



Universiteit Utrecht

Liliane  
Fonds

open de wereld  
voor een kind  
met een handicap

# **Individual and contextual factors influencing the placing of children with disabilities in regular or special needs education**

*A mixed-methods exploratory case study in India*

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### Summary

**Background.** Having a disability and living in a low- or middle-income country, may hinder the access to education, which can cause inequality in comparison to those who do not have a disability. **Purpose.** This study aims to examine individual and contextual factors why children with disabilities are either going to regular or special needs schools. Having insights into these factors can contribute to the enhancement or referral of more children with disabilities into inclusive forms of education. **Method.** This study used a mixed methods approach with India as the case for data gathering. A quantitative document analysis on child characteristics from 827 children was conducted and analyzed through logistic regressions. Qualitative data was gathered through a focus group with members from the local strategic partner organization, 4 interviews with local partner organizations and 17 interviews with parents. **Results.** Results indicate that the type and severity of a disability, the role of the partner organizations and the facilities and attitude of schools are the most influencing factors on the process of a child with a disability going to a regular or special needs school. **Discussion.** This research gave an insight on individual and contextual factors of influence and showed the influencing role of several systems around a child. Implications for the professional conduct include guidance in the capacities of partner organizations and improving of parental participation. Further research in different countries is necessary to improve generalization.

**Keywords:** Children with disabilities, inclusive education, special needs education, individual factors, contextual factors, India

## Samenvatting

**Achtergrond.** Een handicap hebben als kind in lagelonenland kan een belemmerende invloed hebben op de toegang tot onderwijs, wat voor ongelijkheid kan zorgen in vergelijking met kinderen zonder handicap. **Doel.** Deze studie onderzoekt individuele en contextuele factoren waarom kinderen met een handicap ofwel naar regulier of naar speciaal onderwijs gaan. Meer inzicht in deze factoren kan bijdragen aan de verbetering of verwijzing van meer kinderen met een handicap naar inclusieve vormen van onderwijs. **Methoden.** Deze studie was mixed-methods met India als case voor de dataverzameling. Een kwantitatieve documentenanalyse betreffende kind kenmerken over 827 kinderen was uitgevoerd en geanalyseerd door logistische regressies. Kwalitatieve gegevens zijn verzameld via een focusgroep met leden van de lokale strategische partner organisatie, 4 interviews met lokale partnerorganisaties en 17 interviews met ouders. **Resultaten.** Uit de resultaten blijkt dat het type en de ernst van een handicap, de rol van de partnerorganisaties en de beschikbare faciliteiten en attitudes van een school de meest bepalende factoren zijn waarom kinderen met een handicap naar regulier of speciaal onderwijs gaan. **Discussie.** Dit onderzoek geeft inzicht in individuele en contextuele factoren die van invloed zijn en toont het belang van de rol van meerdere systemen rondom een kind. Implicaties voor de beroepspraktijk betreffen onder meer begeleiding en versterken van de capaciteiten van partner organisaties en het verbeteren van ouderparticipatie. Verder onderzoek in andere contexten is nodig voor generalisatie.

**Trefwoorden:** Kinderen met een handicap, inclusief onderwijs, speciaal onderwijs, individuele factoren, contextuele factoren, India

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Individual and contextual factors influencing the placing of children with disabilities in regular or special needs education

Having a disability and living in a low- or middle-income country, may hinder the access to services such as education, which can cause inequality in comparison to those who do not have a disability (WHO & WorldBank, 2011). An estimated 150 million children worldwide below the age of 18 are having a disability, of which about 80% are living in low- and middle-income countries (WHO & WorldBank, 2011). This research is in collaboration with the Liliane Foundation, a Dutch non-governmental organization, aiming at supporting children with disabilities up to 25 years old in low- and middle-income countries (Liliane Foundation, 2017). One of these countries is India. India's prevalence among children with disabilities aged 0-19 is, although varying widely (Hirandani & Sonpal, 2010), estimated at 7.9 million (Ministry of statistics and programme implementation, 2016). In this research, India will be used as the case and is interesting due to its size and wide diversity. Besides, at any rate, prevalence numbers run in millions of people, and it has the second largest educational system in the world (Singal, 2006). Currently, the Liliane Foundation is focusing on the topic of inclusive education. To provide children with disabilities equal chances regarding education, and to improve the referral process of these children to regular forms of education, the Liliane Foundation would like to have an insight on influencing individual and contextual factors why they either go to a regular or a special needs school. Having more insight into these factors can contribute to the enhancement or referring more children with disabilities into inclusive forms of education.

### Importance of Education and Barriers

Never receiving education comes with great consequences on the prospects for children with disabilities. Besides the fact that receiving education increases knowledge, education is highly important to escape poverty and have more chances for economic growth. Disability and poverty are strongly related in low- and middle-income countries (Mitra, Posarac, & Vick, 2013), and seen as a vicious circle (Yeo, 2005), see figure 1. That is, there is a greater representation of disabled persons among the poorest, which leads to social stigma (Global Campaign for Education, 2013). This leads to lack of access to services, such as education or health care. Lack of education limits opportunities to escape poverty (e.g. through employment) (Filmer 2008; Mitra et al., 2013). This exclusion leads to deepening of poverty and will be passed onto the next generation.



Figure 1. The circle of disability and poverty.

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Education is a basic human right. India covered this right in the constitution acts, in which Article 45 states that education should be compulsory and free of cost. With the Persons with Disabilities Act of 1995, children with disabilities were ensured to have the same human rights to access education as their non-disabled peers (Ministry of Law Justice and Company Affairs, 1996). However, going to school and having a disability while living in a low- or middle-income country is difficult. Data shows that those children are more likely to be out-of-school than children without disabilities (Filmer, 2008; Mizunoya, Mitra, & Yamasaki, 2016). Despite the acts, in India an estimated 39% of children with disabilities between the age of six and 14 are out of school (Ministry of statistics and programme implementation, 2016; UNESCO & UNICEF, 2015).

