# Learning support for students with learning difficulties in India and Australia: Similarities and differences

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*In Australia, principles of inclusivity and access are explicit in education policies and are actively supported by government funding. In India, with a vast and diversely managed array of schools, limited resources and an absence of public funding, it cannot be assumed that official principles of access and equity apply. This small-scale study of five English-medium independent primary schools in Bangalore, India and five independent primary schools in Adelaide, Australia highlights the importance of context to practice when providing support for children who have learning difficulties (LD). Findings showed that in the Indian schools, segregation was the norm. Funding for students with disabilities was charity-based and the recognition of learning support was minimal. In the Australian schools, inclusion was the norm. The demand for services was high and efforts at accommodation were constrained by funding criteria. In both contexts, definition of need and the quality of teaching were significant issues.*

*[Keywords: Learning support, learning difficulties, disabilities, primary schooling, inclusion]*

This study explored the availability of learning support for students who were experiencing Learning Difficulties (LD) in two very different educational contexts: *What learning support is provided for children who have LD in a sample of schools in (a) India and (b) Australia?* This key research question led to two other points of

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1 This paper is based on the author's thesis 'A comparative study of learning support for students with learning difficulties in schools in India and Australia', submitted in fulfilment of requirements for the Master of Education degree at Tabor Adelaide, Millswood, South Australia 5034, Australia, October 2008.

discussion: *What are the differences in understanding about LD in the two countries?* and *What are the differences in the provision of Learning Support (LS) between the two countries?*

It is important to note that the term *Learning Difficulties* was chosen in preference to the more specific term, *Learning Disabilities*. The definition of Learning Disabilities, which is well recognised in both India and Australia, places emphasis on the neurological basis of Learning Disabilities and their relative resistance to teaching interventions. It also distinguishes Learning Disabilities from concurrent conditions such as behavioural or emotional disorders, or from the broader social, cultural or educational contexts in which students who have a Learning Disability may be placed (Thapa, 2008; Australian Learning Disability Association, n.d). However, despite its apparent precision, the term Learning Disabilities is neither fixed nor without contention (Thapa 2008; Woolley, 2011). The primary researcher's experience of schools in both India and Australia suggested that the terms Learning Disabilities and Learning Difficulties were often used interchangeably by schools, parents and practitioners, and that the term Learning Difficulties, which allows for the influence of context and concurrent conditions upon the child's learning, best described the potential range of current understanding and practice in mainstream education in both countries. It was also noted that in Adelaide, Australia, in which half of the sample schools were located, the premier non-government agency for children who are experiencing Learning Difficulties and their families, teachers and schools, retains the term Learning Difficulties in preference to Learning Disabilities (MacKay, 2001). The term Learning Support (LS) was chosen to describe the measures taken by the school to support students who have Learning Difficulties (LD), such as specific practices, facilities, staff, assessment tools and learning resources.

Both India and Australia have separate special schools, as well as sub-schools within main school campuses, which are dedicated to the care and education of students with profound disabilities. However, this study did not focus on these facilities. Rather, it aimed to identify the policies and practices in mainstream school settings that recognised and supported students who had LD. It was also expected that this investigation would identify any gaps in provision. Mainstream primary classes within five independent schools in Bangalore, India and mainstream primary classes within five independent (non-government) schools in Adelaide, Australia comprised these contexts.

It was not the intention of the study to present either country or any school as the better model. Rather, it was intended to contribute to an ongoing dialogue around the provision of learning support in India and Australia. Such cross-cultural dialogue is part of a global trend, as similar groups of children in other countries have been identified as having LD and awareness of their needs is increasing (Abosi, 2007; Spaeth, 2003).

# RESEARCH BACKGROUND

India and Australia are two distinct and very different countries. Both officially espouse principles of inclusive, democratic education. They also share a colonial past, of which the English language itself is a powerful legacy. However, the respective cultural and social contexts in which these shared principles are implemented are vastly different. An interest in how these differences may affect children who have LD was sparked by the primary author's experiences as student, educator and parent in both India and Australia.

