



## Article

# A Comparison of Provision and Access to Inclusive Education for Children with Disabilities in a Metropolitan City and a Rural District in Telangana State, India

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**Abstract:** In response to international agreements, recent Indian legislation has raised expectations that all children, regardless of need or ability, should gain access to formal education that is inclusive and addresses their social and learning needs. Initiatives designed to support the implementation of this legislation have been undertaken in several parts of India. Reports related to such initiatives have largely focused upon developments in large urban connotations, with studies in rural areas being less in evidence. This paper reports a small-scale study conducted in Telangana a state in the south-central part of India. Through the application of semi-structured interviews data were obtained to enable a comparison to be made of the experiences of two purposive samples of families of children with disabilities and special educational needs, and the professionals who support them. The first sample was located in Hyderabad, a large metropolitan city, the capital of Telangana State. The second was situated in villages in Sangareddy, a single rural district of the same state. Interviews were conducted either in English or in Telugu, the state language with all interviews transcribed and subjected to thematic analysis. The findings, which will be used to support further development in the area, reveal a willingness on the part of professionals to support the education and social welfare needs of children with special educational needs and their families and an awareness of current national legislation aimed at achieving this objective. A disparity exists between the availability of professional support services available to families and children, with those living in the rural district experiencing greater difficulty in accessing appropriate support than their counterparts in the metropolitan city. The lack of opportunities for training and professional development is perceived to be a major obstacle to the progress of inclusive education as required by national legislation in both locations. Recommendations are made for further research that is closely allied to changes in practice, for the development of professional development of teachers and other professionals, and for the development of centralised provision in rural areas to address the needs of families.

**Keywords:** inclusive education; education in India; educational equity; disability; special educational needs



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## 1. Introduction: The Purpose of the Study

India, in common with other Asian countries has made significant advances in securing access to education for all children [1,2]. The implementation of significant legislation [3,4] has led to an increase in the interrogation of those conditions, that can either enhance or inhibit progress towards including those learners who have been previously denied educational opportunities [5,6]. These actions have in some instances provided potential pathways for further development towards the provision of a more equitable education system [7,8]. However, some observers of developments in this area have expressed concerns that the concept of inclusive education and the practicalities of its application has

been subjected to a limited interpretation in India, a country that is diverse in terms of its culture, languages, socio-economic situations and geography [9–11].

Singal [12] suggests that there has been a focus upon the provision of resources, aids and assistive devices deemed necessary to provide access to learning for children with special educational needs. This she believes has led to an assumption that disability as an exclusionary factor is inherent in the child and may thereby limit the important considerations around changing systems and pedagogical approaches. It has been suggested by other researchers [13,14] that the concept of inclusive education in India has been inadequately defined in legislation. It is apparent that some children who have previously been denied access to formal education have been enrolled either in special or mainstream schools and that the numbers of children out of school has increased. However, these authors contend that simply enrolling a child in school is not a guarantee that they will succeed in learning, or that teachers are adequately prepared to teach them.

Special schools, many of which are privately funded or managed by non-governmental organisations, continue to play an important role in the education system in India. Narayan [15] reports that for many parents, the opportunity to send their child to a special school, where they believe that they will receive support from specialist therapists and trained teachers, is seen as beneficial. However, she suggests that the quality of teaching in some such schools is inadequate to fully address the learning needs of all children, particularly where such special provision is located in rural communities.

In the past twenty years, the growth of the Indian economy has led to major developments in the country's metropolitan cities such as Mumbai, Hyderabad and Bangalore [16,17]. With this growth has come new employment opportunities and an increase in demand for labour, leading to major patterns of migration from rural to urban communities [18,19]. Investment in city economies has been an important growth factor and has supported many developments in the infrastructure, transport systems and commercial opportunities within these areas [20]. Concerns have been raised in relation to two specific areas that may have arisen from this rapid period of expansion. The first of these suggests that with increased migration of workers from rural areas into the cities there has been an increase in the developments of pockets of poverty and deprivation [21]. These have often occurred around migrant populations who lack proficiency in English or the local language of the city, and who strive to maintain families either in poor city accommodation or those left behind in their rural communities [20–22]. The second concern has focused upon the impact of internal migration upon rural communities in India that have been denuded in respect of a workforce, and the suggestion that they have not benefited greatly from the socio-economic developments that are so apparent in the metropolitan cities [23].

