

# **Evolution of Inclusive Education in AADI**

*Draft: Please do not quote*

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## **AADI: The Organisational Overview**

Action for Ability Development and Inclusion (AADI) (formerly called 'Spastics Society of Northern India'-SSNI) has been working in the field of disability and development for the last 33 years. It is considered a pioneer in the field of disability and its endeavor has always been to cater to the needs and the rights of people with disability, by influencing policy, service delivery and technical resources which addresses the needs of disabled people in an inclusive manner. AADI (then SSNI) was established in New Delhi in 1978 aiming to provide services for people with cerebral palsy to enable them to maximize their potential. The only services for people with multiple disabilities at that time were available in hospital setups where even medical diagnosis was often tentative and misleading assuming mental retardation for most children. Young children were not admitted into schools, parents had no support, young adolescents and adults had no possibility of working and professionals (teachers and therapists) did not have an understanding of what needed to be done.

AADI directly addressed the above needs through its various programmes, orienting pediatricians through internships and workshops on impact and management of multiple disability; providing support to orthopedic surgeons through teaming with them for pre-surgery assessments and providing crucial post surgery therapy; training approximately 500 teachers and developmental therapists through two post graduate courses affiliated to Delhi University; training community workers through community based rehabilitation courses, workshops for principals/Heads and teachers of schools in Delhi; counseling, training and creating parent support groups some of which have formed into NGOs themselves; advocating with Government for appropriate legislative changes including working on the contents of Disability Act (1995) and successfully influencing the 2001 Census Plan to include people with Disability; and providing direct help to approximately 1700 families every year from Delhi and cities like Agra, Ludhiana, Chandigarh, Gauhati, Leh, Gwalior, and Lucknow.

AADI's dynamism in responding to changing knowledge has resulted in the development of an organization that is reflective, proactive and capable of delivering quality services. It has been evolving its processes based on learnings from its work and the paradigm shifts at international level. It follows an approach, which stresses rights- right to participate in decisions regarding own life, and freedom of choice and equal opportunities, inclusion, and adapting the environment to the needs of persons with disabilities, and not the other way round. It is currently working at three levels: Policy, Service delivery and Capacity building across geographical areas: urban and rural; across age groups: from infancy to old age; range of impairments- cerebral palsy, mental retardation, autism, mental illness, multiple disability, hearing impairment, visual impairment etc.; and across life domains such as Education, Health, Livelihoods & Occupation, Relationships, Leisure, Shelter etc.

## **AADI Education**

Ensuring the right to education of children with disabilities is one of AADI's primary objectives. It began its journey as a small special school in 1978. Its education program has overtime undergone numerous changes, evolving continuously, from a special school, to providing integrated education support services, to becoming an inclusive school through reverse inclusion; attempting to make government schools inclusive through whole school development; to the shutting down of the inclusive school in March 2010; to finally focusing on facilitating inclusive education in mainstream schools and thus, ensuring the right to education of children with disabilities.

This documentation makes an attempt to record briefly the history of the education program. It attempts to explain the rationale which propelled changes in the school through its existence and record briefly the services it provided, thus, providing a glimpse of its movement towards inclusive education. The evolving perspectives guiding its work have been shared below.

### **Initial Perspective: Provide Quality Special Educational Services**

The motivation for starting AADI (SSNI) was the realization that the needs of persons with disabilities in India went largely unmet, with 95% of India's persons with disabilities, along with other marginalized or severely disadvantaged groups not having a chance to access opportunities and even the most basic rights. There were no facilities or services available for persons with cerebral palsy in Delhi. Even diagnostic facilities were absent. There weren't any trained professionals, as there were no courses looking at providing study and training in this area.

At that time all over the world, the main model for services to persons with disabilities prevalent was of a center of excellence, where all services were available at one place. Thus, the aim was to provide the best educational services in a holistic manner under one roof: special education, counseling, therapy, vocational training, access to aids and appliances. The team was committed to put in maximum efforts to help each child to reach their potential. Services were designed based on the prevalent medical model of disability where disability was understood as a disease or condition to be identified and treated. Soon after the center was or education was established and soon had a very long waiting list of children seeking admission.

By the year 1990, the center for special education and the organization had grown tremendously. It was seen as the regional center for people with cerebral palsy and other neurological disabilities in Northern India. SSNI started providing ongoing developmental and support services to over 1000 disabled persons and their families in rural and urban settings. The organization had started training courses in special education and Basic Developmental Therapy and it also conducted training for many organizations. Initially the focus of training was to work at an individual with children with multiple, sensory and intellectual impairments and families. The focus was on individual needs and developing specific rehabilitation plans. Families came from neighboring states; and trainees and professionals came from all over India for clinics and courses.

### **Need for integrated Education**

The need for integrated education came very early in the organizations work and SSNI took on the challenge of integration. It wanted to showcase the potential of children and prove that children could go to schools. Thus children who were considered capable of coping with a regular curriculum were admitted in regular schools after 10<sup>th</sup> class. Soon it had integrated 60 children in the rural and urban schools.

However there was a realization that further sustained efforts were needed. This realization began with the sharing of experiences by the students who had been integrated. By the early '90s the first batch of integrated students had grown up. Some joined regular schools and colleges. They started bringing back information about their life outside which shook the beliefs driving AADI and made it question its work. Several students passing out of AADI found it impossible to adjust to the outside world after coming out of the protected environment of the school. Unable to secure jobs, transport, friends or community support, they felt miserable and their future seemed bleak. The quality of education and therapy imparted was high but what had the organization done to remove the barriers in their everyday lives which they faced on daily basis. AADI realized that even if disabled persons developed competencies it did not guarantee their inclusion in the wider society.

Another influencing factor was an ODA monitoring visit to AADI in May 1995, by Sue Stubbs who was at that time the Overseas Disability Advisor for Save the Children Fund. She made the critical point that integration does not mean trying to be the same as others: *A child with disability will grow up as a disabled adult, and needs to feel positive about that, rather than pretending differently. A child needs to know that other people in society do discriminate, but that it is not their fault.*

At the national level the Disability Act 1995 specified that all schools should be prepared to admit children with disabilities. Till then the regular schools themselves had not given much thought to admitting children with disabilities. It was assumed that they could only be taught in special schools run by NGOs or by parents at home. Their needs were perceived to be relating to their particular disabilities. Thus, they were forced to grow up in segregated set-ups, away from the mainstream. There was hope of some changes in mainstream schools after the Disability Act 1995.

Thus to bring about effective integration of children in larger numbers an Integration Cell was established in 1995. Training courses also underwent a change and began to include aspects of general and specific needs of integrated education

### **From Integration towards Inclusive Education**

Numerous factors in the nineties pushed the organization to re-examine its perspective even further. It reviewed its approach, thinking, priorities and changed its philosophy and its work. A major factor was the disability movement started by disabled people in developed countries. There was a dawning of the understanding that what is important in the life of a person with disabilities is the quality of life. The concept of empowerment of people and as to what methods are suitable for this process began to be known. This unsettled SSNI as its approach was focused on making a disabled person as independent as possible through education, 'therapy', provision of aids and assistive devices. There was a need to work on the environment as well and bringing about attitudinal changes.

This led to an overall change in the philosophy and a reorientation towards the rights perspective, with the realization that there was a need to move from segregation to inclusion. The focus was now on inclusiveness, and on changing society. This change in thinking became crystallized only by 2000. This year marked the beginning of a new direction for SSNI. Reflecting this change very visibly was the renaming of SSNI to AADI. AADI, as we are now called, was formally registered in 2002. The word is from Sanskrit, meaning "The Beginning". Changing the organization in accordance with this vision was a big challenge. Inclusive education became the focus of the education program. Inclusive Education aimed at changing the educational system, including the teaching methods and curriculum systems, to include the diverse needs of each child. After extensive debates and discussion the rural and urban services began attempts to implement these changes. The United Nations Convention on the Rights of Persons with Disabilities (2007) and the passing of the Right to

Education Act (2009) further strengthened the belief for inclusive education. This understanding is comprehensively reflected in the following summary by UNESCO.

- **Inclusion is a process.** *It has to be seen as a never-ending search to find better ways of responding to diversity. It is about learning how to live with difference and learning how to learn from difference. Differences come to be seen more positively as a stimulus for fostering learning, amongst children and adults.*
- **Inclusion is concerned with the identification and removal of barriers.** *It involves collecting, collating and evaluating information from a wide variety of sources in order to plan for improvements in policy and practice. It is about using evidence of various kinds to stimulate creativity and problem-solving.*
- **Inclusion is about the presence, participation and achievement of all students.** *'Presence' is concerned with where children are educated, and how reliably and punctually they attend; 'participation' relates to the quality of their experiences and must incorporate the views of learners; and 'achievement' is about the outcomes of learning across the curriculum, not just test and exam results.*
- **Inclusion invokes a particular emphasis on those groups of learners who may be at risk of marginalization, exclusion or underachievement.** *This indicates the moral responsibility to ensure that those 'at risk' are carefully monitored, and that steps are taken to ensure their presence, participation and achievement in the education system*

*Guidelines for inclusion: Ensuring access to education for all, UNESCO, 2005*

**II**

**URBAN EDUCATION PROGRAM**

# 1

## Centre for Special Education (CSE)

1978 to 2004

SSNI began as a small special education center in 1978. Its aim was the development of potential of children with disabilities by providing intensive quality special educational services to children in the age group of three to eighteen years and to develop leadership qualities amongst students for future self-advocacy.