## The Australian context

Australia is a developed country, with a small population and a 'relatively good' and well-established system of compulsory education (Dinham, 2008). In recent measures of literacy across 65 nations, only six countries performed significantly better and Australia was well above the OECD average (Thomson, de Bortoli, Nicholas, Hillman, & Buckley, 2011). However, achievement is neither universal, nor evenly spread, across sectors of the Australian community, with Indigenous students and those from low SES categories recording significant disadvantage. The physical size of the continent combines with unequal distribution of population to challenge equitable service delivery (Dinham, 2008). Significant to this study is the evidence that "many children falling in the category of specific learning needs are significantly marginalised in the Australian education system" (O Keefe, 2008).

Ministers of Education in each state and territory of Australia have direct responsibility for the administration of government schools. Non-government schools, comprising both Independent and Catholic sectors, are separately administered. However, all sectors receive government funding, including additional provision for students who have special needs (Wilkinson, Caldwell, Selleck, Harris, & Dettman, 2007; Australian Bureau of Statistics, 2006). Definitions of need and means of provision vary between states and over time, in response to political, philosophical and financial pressures, as well as to the sustained lobbying of non-government agencies, parent groups and professional associations.

Recent estimates suggest that between ten and sixteen percent of Australian students have general LD, with two to four percent having a specific learning disability, such as dyslexia (Government of South Australia, 2010). A raft of legislation, stretching back to the 1980s and encompassing all jurisdictions, has established principles of equity and the accommodation of individual learning needs (Government of South Australia, 2012). This legislation constitutes an official commitment to making "reasonable adjustments…in a reasonable time" for all students (Ruddock, 2005, Part 3). In policy and practice, recognition of individual abilities and needs has been reflected in a preference for inclusion rather than segregation of services for students with special needs, so that most students who have special needs receive support within the mainstream (Ashman & Elkins, 2002). Reflective of this trend, a healthy "Australian

research identity in special education" has emerged, revealing both the breadth of special needs and the value of considering special needs within the context of all students (Forlin & Forlin, 2000, p. 256).

## The Indian context

India is a highly populous developing country and is "home to one third of the world's poor", but since the instigation of "the world's largest elementary education program" in 2001, remarkable strides have been made in the quality and accessibility of schooling (World Bank, 2010, np.). India has a proud ancient educational heritage and there is an official commitment to Education for All (National Council of Educational Research and Training, 2006, pp.7, 16). However, in a nation characterized by profound diversity, its educational progress may be described as both a glowing example and an overwhelming challenge: "The combination of India's size and large variance in achievement give both the perceptions that India is shining even as Bharat, the vernacular for India, is drowning" (Das & Zajonc, 2008, p. 1).

India has a multi-tiered system of education. Education research, curriculum planning and education policies are facilitated by the National Council of Educational Research and Training (NCERT), and schooling includes both government and independent institutions. Broadly, these schools are affiliated with a state and/or an All India Board, or with privately recognised boards of examination. Every child is expected to learn at least three languages, including the medium of instruction and two others. The medium of instruction in most government schools is the state vernacular, which is most commonly accompanied by the national language (Hindi) and English. Because of the prominence of English in global markets, those who can afford it will send their children to an English-medium school (Thirimurthy & Jayaraman, 2007; Varma, 2004). Non-government schools are associated with higher standards, but are often unregulated and may be highly selective of students (Jha, 2002). In order to comply with the requirements of the school and curriculum, Indian families often employ additional after-school tutors (Sujatha, 2007, cited in Bray, 2009).

The clustering of English-medium schools in metropolitan towns and cities serves to reinforce the disadvantage to a predominantly rural population. It is significant that discussion of LD in India is "largely based on findings and observations of children studying in English-medium schools" (Karanth, 2003 p.134). Therefore, while the data collected from this sector cannot claim to be representative of India as a whole, it was decided in this study to concentrate on English-medium schools, because they share some commonality of language and research background with schools in Australia.