The apparent disparities between urban and rural areas in both incidence of disability and access to services for families who have a child with disability, has been identified as an area of concern and one in need of further investigation [24,25]. The importance of increasing empirical study in this area and gaining greater understanding of the needs of families who have a child with a disability in rural Indian communities is apparent. With this need in mind, the small-scale investigation reported in this paper was conducted within the state of Telangana with the intention of gathering data to inform understanding and to assist in planning further actions to provide necessary professional support.

The research conducted for the study reported here, aimed to obtain insights into the current situation in two distinct districts of Telangana with the express purpose of assisting the further development of service provision and delivery to families of children with special educational needs and disabilities. In particular the study aimed to gain an understanding of gaps in current provision as identified by both service users and providers. It is anticipated that the data obtained will be used to assist both policy makers and practitioners to consider changes to the services on offer.

Two specific research questions provided the focus for the investigation, these being:

1. What are the support systems available to families who have a child with disability in the metropolitan city of Hyderabad?

2. Do such families have similar/equal support in rural Sangareddy?

## 2. The Indian National Context

India is a country with significant socio-cultural, economic, religious, geographic and linguistic diversity making it a challenge to plan innovative development programmes nationally. The principle of “Education for all” [26] (UNESCO 2015) has been accepted by the Government of India and a range of policies, legislation and interventions have been implemented since independence [27]. When the Constitution of India was framed in the year 1950 [28], free compulsory education up to the age of 14 years was envisaged under the administration of state policies (Article.45).

Education became a fundamental right of every child in 2009 with the enactment of the Right to Education Act, (RTE) [3]. “Education for all”, the flagship programme of the Government of India was initiated to realise the goal of establishing a right to education for all children. Initially implemented at primary level (ages 6–12 years), currently the programme takes into account all age groups from preschool to grade 12 (age 16) under the programme named Samagra Siksha [29]. The scheme, centrally sponsored and implemented by the state governments, aims to provide quality education to enhance the learning outcomes of all students; bridge social and gender gaps in school education; ensure equity and inclusion at all levels of school education; ensure minimum standards in schooling provision; promote vocationalisation of education and support states in implementation of the Right of Children to Free and Compulsory Education (RTE) Act, 2009. The implementation of this legislation has been instrumental in the reduction of the number of Out of School Children (OOSC) aged 6 to 14 years, from 13.46 million in 2006 to 6 million in 2014 [30]. The UNICEF report further adds that out of the six million children that are still out of school, a majority are from marginalised communities including Scheduled Castes, Scheduled Tribes and religious minority groups.

The Rights of persons with disabilities Act (RPwD) [31] which replaced an earlier Act of 1995 [32] so as to align with the Convention on the Rights of Persons with Disabilities (UNCRPD) [33], endorses the right of all children with disabilities to receive an appropriate education. The act supports the concept of inclusive education and the action plans of the education sector have prioritised educational access to children with special education needs by making compulsory the necessary arrangements. This includes the creation of a barrier free environment, adaptations in curriculum, teaching methods and evaluation procedures, engagement of specialist teachers and ensuring the availability of specific teaching and learning material in the regular schools. Further, to meet these challenges, government at central and state levels have introduced procedures, benefits and concessions to children with disabilities.

The most recent National Education Policy [4] is in alignment with the United Nations Sustainable Development Goal four (SDG 4) that ensures inclusive, equitable, quality education and promotes lifelong learning opportunities for all. To ensure quality in teachers who impart education to children who have disabilities, the Rehabilitation Council of India (RCI) Act [34], established a council that certifies courses on Special education nationally and maintains a central register of rehabilitation professionals qualified from the RCI approved colleges and educational Institutes. Though the country is moving forward in terms of access, enrolment and retention of children with disabilities in schools, the quality of education needs to be further critiqued. It is also essential to gain greater insights and understanding of the challenges confronting stakeholders in this area and how they are being addressed.

The school education system in India is complex in its structures and administration. Each state has schools that have English and the state language as the medium of instruction. Irrespective of the main language of instruction, every student has to learn a minimum of two languages from entry into primary schools. For instance, if English is the chosen medium of instruction, the student has to opt for Hindi or the respective state language as the second language. The Educational Administration Board of the schools, which

oversee matters of curriculum and formal assessment, can be either central, state or in some instances, international Boards. Additionally, the schools can be categorised as government schools, government aided privately managed schools, or totally private schools. Though the fee structure may vary based on the type of funding, the school has to be affiliated to central, state or other Boards of Education and follow the prescribed syllabus and evaluation system, including the officially recognised text books. Government schools offer free education. Private schools have their own fee structures. Most states have a regulatory board for the fee structure of private schools. Parents who are financially able, decide on which type of schools they would like to send their children to [35]. Goswami [36], studying the choices of schools by parents for their children in the state of Assam, reported that considerations of costs, school proximity, security and discipline are of prime significance in their choice of high school for their children, particularly for their daughters.