Individual and contextual barriers may keep children with disabilities out of school. On individual level the type of disability or the severity might be a barrier (World Bank, 2009). On contextual level this may include: systemic factors like no available transport to school, or pedagogical factors such as lack of trained school staff (WHO & WorldBank, 2011). Furthermore, parents or caretakers may not see the benefits of education for their child (Mizunoya et al., 2016). In India, on individual level the severity of a disability is specifically a barrier why children generally do not attend school (Sharma, Moore, & Sonawane, 2009). On contextual level in India, poverty of the child's family appears to be a barrier (Kalyanpur, 2008).

### **Types of Education**

Besides the importance of receiving education, the type of education is relevant for the future prospects of children with disabilities as well. A distinction can be made on special needs education and regular forms of education. Special needs schools were originally designed from the idea to help children who need more than what is generally provided (Florian, 2008), and usually targeted specific disabilities (e.g. blindness) (WHO & WorldBank, 2011). In many countries, this led to a special school system for those children who needed special attention (Ainscow & César, 2006). This special school system also arose in India. The first special needs schools in India started in the late 1800's. By the beginning of the 20th century numerous special needs schools for children with hearing or visual problems existed in the country (World Bank, 2009). Nowadays, a shift to including children with disabilities in the regular school system is seen as more beneficial. Inclusive education broadly means providing meaningful learning opportunities to all children *within the regular school system* (UNICEF, 2013). The ideal view of this concept is that all children, both with and without disabilities, can attend the same age-appropriate classes at their local school, with (if necessary) individual support (UNICEF, 2013). Inclusive education has been addressed as a preferred concept by international agreements. For example, the Salamanca World Conference and the following Salamanca Declaration on Special Needs Education

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(UNESCO, 1994), of which India was signatory (Singal & Rouse, 2003). More recently, the United Nations Sustainable Development Goals adopted a specific goal on ensuring inclusive and equitable education for all (United Nations, 2017). From 2000 onwards, India has created a legislated policy base regarding inclusive education. In 2001, the Government of India introduced the Sarva Shiksha Abhiyan (SSA), literally translated as 'education for all'. This act aims to provide eight years of uninterrupted education to all children between the ages of 6-14 years, including those with special needs (Hiranandani & Sonpal, 2010; World Bank, 2009). From 2004 onwards it became a fundamental right for all children in India, including those with a disability, to have access to education (Department of Education, 2004; Sharma & Das, 2015).

As an interim approach towards inclusive education, many educational systems adopted an integrated educational model (Sharma et al., 2009). The emphasis of the integrated model is for the child to fit in the system rather than the system to adjust to the needs of the student (which is the emphasis of inclusive education) (Sharma et al., 2009; Sightsavers, 2011). In India, this interim approach might be adopted as well, but is uncertain since Indian policy and government documents use the term integrated and inclusive education interchangeably (Sharma et al., 2009; Singal, 2005).

Despite the international preference for inclusive education, pros and cons can be described on both concepts. On individual level, receiving extra and more individual care through special needs education is an asset (Florian, 2008). These assets of special needs education are a challenge for inclusive forms of education (Evans, 2000). On contextual level the absence of relevant materials (e.g. in braille), and extra supporting staff are difficulties for inclusive education (Eleweke & Rodda, 2002; Singh, 2016). On the other side, a contextual critical note is that special needs schools can promote segregation (United Nations, 2016). Whilst inclusive forms of education enable better interaction of children with disabilities and their non-disabled peers (UNESCO, 2015). Through the direct contacts between children with and without disabilities, it promotes the change of negative attitudes (e.g. bullying), and brings acceptance of children with disabilities (Save the Children, 2008). Since the majority of children with disabilities live in rural areas (Mariga, McConkey, & Myezwa, 2014), it is a contextual asset of inclusive education that it increases the possibility to attend a regular school nearby. This enables children with disabilities to stay with their families (Mariga et al., 2014). Special needs schools are often located in urban areas. This limits the possibilities for children with disabilities to attend those schools. In comparison with special needs schools, inclusive education on the long term, turns out to be more cost-efficient (Lei & Myers, 2011; Save the Children, 2008). For example, building a new special needs school would cost about nine million dollars. Upgrading a regular school to accommodate children with disabilities cost about 370,000 dollars (Myers, Pinnock, & Suresh, 2016). To conclude, the inclusive

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form of education is nowadays preferred over special needs education and has numerous assets. Though the specific care and services provided by special needs schools are expected difficult to establish within regular schools.

### Factors Contributing to the Placement in Special Needs or Regular Education

Despite the preference for inclusive education, both types still exist. To increase the referral of children with disabilities to inclusive forms of education, it is relevant to identify which factors are influencing this process. Two theoretical models will be used, one focused on individual factors, and one on contextual factors.

The International Classification of Function, Health and Disability model (ICF), determines individual factors (WHO, 2002). The ICF model is a framework to determine the functioning of persons with a disability (e.g., McConachie, Colver, Forsyth, Jarvis & Parkinson, 2006). This model describes a disability from three different perspectives: body structure and health, personal factors and environmental factors (Rosenbaum & Stewart, 2004). Factors such as the type of a disability or age, might influence the school where the child goes to. The severity of a disability is shown to have an influence on schooling of children with disabilities (Avramidis, Bayliss, & Burden, 2000; World Bank, 2009) and therefore possibly as well on the type of education.

Besides individual factors, contextual factors, may play a crucial role as well (Rosenbaum & Stewart, 2004). The ICF model refers to the ecological model of Bronfenbrenner to describe environmental factors. Bronfenbrenner (1977) states that to study a person, the layers of its ecological system should be addressed. These four layers include the micro-, meso-, exo-, and macrosystem. These systems will be explained but further referred to as contextual factors. *The microsystem* is the most immediate environment of a child, such as family or school. With regards to school choices, on parental level little is known, and even less on Indian level. Though, factors such the involvement of parents in the process of referring their child to school might be influencing (Teske & Schneider, 2001). Besides, whether or not parents see the value of education for their child might be relevant (Mizunoya et al., 2016). Furthermore, on school level, factors such as the capacities of the school (e.g. available and supporting staff) might be influencing (Parasuram, 2006). Most relevant research on inclusive education focused on perspectives from schools and teachers. Studies in Australia found that teachers have negative attitudes regarding the inclusion of children with disabilities in regular schools, due to their lack of practical skills for teaching a diverse range of

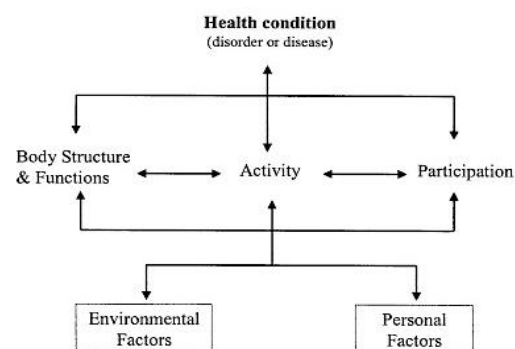


Figure 2. The ICF model.