Initially people with multiple disabilities, cerebral palsy in particular, and other neuromuscular disabilities were the focus of CSE's work. In addition to the physical impairment, children also had visual, hearing or intellectual impairments. Over the years it opened up to all children with disabilities.

The first batch of 12 children began coming regularly in November 1978. CSE prioritized admission for those children who had no alternatives in the mainstream and belonged to economically poor families. Over the years, more than 50% of the student's population belonged to this section<sup>1</sup>.

### Sections and Curriculum followed

The center focused on providing individual children intensive quality educational and therapy sessions. The three sections were the primary, the formal (academic) and the non formal streams. Some new sections called the observations sections were set up in 1995 and a transition group was added in later years. An attempt was made to ensure a smooth transition of students through successive grades and sections in the CSE, thus enabling the admission of new students on a regular basis.

Students from the pre-primary and primary stream moved on to regular schools in their communities or to the formal or non-formal streams in CSE. The **academic section** included all students who followed a regular school curriculum (CBSE) or an NIOS curriculum. The aim of the academic section was to provide an enriching learning environment, for learning subjects, in small classes with individualized programming and attention. This stream catered to such students who could pursue the syllabus of a regular school, but were prevented from doing so because the regular educational institutions could not cater to their needs.

After the completion of Grade V, the focus was on in-depth preparation for Class X examinations, CBSE and National Open School. The school provided all students with extra tuition classes to help them with board exams. The formal stream or academic section followed a structured syllabus, which incorporated Maths, Hindi, English and EVS with special input of remedial teaching techniques and aids. This was done using special education and therapy techniques like aural reading, conductive education and augmentative communication. Different methods were adopted to make the subject matter stimulating and interesting while building on the concept being taught.

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<sup>1</sup>For instance 63 % of the population in 1995-96 and 57% of the population in 1995-96 belonged to an income group of below Rs. 5000 per month(Source: AADI Annual Report 1995-96)





The **non-formal stream/ functional literacy** was an alternative for children who were unable to follow a formal curriculum due to medical, physical, communication or cognitive limitations. This was a larger group with up to 40 to 50 children in a given year. Over time the name was changed from functional literacy to functional ability stream with the changed focus to holistic development of students. It was divided into the following groups: Pre-junior group, junior group, pre-vocational training group, and 'severe' multi-disability group. Here the focus was on learning through practical experiences and application of concepts acquired in daily living. This was mainly done through project work. Each topic concluded with "Activity Week" during which various activities related to the project work were conducted. The prevocational group was for a for students in the age group of 9 to 12 years, for whom clearing a Grade I syllabus was proving difficult but they had many other skills. Thus the aim became to explore vocational options. For this group, the focus was on the future with six monthly reviews being held between the staff, the parents and the students.

The **observation section** (started in 1995) aimed to determine the relevant placement of the children in the various alternatives available (CSE, community centers, regular schools etc.). Each child entered the group with a particular focus. Information regarding the child's rate of learning, learning style and ability related to past and present experiences, physical ability and communication potential was determined with special reference to the sensory, motor and intellectual disabilities.

A new section called the **transition** group was started with 7 students (age 15-17 yrs). The focus was to help the students make a smoother transition from a school environment to a less structured environment. Transitions happened frequently based on changing needs of the students. Here, Curriculum transactions gave a lot of emphasis on activity based teaching. Thus many educational projects were undertaken with the students, which demanded a more detailed and in depth perusal of certain topics such as systems of the body, elections and the parliamentary system of government etc. Relevant trips were organized to support the project work. Special emphasis was laid on newspaper and supplementary reading and the use of audio-visual media (TV, radio) to improve listening skills and gather information. Conversational and basic English was included for all students especially the senior group. While there were students who went to VWTC, assisting one day in

manning the canteen, there were others who joined the VWTC training, enabling a clarity of choice and early identification of areas needing special rehabilitation attention for maximum integration.

*Till 1992 in the center for special education in addition to formal education, children would come in and play, have physiotherapy sessions, attend theatre classes and undergo speech therapy sessions and occupational therapy. The children made friends and discussed things amongst each other. In 1992 the syllabus was further structured and the regular CBSE and open school curriculum up to class X was followed. Functional literacy curriculum was also developed for children who were not pursuing the academic curriculum.*

**Extra-Curricular Activities** were a part of the regular curriculum for all sections. The school organized leisure time activities like hobbies, outings and field trips; outstation trips drama, music, painting, and crafts classes; and spiritual values curriculum and groups.

Efforts (with positive outcomes) was also made to include students in various organizational activities. Some examples of this are- the students were involved in the vision mission workshop of SSNI, in a panel discussion on integration conducted by SRS for the teachers training course. Senior students attended and participated as self-advocates in various events.

Various awareness raising activities which involved the children in the school were organized by CSE and they participated in the community. Students were also encouraged to advocate for physical accessibility in public places during a number of outings.

Developing leisure time skills was an important part of the curriculum in CSE, with a view to future community integration of moderate to 'severely' disabled children and as an immediate alternative to older students who were already placed in the community. Hobbies were identified for the students in the senior classes. These included painting, drawing, sports, embroidery and music, Nature Club and Dance. Some of the students pursued swimming classes. Yoga was also introduced.





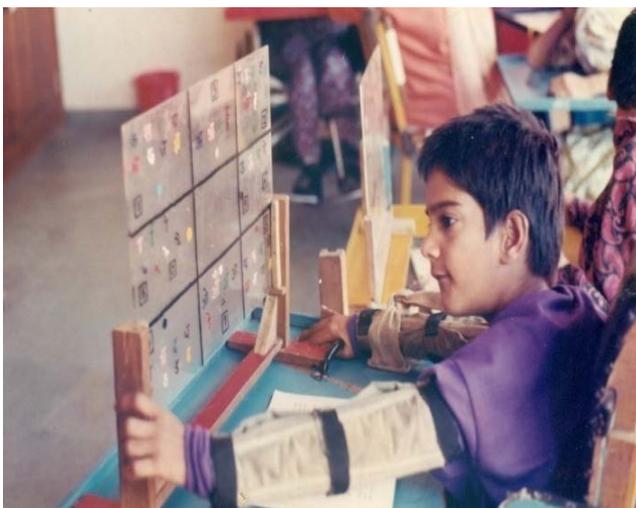
As a part of the ongoing school activities, several visits to places of educational interest and entertainment were organized every a year. The outstation trip was an annual feature and excursions were specially planned to sanctuaries and historical places for experiential project teaching.



The school also undertook computer sessions. This included individual and group sessions. A special keyboard was purchased to help students with visual / physical limitations to access computers. All children were given exposure to computers. The focus for some was communication as they were nonverbal. Computer skills were also useful to play games, and practice their lesson. The “Akshar” software which was installed was of great use to children learning through Hindi as a medium. Everyone was constantly on the lookout for more adaptations and software which were disabled friendly.

### Rehabilitation services

Following the model of having all services under one roof, the school provided rehabilitation services to all its students. Services for ‘therapy’, speech and communication, counseling and ‘behavior modification’ were all available at the school. It developed appropriate aids and adaptations, technology/assistive devices wherever required to address medical issues various health camps were organized.



## Working with others

Throughout its history it worked in cooperation with siblings, parents, schools, volunteers, and communities.



**Parents and Families:** Families and parents were actively involved in the school activities. All parents were called in to share 6 monthly goals for their children. Home visits were made every month, supporting the family of the child.

Many parents made efforts in their communities to carry the work forward for instance once a parent took the initiative to start an activity center at a local school with support from SSNI. Crèches run by parents and volunteers in three areas of Delhi were started with the organizations support.

**Volunteers:** Volunteers were an integral part of CSE. There were times when **volunteers** were mobilized to do follow up work and to provide support to students. Over the years many volunteers became regular staff members.



**Training ground:** To achieve its objective to serve as a training and orientation ground, CSE offered itself as a practical/ awareness raising and training ground for different level of functionaries. It

started being used as a training ground for students doing courses in special education, therapy and social work conducted by SSNI as well as other allied institutions in Delhi.

**Regular School staff training:** CSE staff and students held workshops in regular schools with the aim of sensitizing school teachers to the needs of children with disabilities.

**Thus CSE continued its working till finally in 2004, the special school was transformed into an inclusive school through a process of reverse inclusion.**

## 2

### INTEGRATED EDUCATION

1995-2004

Integrated education as a process was being followed intermittently since AADI's (SSNI's) inception. It became a structured program with the formation of the Integration Cell in 1995. The purpose of the cell was to increase mainstreaming for people with disabilities and to facilitate the inclusion of children into the community. The Integration Team (IT) provided the required intervention for the children who were already going to schools and sought AADI's support.

Besides educational support children were provided therapeutic intervention, aids, and assistive devices to enable them to participate in all activities in the regular schools.



#### Opening doors

The team **networking efforts** opened up many schools<sup>2</sup> in the regular education system. Changing teaching styles and classroom structures, creating access in the physical environment and resourcing technical inputs from specialists in the field were some of the ways through which these institutions worked towards including children with disabilities.

To facilitate the integration process over the years, efforts were also made to establish links with the National Open School, various Government Senior Secondary Schools, District Education Officers, IED Department, ICDS Department, NCERT, Institute of Home Economic, SCERT and Delhi University.