### 3. Telangana—The Research Locale

Telangana, situated in the south-central part of India is the 29th state of India formed in 2014 with Hyderabad as its capital. Telangana covers an area of 1,12,077 km<sup>2</sup> and has a population of 3,50,03,674. [37]. Hyderabad, a metropolitan city, has a population of 6.9 million people. The city has schools affiliated to Central, State and International Boards with a large number of English medium schools. There are also Telugu (state language) medium schools, particularly those run by the state government. Sangareddy is a rural district in Telangana with a population of 1.52 million people (census, 2011). The schools in Sangareddy district have both, English and Telugu medium schools, though state board schools giving instruction in Telugu medium are greater in number. About 70% of the schools in the state are run by the state government, 28% constitute private schools and about 2% are government aided private schools and 1% of schools are central government schools, however, the enrolment in private schools is higher (52%) as against the government schools (45%) [38].

There are special schools for children with disabilities in Hyderabad and Sangareddy where children with disabilities tend to be enrolled in large numbers, mostly as a result of parental choice. The decisions made by these parents with regard to placement, are often based upon their preference for the smaller number of children in a class commonly seen in special schools, which they perceive as enabling greater individual attention by the teacher and affording greater safety for their child. The city of Hyderabad has a significantly greater number of special schools than Sangareddy district.

The RTE (2009) demands that 25% of the seats in the regular schools are to be reserved for children belonging to 'disadvantaged groups and the weaker section' of society. Disadvantaged group refers to those from scheduled castes (SC) or scheduled tribes (ST), and socially and educationally backward (*sic*) families and communities, while weaker section refers to those who are economically disadvantaged, (RTE, 2009, Section 2; Clauses d and e). This arrangement for free education has to be made in all schools whether administered by private, government or state or central boards. "Children with Special Needs" (CwSN) is the widely used expression to refer to all children including those with disabilities and those identified in the categories above. The government schools have support systems in the form of Resource Centres (called Bavitha centres) that provide access to qualified specialist teachers, therapists and special learning aids and therapy equipment. Private schools may appoint special educators, psychologists and therapists on a part time or full-time basis if they admit children with special educational needs, particularly those with disabilities, but this is not mandatory.

Telangana State, in common with others in India experiences significant disparity in terms of educational provision and the opportunities provided to learners from marginalised populations in urban and rural areas [39,40]. While in recent years there has been significant economic growth in many Asian countries, there is evidence of a widening of the socio-economic gap between a growing affluent Indian middle class and those who continue to live in poverty [41]. Recent studies have indicated that the economic divide

between urban and rural areas in India has been reduced [42]. However, this can in part be attributed to the migration of workers from agricultural communities into metropolitan cities in search of largely unskilled work, thereby expanding the population of urban poor within the country [43–45].

Thorat et al. [46] propose that the risks of marginalized communities such as those from scheduled tribes or scheduled castes, falling into long term poverty are higher than those for more privileged groups. The challenges faced by these communities is possibly greater in rural environments and is often exacerbated by poor access to adequate health care services [47], educational provision [48], and employment opportunities [49]. Tilak [50] has emphasised the two-way relationship between poverty and education and its impact upon the lives of individuals and communities. He has argued that a lack of equity in access to education, strongly influenced by household expenditure has created a significant and inverse correlation between levels of educational attainment and levels of poverty. His views are endorsed by other researchers who have investigated the challenges faced by families living in rural communities where the quality of education available in state schools is often lesser than that found in urban private establishments [51,52]. A study conducted in two districts of Telangana [53] confirmed that poor school infrastructure, under resourcing and teacher absenteeism were confirmed as barriers to the provision of an adequate schooling system in many rural communities within the state. Similar studies from elsewhere in India have indicated that such inadequacies often result in high drop-out rates, particularly in the earliest stages of secondary education [54–56].

Despite efforts to increase equity in the Indian education system through the passing of significant legislation as evidenced earlier in this paper, challenges in creating a more inclusive education system in India persist. As has been seen in other countries many of the difficulties that have confronted progress towards greater inclusive schooling in India can be related to attitudes towards minorities and marginalised groups, inadequacies in teacher training and poor resourcing of schools.