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students (Carroll, Forlin, and Jobling, 2003). These attitudes were also found in a study on Indian teachers (Hodkinson, & Devarakonda, 2009; Sharma et al., 2009) and might be of influence on referring more children with disabilities to special needs education. *The mesosystem* encompasses the interaction between microsystems, such as between schools and families. Communication between school and parents (e.g. parent-teacher meetings or information meetings) might be relevant. *The exosystem* refers to linkages between settings. Visions (e.g. of social work organizations) appears to be related to attitudes and therefore might include relevant factors on the type of schooling for children with disabilities (Ito, Thompson, & Cacioppo, 2004). Besides the referral procedure might be a factor as well. Little is known about the possible influencing factor of organizations around a child with a disability in the process to school. However, there is some knowledge regarding teachers. A research in Florida indicated that teachers are influenced by the disability in a decision on a type of education, rather than by the known capacities of the child (Bianco, 2005). Though, this study was not focused on an Indian context nor specifically on children with disabilities. Lastly, the *macrosystem*, includes cultural issues, policies and legislations. In India, for example, the legislation of the fundamental right for all children to receive education might be relevant, since legislations like these influence an entire country (Department of Education, 2004).

### Present Study

In order to give more children with disabilities a chance to participate in regular schools through inclusive forms of education, it is relevant to examine which factors influence the placing in either regular or special needs schools. There are several possibilities regarding influencing factors. Though, most available knowledge focused solely on schools and teachers or relates to Western countries, and does not include other sources (e.g. parents) or Indian specific information. As several factors play a role, it is necessary to incorporate information from both individual and contextual levels around a child with a disability. The current research is exploratory of nature and focuses on the question: "*Which individual and contextual factors are of influence in the placing of children with disabilities in India in a regular or a special needs school?*"

The related sub-questions are:

- Which patterns in child characteristics exist in the division between regular and special needs schools?
- What school characteristics are, according to the strategic partner organization, partner organizations and parents or caretakers of influence in the placing of children with disabilities into a certain type of school?
- What is the role of the partner organizations in the referral procedure of a child with a disability going to a certain type of school?



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- What is the role of the parents or caretakers in the process of their child with a disability going to a certain type of school?

**Methods**

This research consisted of a mixed methods approach in which India was used as the case for the data collection. The data were gathered through a quantitative document analysis on existing child characteristics from several partner organizations, a qualitative based focus group and semi-structured face-to-face interviews.

**Participants**

This research was in collaboration with the strategic partner organization (SPO) of the Liliane Foundation in the south of India: 'The Catholic Health Association of India' (CHAI), located in Hyderabad. CHAI is India's largest non-governmental health care network, providing care for 21 million people every year (CHAI, 2017). A letter of request on the research opportunity was sent to six out of the 28 SPO's in total. These six were selected on scope of education programs, the expected sufficient data and safety issues related to traveling. The final decision for CHAI was based on their interest for collaboration and the size and range of the organization. A focus group was held with six members from CHAI, who are all involved with the disability and education program.

CHAI was asked to make a selection of four out of their 60 partner organizations (PO's). It was required that these PO's are not schools themselves but social work organizations. The four selected were chosen based on convenience and geographical reasons. Including more PO's in this research was due to the time limit not possible. One of the PO's was located in the state Telangana, the other three in the state Kerala. All four of the PO's were operating in rural areas. During semi-structured interviews, two staff members were simultaneously interviewed. The participants were, based on availability, program coordinators, community based rehabilitation workers (CBR workers) or directors. For each PO one interview was organized.

Each PO was asked to select four or five parents or caretakers. They all needed to have a child with a disability up to 25 years old and experienced a referral process of their child to school. It was requested to provide a mix of parents or caretakers with a child in either a regular or special needs school. Due to the uncertainties regarding the definition of inclusive and integrated education in India, it was not clear which form of education the children attended. Therefore, with regards to the data gathering, only the term 'regular school' is mentioned. In total 17 parents or caretakers were interviewed. 15 of the parents or caretakers had one child with a disability, two parents or caretakers had two children with a disability. Therefore, 19 children in total were related to the interviews. The sample characteristics of the participants from the PO's and the families are presented in Table 1.

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Table 1.

*Sample characteristics of participants*

Variable	<i>n</i>		
	PO	Parents/caretakers	Children
<i>PO</i>			
A	2 (aa)	4	5
B	2 (ab)	5	5
C	2 (ca)	4	5
D	2 (ab)	4	4
Total	6	17	19
<i>Disability</i>			
Visual problems			2
Hearing/speech probl.			4
Moving problems			10
Behavior/learning probl.			3
Total			19

*Note.* a = program coordinator/officer, b = CBR worker, c = director.

To guarantee the anonymity of the PO's and the participants, all interviews and the document analysis were made anonymous. Before each interview, the participants were told about the research goal, their anonymity and asked for permission to record the interview. Informed consent was therefore used (Boeije, 2010).

### **Procedure**

First, a document analysis was conducted on existing child information from the four PO's. Gathered aspects were child- and school characteristics. This included: age, gender, the related PO and the type of disability. Related to education: going to school or not and to what type of school (regular or special needs education).