Through focused efforts, many more children with high support needs were integrated into many prestigious schools and colleges in Delhi. The students became symbols of achievement for the larger community- proof that there was a wealth of potential amongst children with disabilities, which would remain hidden unless such services existed.

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<sup>2</sup> The following schools were partners in this initiative: Laxman Public School, Apeejay School, Tagore International School, Vasant Valley School, Sriram School, Blue bells School, DAV Public School, St. Mary's School, St. Columba's School, Kendriya Vidyalaya School, Mobile Crèches, Deepalya, SCERT, Magic Years Montessori School and Navyug School. By 2003, through networking new partnerships were developed with more schools like Father Agnel School, KalicharanSaraswatiBalMandir, Delhi Public School, Springdales School, Raisena Bengali School, ManavBharti School, Aggarwal Primary School, Primary School Mujesar, NalandaUchhaVidhyalaya, Modern VidyaNiketan, Adarsh High School, Model School, and Rawal Public School.

**A Project on Translation and implementation of the UNESCO “Teacher Education Resource Pack – Special Needs in Classroom”. This was a two-year project in collaboration with and funded by UNESCO, which SSNI undertook in August 1998. It played a crucial role in determining the direction of the organization's work with schools and in strengthening its belief in the possibility of inclusive education.**

The broad **aims of the UNESCO project were:**

- Translation and implementation of the “Teacher Education Resource Pack – Special Needs in Classroom” which was developed by UNESCO
- Enriching the pack with Indian experiences.
- Modifying/revising the resource pack based on the feedback from field testing.
- Awareness raising programmes.
- Seeking community support to enhance the spread and quality of inclusive education.
- Evolving appropriate strategies for information dissemination of inclusive education.

The findings of this survey were used as the basis of a series of regional workshops. An outcome of these events was that UNESCO was urged to assist in the dissemination of teacher – training materials that could be used to facilitate improvements with respect to meeting special needs in ordinary schools. It was also recommended that seven points be kept in mind in carrying out this work.

1. The need to develop national policies for teacher education that progress in a continuous fashion from the pre-service stage through to the in-service stage.
2. The importance of supervised practical experience as a major element of teacher education programmes.
3. The importance of taking account of what has been referred to as the ‘hidden population’ of pupils with special needs, that are children who do not have significant disabilities but who nevertheless experience difficulties in learning.
4. A necessity to increase flexibility of curriculum practice and teaching methods in mainstream classrooms in order to be more responsive to the needs of individual children.
5. The principle of self help brought about by encouraging teachers to develop skills of self evaluation as a means of developing their practice.
6. The importance of recognizing the value of collaboration amongst groups of teachers within a school.
7. The need to help and encourage teachers to make better use of three sources of non-professional help in the classroom – the pupils themselves; parents, relatives and others in the community; and paid ancillary help or teacher’s aides.

**Impact of Programme:**

- Increased enrolment of children with disabilities in some of the clusters in the urban slums.
- Increased interest in attending school for some children.
- Teachers more conscious of those children who needed extra support.
- Teachers also making sure that there was an increased involvement of children with special needs in the classrooms.
- Initial rethinking with teachers about building partnerships with parents for the educational programmes of their children.
- Changing attitudes and expectations, as remarked by one teacher – “Earlier I used to take the food to a child with calipers sitting in a corner, but now I expect the child to come to me along with the others to collect his share”.
- In one organization, support systems were being worked out – eg:
  - Increasing financial support to social entrepreneurs to work with all children.
  - Skill development for training children in activities of daily living.
  - Building and equipping resource centres to cater to the needs of at least ten children with 'severe' disabilities.

This was a result of **IT team efforts** to come up with strategies and solutions for inclusion in alliance with the parents and schools, with the team being the main facilitator and the training provider, wherever necessary. Placement and preparation for easy transition of students from a special school to mainstream schools meant an in-depth study of physical structures, curricular and pedagogical practices within the school.

**Regular schools were supported** by providing them information, training guidance and support - including teacher training, peer training, promoting physical access and advocating for the implementation of the Integrated Education for the Disabled (IED) Scheme. Besides this, it also attempted to promote awareness regarding the right to education in schools.

**At the child's level**, it worked towards preparing children for future integration, providing pre-integration support wherein in depth work was done for preparation prior to their admissions. Children in regular schools were supported for their individual needs-at home or at the school-through the individual sessions.

Once they were admitted in a regular school, the children continued to be supported. Teams provided the schools with **individualized educational program** for children admitted to the schools. They provided guidance on teaching methods that were specially tailored for a particular child and assessed children for various needs. Detailed school related assessments were also done for children.

Active intervention by the team ensured that children in mainstream schools were integrated not just in the classrooms but also **in extra-curricular activities**, including sports and picnics. The team had also worked towards convincing some school authorities to conduct junior classes on the ground floor and renovate toilets to make them disabled friendly.

The team conducted workshops for **training teachers**. Over the years numerous training were conducted. Achievements in this area were possible through innovative teaching methods, experimentation with new techniques and developing prototypes of aids. **In-service training of school teachers** was also undertaken towards enhancing full participation of students with disabilities by ensuring that the necessary accommodations and adjustments are made by the identified schools.

The Integration Cell team (IE) was small with only two people working for 4 hours a week. Given the number of staff the inputs were at present being limited to very few children. Thus, its work with **volunteers** was crucial as they contributed their time and skills in teaching integrated students and writing exam papers for them. They also provided invaluable support for therapy in homes.

To facilitate the integration process the team also worked with **families**. It initiated the formation of a parent teachers group, preparing them for monitoring inclusive process and empowering them for an advocacy role, by working at the macro level with the education policy makers and Government bodies for a larger impact.

### **Challenges faced**

The IE team faced many challenges. Active follow-up taught the team to solve such problems and to make realistic predictions for success. The greatest challenge facing IT team continued to be- to convince school authorities about the child with disabilities need for education. Architectural barriers continued to form another obstacle to inclusion. Most schools/buildings were not equipped with ramps, adapted toilets; making infrastructural changes necessary for successful integration. Mainstream school authorities needed to be sensitized about the necessity to modify the evaluation process for children with disability by developing methods involving a limited use of geometrical equipment and writing. The post – admission challenges the IT team faced were to work consistently with the child, school staff and peers for the involvement of the child in all mainstream activities like sports and cultural activities.

## From Integrated to Inclusive Education

The vision of the special school radically changed from what it was in 2000 to what it became in 2004. An internal review redefined the **purpose of education to be to ensure that every student gains access to meaningful knowledge, skills, experiences.**

**The special school began planning for turning into an inclusive AADI School (Primary) by April 2005.** Consultations, brainstorming and wide reading to learn about best practices in India as well as other countries were undertaken with great enthusiasm. To widen the scope of diversity, admissions to children across all disabilities began in September 2004 in the AADI school. Finally, in 2005 all children, disabled and non-disabled were admitted in the school, the school which was called the AADI School.

AADI, based on its past experience and learnings, while recognizing disability issues as a rights issue and based on the emerging new paradigm of educational services towards addressing the concerns associated with access, equity and quality -initiated and undertook the TIE Project (2004-2007) funded by REACH India(USAID), wherein it got an opportunity to begin implementing its ideological beliefs about inclusion. The focus of the Project was not only addressing the needs of children with disabilities but rather focusing on diverse needs of ALL children in classrooms.

The project goal was to initiate a collaborative process towards providing accessible, equitable and quality educational opportunities to all children with a specific focus on disabled children, particularly the girl child. The four project objectives were:

- To promote inclusive practices and culture in identified demonstration schools in Delhi through a whole school development approach.
- To influence existing policies at a micro (school) level to support inclusion of all children within the identified demonstration schools.
- To evolve appropriate and replicable service delivery model/s, which address specific educational and social needs of children with disabilities (mild/moderate/severe) both within and outside the educational system.
- To collate and disseminate empirical evidence generated during the project towards the ultimate aim of impacting macro level policies.

Based on these four objectives, the project's four essential components became the:

- 1. Five Mainstream Demonstration Schools** to be developed across the districts of Delhi, comprising Government Schools, through a "whole school development" approach.
- 2. AADI School** to emerge as a model wherein children with disabilities and able-bodied children will be provided meaningful learning opportunities in an inclusive paradigm.
- 3. Alternate Education Services** to provide educational services for "out of school" children with disabilities in a creative manner (mild/moderate/severe).
- 4. Research and Documentation** to be a critical component of the Project. A qualitative research design provided the empirical evidence during the project period.

## **A. Alternative Education Services**

The need for an alternative education service was apparent and imperative, even with figures of children with disabilities being able to access educational services being examined at the organizational level. AADI School itself could only address the needs of fifty to sixty children at a time. While in July 2007, a total of five hundred and sixty three children were registered for basic services, out of which two hundred fifty one children were out of school, fifty four children had dropped out of school and two hundred and fifty eight were in school but needed support to stay on in school.

With regards to **home based services**, the only advantage was that it shifted the onus of travel to the team. Parents didn't have to come to AADI with the child, as with grown up children it was a financial and physical drain on the families to bring them often in the absence of accessible and safe transportation options available. To some extent, as the main need was activities of daily living management, it was best looked at within the home. Thus, to some extent this model was thought to be appropriate. The drawbacks were- the teams found that for any orthotic & postural aid, the parents still had to come to AADI. Also children's social needs were not being met through this model. Linking up with the community resources, to fulfill these needs to make the model more appropriate was still required.