Developing positive attitudes towards inclusion is dependent upon teacher confidence, the challenging of stereotypical images of persons with disabilities and those from other disadvantaged and discriminated groups, and the provision of in-school support mechanisms. The attitudes of teachers towards marginalised populations has been thoroughly researched, both internationally [57–59] and in India [60,61]. Attitudes are invariably shaped by experience and the nature of contact with individuals from marginalised groups. However, the influence of tradition and culture cannot be overlooked as a causal factor in negative attitudes towards these groups and individuals. A study conducted in Ghana by Tamakloe [62] suggested that entrenched social and cultural perceptions of disability and pedagogy were a major obstacle to inclusive schooling. Preece et al. [63] reported research from Bhutan indicating that traditional and religious beliefs associated with karma often instilled an element of fatalism in respect of attitudes and expectations of children with disabilities. While India has developed rapidly as an economic and post-industrial country, it is apparent that such traditional beliefs continue to influence attitudes, particularly towards those with disabilities in some rural areas and that this is likely to provide a continuing challenge to the further development of inclusive education [64,65].

The training of professionals to work with students with disabilities has been identified as a critical factor in those countries where inclusive education has made significant progress [66,67]. Das, Kuyini and Desai [68], reporting the results of a survey of 349 primary school teachers and 318 secondary teachers in Delhi, concluded that the level of training in special education accessed by these teachers was low. Among primary school teachers 67.59% indicated that they had received no special education training, a similar figure of 67.72% was recorded for secondary school teachers. This study confirmed those of Myreddi and Narayan [69] and Sharma and Deppeler [70] in suggesting that the majority of teachers in Indian schools have received limited training to address an increasingly diverse school population. The resulting lack of confidence among teachers faced with a changing school population is unlikely to assist in the smooth transition towards inclusive schooling.



When considering research in the area of inclusive education in India there are significant gaps in the literature. In particular research that reports the effectiveness of pedagogical practices has been rarely reported, and in many instances where specific approaches are discussed, there is little empirical evidence to enable a discussion of efficacy or practical implementation. Where research into school practice has been conducted this has often been in the private sector with minimal attention given to the challenges faced by government schools. Similar disparities exist between the research conducted in urban and rural communities [15,71,72] with much of the focus having been upon those schools in the metropolitan state capitals.

#### 4. Materials and Methods

The researchers conducting this study drew upon their experiences as both practitioners and researchers in the field of education, health and disability. Influenced by the capability theory developed by Sen [73] and Nussbaum [74], the researchers adopted an approach committed to the understanding the experiences of individuals most directly involved in the delivery and receipt of services. Both Sen and Nussbaum have challenged the notion that individuals with disabilities or their carers lack the ability to provide profound insights into their own situations. The investigators undertaking work for the research reported in this paper concur with this perspective, and thus sought to use qualitative research methods in order to provide those most affected by the provision of services to share their experiences.

The researchers adopted an interpretive methodology [75,76] that aimed through the use of instruments that would elicit qualitative data, to provide insights into provision made for children with special educational needs and disabilities within the specified locale [77]. Research of this nature draws upon qualitative data to provide insights into specific phenomena in a limited domain and as such does not aim to generalise findings beyond this environment. The research reported in this paper intended to provide data that could be used to assist in the development of provision for children with special educational needs and disabilities within Telangana State. The specific focus of the investigation enabled the researchers to draw conclusions that in common with most research of this nature, were not generalisable, but were sufficiently trustworthy to enable discussion with professionals in order to promote change [78–80]. Bassey [78] emphasises the value of local based studies, where the findings derived from qualitative data can be regarded as trustworthy in relation to the specific context and used to effect development or change.

A purposive sample of parents and professionals was obtained from schools located in urban Hyderabad (N = 5) and rural Sangareddy District (N = 5) in Telangana State. The schools were drawn from State Board, Central Board, English medium, Telugu medium, Government and Private schools in both locations (see Table 1 below). Having obtained informed consent interviews were conducted in the respondents' preferred language in each school. The sample of interviewees included head teachers, regular class teachers, specialist teachers, parents of children with a disability, therapists or support staff where available, and students with a disability and their peers (see Table 2 below).

Table 3 (below), provides details of how the professionals consulted for this research were qualified in their respective fields. Three head teachers out of four interviewed in Sangareddy and four out of five in Hyderabad had post-graduation and a teaching degree in education. Regular and special teachers were also qualified with the respective qualification in both places. The numbers interviewed varied across locations, as many in Sangareddy when approached, were reluctant to participate in the study when consent was sought, and therefore only those willing were included. The allied services of psychologist, social worker or therapist were based on the availability of services though many schools did not have such facilities.

