having SEN, and this is the case for both SEN support and EHC plans. 14.7 percent of boys compared to 8.2 percent of girls are on SEN support whilst four percent of boys compared to 1.5 percent of girls have an EHC plan (or statement) (DfE, 2016c) (Illustration 11). Gender also plays a role in the diagnosis of impairments. Boys with EHC plans (or statements) are much more likely to be identified with autism spectrum disorder (ASD) than girls (30 percent and 14.8 percent respectively) (DfE, 2016c) (Illustration 11).

Illustration 11. SEN data disaggregated by gender

Age significantly affects the likelihood of being on either SEN support or having a formal assessment through an EHC plan. Ten-year-old children are most likely to be on SEN support, while 15-year-olds are most likely to have an EHC plan (or statement) (DfE, 2016c). When looking at the primary category of special educational need there is also variation in age. Over 60 percent of three-year-olds are on SEN support for speech language and communication needs (SLCN) but this drastically reduces as the child ages with less than ten percent of 15-years-olds having SEN support for SLCN (DfE, 2016c). Specific learning disabilities (SpLD) (such ADHD or dyscalculia) are more frequently identified in older children. twenty-five percent of 15-year-olds with SEN support have been identified as having SpLD in contrast only 10.8 percent of seven-year-olds with SEN have been assessed as having SpLD (DfE, 2016c). Similarly, older children are more likely to be identified as having a moderate learning disability (MLD) or social emotional mental health (SEMH) (DfE, 2016c).

The current data from the Department of Education (2016c) shows children with SEN are more likely than those without SEN to receive free school meals (FSM), the indicator used to show socio-economic status (SES) (Illustration 12). A child with SEN is more than twice as likely as a child without SEN to be eligible for FSM (27.2 percent and 12.1 percent respectively). Moreover, 33 percent of pupils with SEN support and 42.5 percent of pupils with an EHC plan eligible for FSM have SEMH as a primary need (DfE, 2016c).

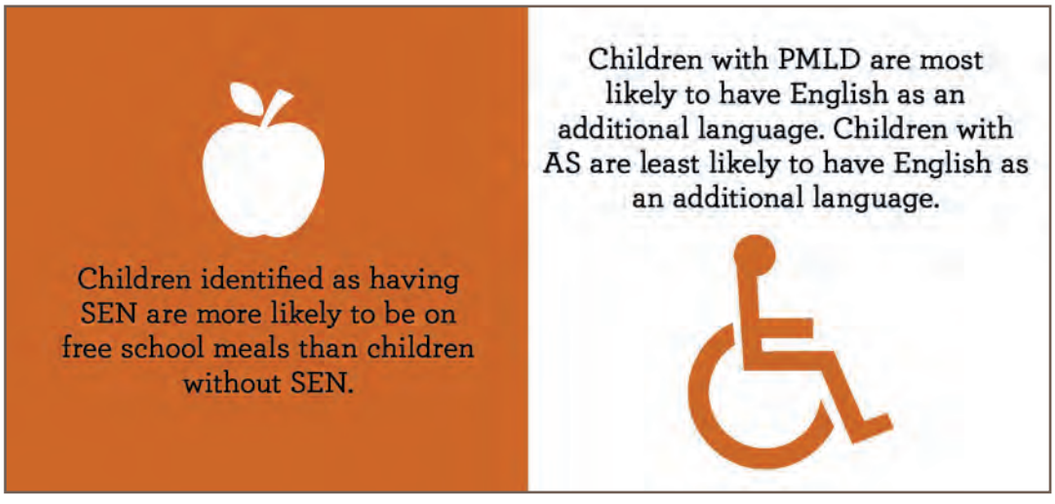

Illustration 12. SEN and free school meals (DfE 2016c)

Exploring the intersecting variables

Scant research has been undertaken on ethnicity and SEN. Of the research conducted, the findings suggest that people from Black and minority ethnic (BME) groups face barriers in accessing the services and provision they need in England (Hubert, 2006). Furthermore, it has been argued that institutionalized racism in England creates tensions between service providers and families from minority ethnic groups (Rizvi, 2015). Evidence also suggests that there is disproportionality for some children with BME backgrounds assessed as having SEN in England. Specifically, there was found to be an overrepresentation of Black Caribbean students identified as having behavioral, emotional and social difficulties (BESD)[14] (Strand & Lindsay, 2009). Within the current category of social emotional mental health (SEMH), Black Caribbean children (SEN Support) and child travellers of Irish heritage (EHC plan) are most likely to be identified (DfE, 2016b). As indicated above children with SEMH (both SEN support and EHC plan identification) are most likely to receive free school meals (FSM). Here, the intersection of ethnicity, disability and poverty could present multiple levels of oppression which could present significant challenges in the classroom (Rizvi, 2015; Oliver & Singal, 2017). Children with Pakistani heritage were also found to be overrepresented in the assessment of profound and multiple learning disabilities (PMLD) (Strand

14. As of 2014, the new Code of Practice reconstructed Behavioral Emotional and Social Difficulties (BESD) as Social Emotional Mental Health (SEMH) (DfE, 2014).

& Lindsay, 2009). Examining the current DfE (2016b) data for the category of PMLD, Pakistani children are still most likely to be identified with PMLD on an EHC plan. The identification rate for Pakistani children with PMLD stands at 9.5 percent, in comparison, the percentage of white British children with PMLD stands at 3.7 percent. This data suggests that seven years later overrepresentation of specific ethnicities continues, meaning that some children with some heritages are more likely to be labelled than others.

The 2015 SEN CoP makes it clear that having English as an additional language should not solely be used as an identifier of SEN. Therefore, it is particularly interesting to note that there is a higher prevalence of children with English as an additional language (EAL) in some SEN categories than in others. A third of children identified with PMLD have English as an additional language. In comparison, only 7.3 percent of children with ASD have English as an additional language (Figure 13). It is currently unclear why the difference prevalence rates of EAL speakers exists in different SEN categories, but it may be affected by different cultural conceptions of disability along with diagnostic tools, such as ICD 10, designed for Euro-North American contexts (Rizvi, 2015; Haque, 2010; Bass et al., 2007).