The **cluster services** required many more resources, and reached fewer children but it allowed children a real opportunity to develop their developmental potential. Children's educational, therapy and social needs were met in this model and parents also found it satisfactory. Cluster services soon became restricted to a few children. For these services to be really effective, it was felt that the teams needed to simultaneously work on developing resources in the community which would allow children to access those services, thus, allowing access to cluster services to a larger number of children.

## **B. Whole School Development**

### ***Working with the Government schools***

Working with the government general education system involved arriving at an understanding of the school's infrastructure, administrative systems and processes, the school population, school parent relationship, relationship between administration and teachers, Relationship amongst teachers, Relationship amongst students, Teacher student interaction. Working with the five government schools directly over a period of two years was a challenging task, which seemed almost fruitless because of the magnitude of challenges, the lack of knowledge about government schools, the evolving nature of the work process and the need to constantly retrain and orient staff to work with the school because of staff attrition. Nevertheless, AADI made links with schools in the government educational system for the very first time. An interactive dialogue has begun with teachers, students and children belonging to government educational service delivery. There has been a tremendous learning about the government school system, their functioning, the issues they face, its teachers, students and to some extent their families and communities. The teams' capacity has also considerably increased and they are competent in conducting trainings, presenting and evaluating information about the program. The enthusiasm of the leadership in the organization has not faded to work with the government schools in spite of the numerous setbacks and the snails pace of the work. There is a relationship with these schools and which one plans to continue working with them

with renewed efforts from the team's side to understand how to bring the desired changes and the ownership of the work to the teachers.

### **C. Inclusive School**

In AADI School, the entire process of inclusion began much earlier with extensive discussions about inclusion itself not only amongst the staff but all stakeholders, because the support for and belief in inclusion in the school was considered crucial for the success of an inclusive school. This support was built up over time amongst the staff, students and parents. In preparation, before changing the set up from a special school to an inclusive school there were meetings held with all the staff, students and parents of the school. The concerns of student with disabilities were also addressed. The process of sensitization started in their personal development, hobby classes and the morning assemblies through role plays, games and activities followed by discussions, wherein they tried to show the different dimensions and tried to make them understand how the group would have a variety of needs and differences or difficulties.

Meetings were also held with parents of children of the existing students with disabilities over a period of three to four months to obtain their views on inclusion. The reaction ranged from people being very happy to people expressing concerns and fears. At this point in time, the concept of inclusive education was understood to mean -all children learning together irrespective of differences and participation of all. After becoming an inclusive school in 2005 it catered to approximately 140 children (disabled and non disabled). Developing inclusive teaching practice and policies was an important aspect of this journey. There were no readymade examples available which could have been followed.

In an environment where the organization had total control and transformed its special school into an inclusive school, it managed to move further from where it started, sustained by its belief in inclusive education. A belief emerged that inclusion would need to happen in every sphere of a school for it to be truly inclusive. Finally, the comments made by a six - year - old child with disability who had experienced both the special and the inclusive school which were shared by his mother, seem to say it all. She said 'earlier her child would feel that he was different, that's why he did not go to a school where all the other children went and he felt upset about this. Now he feels that even though he is different he studies alongside all other children. He can play with all the other children and tells other children when they want to run and play with him, that you go and run, I can't run. He realizes that he is different, accepts it but now he does not feel hurt, as he knows how to interact with children without disabilities and they all study together'. In an inclusive school your disability does not make you lesser than anybody else even though you may be different.

Post REACH, AADI School continued more or less on the same line as established during the Reach project. In 2009 and 2010, each year, one new class was added taking the school from Nursery upto Class IV. There were certain staff members who left and some went on maternity leave and had to be substituted. One of the old volunteers was also inducted as a teacher based on her experience, even though she did not have the requisite qualification.

Its journey form finally ended in 2010. With the passing of the right to Education Bill in 2009 the team became determined to implement this law and decided to close the school.



**KEY ACCOMPLISHMENTS-Towards Inclusive Education Project**

<p><b>To promote inclusive practices and culture in identified demonstration schools in Delhi through a whole school development approach.</b></p> <ul style="list-style-type: none"> <li>• Diagnostic test in class VI in the five schools.</li> <li>• Foundation course in class VI in GBPSBV-SNP.</li> <li>• Aneka Mein Ekta training for the Assistant teachers of the five schools.</li> <li>• Aneka Mein Ekta training for the TGTs of the five schools.</li> <li>• Intervention and modelling of practices fostering inclusion in schools.</li> <li>• In AADI School the final percentage achieved on the quality checklist is 77.86%</li> </ul>	<p><b>To influence existing policies at a micro (school) level to support inclusion of all children within the identified demonstration schools.</b></p> <ul style="list-style-type: none"> <li>• Admission Drive in catchment area of four schools.</li> <li>• 254 out of school children admitted in the four schools.</li> <li>• Parents-teachers meeting in the five schools. Networking with Savera an N.G.O to facilitate Non-formal educational input to out of school children identified by the team.</li> <li>• In AADI School a total of 124 children were enrolled. The total number of children with disabilities in the school is 41. In the end the girl population was limited to 44.35%</li> <li>• The final percentage of tasks of the access audit completed remains as in 2006 which is 76.92% in AADI School</li> <li>• In AADI School 75.8% of the children enrolled have been retained (94 children have been retained).</li> </ul>
<p><b>To evolve appropriate and replicable service delivery model/s, which address specific educational and social needs of children with disabilities (mild/moderate/severe) both within and outside the educational system.</b></p> <ul style="list-style-type: none"> <li>• Total number of children registered with AES is now 563.</li> <li>• Out of 563 children enrolled 468 have been retained and 95 children have dropped out from AES services.</li> <li>• 75 numbers of children are placed from AES to cluster services, special schools and formal schools.</li> <li>• 56 community resources were identified for collaboration with AES, out of which 40 resources are being utilized by the team for placements, disability certificate and IQ assessments.</li> <li>• In past three years total 48 case conferences were held.</li> <li>• In all 73 team meetings were held.</li> <li>• 47.55 % of the goals set for 167 children have been finally achieved in AES-BS</li> <li>• Parent Feedback Form -In the final year the percentage of positive responses achieved was 65.46%.</li> <li>• Cluster parent collaboration tool-The project end percentage achieved is 49.16%. Thus there is an increase of 22.78%.</li> <li>• In all a total of 35 children were registered in Cluster Services</li> <li>• Draft life skills Curriculum framework has been developed.</li> </ul>	<p><b>To collate and disseminate empirical evidence generated during the project towards the ultimate aim of impacting macro level policies.</b></p> <ul style="list-style-type: none"> <li>• CMED invited AADI to act as a consultant in designing the state plans with regards to 'children with special needs' for 'Sarva Siksha Abhiyan'. AADI also participated in a meeting for the district plan development of 'Sarva Siksha Abhiyan'.</li> <li>• AADI supported the Universal Elementary Education Mission Office of Delhi to organise a consultation workshop of NGO for inputs on children with disabilities.</li> <li>• AADI participated in the national consultation of the MHRD Action Plan for Inclusion in Education of children and youth with disabilities</li> <li>• AADI prepared a draft UEE action plan for children with disabilities for April 2006 to March 2007 and submitted it to the UEE Mission office.</li> <li>• The team actively participated in formulation of guidelines for the State SSA societies, for the evaluation of children with disabilities in Schools</li> <li>• Consultants for an evaluation of impact of SSA for children with disabilities in seven states for MHRD</li> <li>• AADI conducted a training of thirteen master trainers at the request of SCERT for identification of children with disabilities in the Directorate schools. These master trainers subsequently trained up to 2429 teachers</li> <li>• The Directorate of Education agreed to develop twenty five focus school which would be model inclusive schools</li> <li>• AADI developed a module on inclusive education for SCERT which will be used to train all the teachers of the Directorate. AADI will train at least fifty master trainers in this module who will then in a cascade model of training, train all the government teachers in the Delhi</li> <li>• A presentation was made on teaching strategies for inclusive education by AADI to all the heads of SSA/IEDC in national workshop on IED</li> <li>• AADI was invited as a consultant by NCERT in the planning meeting for the development of an Index of Inclusion which is one of the items in the Comprehensive Action Plan on Inclusive education developed by the MHRD</li> </ul>

## 4

### Facilitating Inclusive education

April 2010 to March 2013

After the implementation of Right to Free and Compulsory Education Act, AADI focus became working with mainstream schools by supporting and training the teachers (capacity building) to work with children with impairments. After extensive discussions and dialogue with children with disabilities, families and schools a final decision was taken to close the primary inclusive school. Children with disabilities and without disabilities got admitted in to neighboring government and private schools as chosen by the families.

2010	Number of Children admitted	Number of schools admitted into
Children with disabilities	65	50
Children without disabilities	60	10
<b>Total</b>	<b>124</b>	<b>60</b>

Thereafter all children were to be supported in getting into schools, staying on and provided all the out of school support they required. Teams follow up children with disabilities in the mainstream schools as regularly as required. Thus the focus was on working with different stakeholders so as to facilitate the process of inclusion of children with disabilities in schools and strengthen the implementation of the Right to Education. The three pronged strategy is depicted in the diagram below.