**Table 1.** Details of the sample schools and students.

School	Board of Education	Medium of Instruction	Management	Number of Students	Number of Children with a Disability	Details of Disabilities
<b>Hyderabad</b>						
School 1	Central	English	Government	400	9	ASD-1; ID-4; SLD-2; SI-1; LM-1
School 2	State	English	Private	345	4	ID-2; LM-2
School 3	state	English & Telugu	Government	400	3	HI-2; SI-1
School 4	IB	English	Private	1000	20	ASD-2; ID-3; SLD-15
School 5	State	English	Private	520	8	ID-4; SI-1; HI-1; CP-2
<b>Sangareddy</b>						
School 6	State	English	Private	160	14	ASD-2; ID-8; SI-2; SLD-2
School 7	CBSE	English & Telugu	Govt.	200	12	ASD-2; ID-6; SI-2; LM-2
School 8	State	English	Private	620	3	SI-1; ID-2
School 9	State	Telugu	Private	460	2	SLD-1 SI-1
School 10	State	English	Private	620	4	SI-4

ASD—Autism Spectrum Disorders; ID—Intellectual disability; SI—Speech impairment; SLD—Specific learning disability; LM—Loco Motor disability; HI—Hearing impairment; CP—Cerebral Palsy.

**Table 2.** Interviewees. (N = 54).

Participants	Head Teachers	Specialist Teachers	Regular Teachers	Support Staff	Parent (Child with Disability)	Child with Disability	Peer
<b>Schools Hyderabad</b>							
Schools N = 5	5	5	5	2	5	5	5
<b>Sangareddy District</b>							
Schools N = 5	4	2	4	1	4	4	3
<b>Total</b>	9	7	9	3	9	9	8

**Table 3.** Qualification of Participants—Professionals.

	Professional Participants	PG +Ed	Grad+ Ed	Grad + Spl Ed	P G + Spl Ed	Professional Qualification	Total
<b>A</b>	<b>Hyderabad</b>						
1	Head teacher	4	1				5
2	Regular teacher	1	4				5
3	Resource teacher			1	4		5
4	Psychologist					1	1
5	Social worker					1	1
<b>B</b>	<b>Sangareddy</b>						
1	Head teacher	3	1				4
2	Regular teacher	2	2				4
3	Resource teacher			2			2
4	Physiotherapist					1	1
	<b>Total</b>	<b>10</b>	<b>8</b>	<b>3</b>	<b>4</b>	<b>3</b>	<b>28</b>

PG—Post graduation; Ed—Education; Grad—graduation; Spl Ed—Special education

Table 4 (below) provides details of the gender of children with special educational needs, parents and child peers interviewed during field work. The gender of participants was not seen to have impacted responses.

**Table 4.** Gender details of CwSN, parents and peers.

Sl.No	Participant	Hyderabad	Sangareddy	Total
1	Father	2	3	5
2	Mother	3	1	4
3	Peer-male	3	3	6
4	Peer-female	2	1	3
5	CwSN-male	4	2	6
6	CwSN-female	1	1	2
	<b>Total</b>	<b>15</b>	<b>11</b>	<b>26</b>

## 5. Research Instruments

Questions for use in interviews were prepared for each group of participants, taking account of their varying roles and expertise and were piloted to ensure that the questions would elicit the data that would enable an interrogation of the two research questions. One school each in Hyderabad and Sangareddy, which were not included for the main study, were chosen for piloting the tools. The professionals in the schools including the head teacher, resource teacher, special teacher and a support staff, a parent, a student with a disability and a peer were interviewed using the guiding questions that were translated to Telugu. For those who preferred, some interviews were conducted in English. Any of the questions that seemed to be not conveying meaning in a clear manner or failed to elicit answers were reworded and checked for veracity before carrying out the substantive study. The instruments developed sought a range of data included basic demographic details, and the nature of support the students with a disability received in their primary school.

As a result of personal access challenges caused by the lock down situation due to the COVID 19 pandemic, interviews were conducted over the telephone. Although at the time of conducting the interviews home schooling had become the norm, the participants were asked to focus their responses based on the days when the students were going to school. The purpose of the research was explained to each participant in their preferred language in accordance with a previously approved code of ethics that was available to all involved in the study. Many were particular that their name or that of the school with which they were associated should not be revealed in any manner and were assured that this would be respected throughout the research process.

## 6. Data Management and Analysis

All interviews were transcribed verbatim and subjected to categorical coding [81,82]. Structural codes [83] were derived from the research questions. Following an initial reading of transcripts by the research team, codes were applied to utterances related to the two research questions. For example, the code AST indicated the Availability of a Support Teacher to work with students who had special educational needs. Inter-rater reliability was verified through a process of multi-analyst triangulation [84,85] whereby two members of the team coded independently and then compared their interpretation. A process of code reduction enabled 5 themes to be determined [86], these were then used to make comparisons between the two research locations of Hyderabad and Sangareddy.

