

Teacher Training is Key

Indu Prasad

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

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

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

biggest group right now.

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

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

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

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

What's the not-so-rosy side of it, however, is that this kind of resourcing, this kind of people and environment is available only in bigger cities, and therefore, large parts of the country got excluded. Many institutions had extension centres in different parts to help, to spread their word but their core work was this 'special education' – a place for children with disabilities that is safe, secure, caring, committed – a professional place where they could access all kinds of services. This has been the model for a while. I have worked in places like this and I know the positives. It is almost like making up for a world which doesn't welcome these children at all. It is like creating a nice, little alternative universe for them. But it is an unreal world, not one which they have to handle. When they grow up, as members of society and community, as citizens of this country, they have to participate in everything. This participation gets compromised. Secondly, the rest of the world, their peers, do not even know they exist. Most people grow up thinking everyone in the world is a lot like them. So, losses on all sides. By this time, a lot of conversation on inclusion had begun. Before it was 'integration' now it is 'inclusion'. The whole idea that these are children first, the disabilities come next and just like we make provision for other children, we make provision for children with disabilities. We do something extra because it is their right to get whatever it is that they require not out of the generosity of our hearts, nor as a favour to them. So slowly, the whole idea has shifted to a more rights-based approach; a more inclusive approach; the idea that these children have a place in society, and you cannot take that away.

The choice of what kind of schooling these children should have should be either the children's or their families, just as it is for others. If a family chooses

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

So, to be able to re-design that classroom in a way

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

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

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

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

But in the smaller places, in places where this kind of support system is not available, it is very important for parents to really be the first voice because no one knows more than them, especially, when their child is young. They have to ask questions, demand and contribute to services, encourage, use all the machinery that is there. Very often, families are not aware that something is available and obviously, financial and physical access to these is limited. So, the idea is that the system reaches the family, the family doesn't have to reach the system. But in reality, this is not possible in our very

large country. We'll have to use all the structures in the system that are available – the educational structure, NGOs and civil society organizations. The responsibility still lies with the State, but people have to start the conversations in the panchayats, SMCs and others to try and figure out how to access resources. It's not a matter of going and demanding; it's a matter of actually coming up with ideas. It's not as if people in the system don't want to help, that they are not interested. If a parent asks an official for a speech therapist in block X of district Y, where will the official find one? But if the parent tells him that there is a college for training speech therapists in the state capital and that they are willing to do block placement of some of their final year students, that will give the official some ideas. It may happen that while the instructors are there, they can quickly train one or two parents to learn and start doing some therapy. So, one has to come up with solutions and ideas. Demanding this of somebody is one way, but I somehow feel that it is not enough. We will together have to figure out, parents will have to lead because they understand what their child needs.

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



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