Secondly, for the focus group with the team of CHAI, a topic list (see Appendix A) was used to cover all relevant topics (Baarda, De Goede & Teunissen, 2013). The themes of the focus group included: (1) views on disability; (2) importance of education; (3) views on special needs education (necessity, feasibility, value, pros and cons); (4) views on inclusive education (necessity, feasibility, value, pros and cons); and (5) preference for type of school. The focus group took about 1,5 hours.

Thirdly, the interviews with PO's were focused on the referral procedure of going to school. These interviews took about 30-45 minutes each and a topic list was used as well (see Appendix B). The themes in this interview consisted of: (1) views on disability; (2) description of own role; (3) child criteria or characteristics (type of disability, age,

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needed support); (4) contextual information (role of parents/caretakers, opinions third parties, capacities); (5) school criteria and characteristics (availability and requirements of schools and experiences with schools); and (6) preference for type of school.

Lastly, semi-structured interviews were held with parents or caretakers of children with a disability. These interviews took 30-45 minutes each. 16 out of the 17 interviews took place at home. The interviews were usually with the mother, as fathers were at work. In five cases the interview was with both parents, only the father, or another caretaker (e.g. grandparent). In these interviews, a topic list was used as well (see Appendix C). These topics included several themes: (1) overall experience of the referral process of their child; (2) degree of involvement in the referral process; (3) degree of influence in the referral process; (4) level of provided information about the possibilities; (5) level of satisfaction with the final choice of school; (6) reasons for the choice for a certain school, and (7) preference for type of school. The interviews with parents or caretakers were always attended two staff members from the local PO for translation, since the respondents usually did not speak English.

### **Reliability and Validity**

To ensure the validity of this research, the topic lists and the content of the interviews were discussed with the program manager of CHAI prior to the interviews, to check for possible miscommunications on cultural differences. To reduce the chances of negative influences on the reliability, triangulation was used during the data gathering. The answer on the research question was gained through a variety of sources: document analyses, focus group and interviews with the PO and parents or caretakers. For the complete triangulation, short conversations with the children about their school experiences were included in the interviews as well.

### **Data Preparing and Analysis**

**Quantitative document analysis.** Quantitative data was used to answer the question on the patterns in child characteristics in the division between regular and special needs schools. The independent variables consisted of: 'Age' (ratio level), 'Gender' (dichotomy), 'PO' (nominal level), 'Type of disability' (nominal). The dependent variables consisted of: 'Type of education' (dichotomy). The variable 'Type of disability' was scored following the groupings used by the Liliane Foundation: 'Visual Problems', 'Hearing/speech problems', 'Moving problems', 'Cosmetical impairments', 'Behavior/learning problems', 'Other' (for more information on the specific types of disabilities within the groups, see Appendix D). The quantitative document analysis consisted of descriptive statistics, followed by three binary logistic regression analysis.

**Qualitative analysis of focus group and interviews.** The other three sub-questions consisted of qualitative data. The focus group and the interviews with the PO's and parents or caretakers were first verbatim transcribed from the recordings and

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analyzed afterwards. The software used was Nvivo. After the preparation of the data, the raw data was first segmented through thematic coding, based on the three used topic lists. Within these themes open coding was used. After the coding process, patterns within the three sources (CHAI, PO's, parents or caretakers) were summarized separately compared to each other in order to integrate them on specific themes and the related sub-questions.

### Results

Below, the results are presented by means of the four sub-questions. The first part describes the results of the obtained quantitative data through descriptive statistics and logistic regression analyses. The second part describes the results from the qualitative data, gained through the three sources.

#### Results from Document Analysis

The total dataset consisted of  $N=827$  cases. To find patterns in the division between regular and special needs schools, it was firstly checked how many cases are attending a form of education. From the total dataset ( $N=827$ ), 92.50% is attending a form of education ( $n=765$ ). The other 7.50% ( $n=59$ ) is not going to school. The children who are attending education ( $n=765$ ) were selected for the analysis and included in the table of descriptives. The descriptives on the variables age, gender, PO and type of disability for the two types of education are presented in Table 2.

Table 2.

*Descriptives on Age, Gender, PO, and Type of Disability for the Two Types of Education*

Variables	Regular educ.	Special needs educ.	Total
<i>N (%)</i>	568 (74.05%)	199 (25.95%)	767
<i>M age in years (SD)</i>	13.88 (4.59)	14.32 (4.65)	14.00 (4.60)
Boys	345 boys (60.74%)	114 boys (57.29%)	459 boys (59,84%)
<i>PO</i>			
A	175 (80.65%)	42 (19.35%)	217
B	244 (79.74%)	62 (20.26%)	306
C	76 (67.26%)	37 (32.74%)	113
D	73 (55.73%)	58 (44.27%)	131
<i>Type of disability</i>			
Visual problems	57 (89.60%)	7 (10.40%)	64
Hearing/speech problems	85 (52.47%)	77 (47.53%)	162
Moving problems	222 (91.74%)	20 (8.26%)	242
Cosmetic impairments	7 (100%)	0 (0%)	7
Behavior/learning problems	183 (66.30%)	93 (33.70%)	276
Other	12 (92.31%)	1 (7.69%)	13

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**Logistic Regression Analysis.** To estimate the probability of children with disabilities going to a regular or a special needs school, logistic regression analyses were conducted. To use the logistic regression analysis, the nominal and dichotomy variables ('Gender', 'PO' and 'Type of disability') were transformed into dummy variables, by scoring every category inside the variable with 0 or 1. Every category inside the variables is therefore changed into a dummy. From the variable 'Type of disability' the categories of 'Cosmetic impairments' ( $n=7$ ) and 'Other' ( $n=13$ ) were not included in the logistic regression analysis. Compared to the other categories, these were too small to use for statistical purposes and would not be representative. The number of cases to analyze was therefore reduced to  $n=744$ . Prior to the logistic regression analyses, the assumptions linearity of the logic and multicollinearity were tested and did not indicate any violations.