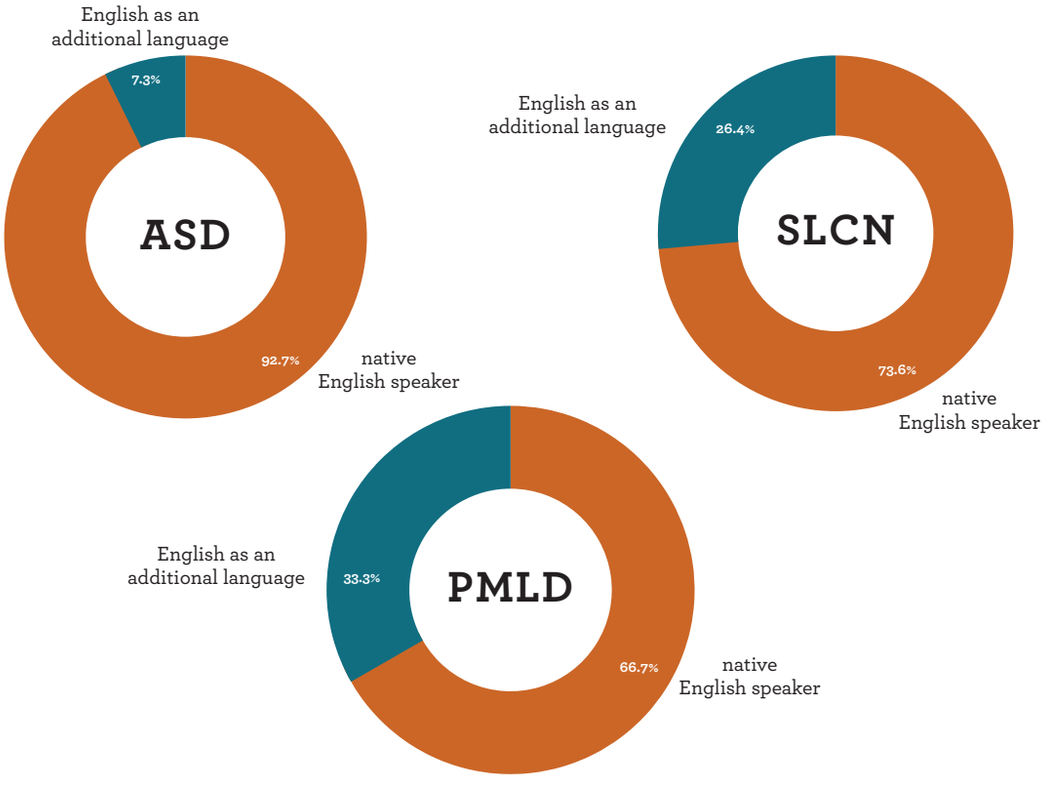

Figure 13. Prevalence of SEN support in relation to native language (Authors' calculations based on DfE, 2016c)

Inclusive education in England: Examining the key debates

For the literature review we have primarily relied on a review undertaken using the British Education Index. Dates were used as exclusion criteria and only peer reviewed articles published after 2010 were included. The search terms used were "inclusive education" and "England". In scoping the literature on inclusive education in an English context it became clear that the notion of inclusive education itself is still debated. The need for a demarcation of inclusion is highlighted as "part of the difficulty is that terminology around a definition of inclusion is by no means consistent and this leaves the issue open to confusion" (Paliokosta & Blandford 2010, p. 179). Following on from this need, within the literature many authors articulate their conceptualization of inclusive education within the specific educational context they are working in. Wilde and Avramidis (2011) propose "inclusion is... a process that combats educational exclusion in all its forms" (p. 84). Humphrey and Symes (2010) argue inclusion is "presence, participation, acceptance and achievement of all pupils in school" (p. 82). In an early years context Theodorou and Nind (2010) argue inclusion is about "active involvement and participation in play" (p.99). Paliokosta and Blandford (2010) citing the work of Campbell (2002) describe "the key aspects of the inclusion debate as being about a balance between individual needs and the needs of the majority, the active participation of pupils, a state of affairs or an ongoing process and its relation to exclusion" (p. 179). In line with the international documentation on inclusive education (Corps et al., 2012; Heijnen-Maathuis, 2016; Save the Children, 2014; Stubbs, 2008; Saebones, 2015; UNICEF, 2011), there is generally a consensus within the academic literature acknowledging a move away from a focus on children with SEN to a vision that encompasses all children (Humphrey & Symes, 2010; Bhopal, 2011). Despite this, Paliokosta and Blandford (2010) highlight that SEN is still a key focus in policy documentation in England.

Within the literature many tensions are highlighted surrounding inclusive education. Three key tensions will be discussed here: the politics of identification and provision, the conflicting nature of competition and inclusion, and lastly the recent rise in special schools. The socially constructed nature of disability is highlighted, and arguments are made to suggest that the categorization of disability is a "policy decision" and thus, borrowing the words from Booth (2009), the notion of inclusion in England is "a moral and political project" (p. 127). School itself is challenged as a mechanism for reproducing ideologies dominant in society and therefore placing it as a critical turning point for either social inclusion or exclusion (Paliokosta & Blandford 2010). To this end, educational policy changes have an impact on inclusive education. Burton and Goodman (2011) highlight how the Conservative push for growth of academies has led to more schools operating outside of the control of the local authority. This leads to an anxiety over the provision of services for children with SEN and consequently inclusive education (Burton & Goodman 2011). The increasing autonomy of schools along with a drive to end a 'bias towards inclusion' suggests that there is a move to maintaining a "more discrete, specialist provision for student with SEN and away from inclusive education" (Burton & Goodman, 2011, p.135).

The tensions between the government's policy on inclusion and a focus on league tables and results is also highlighted in the literature. Bhopal (2011) argues that the "culture of competition" (p. 468) present in schools means that inclusion is juxtaposed with the need for high attainment in exams. Therefore, as schools are "pressurised by the effects of the standards agenda, they are less likely to encourage pupils who may be seen as 'failing; or at risk of exclusion to attend their schools" (Bhopal, 2011, p. 468). Moreover, fiscal competition and the need for system efficiency also impacts inclusion. Wilde and Avramidis (2011) highlight that while discrimination laws exist to protect people with disabilities, this does not necessarily translate into the protection of children with disabilities. They argue that it is "possible for discrimination to exist on the basis of parental choice, suitability of schools, cost and resources, and when the education of the particular child is not compatible with efficient education for the children with whom he would be educated" (Wilde & Avramidis, 2011, p. 84).