The themes developed for comparative analysis across the two locations were as follows (Table 5).



**Table 5.** Five Themes used for Comparison Between Two Research Sites.

Theme	Definition
<b>Practical support for students with SEN</b>	Practical educational, social or therapeutic support was being provided to assist with the inclusion of students with special educational needs
<b>Support available to teachers</b>	Support and advice was provided to teachers by expert professionals including specialist teachers, therapists, counsellors or social workers in order to promote inclusive practice
<b>Support available to parents</b>	Support and advice was provided to parents by expert professionals including specialist teachers, therapists, counsellors or social workers to enable them to have confidence in the education provided for their child with SEN
<b>Social benefits of inclusion</b>	Parties involved in the research could see and were able to report the benefits of inclusive schooling
<b>Factors that that inhibit inclusion</b>	Parties involved in the research considered that there were factors that either prevented or slowed progress towards inclusive education

## 7. Results

Some appreciation of legislation and of the rights of all children to attend school was apparent across participants in both locations, though this was more common in Hyderabad than in Sangareddy. All the participants who were special educators in both places were also aware of the Rights of Persons with disabilities Act [31] while the other participants were less familiar with this legislation. In Hyderabad there was a general awareness by professionals of the intentions of the Right to Free and Compulsory Education Act (RTE) [3] to ensure that children and their families would not be discriminated against and denied opportunities for learning. However, while specialist teachers appeared to be most familiar with the specific requirements of the legislation, general class teachers and parents were less confident in this regard. For example, a resource teacher from a private school in Hyderabad recognised that the RTE and the Rights of Persons with Disabilities Act replaced earlier legislation and had identified 21 categories of disability necessitating high levels of support for inclusive education to be achieved. Others amongst the Hyderabad participants were less clear in their understanding of the legislative expectations, being aware of the existence of policies but less confident of the content. There were also concerns expressed about the gap between legislation and its implementation. This was clearly articulated by a specialist teacher from a private school who observed that, “though many policies are made by the Government, still implementation is practically not easy.”

An appreciation of the existence and purpose of legislation is essential for those parents and professionals who are seeking to ensure that children’s rights are being adequately addressed. Policy is important in respect of both raising awareness and providing the foundations upon which schools and other services may build expertise and develop resources. The importance of policy was emphasised by a parent of a child attending a Hyderabad school who interpreted the RTE as a means of ensuring, “Zero rejection. No child should be denied admission to school.”

Among the sample of teachers and school principals in Sangareddy, familiarity with legislation and local policies was limited. Those who were aware of such documentation realised that it was an important move towards securing rights but had limited appreciation of content or the processes through which improved access should be afforded.

While an understanding of the importance of current legislation was evident across both the Hyderabad and Sangareddy samples, the gap between legislation and practice was evident in the responses of both parents and professionals as will be seen later in this paper.

## 8. Practical Support for Students with SEN and Their Teachers

In Hyderabad, schools had established a number of systems and procedures to support the learning and social needs of children with special educational needs. The use of specialist teachers was seen as important in enabling such students to be included in learning, with regular class teachers reporting the support that they received in planning lessons and managing assessment procedures. Regular class teachers also identified the availability of a qualified psychologist as being advantageous in respect of identifying needs and providing practical advice.

A specialist teacher from a private school in Hyderabad expressed the opinion that, "The curriculum is modified as per child's need and eventually adapted for teaching and evaluating purposes. There are provisions of alternative assessments and evaluations. Use of simple assistive technology also exists." suggesting a well-organised support system within that school. The same teacher identified specific actions including the use of periods of "Brain Gym" the delivery of sensitization session with class groups to raise awareness of special educational needs, and support for teachers in the development of teaching resources, the promotion of a buddy system and delivery of individual education plans (IEPs), as a means of ensuring that all children could access learning. Where joint planning with specialist teachers did occur, the regular teachers identified this as beneficial.

The teachers seemed to recognize the strengths of the children with disabilities and provided them opportunities to exhibit these. One of the head teachers in a state Board private school in Hyderabad said, "...all children are happy. They do not see the children with disability differently in our school. In fact, a child who has his leg deformity is a lead singer in our school prayer. Every function in the school he sings prayer song."