Comprehensive studies of LD in India are few (Karande, Sawant, Kulkarani, Galvankar, & Sholapurwala, 2005; Thapa, 2008), yet over the past decade there has been an increasing awareness and identification of children with LD and a consequent demand for services. Improved rates of literacy — 82.14 % for males and 65.4 % for females (Census of India, 2011) — belie the entrenched disadvantage of the poor, children in rural areas, slum dwellers and girls, who are either excluded from education, or

placed in inferior schools (Kalyanpur, 2008 p. 55). Students with Special Education Needs (SEN) are segregated and served by different providers than students in the mainstream (NCERT, 2006), so that inclusive education "continues to be exclusive; a concern for a few dedicated educators" (Mukhopadhyay & Prakash, 2005, Foreword).

In India, the principle of inclusion, which originated in a concern for the education of children with disabilities, goes beyond special schools to encompass all children at risk. Yet, although legislation mandates that state and local governments undertake screening to identify 'at risk cases'; it includes no provisions for referral, screening or placement of students (Jha, 2004, cited in Kalyanpur, 2008). This dichotomy between intent and practice is evidenced by the fact that, despite a National Policy of Education, significant legislation enshrining equal opportunity, protection of rights and participation, and a bill recently introduced in Parliament to make primary education compulsory (Kalyanpur, 2008), special education is esoteric and run mostly by voluntary organizations (Alur, 2002).

## RESEARCH METHODOLOGY

### Research approach

The research used the Validating Quantitative Data Model (VQDM) to collect both quantitative and qualitative data, merge and validate the data, and use the results to understand a research problem (Creswell & Clark 2007). The VQDM takes a triangulation 'mixed methods research' position, with a broad epistemological and theoretical perspective (Creswell & Clark 2007). Mixed methods research, where deductive and inductive thinking are merged, is oriented towards practice and 'what works' to bring meaning to the research (Creswell & Clark 2007). The concurrence of two contrasting variables — the availability and quality of learning support — called for this pragmatic approach.

### Research question and aim

The chosen methodology affirmed the primary importance of the research question: *What learning support is provided for children who have learning difficulties in a sample of schools in (a) India and (b) Australia?* This key research question led to two other points of discussion: *What are the differences in understanding about LD in the two countries?* and *What are the differences in the provision of LS between the two countries?* In the Australian sample of schools, quantitative data was used to support the information gleaned from the qualitative data. In the Indian sample of schools, qualitative, in-depth observations provided detail that was lacking in quantitative data alone. They were also used to clarify the meaning of ambiguous or inconsistent responses.

Five primary schools from Bangalore, India and five schools from Adelaide, Australia comprised the sample for the research. It was expected that each city would give a

fair representation of educational trends of the country. Inclusion criteria were that schools: were urban; had been established for more than 25 years; used English as their medium of instruction; were Independent; primary schools offered classes from R- 12 (Adelaide), or 1 – 12 (Bangalore). In the interests of parity, International schools and schools offering International Baccalaureate (IB) were excluded; Catholic and government-run schools were excluded for ease of administration.

The schools were then selected by random sampling. Prior to the meeting, participants were sent a letter of invitation, an information sheet and a consent form.

## Method of data collection and analysis

A questionnaire, comprised both quantitative and qualitative components and some open-ended questions, was completed by Principals and/or Special Education Staff. The questions included school characteristics, staffing and material resources, programs and differentiation, policy and financial support for students who have LD. The study was conducted in India and Australia between January 2007 and April 2008. Representatives in each sample school were asked to complete a survey form and informal meetings at school sites followed this. Further contact was made by email or phone, in order to clarify some responses. All responses were coded to maintain anonymity. The availability of LS was deduced from the quantitative data, while qualitative feedback from the participants gave meaning to their understanding of LS and the quality of services provided. All data were entered into an Excel spread-sheet (Microsoft Office, 2003) and an exploratory data analysis was performed, using the VQDM model.