As indicated earlier there has been a recent rise in the number of special schools and calls to remove a bias to inclusion repositioning special schools within the English educational landscape and some researchers have commented on this (DfE, 2011; DfE, 2016b). Wilde and Avramidis (2011) cite a resurgence of special school as the "renascence of pro-segrative ideas" (p. 84), and critique Baroness Warnock's 2005 report. The report argues it is inevitable children with SEN will be bullied in mainstream school and suggests that children learning in special schools will have better self-esteem. Wilde and Avramidis (2011) argue this mentality will lead to social segregation and overlooks the critical "links between schools, local communities and friendship networks" (Wilde & Avramidis 2011, p. 84). Nevertheless, the Department for Education (2017b) highlights the clear and significant disparity in educational achievement for children with SEN learning in mainstream school in relations to children without SEN. Consequently, Theodorou and Nind (2010) rightly underline that the mere placement of children in mainstream schools "does not necessarily amount to inclusion" (p. 99).

Impact on learning outcomes

The educational attainment for children with SEN is significantly lower than for children without SEN at every level of the national curriculum (DfE, 2017b), an overview of this can be seen in Illustration 13. In key stage one (the initial two years of primary school), pupils with SEN (both SEN support and EHC plans) had significantly lower attainment than children without SEN (DfE, 2017b). The biggest attainment gap in was in writing, while the smallest gap was in science (DfE, 2017b). In the school year 2015/16 only 14 percent of children with SEN reached the expected attainment level for reading, writing and maths, in contrast 62 percent of children without SEN reached this benchmark (DfE, 2017b). The attainment levels for looked after children (LAC) with SEN were even lower, with only 11 percent of these children reaching the expected levels.

Illustration 13. Attainment of children with SEN in England

Absence and exclusions are a significant factor in the educational experience of children with SEN. Children with PMLD missed the most lessons due to absences (DfE, 2017b). For the school year 2015/16, 22.2 percent of pupils with EHC plans (or statements) were classified as persistent absentees[15] in comparison to 8.8 percent of children without SEN. Children on SEN support are almost twice as likely as children with EHC plans (or statements) to be permanently excluded from school (0.29 percent and 0.16 percent respectively), and over seven times as likely as children without SEN (0.29 percent and 0.04 percent respectively) (DfE, 2017b). Moreover, children with social emotional and mental health (SEMH) needs are the most likely of all children to be permanently excluded.

What works in inclusive education in England: Reflections from the literature

In order to identify what works in inclusive education, an examination of the current literature from England highlighted a range of factors. Drawing on some of these findings we have clustered reflections on 'what works' under three themes, namely: (1) support provided by teaching assistants; (2) developing an inclusive curriculum and (3) the need for better teacher education. We discuss these as they are fundamental to many debates in the field.

15. A child is considered a persistent absentee when they miss more than ten percent of possible sessions (DfE 2017b).

1. Support provided by teaching assistants

Within the literature there is a general consensus that, when correctly deployed, teaching assistants (TAs) (or learning support assistants) have the potential to have a positive effect on the learning of primary school aged children. The importance of effective training and deployment of teaching assistants cannot be overstated (Devecchi et al., 2012; Farrell et al., 2010; Webster & Blatchford, 2013). Devecchi et al., (2012), among others, highlight the need for the continued support and training of TAs. Additionally, it has been suggested that working on a 1:1 basis or with small groups of children may be the most effective deployment of TAs (Ferrell et al., 2010). However, it has been cautioned that the use of TAs can lead to the educational experiences of pupils with SEN being characterised by experiences of segregation (Webster & Blatchford, 2013). Webster et al. (2011), reporting on a longitudinal study highlight that the widespread use of teaching assistants leads to "unintended negative effects" (p.17) on supported pupils attainment. Webster and Blatchford (2013) suggest that the current way of expressing student's learning support needs in terms of hours usually means that this is converted directly into TA supported hours and limits the type of support which is implemented. Instead, they argue, support should be implemented through changes to pedagogy rather than solely through TA assisted hours (Webster and Blatchford 2013). Webster and Blatchford (2013) conclude that pedagogical process and differentiated learning strategies have the potential to improve educational outcomes.

Farrell et al. (2010), in reviewing the literature, argues that research undertaken comparing the effectiveness of TAs against teachers suggests that TAs are equally successful in promoting children's learning and attainment. However, purely increasing TA numbers in school on the basis of TA effectiveness will not work. Rather, TAs must be employed to carry out specific objectives and must be utilized in order to enact targeted interventions (Farrell et al., 2010). Webster and Blatchford (2013) also advocate for school to reconceptualize the role of the TA by ensuring that TA intervention does not lead to pupil separations. Teachers should be primarily responsible for teaching pupils with EHC plans (or statements) and should not allow TAs to routinely remove students from class (Webster & Blatchford, 2013). In line with these recommendations, improvements must be made to the pre-service and in-service training of teaching assistants, moreover, teachers must also be trained in how to effectively manage and support a classroom with TAs (Devecchi et al., 2012; Farrell et al., 2010).

2. Developing an inclusive curriculum

Glazzard (2013; 2014) argues that focus on performativity within the education system marginalizes learners with special educational needs and can be a barrier to both participation and achievement. He suggests that education policies articulating inclusion through raising academic attainment "reflect integration rather than inclusion through their failure to critically deconstruct notion of what constitutes achievement and transform the curriculum and assessment processes which learners are subjected to" (Glazzard, 2013, p. 186). Fundamentally, Glazzard (2013) argues that the current education system is designed to identify and categorise learners by their "inability to meet a set of norm-related standards" (p.186). In order to achieve social justice through inclusion, Glazzard (2013) advocates for policy changes where different forms of success are valued. He concludes that "unless there is a fundamental policy change schooling will continue to produce exclusion, as it has always done so in the past, and inclusion will simply remain policy rhetoric" (Glazzard, 2013, p.186).