Teachers in Sangareddy rarely had ready access to the support identified by their colleagues in Hyderabad, several reporting an absence of specialist teachers who could assist them with planning and delivery of the curriculum. These teachers reported limited opportunities to obtain special provision both in respect of educational resources and other professional support from psychologists and therapeutic staff.

However, the good will of teachers was recognised by the parents in Sangareddy. Referring to a regular teacher who provided support to children with special education needs in a government school, one of the parents of a child with intellectual disability noted, "I am happy with my son's school. The teacher teaches him after school hours if needed. He is doing well in school."

Teachers in both locations expressed concerns with regard to the difficulties of obtaining appropriate training for teaching students with special educational needs and disabilities. In Hyderabad all of the sample schools had employed a qualified special educator licensed with the Rehabilitation Council of India (RCI). In Sangareddy, access to a specialist teacher was less assured, with one school having a full-time resource teacher who was well qualified, but others being dependent upon visiting professionals. General class teachers in both samples had little experience of teaching students with diverse needs and had received limited if any, professional development in this area. It was evident that investment in training had been focused upon specialist teachers despite the move towards greater inclusion of students with special educational needs in mainstream classrooms.

## 9. Support Available to Parents

Parents were concerned that they should gain access not only to adequate schooling, but also to specialist support for their children with disabilities. The Government of Telangana provides financial assistance of Rs3016 for persons with disabilities, which assists families in accessing the services required for their children. However, this is not only a matter of having financial support. In both samples, comments were made regarding the challenges of obtaining appropriate psychological assessments or therapeutic support, this being dependent upon a child having a disability certification issued by the concerned medical board and being allocated a Unique Disability Identity Document (UDID) issued by the Department of Empowerment for Persons with Disabilities ([Swavlambancard.gov.in](http://Swavlambancard.gov.in) 2020).

In both locations, this documentation opens doors to additional financial support to persons with disability as well as travel concessions including for the escort, aids and appliances including wheel chairs, calipers and hearing aids, educational aids such as talking books for the blind and computers and calculators where required. However, if the schools do not have the therapeutic support, the parents arranged for the support at a cost. Parents in Sangareddy whose children attend private schools were less likely to have such access to therapeutic services as the number of centres are less in this district, and where these services were available this often entailed travelling to designated centres, which for some rural communities are difficult to access.

Awareness of the availability of services and rights of access to these was limited in the Sangareddy sample, with only one parent reporting that any therapeutic support was being provided. However, the students with disabilities in government schools had access to the arrangement made by the government adjacent to the schools through Bavitha centres, where physiotherapy, occupational therapies, speech therapy and allied services are provided and the students who needed these services could access them while at school as part of a timetabled activity. Rashtriya Bala Swasthya Karyakramam, (RBSK), a school health programme, which screens children in villages, anganwadis (rural child care centres), schools and colleges focus upon disability as one of its components. This involves early identification of disability and the management of intervention in support of families and children.

## 10. Social Benefits of Inclusion

When asked about the social benefits of inclusion, it was evident that positive attitudes had developed in several of the schools. The data from school students was particularly positive in this regard. Some of the typically developing students were aware of the challenges faced by their peers with special educational needs but did not see these as an obstacle to sharing a class with them. They often spoke in somewhat naive terms about the apparent disabilities of their classmates, identifying the more obvious characteristics of these, "(He) Walks differently.", "His one leg is weak and stiff."

Students with disabilities and special educational needs did not report negative attitudes from their typically developing peers and tended to focus on the positive exchanges that they had experienced. One student from a private school in Hyderabad reported that, "I share my colour pencils and other things in my pencil box." Another stated that, "I have a number of friends to play with."

Teachers had developed positive relationships with children with SEN and in some instances declared satisfaction when they observed that they made progress in their lessons. They were also aware of the benefits of inclusive schooling in fostering understanding on the part of their non-disabled students. As a regular class teacher from a Hyderabad Government School stated, "Inclusive education helps other children in class understand their peers with disabilities and I think it is healthy this way."

Respect for teachers who were supportive of children with special educational needs and disabilities was apparent with comments such as: "I like my teacher. She likes me . . . When I don't understand she will help me by sitting with me." providing evidence of the ways in which children felt supported and valued as members of a class.

Parents from both Hyderabad and Sangareddy believed that their children with disabilities benefited from school and enjoyed attending. All expressed a belief that teachers were doing the best that they could for their children, though some, such as this parents from a Hyderabad private school questioned whether better support for her child might be available in a special school, "Maybe a special school with qualified autism teachers will be beneficial to my son. There will be personal attention and the special teachers will know how to teach him."

For parents of children in Sangareddy the opportunity to choose a special school was limited and they were generally grateful for the school placement to which their child had been allocated.