## Ethical considerations

The project complied with the ethical requirements of each school, as well as those of the primary researcher's supervising institution. The study did not involve students or classroom observations. The questionnaire was developed in consultation with practitioners, academic supervisors and an external Special Education consultant in Adelaide. Each school that took part in the project completed an approved consent form. School names were not included in any form in the study. Participants in India preferred to talk if their conversations were not recorded on audiotape, but they consented to written notes and verbal clarifications. To preserve parity, the same method was used in the Australian sample.

All five of the respondents from Australia were special educators. In India, two of the respondents were special educators and three were school principals. This was because three of the five selected schools in India did not have a formalised LS program or designated special educators. Since these schools fulfilled the inclusion criteria for the study they were not excluded from the analysis.

## FINDINGS FROM THE QUALITATIVE AND QUANTITATIVE DATA

All five primary schools in the Australian sample used standardised tools to identify and classify LS. In schools within the Indian sample, designated special educators in two schools used standardised tools to identify students who needed LS. The other three schools, in which there was no designated special educator and no program of LS, there was no standardised measure of need or provision.

### Characteristics of the selected schools

The table below lists the characteristics of the selected schools in Australia and India coded as Australian School 1 to 5 (AS1 to AS5) and Indian School 1 to 5 (IS1 to IS5). The Australian Schools had enrolments ranging from 205 to 462. Three of the Indian schools ranged from 742 to 2000. In the case of IS2 and IS4, the only enrolment figures provided were for the entire school and not for the primary years. IS1 and IS5 did not have any children identified as having special needs (ranged from 0 to 3.28%) whereas 11 to 20% of children in Australian schools were identified as having special needs.

**Table 1: Characteristics of the selected schools in India and Australia**

| Sl No. | Name of school | No. of students in primary school | No. of staff in primary school | Staff student ratio | No. of students with special needs | % Students with special needs to the rest | FTE# of staffing for special needs |
|---|---|---|---|---|---|---|---|
| Selected Indian School | | | | | | | |
| 1 | IS 1 | 2000 | 100 | 20 | Not identified | Not known | 0 |
| 2 | IS 2* | 4000 | 100 | 40 | 40 | 1.00% | 1 |
| 3 | IS 3 | 900 | 30 | 30 | 2 | 0.22% | 0 |
| 4 | IS 4* | 2500 | 150 | 16.7 | 82 | 3.28% | 1.5 |
| 5 | IS 5 | 742 | 28 | 26.5 | Not identified | Not known | 0 |
| Selected Australian School | | | | | | | |
| 1 | AS 1 | 205 | 10 | 20.5 | 26 | 12.50% | 0.6 |
| 2 | AS 2 | 462 | 33 | 14 | 50-60 | 11.11% | 2 |
| 3 | AS 3 | 342 | 32 | 10 | 60 | 16.67% | 2 |
| 4 | AS 4 | 450 | 26 | 9.6 | 110 | 16.67% | 7 |
| 5 | AS 5 | 248 | 19 | 13 | 56 | 20.00% | 1 |

Note. IS = Selected schools in India AS = Selected schools in Australia. * Data for IS 2 and IS 4 is for entire school.  #FTE = Full time equivalent

## The distribution of special needs

The table below lists the distribution of students with LD in each of the schools. All five Australian schools in the sample assessed and categorised children who had LD.