#### Direct Services

##### *Working with children*

It began by identifying schools for the children and ensuring they were admitted. For many children it was the first time in a regular school. Thus one child was admitted at the age of eleven years. AADI attempted to create enabling environments leading to inclusion of children with different types of impairments- physical, vision, hearing and intellectual impairment.

To facilitate inclusion teams had to work over time for creating an understanding amongst the classmates about their classmates with disabilities and vice versa. Through various activities it helped to create an understanding amongst classmates. One of the aspects was helping children understand the nuances of helping behavior as children tended to become over protective of children with disabilities. Teams also attempted to establish collaborative learning processes in the schools and demonstrating strategies of pairing and supporting each other.



Team worked on the challenges of children with disability not being included by emphasizing on adaptations and accommodations in classroom teaching. They demonstrate classroom interventions through regular visits to school. During these visits it works with the child, sometimes the classroom and the teachers, thus modeling various teaching strategies for inclusion. Ensuring safety for a child including children with disabilities has been an important area of capacity building for teachers. It has had to work on the acceptance of diverse forms of communication being used in the school. It encourages peers to use communication aids besides helping a child with disability for their communication needs. Team demonstrated inclusive games during free play to increase interaction with peers. The need for adaptations and aids is also addressed by the team. Teams have worked towards creating a broader sense of ownership and responsibility for a child with disabilities and challenging some harmful practices. Children's health, self care and nutritional needs are also followed up by the teams and shared with the teachers. Children are also provided academic

support outside the school. It identifies community resources to help the children in this support, wherever required.

### ***Working with teachers***

A lot of effort was made to work with the teachers. Teachers were supported in learning how to address the learning and other needs of children with different types of impairments-visual, physical, hearing, and multiple disabilities. A detailed profile of each child admitted was shared with the teachers and they were given time to become familiar with the children's communication and learning styles. Working with a child with autism was a new challenge for teachers. The team emphasized the need for structure and schedules in school activities.

Besides working with the teachers the teams attempted to work with the resource teachers coming to school. These teachers are appointed by the government and coming very infrequently to the school. If they do come in they take individual sessions with the child, which over time diminishes a sense of responsibility on the part of the teacher towards child with disability. Teams have tried at the individual level to build a relationship with these teachers and encouraged them to share all class strategies with teachers so that teacher can teach children even when the resource teacher is not present. Some of the resource teachers began working with children within the class after such discussions.

Opening a dialogue between the teacher and the parents was important as many a times the school teacher did not know what was happening at home and how to work with the parents for the child's development. AADI has made headway in working with teachers. Many teachers are open and eager to work with the child with disability, are cooperative, are willing to work with the child, are able to identify the strengths of the child, use the communication book, are able to modify the TLM's.

Still the team continues to face many challenges while working with teachers like the over emphasis on writing excludes children who have an impairment which impacts their hand function. Exclusion of children with disability from some activities such as play, school functions, classroom activities need to be constantly worked upon especially with the new teachers. Some teachers can be quite resistant to change and continue to have no expectations from the child with disabilities. Often planning for child with disability in class as well during exams continues to be an issue. It is important to have teaching practices which would ensure learning for all.

### ***Working with schools***

At the time of admission of children with disabilities in the mainstream schools, a lot of effort went into convincing the school to admit the child and working with the school Principal and the teachers and their attitude to convince them about the need to include the child into the mainstream. The team had regular review meetings with Principals and Head Masters. Teacher trainings were planned. Following which the team met teachers to discuss issues, linked the strategies talked about /content of the training to class situation.

Ensuring physical access to the schools in the form of making permanent and makeshift ramps, creating access in toilets, ensuring cleanliness and hygiene in the toilets, access to laboratories and bringing the class to the ground floor which could be accessible for a child with disabilities- were some of the issues related to access that had to be worked upon. Often ensuring the availability of the support staff in the school was a big challenge.

A lot of effort went into making the school understand that the child needed to be included in all the activities of the school such as in the school functions, when going for school picnics and outings. Ensuring safe keeping of mobility aids in the school itself was another area of intervention by the AADI team. Exclusionary practices towards children with disabilities had to be discouraged and worked upon. Frequent transfer of teachers continued to pose a big challenge as by the time the teacher was sensitized and trained, a new teacher would come in and the work with that teacher had to start all over again.

There were many challenges faced when working with the schools at a larger level: Funds given to the schools for stationary are not used; the strength of children is increasing and there are not sufficient classes & teachers; the teachers expected team to communicate messages to family; physical infrastructure remain inaccessible; children were at times not included in extra curricular activities; schools refuse to arrange for writers; teachers are not there in classes and are busy doing administrative duties and the surroundings of the school were not clean & gate of the school was left open which was a big safety issue.

Some schools wanted to hold activities with only children with disability separately during disability week. The team intervened & facilitated the activities with the entire class including children with disabilities. However, often there would be limited choice of activities as they were sent by the higher authorities. Often with the appointment of new principals/Head Masters, this would be a matter of concern as the rapport and the understanding built towards inclusion of the child with disabilities would have to reworked upon. School toilets were often not well kept. Team spoke to the principals, shared need to train the support staff to guide the small children as to where are they suppose to sit, then flush, wash hands, maintain hygiene.

There were many achievements as well with many schools cooperating towards the inclusion of children with disabilities. The team would help the teachers prepare modified exam content for children with disabilities. List of accessible venues was given to schools (for outings, picnics, etc). There was a constant dialogue going on between the teams as well as the AADI internal processes with the team referring newer children with impairments or issues to careplan for their assessment and planning.

### ***Working with Families and Community***

Families played a very important role in sustaining the process of inclusion. Without their contribution and efforts AADI would not have been able to undertake the challenge of inclusive education.

Keeping the families motivated in face of challenges was a major focus area for the team. On hearing negative comments from the schools, parents would begin to feel insecure about putting their child into such a situation. It was important to encourage parents not to become scared but look at the future of their child and persist in challenging negative attitudes.

Many schools initially demanded that parents should stay with the child in the school. It was observed that children would get too attached to the parent or support staff present in the class and that it actually prevented formation of teacher-child and peer-child relationship besides interfering with the child's learning. In such instances the team worked out a process of gradual withdrawal of the parent from the class and the taking over by the teacher and also prepared children with the skills of being alone in the class.

Teams facilitated parents to focus on children's abilities and strengths. For instance when a child was facing difficulties in writing at school and the parents were becoming stressed about this matter, the

team directed their attention to the child's strengths, encouraged them to accept a different ways of fulfilling a need and respect differences in the pace of accomplishing a task. Thereafter it provided them towards alternatives available for writing.

Teams also guided parents on an individual basis about the use of wheelchairs and communication aids, supported them to make disability certificates, about parenting skills like the effects of over protectiveness, the need for revision of school work at home to support the child in academics. In some instances the team had to meet siblings of children with disabilities to seek their support in revising school work at home, especially in cases where parents were not literate. It also made an effort to work with siblings on accepting and dealing with issues arising between them mainly through discussion about interdependence and sharing with them the ways they could support each other.

Working on ensuring inclusion for the child with the parents meant dialoguing with the parents of the merits of having an accessible, ground floor accommodation; working with overprotective parents; convincing parents to use aids- wheelchairs, communication aids; working with the siblings of the child with disability; and working out possibilities with the parents in the absence of support staff in school and even training the caregiver/support staff.

### **Capacity Building**

As the focus was influencing general education to become inclusive through capacity building. It also began working with thirty six Bodh Shiksha Samiti<sup>3</sup> schools in Alwar, Rajasthan and Eicher School as a technical agency for capacity building of the organizations to adopt inclusive education. It is currently working with twelve public and private schools using the whole school development approach.

### **Advocacy**

Advocacy work happens continuously at the micro level when interacting with schools. Teams also advocate for policy changes at the macro level as well.

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<sup>3</sup> Bodh is an organization working in the field of general education in the districts of Alwar and Thanagazi in Rajasthan, India. For details please see the two attached detailed reports

**II**

**Rural Education Program**

# 1

## Center based special education services

AADI's work in rural India started with a rural program being initiated in 1981, in Faridabad district, Haryana. From the time of its inception, the rural program has been providing integrated, community based services to persons with disabilities. One of the main areas of work is to address the needs of persons with disabilities in the field of education.

AADI began working with nine children and their families. It was the first rural rehabilitation program project in India to work with people across disability<sup>4</sup>. At the beginning, a center was set up at the Dayalpur village of Faridabad. Slowly, this work expanded to include two more centers located in Tigoan (Tigoan) and Arya Samaj Mandir (Ballabgarh), where children with disabilities and their families would come for need based services. As of today there are 62 such village level centers.



For every child who would come to the centre, an analysis of his/her special learning needs was carried out, which would determine the tasks to be undertaken with the child, with a teaching programme worked out to suit the special need of the child. Basic reading, Maths and language skills were taught to the children with intellectual impairment and children with '*normal intelligence*'<sup>5</sup> were taught all academic subjects like in a regular school.