## 11. Discussion

In both urban Hyderabad and rural Sangareddy, attitudes towards the concept of education for all were positive. This positivity was seen across professionals, parents and school students alike. However, views regarding where such provision should be made varied, with some parents and teachers believing that special school provision may remain the better option for their child. This lack of confidence in the ability of mainstream schools to deliver an inclusive education is typical of situations where teacher confidence has not been adequately developed through the provision of support systems or specific training [87].

In the samples considered for this paper, specialist teachers in Hyderabad had benefited from accredited professional development courses that had not been accessed by most of their counterparts in Sangareddy. The regular classroom teachers in both samples had not received specific training in special or inclusive education and this was seen as a critical factor in respect of the development of a more inclusive education system. The situation in these areas of Telangana State is similar to that found elsewhere in India, where studies have identified lack of adequate professional training related to inclusion as an obstacle to progress [60,88].

Reluctance of teachers to work in rural communities in India has been identified as an issue of some concern [89,90]. As the metropolitan cities have prospered, they have developed significantly in housing, medical facilities and social opportunities, which are greatly favoured by teachers. These are often unavailable in rural environments and this has been seen as a disincentive for some teachers when seeking employment. A similar situation relates to the availability of therapeutic professionals and other supportive systems and this has been identified as a factor that continues to disadvantage families who have children with disabilities across India [91]. In Sangareddy both parents and professionals identified this situation as a critical issue that needs to be addressed if equitable provision is to be made for all children and families.

Schools in both samples had made physical adaptations to the learning environment, with the installation of ramps and widening of doors as a common example of modifications that were made to buildings. In the urban schools access to specialist teaching materials is becoming the norm, less so in the rural district. An example of this can be seen in the provision of digital technology in some schools, affording improved access to communication systems and stimulating pedagogical resources for some learners [92]. Students with disabilities in rural communities have less opportunities to access educationally appropriate digital devices and may find themselves disadvantaged in learning. This situation has been further highlighted during the current COVID-19 pandemic [24]. Nevertheless, while meeting the emergency situation due to this pandemic by providing access to education through online learning for many children, the government endeavoured to reach children with disabilities by developing guidelines for e-learning content [93], and in so doing reiterated the importance of taking education to all children in the country.

## 12. Conclusions

The Government of India has made a major commitment to the promotion of greater equity and inclusion in its schools. Some progress has been made despite the complexities of the current systems such as the varied demands made by boards of affiliation of schools, the diversity in languages of instruction and the management systems which differ across government and private systems. However, much remains to be done to ensure that all students have access to an appropriate education that meets their academic, physical, social and emotional needs. The discrepancy between the availability of resources for inclusive education and therapeutic support between urban and rural areas is apparent, as is the availability of training for professionals. The situation identified in Telangana reinforces that reported in other studies from across India. Whilst there are many challenges and obstacles confronting the development of inclusive education within the country, the recognition of children's rights to an education that is equitable has been established and

accepted by many professionals. Parents are now more aware of the rights of their children to gain access to appropriate schooling and attitudes towards children with disabilities is improving.

The small scale research study reported in this paper indicates that whilst there is a willingness to address the needs of children with special educational needs and disabilities in both districts, the services provided currently fall short of those required to achieve greater educational inclusion. The data obtained will be used as the basis for discussion with both statutory service providers and those non-governmental organisations currently working in situ. Such discussions may assist in the formulation of an action plan aimed at improving services as well as providing a benchmark from which further progress may be assessed.

### 13. Recommendations

The findings from this research provide exemplification of the challenges faced by parents and children in obtaining appropriate services in the areas investigated. The disparity between urban and rural areas in this study confirms an issue identified in much of the literature reviewed earlier in this paper. It emphasises that inclusive education and therapeutic provision remains at an early stage of development in many areas and that common factors are influential.

Further research focused upon the provision of inclusive education in rural India should attempt to identify innovation and models of good practice. The exemplification and dissemination of such practices could significantly increase the confidence of parents and professionals in the ability of state governments to provide a more equitable service. It is important that researchers maintain a view of practice that is having an impact and ensure that this is shared with practitioners in order to support professionals working in schools.

The need for changes in the opportunities provided for the training and professional development of teachers is clear. Teacher competence is dependent upon their confidence to address the needs of a diverse population. This will only be achieved through the development of high quality training.

In rural communities, access to centralised therapeutic and other services is invariably difficult and it is therefore necessary to consider how effective services can be taken to where the needs are greatest, rather than expecting those who may have difficulties to travel in order to access these.

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