The logistic regression analysis was conducted three times to ensure all dummy variables were compared to each other. All of the independent variables were added in the analysis simultaneously. During the first analysis, the reference categories were the largest groups. During the other two analyses, the reference category was chosen from the top, until all groups were compared. The overall alpha level was  $\alpha = .05$ . To reduce the chance on a type I error due to multiple testing, the critical value was corrected for the dummy variables. With the Šidák test, the alpha level for these outcomes was set on .0085 (Šidák, 1967). With  $m=6$  (to compare all groups at least once to each other), and  $\alpha = .05$ . The omnibus mode for the logistic regression showed a statistically significance,  $\chi^2$  ( $df = 8, n = 744$ ) = 147.15,  $p < .001$ , Cox and Snell  $R^2 = .18$ , Nagelkerke  $R^2 = .26$ . The model was 76.4% accurate in its predictions on the type of school. The following coefficients for the predictors of the type of school are presented in Table 3 on page 14.

As demonstrated in Table 3, age did not appear to be a significant predictor for the probability of a child with a disability going to a regular or a special needs school. The type of education did not vary with the age of the children. There was also no significant result between gender and the type of education. The logistic regression analysis showed significant results between the PO's. PO A had a significant result with PO C (as reference category). Children with disabilities at PO A appeared to be less likely to attend special needs education and more likely to attend regular schools compared to the children from the PO C. PO A had no significant result with PO B. Between PO B and PO C (as reference category) a significant result was found. Children with disabilities at PO B appeared to be less likely to attend special needs education compared to the children from the PO C. PO C had a significant result with PO A and B (both as reference category).

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Table 3.

*Logistic Regression Results with Type of School as Outcome on Age, Gender, PO and Type of Disability (n = 744)*

	<i>b</i>	<i>SE (b)</i>	<i>p</i>	Exp ( <i>B</i> ) [95% CI]		<i>b</i>	<i>SE (b)</i>	<i>p</i>	Exp ( <i>B</i> ) [95% CI]
Age	0.03	0.02	.108	1.03 [0.99, 1.08]					
Gender	0.15	0.19	.433	1.16 [0.80, 1.68]					
			PO					Type of disability	
<i>Comparison 1</i>					<i>Comparison 1</i>				
A	0.00	0.25	.992	1.00 [0.92, 0.27]	Visual	-1.28	0.44	.004	0.28 [0.12, 0.66]
B*					Hearing/speech	0.76	0.23	.001	2.15 [1.38, 3.35]
C	1.14	0.28	.000	3.11 [1.81, 5.34]	Moving	-1.84	0.28	.000	0.16 [0.09, 0.27]
D	1.14	0.26	.000	4.19 [2.51, 7.00]	Behavior/learn. *				
<i>Comparison 2</i>					<i>Comparison 2</i>				
A*					Visual *				
B	0.00	0.25	.992	1.00 [0.61, 1.63]	Hearing/speech	2.04	0.44	.000	7.69 [3.22, 18.34]
C	1.13	0.31	.000	3.11 [1.69, 5.71]	Moving	-0.56	0.48	.239	0.57 [0.22, 1.45]
D	1.43	0.29	.000	4.18 [2.39, 7.31]	Behavior/learn.	1.28	0.44	.004	3.58 [1.52, 8.43]
<i>Comparison 3</i>					<i>Comparison 3</i>				
A	-1.13	0.31	.000	0.32 [0.18, 0.59]	Visual	-2.04	0.44	.000	0.13 [0.06, 0.31]
B	-1.14	0.28	.000	0.32 [0.19, 0.55]	Hearing/speech *				
C*					Moving	-2.60	0.30	.000	0.07 [0.04, 0.13]
D	0.30	0.31	.332	1.35 [0.74, 2.46]	Behavior/learn.	-0.76	0.23	.001	0.47 [0.30, 0.73]

*Note.* \* = reference category.  $\alpha = .05$  (variables 'Age' and 'Gender').  $\alpha_{SID} = .0085$  (variables 'PO' and 'Type of disability'). *b* = unstandardized coefficient, *SE* = standard error, Exp *B* = odds ratio, CI = confidence interval.

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Compared to both of these reference categories, children from PO C appeared to be more likely to attend special needs schools instead of regular schools. Significant results were also found between the PO D compared to PO A and B (both as reference category). Compared to PO A and B, children from the PO D appeared to be more likely to attend special needs schools instead of regular schools. There was no significant result between the PO C and D. In short, at PO's A and B, children appeared to be more likely to attend regular schools. Within the PO's C and D children appeared to be more likely to attend special needs schools.

The logistic regression also showed significant results between the types of disability. Visual problems had significant results with both behavior/learning problems and hearing/speech problems (both as reference category). Children with visual problems appeared to be less likely to go to special needs schools, compared to children with behavior/learning problems or hearing/speech problems. Hearing/speech problems had significant outcomes with behavior/learning problems and visual problems (both as reference category). Children with hearing/speech problems appeared to be more likely to go to special needs schools compared to children with behavior/learning problems or visual problems. Moving problems showed significant results with behavior/learning problems and hearing/speech problems (both as reference category). Children with moving problems appeared to be less likely to go to special needs schools compared to children with behavior/learning problems or hearing/speech problems. No significant result was found between moving problems and visual problems. Behavior/learning problems showed significant results with visual problems and hearing/speech problems (both as reference category). Compared to children with behavior/learning problems, children with visual problems were more likely to attend special needs schools instead of regular schools. Though they were less likely to attend special needs schools compared to children with hearing/speech problems. In short, children with hearing/speech problems were compared to the other groups the most likely to attend special needs schools instead of a regular school. Children with moving problems were, compared to the other groups, the least likely to attend special needs schools instead of a regular school.