Apart from the ongoing groups of children with hearing impairments, other groups were also started. These were of young children moderately affected by cerebral palsy; an older vocational group for young adults with cerebral palsy; two stimulation groups with very young 'severely' affected children with cerebral palsy in Dayalpur and Tigoan and a special class for children with intellectual impairment in Ballabgarh. The groups would come for five days a week. Later across

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<sup>4</sup> It included children living with polio, hearing impairments, speech impairments, cerebral Palsy, Intellectual impairment, deteriorating neurological conditions, congenital /birth defects, orthopaedic conditions, deformities as a result of illness (post T.B malnutrition), Epilepsy being some of them

<sup>5</sup> This was the terminology followed at that period of time

impairments group sessions were also organized. After assessments, individualized goal making helped children learn. The team developed a curriculum as well for these groups. Slowly the integration of children with hearing impairment and cerebral palsy had also begun.



The team organized extracurricular activities like once a week integrated assembly, games like carom and plays during assembly, general knowledge sessions and clay modeling. For the first time, a comprehensive syllabus for the hearing impaired was developed up to grade III, which included an adult education component for the children leaving school. This included language, Maths, reading and speech areas. Regular end of term assessments for all were reinforced by monthly assessments for the groups with hearing impairments. This proved valuable in understanding children's ongoing progress. The programming for the older vocational group emphasized on projects, leisure time activities, community skill building, educational trips and outings and regular assessments being carried out, with six monthly goals being planned.

Parent involvement and partnership was a crucial ongoing focus. Case conferences were held with parents for all regular home management children. Clear cut goals for the team were made in consultation with them.

### ***In the early nineties.....***

*A revised admission policy and detailed assessments of intellectual functioning made it possible for the team to further separate the group of intellectual impairment students to form a group with students aged 9 to 13 years with 'I.Q's of 30-44'. The focus, here was on building of doing tasks, attention skills, independent /work habits and basic educational concepts, with a view to preparing the children for the functional education and vocational skill training in our vocational work training centre unit.*

*Apart from those receiving services at home on account of the 'severity' of impairment, or lack of transport facilities, the sessions for group of children with cerebral palsy were transferred to the home twice a month. This made a very positive impact on children.*

*To ensure an interaction of children from different categories and groups, a house system of 4 houses was initiated. Assembly and work responsibilities were divided accordingly. This worked well, and brought a spirit of healthy competition.*

*This new syllabus for the hearing impaired group was field tested and modifications introduced. A new language list and the pre-vocational syllabus were also completed. This helped to focus and plan for all intellectual impairment and 'severely subnormal'<sup>6</sup> categories, accurately, keeping their prognosis in mind.*

*With the weekly visits of a special educator from Delhi, the intellectual assessments of a number of children were carried out. With these results and clear recommendations each child was grouped correctly and if need be, the goals revised based on the assessment results. Besides this, speech, hearing, functional vision and feeding assessments were carried out. Accurate receptive expressive language levels were ascertained using the REEL assessment. This helped continue a language programme, with severely affected non verbal cerebral palsy quadriplegic children. Extracurricular activities including clay modeling, wall painting, games and drama were initiated for all groups*

*A major emphasis was on different aspects of **integration** involving: Linking with existing services (education, health, employment and government), awareness raising and individualized functional programming with the aim of integrating the disabled into family / community. As preparation for integrating the hearing impaired children and children with Cerebral Palsy into regular schools, an awareness group was formed which looked into the aspects of networking and awareness raising in the local schools. Occasion like Holi, Republic Day and School day were an excellent opportunity to interact with and raise awareness in the local community, schools and the Panchayat. The AADI staff worked closely with the staff of the local Government schools. The syllabus that the team focused on was modified to facilitate integration with a decision being taken to base the end of term assessments on the Government school exam system. An assurance was given by the schools that the children with disabilities would be allowed special concessions, if they wished to appear as private candidates for any exams. By March, 1987, most of the 'severely' children were ready to sit for class 5 exams.*

***Parental involvement and participation** was very important and case conferences were often held at the homes of the children attending the day centre with the parents and the staff sitting down together to set new goals and to assess the previous term's programme. In fact, the parents often volunteered to help out with the education therapy programme when the trained staff got busy with other activities. A advisory committee consisting of the parent community, the rural rehabilitators and some Delhi – based professionals was formed, as an effort towards democratic problem solving and decision making. This group consisted of a cross section of people with different abilities, skills, resources and different socio – economic strata.*

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<sup>6</sup> This was the terminology followed at that period of time

## Integrated Education

As mentioned above, the vision of the program changed from 1993 onwards. It went from providing center based special educational services to developing sustainable holistic Integrated Education (IE) programs, in the rural and the peri-urban areas of Ballabgarh block of Faridabad district. While children with impairments like polio were already going to regular schools, children with other kinds of impairments were not able to access local educational services. With a “quality of life” focus persons with disabilities role in decision making increased.

The work focused on bringing about a change in the attitudes of village level workers, Government officials, Panchayat members as well as identifying regular schools, so as to provide equal opportunities for education to persons (children) with disabilities. Attempts were made to influence regular school practices by supporting capacity building of teachers; assisting in the preparation of suitable materials for use in schools (where disabled children were integrated) and supporting schools to access funding and other human and material resources that would help in the integration of persons(children) with disability.

To ensure sustainability, local level teams of resource workers were developed. They were attached to schools, the non formal center, Balwadis etc. and they worked as intermediary remedial teachers<sup>7</sup>. Empowerment of persons with disabilities and parents to take informed, independent decisions became an integral part of the programs work. A lot of preparation went into making large scale attempts at educational mainstreaming, largely aimed at three target groups- the parents, the students and the teachers/Principals of regular schools.

This movement into the community away from the centre was the first step in the decentralization process, the second step being the setting up of sustainable services with the local available infrastructure, and transfer of skills to persons in the community.

### **The program provided assistance at three levels:**

The **basic level workers** were persons from the committees working as volunteers. They performed the role of mobilizing the communities, identifying resource persons / groups and linking with community level health and education systems. Some village volunteers were trained in early identification and basic management of disabilities.

The **Intermediary workers** were also from the local rural and peri-urban communities. With their training in deaf education, polio management, rehabilitation and vocational rehabilitation they made programs, supported parents and interacted with educational institutions for integration.

The **specialized level** provided support through continuing training focusing on specific problem solving of individual cases, documentation of experiences and specialized assessments and programming.

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<sup>7</sup>Till date there are 30 remedial teachers working in the community

## **Integrated Education (IE) Programme**

The experience in mainstreaming children into regular schools highlighted the crucial need to form an “Integration Cell”(IC) . Therefore, in order to provide a coordinated system for collecting information, expanding our efforts and providing relevant IEPs, an ‘Integration Cell’ was being formed. The challenges of a successful IE programme were enormous, requiring intensive inputs and consistent follow up of persons with disabilities at both, the pre and post integration stages. At the same time, for the programme to be successful in the long run and to achieve a fair amount of sustainability, it was also crucial to support and train regular school teachers, principals and parents in the remedial programme. Attitude change in the community, peer preparation, consistent monitoring, evaluation and documentation of the programmes were all crucial areas requiring full time manpower resources.

### **Working with children**

Some of the activities taken up by the team were:

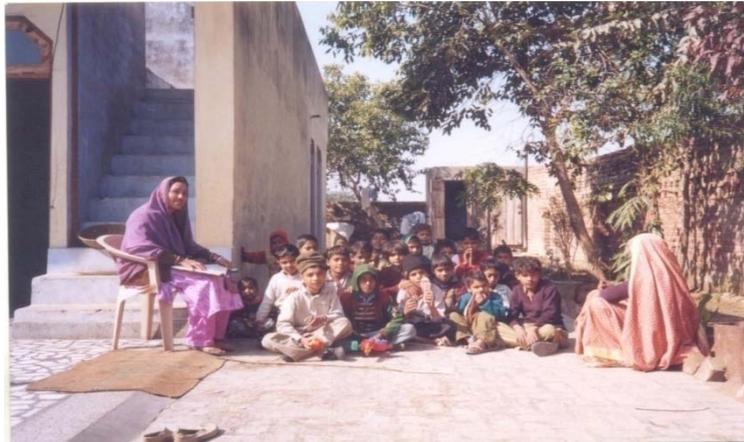
- Identifying pre-integration training needs of children with disability
- Forming homogenous, time – targeted, skill training groups of children with disability
- Identifying and screening children with disability suitable for integration with regular schools
- Placement of children with disability in regular schools.
- Specialized technical assessments of identified children with disability undergoing integration training and follow up (e.g. visual perception assessment etc)
- Planning Individual Education Programmes (IEP)
- 'Remedial' teaching of identified children with disabilities
- Identification, referral and follow – up of specialized medical care of children with disability
- Periodic reviews were done to monitor impact of programmes.



Teams also made regular school visits and home visits to follow up children’s programmes. Regular schools visits were made in order to provide inputs in the areas of education, communication, therapy, communication etc. to the students admitted in schools. Many of children with disabilities such as cerebral palsy, intellectual impairment, hearing impairment etc. started participating equally with their non disabled peers, both academically and in the extra-curricular activities, as part of the inclusive education programme in different schools of Faridabad district.

Every year, more and more children with disabilities were mainstreamed and supported through our work. Focused attention was paid to ensure active participation of children with disabilities in the village play groups as well. Many children were registered under the Integrated Education

Department scheme, in which children who study in private recognized schools are given scholarships, aids and appliances.



The formation of various advocacy groups such as a children's group to address various disability related issues empowered children. This process became a source of not just tackling any issues that a child may be facing but also became a vehicle of forming an affirmative identity.