A study examining the digital media presented to primary school-aged pupils in England found a "virtual absence" of disabled people (Hodkinson, 2012, p. 256). In contrast, primary school children are most commonly introduced to the image of a "White, non-disabled adult male" (Hodkinson, 2012, p.256). Where images of disabled people were found (n=34), the most common depiction with physical disabilities, no images were found where a person had an "obvious intellectual disability" (Hodkinson, 2012, p. 256). Hodkinson (2012) argues that the construction of disability observed within the electronic media presented to children is deficit-focussed. Furthermore, Hodkinson (2012) recommends that for inclusion to be effective there must not only be a focus on "the deliverance of service orientated responses but also by a confrontation of resources and facilities so as to overcome the 'current injustice (within schools, which are) based upon continued practices of privilege and power' (Lipsky & Gartner, 1995, p. 1)" (p.259). The marginalization of disabled people within electronic media used in school, Hodkinson (2012) argues, is synonymous with the "cultural dominance of non-disabled people within our society" (p. 259). In order to enact inclusion digital media used in school must be carefully constructed, those involved with education "should seek to support a culturally responsive pedagogy that would observe disabled people being more prominently and more positively located within the material that support the teaching and learning of pupils within our primary schools" (Hodkinson, 2012, p.259).

Finally, in relation to an inclusive curriculum, recently, there has been a surge in research related to inclusion and physical education (PE). Haycock and Smith (2011) argues that within PE the focus on "competitive, performance-orientated and heavily sport-based structure of many PE programs has come to limit pupils' participation in, and experiences of, the subject" (p.297). Moreover, Haycock and Smith (2011) actually posits that the focus on inclusion within PE has "created the opportunity for pupils' experiences of PE to become more unequal, rather than being more inclusive" (p. 297). To combat this, Haycock and Smith (2011) ague that "there is an obvious need to think more clearly, analytically and less emotionally about the inclusion of young disabled people and pupils with SEN in PE" (p. 304).

3. Need for better teacher education

The literature suggests that effective teacher education is vital to the process of inclusive education (Black-Hawkins & Amrhein, 2014; Ekins et al., 2016; Alexiadou & Essex, 2016; Robinson, 2017). Black-Hawkins and Amrhein (2014) found, in their research with student teacher, that while there was strong support for inclusive education many student teachers felt ill-prepared to teach classrooms of diverse learners. Hence, it is argued that "successful training and continuing professional development to help all teachers to feel more confident in meeting the needs of all children with SEN" is needed (Ekins et al., 2016, p. 246). Furthermore, the call by UNESCO (2009) for more "innovative research in teaching and learning processes related to inclusive education is reiterated by academics in the field" (p.20), is echoed in the work of Black-Hawkins and Amrhein (2014).

Ekins et al. (2016) argue that currently initial teacher education (ITE) is generally based on an "additional model–where information about SEN and Disability is 'added on' rather than built fundamentally within the course as a whole" (p. 246). Instead, she recommends a move toward a "content-infused model, where the attitudes, skills and knowledge traditionally included in the separate additional teacher education model are spread throughout a number of units in an initial teacher education program" (Ekins et al., 2016, p. 246). Ekins et al. (2016) argues that this model "could enable teachers throughout their career to regularly review and consider how they might respond to individual differences in every Key Stage in ways that avoid the stigma of judging some children as less able and instead promote positive models of difference and diversity" (p. 246). Changing teacher's beliefs was a key recommendation found in other literature. Robinson (2017) recommends that "field experiences alone are not sufficient to enable" teachers to teach inclusively, rather, "pedagogic frameworks for inclusive teacher education must be underpinned with support for intellectual engagement and critical thought" (p. 175). Additionally, Robinson (2017) focussing on teacher education observed that "the concept of 'inclusion' would trigger diversity discourses (which celebrate diversity and uniqueness), but 'SEN' would trigger disparity discourses (where diversity is associated with pathologizing, differential treatment and different expectations" (Robinson, 2017, p. 173). He argues

for the inclusion of "a critical theoretical dimension in teacher education", suggesting that situating "practice within the wider social, historical and political context can reveal new ways forward whilst enabling more positive professional identities for SEN and inclusion" (Robinson, 2017, p. 175). Enabling student teachers time to reflect and discuss ideas is also echoed in the work of Black-Hawkins and Amrhein (2014) who identify that student teachers benefitted from discussion enabling them to see each other's thoughts.

Another key recommendation found in the literature links to self-efficacy. Ekins (2016) study on self-efficacy in teachers working in different key stages found the teachers who worked with younger children had higher levels of self-efficacy than the teachers who worked with older children. She argues that ITE and continuing professional development (CPD) which focuses on "developing their knowledge of laws and policy pertaining to SEN and disability, and provide meaningful experiences of teaching learners with SEN may increase levels of self-efficacy within the profession" (p. 246). Similarly, Robinson (2017) also advocates for the promotion of experts through "career long research orientation" and "a collaborative approach to professional learning and development" (p. 175).

Conclusion

This section provided an overview of the current educational status of children with disabilities in India and England. India has one of the strongest disability-inclusive educational frameworks in the global south. However, while in many states enrolment rates are increasing for children with disabilities, there are variations in relation to gender and types of impairments. Most significantly, schools themselves remain ill-prepared to effectively include children with disabilities. In the case of England there is an established multi-track educational system providing both specialist and mainstream schools. However, one of the key issues is the significant disparities in educational attainment for children with SEN across various levels of the education system. Moreover, children with SEN remain more likely to be permanently excluded from school (DfE, 2017b). Additionally, children with SEN from BME groups and those looked after are also more likely to experience multiple levels of oppression (Oliver & Singal, 2017).

In presenting these two very contrasting country case studies the intention has not been to compare, but to highlight that while both settings have made significant efforts in improving the educational status of children with disabilities, there is still more work to be done. Drawing on the literature available in both contexts presents an opportunity to highlight and contrast current discourses on inclusive education. Despite the limited literature in the Indian context, primarily due to lack of funding and the status of educational research, it is particularly striking to note the similarities and tensions in

discourse across the two settings.