**Results from Focus Group and Interviews**

**School characteristics of influence.** Related to school characteristics the following themes were coded: experiences with both types of schools (good and bad) and preference for a type of school. All three of the sources have experiences with both types of education. A member from CHAI noted the cost effectiveness as an asset of inclusive education. This was also noted by one of the PO's. They were content with this, because special needs schools are mostly private controlled and costly (regular schools exist also as private controlled but are commonly governmental controlled). According to two

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participants of the PO's, they had good experiences with regular schools in their area because they are open for children with disabilities. These organizations, both located in Kerala, experienced that schools got more accepting, due to the state-wide interest in inclusive education. However, a few members from the team of CHAI, all the PO's and parents experienced that schools are not always willing to take the responsibility to include and accept children with disabilities. Each of the interviewed participants from the PO's experienced that schools are not willing to accept a child when it is disturbing other children (through the disability or due to behavior), or when the disability is too severe. *"If they are going to a normal school they must behave well. So, if the child would disturb other students with his behavior, then the school will not accept. So, then we send the child to a special school (PO)."* Furthermore, the lack of the right facilities, trained staff and difficulties to take good care at regular schools was mentioned by all three of the sources. By all the PO's it was noted that especially the facilities to teach in braille or sign language are missing. Parents experienced this the same. For that reason, good experiences regarding special needs schools were based on the facilities (e.g. options to learn braille or sign-language), the quality, the specially trained teachers and the good and individual care for children. This was mentioned by several members from the team of CHAI and eight of the 17 parents. However, negative experiences related to special needs education were also mentioned. A few members of CHAI experienced that the availability of special needs schools is low and only located in cities. The transport to school, especially for children with severe disabilities, was indicated as troubling by all three of the sources. Especially the high costs of transportation were reported as a difficulty by parents. A few times parents mentioned that they would prefer a special needs school, but since it was not available nearby they were forced to choose for a regular school. Three parents were not satisfied that all disabilities are mixed together in special needs schools, resulting in a wide variety of capacities of the children. Four parents for that reason indicated that their child was not learning enough. *"He did not like the special school. Other children were not able to do anything, and my son is smart. So, he felt really not comfortable in there (parent)."* Two parents felt that their child felt different from non-disabled children.

In addition to experiences, all three of the sources indicated whether they have preferences for a type of school. The members from the team of CHAI did not have a clear preference for one specific type of school, but agreed that for some children special needs education is better and for some children going to a regular school is better. One of the members indicated that what is best should be decided for every child individually because children cannot be compared to each other. Other members indicated to agree. *"We cannot put all children and all disabilities into one plate, it is not possible...Generalization is not possible here (CHAI)".*



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Within the PO's the preferences were more clear. Three of the PO's specifically mentioned to have a preference for inclusive forms of education over special needs education. Only one partner did not have a clear preference but mentioned that regular schools in their area are more difficult to accept children with disabilities. However, all four of the PO's noted that the more severe the disability of the child (especially when more care, braille or sign language is needed), the more likely they are to promote special needs education. *"Like a deaf child we cannot send to a regular school. They will not learn anything there because there is no sign language. They will only disturb other children, so for them we recommend special schools (PO)."*

Parents' opinion about the choice and preference for special needs schools corresponded with the PO's' opinions. All parents who have a child with visual or hearing/speech problems ( $n=4$ ), indicated that they specifically preferred a special needs school, because of the possibility to learn braille or sign language. Furthermore, all parents who have a child with a severe moving or behavior/learning problems ( $n=4$ ), chose for a special needs school because they offer more individual care. Other mentioned reasons were that parents thought attending a regular school was not possible. In addition, the parents who have a child with a mild disability ( $n=9$ ), all mentioned that they prefer a regular school for their child. Those parents mostly chose for a regular school because they did not want their child to feel different from other children. *"I wanted him to study in a regular school because I want other children to see him. I want him to be like any other child. His disability should not be boundary (parent)."* Two times parents chose for a regular school when other children with a disability were already attending the school.

**The role of the PO in the referral procedure.** Related to the role of the PO and the procedure, a few themes were coded: the description of the PO, the procedure of referral, and the opinions of others during the referral process. All of the PO's described their role as guiding, supportive and being the link between the family and education. Eight parents mentioned this theme as well and described this role similar. Additionally, parents mentioned that without the guidance of the PO, education would not have been possible for their child. Almost all parents or caretakers mentioned that they received information regarding education and schools from the PO's. 14 out of the 17 interviewed parents also described that the PO convinced them to send their child to either a regular school or special needs schools. *"The organization came here and told me not to let her just sit like that in the house. They told me the importance of education for her. So now, with the support from them she is going to a special school (parent)."*

Related to the procedure of the referral process for a child to school, the PO's thought creating awareness among the parents or caretakers was most important. All PO's described to firstly educate the parents and create awareness about the importance

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of education. Secondly, they suggest a specific school or type of school. Parents and caretakers noted this procedure as well. To make parents aware about the importance of education three of the PO's suggest to participate in self-help groups for parents who all have a child with a disability, set up by the PO. About half of the parents mentioned this too, they said that they also got information from other sources (e.g. self-help groups) or in combination with information from the PO.

During the procedure of the referral, PO's generally take advice from significant others regarding the education for a child. Two of the participants from PO's mentioned that the decision on a certain school is based on discussions with team members or the director. Three of the PO's mentioned that they take opinions of doctors into account when deciding what school to promote. All the PO's noted that they will talk with a school first before letting the parents enroll their child there. Most of the PO's try to change the mindset of a school if it is (at first) not willing to accept a child. They also mentioned that they will alert the schools on the legislation that states that every child in India has the right to go to school, if necessary.

**Role of the parents or caretakers in the process of education for their child.**

The following themes were sorted under this subject: the role of the parent or caretakers, taken initiatives, knowledge and involvement. With regards to the role of the parents and caretakers, all PO's described that parents generally agree with their suggestions for a type of school. This corresponds to what was noted by parents. Most parents said that they completely rely on the opinion of the PO because they have the knowledge and parents therefore trust them. *"They informed me about everything. I thought my child is different so where can he go? So the organization guided me to which place to go with him (parent)."* The PO's mentioned that very rarely parents did not agree at first and needed to be made more aware. Mentioned reasons why they did not agree were related to distance, costs, or feelings of shame. Participants from two PO's described when parents were after several meetings still not willing to agree to their suggestion they looked for other options for the child. All PO's mentioned that the parents always have the final decision on the specific school.