### **Working with Teachers**

A lot of work was undertaken with school teachers for increased participation of children with disabilities in the classroom, within the school, in the cultural and play activities undertaken in the school. Their positive attitude was important for successful integration of persons (children) with disabilities within these schools. One on one sessions, training sessions- were held with the teachers to better equip them in working with children with disabilities.

### **Working with the School**

Visits were made to identify and establish links with regular schools for future placements. This was followed by counseling and preparation of students, peers, teachers, Principals of these schools, with an eye towards integration. Information regarding strategies for successful integration were also shared. Recommendations were made for aids and assistive devices necessary for successful integration.

To facilitate peer interactions, child to child programs were held and participation in regular cultural activities of the school was encouraged. Awareness raising activities to promote abilities of persons with disabilities were held in these schools. Specifically for children with multiple disabilities and mental disabilities, the challenges of integration were found to be many. Being written off usually as 'langda-loola' or 'pagal', a much greater emphasis had to be placed on awareness raising of their abilities, along with functional skill development. One of the activities of such as effort was the performance of a play, 'Ashtavakra'- a story from Indian mythology, focusing on the abilities of the disabled, the issue of Karma and the equality of human beings. The positive impact of the play could be gauged by the reactions of the audience who watched the play and instantly said "what the children have shown through this play today is something we will never forget in our lifetime" and "any support required in mainstreaming, we are there for you". Such activities helped raise awareness at the school level.

The discussions held with the local schools played a very crucial role in this process, which involved focused awareness raising and the provision of information sharing. While some schools Principals

were quite open to this 'innovative' idea, others were initially reluctant. Skillfully motivating those who were reluctant and eliciting the support of the others, the integration team worked towards making the mainstreaming of children with disabilities a reality.



#### **D. Working with the Family and Community**

Families were an integral part of the efforts towards integration. Preparatory counseling sessions were held for integration (individual and group sessions). Attempts were made to identify and address issues which parents had regarding integration; transfer appropriate teaching methodology to parents through home visits; training of parents to be facilitators for social integration at home and in regular school settings and training parents to be facilitators, linking persons(children) with disabilities between regular schools and specialized services. Parents self help groups were also initiated. Parent teacher group meetings to review progress and for information updates were also facilitated. Discussions about children's progress were held with each family.

The parents, who were initially apprehensive about the whole idea of mainstreaming, needed a lot of support and information regarding its feasibility. Thereafter, the initiative taken by the parents proved to be quite strong, with them identifying the schools that their children would go to and even making the initial contact. Parents also took on a wider role- as remedial teachers and as liaison personnel between the regular school and the specialized set-up. Parents, who were initially reluctant to move away from the security of a specialized set up, were now convinced that not only was integration possible, but also necessary. This success motivated other parents and the entire team of rehabilitators to now view integration as a possibility for even the multi- disabled and the mildly mentally handicapped, resulting in more placements from these categories into regular schools. Parents who were earlier hesitant about their roles and contribution in the project for inclusive education, were not only going to schools with greater confidence and the specialized set up, but were also performing their roles as remedial teachers. The greater ease with which the parents focused on the academic achievement together with the need for social aspects of integration enabled the team to initiate the developing of the indicators of achievement for inclusive education. In essence, alongside the preparation of the students, parent preparation for inclusion of their children into regular schools, was a major thrust of the work undertaken. This essential component of our work enabled greater parental participation, further leading to development of potential leaders amongst them.

Attempts were made to establish links with the Government organizations, NGOs and individuals to facilitate integration as well. Linkages were formed with various professionals with expertise in different skill areas- such as a doctor, a lawyer, an arts and crafts expert, a carpenter, a hearing aid repair person etc. The idea was to *facilitate participation and inclusion of persons (children) with disabilities by tapping on the skills and local knowledge of the village resource people*. During this

time, simultaneous preparation was also done to prepare regular schools to accept these children as well as to train parents as remedial teachers.

Through many of AADI's legislative and advocacy initiatives, attempts were made to create access in public transport, create ramps in cinemas and make the play ground accessible. With the coming of the new law - The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, various awareness generation activities were undertaken in the villages for the dissemination of information. It was felt that all these endeavors directly impacted the inclusion of children with disabilities in the various spheres of their lives including the educational pursuits. The Persons with disabilities Act places the responsibility with the Government to ensure that children with disabilities wanting to study further should not be discriminated against and that appropriate measures are taken to ensure their inclusion and retention.

### 3

## Facilitating Inclusive Education

2000 onwards

### Introduction

By the year 2000, children with disabilities were settled in the regular schools and positive results were visible in terms of participation and progress of the children in education and other non-curricular activities. Due to this, parents, school teachers and other individuals started feeling more confident about working with children in regular schools. The reach of the program was also increased in these years from 40 villages to all 83 villages in the district, which in turn, had a huge impact on the number of admissions in the schools there. In the year 2000-2001, only 40 children with disability were studying in mainstream schools but by the year 2002, around 200 children with disabilities started going to schools.

Year	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013
Number of Children	40	215	219	235	225	223	231	309	308	366	286	270	294

This program worked towards ensuring that every child with disability, irrespective of the kind, category and degree of disability, is provided meaningful and quality education in the geographical zone that the program covered. This thinking facilitated the sending of children with disabilities to schools at an early age just like other children. Children with disabilities also started studying and learning in schools and making friends in schools. Children started participating in the regular activities of schools just like their siblings.

#### **Impact of Government Policies**

*A major achievement was that the Education Department became open to discussing the progress made by children with disability as well as the difficulties faced by them in settling in regular schools. It was important to not only create physical accessibility and ensuring that the teachers were trained but also work towards inculcating the right attitude towards a child with disability in both the teachers and the community at large.*

In 2000, the Government of India introduced the Sarva Shiksha Abhiyan (SSA), a flagship programme of the Government to achieve Universalisation of Elementary education in India. The SSA ensured that the Government schools were now unable to say no to children with disabilities. Regular visits, meetings and sensitization exercises helped to overcome a very stereotypical idea and understanding of disability amongst school personnel. Many challenges remained but schools had to further change and make an effort to accept children with disabilities with their varied capacities and needs in a more inclusive manner. Finally, the seed was sown for inclusion.

Right to Education (RTE) was passed in 2009 and became a law. Schools in Ballabgarh were anyway taking children with disability under SSA programme but RTE created a pressure on the school education system. Creating physical accessibility in the schools became a major focus for the Government and finally, in the year 2013, money started coming in for the transport cost at the individual child level to support child with disability for his/her to and fro journey between the school and the house. The mothers of children with disabilities were given priorities to open the Bank account on their names to transfer the scholarship money for their children. An indirect achievement of this was

that the mothers who were never given much of an opportunity to operate a bank account before this, started learning basic banking skills in order to operate the account for her child with disability.

However, with the coming of the resource teachers, some not so welcome practices also came in. They brought the idea of exclusion in the form of home based education. They de-motivated parents to send children with high support to schools who were earlier in schools. They started visiting homes for sessions on weekly/ fortnightly basis. Parents of children with disabilities accepted this practice as it seemed like an easier option for them not to struggle to take the child everyday to schools and fight for rights and advocate for better resources. This will be a major challenge in front of AADI as it will have work with parents again, to make them understand the long term negative impact of 'home based education'.

### **Working with Children**

The focus of school based intervention remained towards creating enrollment and retention of children with disabilities in schools. Regular support visits, meetings with parents & school staff, training of teachers through demonstration exercises & workshops, problem solving with teachers and parents, school sensitization, linkages and networking with the education department & other departments were some of the interventions undertaken in order to ensure access to education and retention of children with disability in the schools. Despite the problems related to physical accessibility and lack of trained teachers in schools, children started attending school on a regular basis. They were supported weekly in classrooms and individually at home.

The children were prepared through regular interventions. Day to day problems in teaching, getting admission, retaining of children in schools- were handled at a one to one level with a large number of children with disabilities being supported through this work. Children were assessed and supported by the technical staff in the area of academics, mobility, toileting, self care, seating, postural management, inclusion in play, etc.

Regular inputs were given to children with disabilities through school visits, inclusive games, remedial teaching through regular follow ups and regular sessions at sub-centres and it created a conducive environment for learning in schools. With more and more children with disabilities reaching the level of secondary education and giving their board exams, it was felt that all schools became familiar with the facilities given by Government to children with disability. Elementary education also helped children to develop the personality in such a manner that they become ready to raise the voice for their rights when they reached secondary level education. Children were encouraged to avail government provisions under the IED scheme like books and free of cost uniform. Many children with disability started getting scholarships.

The community members, school teachers, families, peers played the role as facilitators to identify & remove the barriers to enhance the abilities and development of children with disability with others, which helped to enhance the full time attendance in schools, interaction with peers, participation in all activities like morning assembly, games etc. for children with disability. Teachers recognized the potential of children with disability after giving them opportunities to be with other children and this influenced the environment of schools positively.

The rural programme sensitized the teachers about the process of inclusion and supported them to conduct the inclusive sports and cultural programs. As a result children participated in a school function with non disabled children. Also, children from different schools were encouraged to participate in rallies on world disability day. They themselves prepared slogans and banners on issue of disability with the help of the school authority.