Within both countries the concept of inclusive education is constantly evolving and neither country has consistent definitions that are widely used. Instead, within the literature many researchers proffer a context-specific understanding of inclusive education. In both India and England, the literature underlines a significant need for improving teacher education. In India this is underlined in the need to train mainstream teachers in special education, while in England the literature focuses on improving teacher education. Evidence from both contexts suggest that teachers lack confidence and do not feel fully prepared when teaching classrooms with diverse learners (Singal 2008; Shah et al., 2013; Robinson, 2017). As a result, the literature in England focuses on ways to improve the pedagogy of teacher education to enable student-teachers to reflect and situate the practice within wider theoretical and socio-political contexts (Robinson, 2017). In the Indian context the literature calls for pre-service training to be strengthened, as currently the majority of teachers have had little to no special training to prepare them to work with children with disabilities (NCTE, 2009; Das et al., 2013). The literature points out that it's not necessarily beliefs and values that stand in the way of effective inclusive education, but rather the poor infrastructure, both human and material, which causes significant challenges in the classroom and leaves Indian teachers often ill-prepared to work with diverse classrooms (Singal 2008; Das & Bhatnagar, 2013).

In the Indian context, the literature calls for progress to be made in the provision of resources, specifically special educators, and assistive technology (Singal, De & Bhutani, 2016; Sawhney, 2015; Ahmad, 2010). However, the English literature focuses more on addressing the excluding mechanisms within the curriculum. Calls are made to facilitate a curriculum that is inclusive and representative of all (Glazzard, 2013; Hodkinson, 2012). Within the Indian literature some studies comment on the need to work on peer sensitization and empathy building in order to help the social inclusion of children with disabilities (Das & Kattumuri, 2010). Conversely, in an English context, the need to strengthen classroom management and the training of teaching assistants has been highlighted so as to not cause social segregation (Webster & Blatchford, 2013).

Chapter 4

Developing Inclusive Quality Education Systems: Reflections for policy & practice

Inclusive quality education needs to be at the core of efforts to educate children with disabilities. While debates on inclusive education have been central in positioning issues and concerns around education of children with disabilities at the global centre stage, now is the time for more considered action in making these promises a reality.

While some progress has been made in increasing access for children with disabilities in many contexts within mainstream settings, there is still a long way to go. Children with disabilities continue to face challenges in accessing primary education, and in completion and transition to secondary education and beyond. While concerns of access are firmly on the global agenda, as noted in previous sections, there is little current reflection on the quality of schooling experienced by children with disabilities. Our notion of quality here encompasses both issues around (i) learning basic literacy and numeracy skills to enable (ii) full participation in the life of the classroom, the school and the wider community. Inclusive quality education places an onus on education to not simply be inclusive but also be of quality to enable individuals to lead participatory and empowering lives.

In this concluding section of the report, drawing together different insights from our analysis, we propose the Three Rs model—'rights, resources and research'. We argue that in order to deliver inclusive quality education we need to look at interrelated aspects of rights, resources and research (Illustration 14). We discuss each of these in detail.

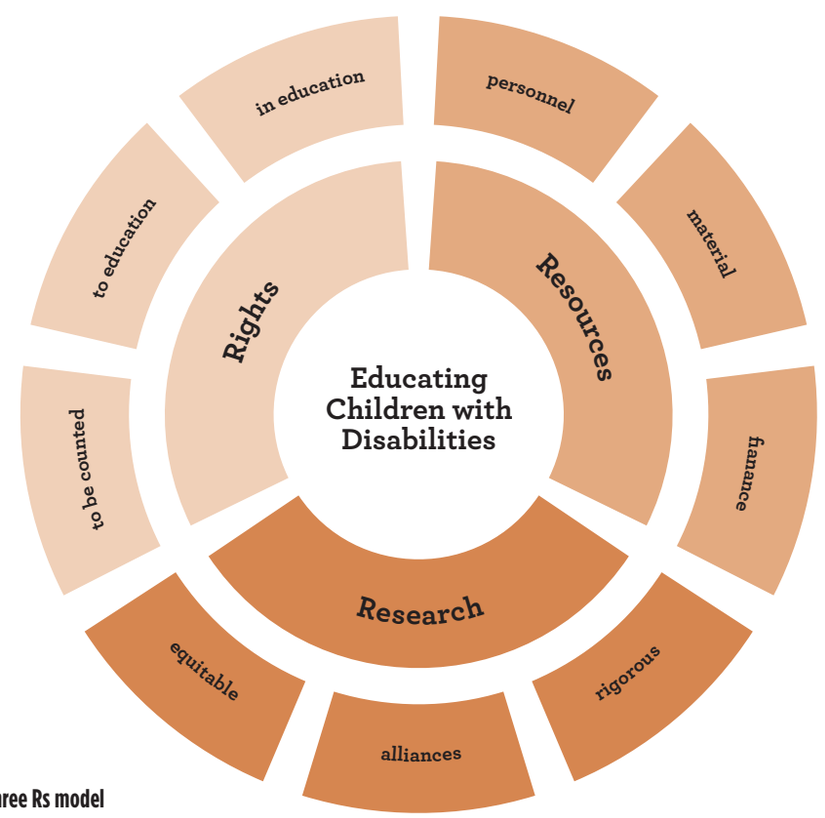

Illustration 14. Three Rs model

Rights

Central to efforts aimed at making education a reality for children with disabilities is the need for national legislation to recognize their right to education. Framing education of children with disabilities in line with the human rights framework is imperative. This inclusion into education should be based on the foundations of equity and social justice and cannot be driven by a charity based approach. This also means that services for people with disabilities should no longer be regarded as the responsibility of the charity or non-governmental sector, as continues to be the case in many countries. Governments need to plan and adequately fund programs supporting the inclusion of persons with disabilities as part of mainstream development efforts.

Persons with disabilities have a right to be counted. Gathering disaggregated data is essential for human rights from the perspective of meeting the obligations of non-discrimination and equality (OHCHR, 2015). In the data revolution report A World That Counts (UN, 2014), it is explicitly noted that:

> *No one should be invisible. To the extent possible and with due safeguards for individual privacy and data quality, data should be disaggregated across many dimensions, such as geography, wealth, disability, sex and age... Disaggregated data can provide a better comparative picture of what works, and help inform and promote evidence based policy making at every level* (p. 22).