The data also showed that parents take own initiatives regarding to education for their child. All the PO's in Kerala mentioned that the parents are usually the ones who enroll the child in school, the task of the PO is only to help when necessary. Only the PO in Telangana mentioned that they are usually the ones who enroll the child in school. Parents mentioned this as well. Before receiving help from the related PO, half of the interviewed parents already took own initiatives to get their child into school. About half of the parents enrolled their child themselves in school (mostly the nearby regular school). Three parents approached on own initiatives to other than the closest schools. One family even moved to be closer to the preferred school for their child.

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With regards to knowledge of the parents, eight of the 17 parents mentioned that they know the difference between special needs and regular schools. One parent mentioned that she absolutely had no knowledge about this difference. Half of the parents mentioned that they had no knowledge about the availability of different schools and options in the area. Four parents assumed that a regular school would just not be possible for their child. *"I did not know much regarding schools. Because I am uneducated myself. So, I did not know where the schools are, or how to join at those schools. I really needed help with that (parent)."*

**Discussion**

This research aimed to determine which individual and contextual factors are of influence in the placing of children with disabilities going either to regular or a special needs schools. In order to give more children with disabilities a chance to participate in regular schools through an inclusive form of education, it was relevant to examine which factors influence why they are attending a specific type of school.

With regards to the first sub-question, patterns in child characteristics were examined in the division between regular and special needs schools. The type of disability and the severity of the disability appear to be influencing individual factors. This is an extension of the current range of literature, which showed that the type of disability was influencing for teachers in Florida (Bianco, 2005). From the quantitative document analysis, it appears that the type of disability is an influencing factor in this research as well. Furthermore, literature showed that the severity of a disability has an influence on whether a child is going to school at all (Avramidis et al., 2000; World Bank, 2009). From this research, it appeared that the severity is also of influence on the type of education. The interviews showed that the more severe the disability, the more likely the child will attend special needs education.

The second sub-question focused on school characteristics of influence. The results show that especially the services a school can provide (e.g. care, braille) are influencing factors. Furthermore, the location of the school and their attitude towards children with disabilities are influencing contextual factors. These results resemble to the results of other studies. The preference for special needs education appeared to be strongly based on the services it can provide, which are usually not possible at regular schools, such as providing more and individual care (Florian, 2008). Also, the opportunity to stay with the family by attending a regular school returned through the results. However, this was not specifically mentioned as a reason to go to a regular school. The main reason for parents was that special needs schools were too far away, resulting in difficulties in transportation and costs, which made them decide to choose for a regular school nearby.

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The third sub-question focused on the role of the PO. There were no specific expectations from the literature regarding the influence of such organizations, since most available knowledge was solely focused on schools and teachers. Though, the results from both the document analysis and the interviews reveal that the PO's have a very influencing role. Their role is mainly guiding, though parents seem to rely completely on their help and suggestions. PO's seem to focus specifically on child individual care, and finding a suitable school for each child individually. Furthermore, the document analysis showed that, despite PO's mentioned preference for a type of education, some PO's refer more children to regular schools and some more to special needs schools. Though this result cannot with certainty be related to the role of the PO's. Possible some PO's had more special needs schools available in their area than others, or perhaps some PO's had more children in their program with severe disabilities which could have resulted in the referral of more children to special needs school.

The fourth sub-question focused on the role of parents. Related to the role of the PO's, the role of the parents appears to be much smaller. The interviews showed that parents depend on the help of the PO's and generally lack of knowledge regarding education for their child. They do have opinions and ideas on what they would want for their child. And seem to take more initiatives by themselves when the PO's is not involved yet. At this point, the role of the PO's and the role of the parents or caretakers seems to be outbalanced. Research shows that the need for social workers is highly important in the process of transition to school (Rosenkoetter, Hains and Dogaru, 2007). The transition of going to school is challenging, especially for parents who have a child with a disability (Rosenkoetter et al., 2007). Social workers can therefore be an outcome in these challenges and open doors to education (Rosenkoetter et al., 2007). However, many other studies indicate that parental involvement is a key component in the process of going to school and during a child's school career (e.g. Stoner & Angell, 2006; Turnbull, Turnbull, Erwin, & Soodak, 2006).

The most important factors why children with disabilities appear to attend special needs schools instead of regular schools are because of the severity of their disability, the need for specific services, or because of their behavior. These factors might refer to the distinction between the medical model and social model of a disability (Llewellyn & Hogan, 2000). The results reveal that whenever a child has a severe disability, needs specific services or has behavior that disturbs others, the child is likely to go to a special needs school. Indicating that the child should adapt to the society, rather than the society adapting to the needs of the child (Alur, 2001; Llewellyn & Hogan, 2000). It seems that in the context of this study the medical model is more of use than the social model. As a result, this distinction causes for difficulties since special needs schools, at

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this point, appear to be not specifically a service but mainly a location. While their location resulted to be a contextual factor of difficulty (due to distance and costs).

The found results fit the theory of the ICF model and Bronfenbrenner. The results revealed that, in accordance to the ICF model not only individual factors such as the body structure (e.g. type of disability) or personal factors are influencing an activity (in this case the type of education for a child), but that many contextual factors are of influence as well. These individual and contextual levels are also influencing each other. For example, between the role of the parents and PO's.

The current study contains a couple of limitations. A first limitation is that all interviews with the parents were done through translating. All translating was done through a summarizing form, as literally translating was due to parents' enthusiasm not possible. This may have resulted in relevant data gone lost. However, two local staff members, both speaking the local language, were present. During translations, they supplemented each other. With regards to the obtained quantitative data, it is a limitation that only the most dominant disability of the children was presented by the PO's. It is unclear how this was measured. Children with multiple disabilities were not visible in the data either. Lastly, the grouping of the quantitative data is a limitation. The original 22 different types of disabilities in the dataset were reduced to six groups. This grouping followed the Liliane's Foundations' grouping. Organizing the 22 original disabilities in a different grouping system might have resulted in different outcomes.