Local volunteers were prepared to provide regular inputs to children with disability after school time. Children were also provided support for their emotional needs through regular counseling sessions and feedback. Children with disabilities were helped to access various aids and appliances such as wheel chairs, crutches, tricycle, A.F.O, H.K.A.F.O, calliper, adapted shoe. After getting mobility aid and training some children became community walkers and started going to school. Aided audiometric tests for many children with hearing problem were done. These assessments helped in identifying the need for high power and behind the ear aids. Many children were helped in procuring hearing aids through the local resources. Preparation for various children for pre- school education was done at the child, family and at school level. The parents took time to accept and understand education as a need and right of the child with disability as well and his/her need to be part of the mainstream school.

Children with disabilities were supported and encouraged to participate in the Block, District and State level games organized by Sarva Siksha Abhiyan. Some children with disabilities who were unable to write on their own were trained by a person with disabilities to use a computer for typing, which enabled the children to give their exams using computers.

The availability of Government Schemes supporting education of children with disabilities also played a major role in keeping their parents' motivation high.

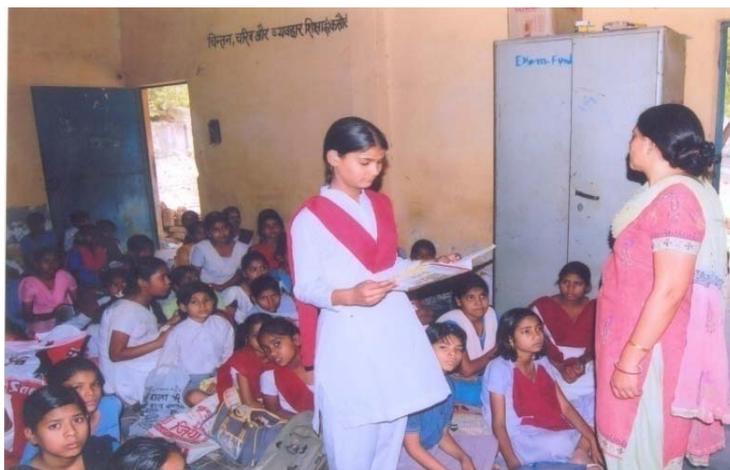
Community sensitization, meeting with Panchayats, regular meeting with parents in the group to keep them motivated, arrangement of appropriate aids and adaptations, disseminating information about various relevant schemes and facilitating the process to avail of the benefits of these Government schemes- were some of the interventions taken up in order to ensure proper access to education and retention of children with disability in the schools. Children, who had not been integrated in the schools, were provided interim services at the sub centers.

### **Working with Teachers**

Training of teachers in regular schools on the issue of disability and how to handle the specific needs of children in classrooms was undertaken. Specific needs for training in mainstream schools were identified and the training was imparted to the teachers. Some schools agreed to have all the staff members trained for the pre-education programme. Regular visits were undertaken to bring about attitudinal change, for the acceptance of children with disability at all levels (students, helpers, teachers, principals and all the supporting staff) in the schools where the children were enrolled. Regular sharing, demonstration of skills, support and follow-ups in schools were tools to build the capacity of teachers to promote the inclusive environment for children with disability in schools. Teachers promoted the peer support in the class so that these children could look after the seating and other needs of his/her peer child with disability as friends.

Regular support to teachers helped to build the capacity of various teachers in a large number of schools to identify the needs, barriers and to work for removing those barriers. They also helped parents in getting schemes; taking children with disability in sports camps, outings, conduct inclusive games, festivals, refer for medical needs. SSA under RTE also added the support & techniques to create school environment more inclusive and diverse. Teachers started coming forward to discuss the problems & difficulties to solve by discussing them.

It was felt that now the teachers in the schools were a lot more sensitive to the needs of children with disabilities. They showed special concern for the needs of children with disabilities who needed extra time and writers during the exams. They themselves began writing letters to the education department for the availability of extra time and the provision of having a writer for them.



### **Working with Schools**

**Increasing physical access in the schools and other areas-** Attempts were made to increase the accessibility in their schools so that the education of children with disabilities could continue. Some schools made shift ramps (temporary ramps) for functional activities while others shifted their class to the ground floor after they were sensitized about the accessibility needs of children with disability and their right to education. Furthermore, the school children in a Government school were facilitated to make the school library functional, which was previously not operational. In order to ensure the accessibility in schools/education Institutes for children/persons with disability, the regular sensitization and information dissemination were done for teachers, principals, administration, management and education authority time to time to construct the ramps, drinking water facilities and accessible toilets in schools. A number of letters written by children with disability/parents also helped education department and teachers to understand the need to construct the ramps, accessible drinking water facilities and toilets in schools. As a result when the money was sanctioned the authorities themselves came forward to find out the exact measurements for ramps.

**Awareness raising in schools-** Awareness was created about The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act 1995 among the educational authorities and the school. Awareness raising and sensitization was done in various schools. The staff from the rural programme participated in other schools' annual functions with the purpose of creating awareness about disability. Various schools in different villages were made aware about the needs and the rights of children with disability resulting in these schools being open to giving admission to children with disability. Also, preparation of school authorities was undertaken to allow participation of children with disability in others schools' annual functions with the purpose of creating awareness about disability.



**School Management Committee (SMC)** - Some parents of children with disabilities were encouraged to become members of the school management committee. The SMC members met under the Right to Education Act for school development work regularly, on demand of these parents. They facilitated the accessibility in school infrastructure. Other parents contacted these members to discuss the issues related to their children. Community recognized the potential of children with disabilities & families and gave the opportunity to the children with disability /families to become a part of the new group. New school management committees were formed.

**Sensitizing the community/ Other Resource persons-** Various college students , college lecturers, administration staff, Principals, young women from the neighborhood, siblings of children with disability studying in higher classes were sensitized about disability issues and challenges faced by Persons with disability due to barriers. This, in turn, led to children being supported in education by these community resource people. Various Assistant Block Resource Coordinators were sensitized about needs of children with impairment so that evaluation process could be changed in schools. This led to schools evaluating the children with impairment themselves.



### **Working with the Family/Community**

Regular discussions and meetings were organized with the parents of children with disabilities in order to motivate them to send their children regularly to schools and to understand the importance of education in each child's life.

Families of children with disability in rural areas were encouraged to maintain regular contact with schools to know the progress of their children. Participation of families increased in understanding and resolving any education based issue faced by their child. The parents were further encouraged

to raise their voice within the school system advocating for regular parent-teacher meetings and for the provision of having the inputs and support from resource teachers for the children with disabilities, in order, to ensure inclusion and meaningful classroom participation for their children. They also raised the issue of quality education with the education authorities and followed this up by writing letters to them. They worked with the school teachers to promote the practice of inclusive games so that the children with disabilities could also participate.

Regular focus with parents on rights based approach for persons with disability made people recognize the rights and opinions of persons with disability in different contexts and situations. Emphasis was on providing maximum opportunities for decision making to people with disability in day-to-day life. Parents began showing openness and respect for children in response to working with the parents in this manner on a regular basis. In addition, parents became interested in continuing education of their child. Workshops were conducted and information was given to parents about educational opportunities through NIOS, regarding deaf education and importance of appropriate hearing aids.

### **Other systemic level advocacy work undertaken**

Regular meetings and correspondence with block and district education officers were done to make them aware about the grassroots problem at school level, for example transport, accessibility of transport, toilets and drinking water facilities, admission of children with 'severe' disabilities, quality of education in schools, the need for computers in schools as an alternative to writing for children using different means to write etc.

### ***Some highlights of the block level interventions work:***

- At the block level, **inclusive games** were organized with all the wheelchairs being provided by AADI for the games.
- Also, meetings were held with the Block Education Officer for the sanctioning of a writer/extra time/facilitator for children with disabilities in the primary classes.
- Visits to the BEO (Block Education Officer) to know about the role of the Block Resource Centre were organized and this forum was also used to address 35 Principals of various schools- who were also present on the occasion-on the need for inclusion in the schools.
- The BEO was also given material for awareness raising in schools on the World Disability Day.
- District education department was sensitized for making the schools fully accessible under SSA. Copy of the structural design on accessibility was also given to the concerned person.
- Also, the AADI rural staff corresponded with the Ballabgarh Government hospital seeking some space in the hospital for the measurement of hearing aid moulds for 57 children. With this initiative, the space was provided for and work was undertaken there.

### **Some highlights of the district and state level work:**

- A written letter was given to the District Education Authority to sensitize the education staff about the varied needs of children with disabilities (need for transport and adapted aids) who were going to school. For the same, a follow up was done not only through further correspondence but also a visit was organized to both the District office and the State office in Chandigarh. The **State office sanctioned the transport at the district level** and 14 adapted aids were also sanctioned to AADI. A camp was held at the *panchayat bhavan* of the Block office which was attended by the SDM, BEO and the other education staff.

- Also, the Haryana education board was visited with the parents of children with disabilities in order to **get permission to access the facilities for a writer and extra time during exams**. Parents of children with disabilities submitted a letter at the district level requesting them to organize state level games. They also wrote to them advocating the need for better facilities needed for children with disabilities in mainstream education.
- SSA authorities contacted AADI to **conduct inclusive games at the District level**, which were in turn organized by AADI and AADI sent the requisite equipment (wheelchairs etc.) needed to organize the games.
- The district camp organized by SSA for the **distribution of disability certificates and aids** and appliances was facilitated by the AADI rural staff.
- Also, the AADI rural team visited the State Board office, Bhiwani supporting parents of children with disabilities to successfully get **permission for extra time** in the 10th class board examination.