Over a decade ago, Robson and Evans (2005), in their work based on a comprehensive review of different international data sets examining the status of children with disabilities concluded, "Good data sets do not currently exist. Existing data sets are fragmentary and inconsistent in their definitions of disability. They provide little basis for meaningful international comparisons and, with some exceptions, are of unknown reliability and validity" (p. 35). This observation still holds true.

To ensure adequate planning and resourcing there is a growing call for collecting more reliable data on children with disabilities disaggregated by gender, age and type of disability etc. The WHO (2011), in addition to other key international organizations, have noted that the lack of such data is a key barrier to holding governments and donor agencies accountable to the implementation of the UNCRPD. The work being carried out by the Washington Group on Disability Statistics, discussed in considerable detail earlier in this report, is highly pertinent. The Costing Equity Report, as one of its main recommendations, notes that different stakeholder groups should work collaboratively, using the WG/UNICEF Child Module, to strengthen national surveys, censuses and Education Management Information System (EMIS) data to ensure disability-disaggregation and collection of information on environmental barriers to education (Myers et al., 2016). Reliable data will allow for effective planning and policy recommendations. Recognition of individual health needs and adaptations in the environment are important.

Right *to* education is important and so is a right *in* education. As discussed previously in the report, various international declarations and national frameworks have highlighted a commitment to the right to education for children with disabilities. However, the emphasis on participation and learning in school gets overlooked. Based on research evidence gathered at the school level, Singal (2009) argued that in order to develop inclusive quality education there should be a focus on issues of "entry, engagement and empowerment"(p.203). The rationale underpinning this framework is that all children should be part of an education system, and should have the opportunity to access and participate in it. They must find the experience of being in school engaging and joyful. Schooling should have a positive impact on lives; it should be empowering, that is, it should foster agency so that individuals are able to use rights, capabilities, resources and opportunities to make strategic choices and decisions. Indeed, as Krishnamurti (1978) espoused "...school is a place of learning and not merely a place of accumulating knowledge... After all school is a place where one learns not only the knowledge required for daily life but also the art of living with all its complexities and subtleties" (p. 50).

This framework is in line with the commonly used principles of rights to education, rights in education and rights through education. However, relying solely on a rights discourse is problematic as discussed at length by Robeyns (2006), who amongst other issues, raises concerns about these being seen as merely theoretical, largely legal (rather than moral) and consequently being exclusively government-focused. By using an approach emphasizing the interrelated dimensions of entry, engagement and empowerment, the aim is to move the discussion away from a purely rights perspective to a more critical analysis of the status of education of children with disabilities to issues central to effective development of educational systems.

One of the most significant gaps in current knowledge is the lack of information on the experiences and impact on the learning of children with disabilities who are attending schools. There are few robust studies which examine the learning of children with disabilities in mainstream schools and we know virtually nothing about how children with disabilities are learning in special schools. Only very recently, some efforts have been made to identify and include children with disabilities in large scale assessment surveys. Singal and Sabates (2016), based on an analysis of children's achievement on basic learning in reading, arithmetic and English tests administered as part of the ASER survey in Pakistan, concluded that children with disabilities are least likely to be learning. Findings from the survey showed that across the different types of disabilities, children reported as having moderate to severe disabilities were at the lowest level of the learning scale. These children were unable to read basic letters or recognize single digit numbers. The percentage of children with disabilities assessed at this level in the reading task was nearly five times larger than those reporting mild or no disabilities.

These low levels are not an indication of the individual's ability. Instead, they raise important concerns around the efficacy of education systems into which these children are being placed. Evidence of such low levels of learning makes it even more pertinent that we hold systems accountable to delivering not just access, but also to ensuring that they have a positive impact on children's learning outcomes. Similarly, Hegarty (2001) argues that "children have an inalienable right to high-quality, appropriate education. This should be provided in as inclusive a manner as possible, but there are times when inclusion is difficult or even impossible and must be set aside. The right to high-quality, appropriate education can never be set aside" (p. 248). Thus, Hegarty suggests that every child, including those with disabilities, have a central right to quality education and in some cases in order to achieve this inclusion in mainstream settings might not be appropriate.

While there is no argument against the goal of providing all children access to a learning environment which is engaging and empowering, it's still not clear how this is best achieved. Slee and Allan (2001) note that "the question is essentially about choice and outcomes" (p. 116). They go on to highlight that through constant questioning there is a need to "create the possibility for a range of educational settlements that do not reinforce the powerlessness of minority groups through and in schooling" (Slee and Allan, 2001, p. 116).

As noted previously in this report based on the two country reviews, there is evidence to suggest that education of children with disabilities benefits greatly from partnerships between special and mainstream schools, collaboration between various professionals, improved teacher skills and better learning environments. In order to achieve these, resources (not just financial, but also human and material) are crucial. Crucially rights need to be accompanied with robust systems of monitoring and accountability.

Resources

Resources, including human, material and infrastructural, are crucial to the development of inclusive quality education systems.

Teachers. All children benefit from having well-trained teachers, and investing in teacher education is central for delivering on the promise of inclusive quality education. Evidence from our two country cases and research more generally suggests that teachers are not necessarily negative in their attitudes toward children with disabilities; rather they commonly report their lack of preparation in responding to diversity of learner needs in their classrooms. Therefore, there is an urgent need to review and upgrade curricula in teacher education to include principles of inclusive teaching and learning. It's important that teachers are provided with practical knowledge which also corresponds to their local realities, especially in contexts where we are aware of the multitude of challenges that teachers already face due to poor infrastructure, lack of teaching and learning materials, and large class sizes.

There is also a need to support teachers not just through continuous professional development opportunities, but also through support provided by other professionals, such as itinerant teachers (such as in Malawi, Uganda), or inclusive education resource teachers (as is the case in India). This model usually entails teachers who are either special educators or mainstream teachers, who have been provided additional training, and who have visited a cluster of schools to work in partnership with class teachers to support them in meeting the needs of children with disabilities. While results of research studies on the effectiveness of such models is mixed (Lynch et al, 2011; Lynch et al., 2014) they do hold promise in supporting teachers.