Regardless of these implications, the results of this study provide a wide range of knowledge, from different sources around children with a disability. The addition and scientific relevance of this research is the focus on both individual and contextual factors, and unlike most studies, not solely focused on schools or teachers, which makes this research strong in its uniqueness. Besides the scientific relevance, this research is relevant for the professional practice. In order to focus more on inclusive education, recommendations can be made for especially the sector of NGO's (including the Liliane Foundation). It is firstly recommended to guide strategic partner organizations and PO's to not solely focus on individual child help, but also on structural changing the attitude of local regular schools. Especially the change from the medical to the social model of a disability should be a central aspect. The interviews showed that schools got open for children with disabilities after awareness was made by PO's. However, PO's are only creating this awareness for individual child situations. They do not seem to structurally focus on creating awareness among local schools regarding the inclusion of children with disabilities. To increase the referral of more children with disabilities into inclusive forms of education, a structural form of creating awareness among schools would be recommended. Secondly, the results showed that PO's have a major role in the referral of children with disabilities to a certain type of school. It is therefore recommended to

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focus on the needing capacities for PO's to make a right decision for a child, and put focus on how strategic partners can facilitate in this process. Thirdly, the results revealed imbalance between the role of PO's and the role of parents. Parents should be more involved in the process of their child going to school. Parental involvement is therefore a recommended point of action.

For further research, it is relevant to conduct a similar search for both individual and contextual factors in other low- or middle income countries, since this research was solely focused on India. Conducting a similar research elsewhere may improve generalization. Limited is known of similar studies, but from the available knowledge this relevance for further research is shown. For example, research on barriers for inclusive education in South-Africa noted that parents believed that their child was better off in a special needs school because it would be safer (Donohue & Bornman, 2014). Which is a factor that was not a result in this study. A Nicaraguan study noted that school fees are an important contextual factor, since this country has the highest proportion of private controlled schools (García-Huidobro & Corvalán, 2009), which is as well a factor not noted in this research. Further research should also include children with multiple types of disabilities, since this was a limitation of the current study.

Overall, this research shows that there are numerous individual and contextual factors of influence why a child with a disability is either going to a regular or a special needs school. The child's disability and severity are individual influencing factors. The location, attitude and facilities of schools and the respectively major role of PO's are contextual factors of influence. Insights in these factors may benefit or enhance inclusive educational programs and contribute to the referral of more children with disabilities to regular forms of education.

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I wish you a pleasant reading,

Indra Bout

Utrecht, June 30, 2018

Appendix A  
Topic list SPO

### Introduction

- Thanking for participating
- Introduce myself
- Introduce research + goal interview
  - Interested in opinions, experiences, ideas
  - Goal: gather information to improve education for children with disabilities worldwide
- Permission to record
- Anonymity
- Possibility to stop the interview
- Possibility to ask question at any time
- Indication of time

### Focus group SPO

- Category 1:                    Understanding of disability
- Not using the word 'definition'
  - Meaning of disability in your culture?
  - Has the meaning/understanding changed?
    - Over a certain time/ after certain experience?
- Category 2:                    Schooling for children with disabilities
- Importance
  - Severity disability?
- Category 3:                    Special needs education
- Understanding
  - Necessity
    - For who/when/why?
  - Feasibility
  - What is the added value?
  - Pros and cons
- Category 4:                    Inclusive education
- Understanding

## FACTORS OF INFLUENCE PLACING CHILDREN WITH DISABILITIES IN SCHOOL TYPES

- When is a regular school 'inclusive'?
- Necessity
  - For who/when/why?
- Feasibility
- What is the added value?
- Pros and cons

Category 5: Preference special needs/ Inclusive Education

**Closing**

- Thanking for participating
- Further questions

Appendix B  
Topic list PO's

**Introduction**

- Thanking for participating
- Introduce myself
- Introduce research + goal interview
  - Interested in opinions, experiences, ideas
  - Goal: gather information to improve education for children with disabilities worldwide
- Permission to record
- Anonymity
- Possibility to stop the interview
- Possibility to ask question at any time
- Indication of time

**PO's**

Category 1:            Understanding of disability

Category 2:            Child

- Type of disability
  - Physical or mental
  - Multiple
  - Behavioral problems
- IQ
- Age
- Goals for the child
- Needed support for the child
- Additional needs

Category 3:            Conditions

- Role of the parents?
- Opinion of third parties?
- Context of the PO?
  - Urban/rural, what are available options?

Category 4:            Schools



## FACTORS OF INFLUENCE PLACING CHILDREN WITH DISABILITIES IN SCHOOL TYPES

- Amount of available schools
- Type of available schools
- Experiences with different schools
- Requirements/wishes of schools for acceptance

Category 5:

Capacity PO

- Level of influence (on municipality, schools etc.)
- Examples

Dimension 1: Vision on type of schools

- Corresponds to criteria?

**Closing**

- Thanking for participating
- Further questions

## Appendix C

## Topic list Parents or Caretakers

**Introduction**

- Thanking for participating
- Introduce myself
- Introduce research + goal interview
  - Interested in opinions, experiences, ideas
  - Goal: gather information to improve education for children with disabilities worldwide
- Permission to record
- Anonymity
- Possibility to stop the interview
- Possibility to ask question at any time
- Indication of time

**Parents or Caretakers**

Dimension 1: Overall experience referral of their child to school

Dimension 2: The degree of involvement in the process of the referral

Dimension 3: Degree of influence in the referral process

Dimension 4: Level of provided information about the possibilities for child

- Information from PO
- Relationship with PO

Dimension 5: Level of satisfaction with the final choice of school

Category 1: (Personal) reasons for choice of certain school

- Practical reasons
- Related to knowledge on their own child

**Closing**

- Thanking for participating
- Further questions

## Appendix D

## Variable 'Type of disability'

**Variable 'Type of disability'****Group 1 – Visual Problems**

- Low vision
- Blindness

**Group 2 – Hearing and Speech Problems**

- Hearing impairment
- Deafness
- Speech/language disorder

**Group 3 – Moving Problems**

- Amputation
- Club feet
- Spina bifida
- Polio
- Knock and bow knees
- Muscular disease
- Cerebral palsy
- Epilepsy
- Hydrocephalus

**Group 4 – Cosmetic Impairments**

- Cleft lip
- Burns
- Albinism

**Group 5 – Behavior and Learning Problems**

- Intellectual/learning disorder
- Down syndrome
- Autism

**Group 6 – Other**

- Other
- Chronic osteomyelitis