Parents. Various international declarations, such as the Salamanca Statement (UNESCO, 1994), conceptualized parents of children with disabilities as "privileged partners" (p. 38) in the education of their child. It noted their inherent rights to be consulted and promoted their participation in the planning and provision of their child's educational needs. However, at times parents are viewed as barriers in the education of their child with disabilities due to such reasons as being overprotective of their child's safety, not understanding the value of education, or being neglectful of their child (Plan International, 2013). However, recent years have revealed a shift in some settings. Contrary to commonly held assumptions, evidence clearly highlights that parents of children with disabilities, across different socio-economic strata, invest significant personal time and energy in ensuring that their child with disabilities can attend school. Drawing on their work with high achieving young women with disabilities in Pakistan, Hammad and Singal (2015) found that the single most important factor in a young women's educational success was the support she received from her mother. Another such example of positive parental support can be found be Botts and Owusu's (2013) study in Ghana. Johansson's (2015) work with middle class families in urban India with a child with autism support similar findings. In Kenya, parents of children with disabilities living in rural communities noted (Mutua & Swadener, 2011) that it was the poor quality of schooling that dissuaded them from sending even their children without disabilities to the local school, and not any fear of neglect. Thus, there is a need to recognize the potential of working with parents and position them not merely as carers or recipients of service, but rather as partners in their child's education (Singal, 2016). A clear indication of the potential of parents, even though largely restricted to those from more affluent groups, is the role they have played in Southern contexts, where in the absence of state driven provision they have taken on the role of service providers by setting up special schools or other community outreach programmes for children with disabilities (Alur & Bach, 2012). Parents have also played a central role in setting up advocacy groups and lobbying for the rights of children with disabilities.

Material. Schools, teachers, and all students need high quality, appropriate and accessible teaching and learning materials. Advances in technology and the rapid decline in costs of producing digital textbooks, mobile readers and tablets provide opportunities for developing exciting digital materials. Developing accessible materials is most effectively achieved by making better use of existing resources to support learning, particularly in poorer settings. For example, many teaching materials that significantly enhance learning processes can be locally made (UNESCO, 2003).

Proper access to appropriate assistive technology is a precondition to ensuring that people with disabilities achieve their human right to participate in all aspects of life. However, according to a WHO report (2015), in many low-income countries only five to 15 percent of children with disabilities who need assistive technology have access to it. Assistive technology includes products that support communication, mobility, self-care, household tasks, family relationships, education, and engagement in play and recreation. However current barriers, such as limited awareness among families of these products and services, short supply of such resources[16] and inequities in access due to intersecting variables such as gender, age, language and culture are also evident (WHO, 2015). Moreover, in cases where an assistive device has been obtained it may be difficult to effectively use it due to poor infrastructure, for example, using a wheelchair on difficult terrain, or trying to enter a building that only has steps (WHO, 2015). Financial barriers often reduce the likelihood of access to assistive technology because the devices must be replaced or adjusted as the young person grows (WHO, 2015). The WHO report proposes that in providing for assistive technology there is a need to consider the principles of '5AandQ'—"availability, accessibility, affordability, adaptability, acceptability and quality" (p. 22).

Financial. Inclusive quality education is not a cross cutting measure but is cost-effective. Despite growing interest in educating children with disabilities and also the evidence highlighting the cyclical nature of poverty and disability (DFID, 2000), there is a lack of financial commitment. It's a common occurrence that government policies for supporting education of children with disabilities do not have matched resources. An interesting example is the analysis of the IEDDC Scheme in India undertaken by Singal et al., (2016) which clearly noted the significant under resourcing of the government's own program. Similar trends are highlighted at the global level in the analysis of the Costing Equity Report. The report notes that budgeting for children with disabilities remains very low on the agenda of both international donor agencies and national governments (Myers et al., 2016). It's important to acknowledge here that there are initial costs in moving towards inclusive systems, such as investing in material resources (ICT, accessible classrooms, adapted curricula, etc.) and human resources (better training for teachers etc), however these initial investments outweigh long term benefits.

16. The 2005 Global Survey on government action on the implementation of the Standard Rules on the Equalization of Opportunities for Persons with Disabilities, found that 53 percent of the 114 responding countries had not initiated programs providing assistive technology (WHO, 2015 pp. 18-19).

In moving forward, governments, in collaboration with multiple stakeholders, urgently need to provide domestic financing to close the persistent gaps between inclusive education policy and practice. There is a need to adopt a twin track approach with a focus on funding systemic change (such as in practices and attitudes), alongside specific initiatives to support the needs of learners with disabilities (for assistive devices to individuals). There is a need for better use of available resources to target disability issues and greater accountability in the system. The international donor community could take a leading role by making disability responsiveness a core criterion in education funding and programs.

Most significantly, while a focus on cost effectiveness is important it cannot be the only measure of success. Rather 'value for money', as Loryman and Meeks (2016) have argued, should be reconceptualised from a mere focus on an assessment of cost versus quantitative outputs, to an assertion that 'value' is only achieved when benefits reach the most marginalized.

Research

While there is growing acknowledgement of the need to provide education for all, there is also a realization that there is little understanding of how best to achieve this. The World Report on Disability (WHO, 2011) categorically states that the existing "lack of data and evidence… often impedes understanding and action (p. 263) in the field across various sectors, including education. As its final recommendation the report notes the "need to strengthen and support research on disability" (WHO, 2011, p. 267). Fundamentally, high quality research on disability is needed to uphold and achieve the rights of people with disabilities as enshrined in the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) (UN, 2006). Article 31 of the convention (UN, 2006) notes research is central to addressing discrimination, changing perceptions and combating stereotypes and prejudices. It encourages member states to gather research data that can inform policy and monitor progress toward realization of the rights of people with disabilities. The article goes a step further in emphasizing the need for people with disabilities to monitor and evaluate the impact of UNCRPD on their lives and hence advocates for all research being available and accessible.

However, in low and middle income countries, not only is there a lack of reliable data on prevalence and enrolment, there is also an issue with the quality of research available. The majority of the evidence has been generated by international organizations and is more likely to be published as reports, rather than being submitted for critical scrutiny through academic peer review processes. For example, available studies have broadly tended to interrogate the concepts and definitions of 'inclusive education' (Alur & Timmons, 2009). Notably there is also an overrepresentation of issues related to teacher attitudes and self-efficacy. This, one could argue, is indicative of where the debates are in relation to education of children with disabilities, as the

focus has primarily been on increasing access. Thus researchers have been preoccupied with identifying barriers and increasing access to basic education. This has meant that there is very little focus on the quality of schooling received by children and virtually nothing on learning outcomes for children and young people with disabilities.

This absence of rigorous evidence which can be used to evaluate the impact of current policies and shape future programs remains one of the biggest challenges in the field. A systematic review (Bakshi et al., 2013), funded by AUSAid, the Australian aid program, on identifying approaches that increase the accessibility to education for children with disabilities across different countries noted that given the lack of rigorous research "it is not possible to draw any firm conclusions about the most effective approaches (in terms of impact or indeed cost) to increase the accessibility of education for children with disabilities" (p. 34). Similarly, the DFID (2014) funded Learning Guide, concluded that "...Evidence on implementation and on learning outcomes is scattered and inconclusive" (Howgego, Miles & Myers, 2014, p. 6). Based on our review of the existing literature for this report, an obvious issue is the need for robust research into pedagogical practices. There is a pressing need to understand how good teachers teach all children and in particular those with disabilities. Such empirical insights will enable strong evidence-based recommendations to be made to improve teacher training and also help teachers develop effective pedagogical skills.

This lacuna in rigorous quantitative and qualitative research most strongly impacts the field of disability and education in low and middle-income countries where implementation efforts are still in an early phase. The research gaps are not surprising, given the low priority accorded to funding disability education research. Developing a more coherent, evidence based policy agenda must be based on rigorous research findings.

There is a need to build alliances between researchers in the field of disability and those in development to frame more sophisticated and complex questions to support our understandings of the lives of people with disabilities. 'Nothing about us without us' is a phrase often cited in the disability studies field reflecting the important need for people with disabilities to have more prominence in society and especially in research. An integral part of mainstreaming disability and moving toward a more equitable society, is to involve people with disabilities in setting agendas for research. The positioning and dynamics of research must be changed so that people with disabilities also ask the questions rather than solely occupy the position of being researched. As Oliver (2002) states, "failing to give disabled people through their own representative organizations complete control over research resources and agendas inevitably positions disabled people as inferior to those who are in control" (p. 5).

Finally, it is important to acknowledge that influencing policy through research evidence is not something that researchers can simply do by themselves. There is a need to form strategic alliances with other key stakeholders. Swartz (2014) reflects that "good research …will not on its own change the world. It needs to be accompanied by sophisticated and strategic activism" (p. 5). It is fair to acknowledge that not everyone has the same set of skills, that is, activists are not necessarily good researchers, and neither are researchers necessarily good activists. However, alliances based on mutual respect and an appreciation of the value of research in advocacy can be powerful. Shakespeare (2006) observes that while focus in disability research has primarily been on oppression, more attention needs to be paid to partnerships and alliances.

While such partnerships among academics and practitioners primarily driven by demands for evidence-based logic and demonstrable impact of research are growing, there are tensions which need to be acknowledged. On examining Academic-NGO Collaboration in International Development Research, Aniekwe et al. (2012) note key challenges exist arising from different perspectives around research, institutional time frames and philosophies, and also different outcome expectations and requirements.

Albert and Harrison (2005), in their Messages From Research, make a very useful distinction around how researchers "should be 'on tap' not 'on top'" (p. 8). In addition to this 'on tap/on top' distinction, Singal (2017) adds the 'on shelf' distinction, suggesting that research which is left on the shelf and accessible only to a few is not worth pursuing. Meaningful research that can support the inclusion of people with disabilities is needed. Researchers have an ethical obligation to ensure that the research they undertake reaches a wide breadth of stakeholders, and this would mean being aware of the pathways through which to get findings heard. Thus, researchers not only need to be proficient in research literacies but also a range of academic literacies so that their messages can be disseminated. Indeed, the ethical dimension of research dissemination needs to be brought forward in current debates and developed (Robinson-Pant & Singal, 2013). The role of research in fostering change can no longer be undermined or overlooked, but there continues to be a need to make sure that research (and researchers) is respectful of people and their contexts, while being rigorous in gathering evidence.

By proposing the 'Three Rs model' we are highlighting the urgency for diverse stakeholders, such as policy makers, researchers, NGOs, to work in partnership in order to systematically address the global commitment toward inclusive quality education. The possibilities through education are immense, with high returns both to the individual and society. Thus, redressing the educational status of children with disabilities needs to be central in global efforts toward developing equitable and effective education systems.

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About the University of Cambridge

The University of Cambridge Faculty of Education is committed to the highest standards of research and teaching and is a significant contributor to the improvement of educational policy and practice in partnership with schools, colleges and other educational agencies both in the UK and internationally. The Faculty is one of the largest groups of educational researchers and teacher educators in the UK. This reflects a strategic commitment by the University of Cambridge to contribute to excellence in all phases of public education, both nationally and internationally. The Faculty of Education has a commitment to conducting research of high quality and practical value. Our research is underpinned by a strong set of values which give it purpose and direction. Particular effort is directed towards the improvement of education with a central focus on teaching and learning, informed by principles of inclusivity and social justice, and valuing the contribution of user groups, especially practitioners, in collaborative research partnerships.

About WISE

world innovation summit for education
مؤتمر القمة العالمي للابتكار في التعليم

An Initiative of Qatar Foundation

The World Innovation Summit for Education was established by Qatar Foundation in 2009 under the leadership of its Chairperson, Her Highness Sheikha Moza bint Nasser. WISE is an international, multi-sectoral platform for creative, evidence-based thinking, debate, and purposeful action toward building the future of education. Through the biennial summit, collaborative research and a range of on-going programs, WISE is a global reference in new approaches to education.

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