Only two of the five Indian schools in the sample assessed and categorised children who had LD. Three Indian schools did not have a systematic method of identifying and classifying students with LD. IS3 claimed to have identified some students based on behavioural observations, but no data were available to support this claim. Whilst the respondents all demonstrated an awareness of current developments in addressing students' educational needs, respondent IS1 said it was not an issue in the school. Four out of the five respondents were familiar with the term Dyslexia. IS5 had no students identified as having LD. However, in the meeting, the respondent stated that 4 to 6 students could be placed in the LD category, but the school preferred to avoid labelling.
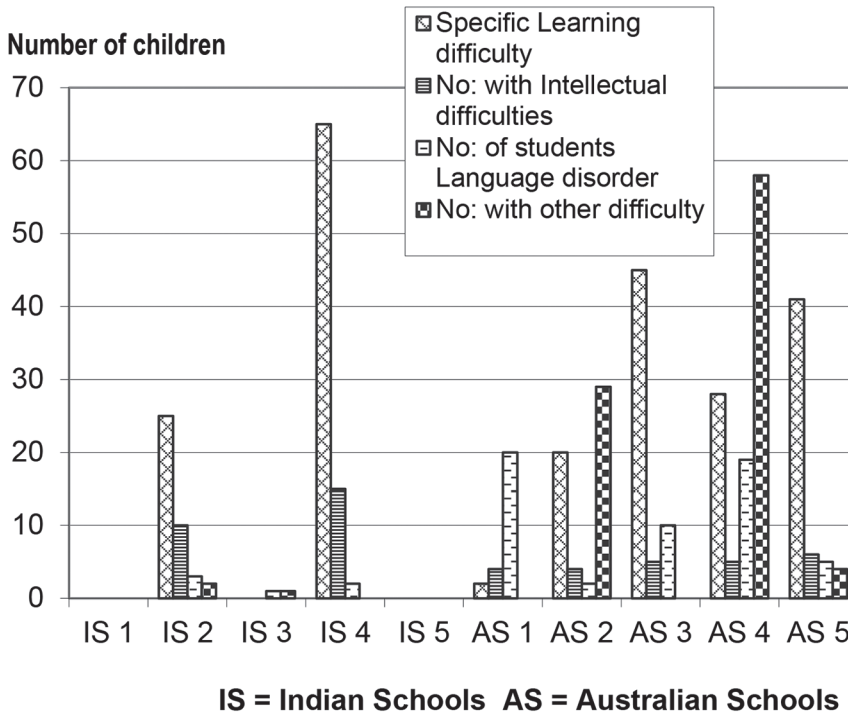


**Figure 1: Distribution of special needs**

The two Indian schools that had a support program identified less than one per cent of students as having LD. The distribution of special needs in school IS4 (fig.1) was noticeably different from other Indian schools in the study. The researcher noted that the Principal of the school had a proactive attitude toward LD. Discussions

with teachers in the Indian sample suggested several reasons for the under-diagnosis of LD: a lack of screening tools and standardised assessment procedures; too few professionally qualified special educators in schools; and the social stigma attached to LD. Respondents also gave evidence of the impact of multilingualism, which made early assessment difficult. There was little evidence of culturally-relevant screening, assessment and assistance tools in any of the Indian schools in the study. Most schools did not have an LS department, or a designated LS teacher.

**In discussion.** In the meetings that followed the questionnaire, respondents from the Indian sample stated that class teachers supported students with minor difficulties. Many also took private tuition after school hours. In addition, issues of cultural context, educational systems and the "idea" of "what works best" emerged.

Australian schools in this study reported a high incidence of children needing LS. By contrast, in schools in India there were a significantly smaller percentage of students described as needing LS.

## Screening, assessment

Responses to questions about screening and intervention showed that all five schools in Adelaide had a system of identifying, classifying and supporting students through standardised educational assessments. This was complemented by referrals to specialist services and complied with relevant special education guidelines (Government of South Australia, 2010) However, respondents stated that funding for external services was limited and a growing number of parents within the lower socio-economic bracket were reluctant to seek them. It was evident that students who met discrete funding criteria took precedence over those who were struggling, merely 'coping', or otherwise did not meet the criteria. Schools in Adelaide had access to a wide range of resources, and there was variation between schools in the materials selected for screening and assessment.

In the Indian sample, indications of the incidence of LD were equivocal, with two schools providing no numbers. Most diagnoses and assessments of LD were reported to take place in the middle school years around grade seven, in response to a student's lack of academic success. If teachers observed a difference in a student's attitude, low marks and behavioural issues, the child may have been referred for external assessment, although this was rare. When asked how children with LD were managed, the response was that "we encourage teachers to consider them …and discourage the stigma associated with it". One respondent stated that they were "sympathetic to promotions". This statement must be understood in its cultural context, as schools in India use formal examinations to determine the child's promotion to the next year level. Children who did not perform at their year level were required to be at a lower year level or repeat the grade. How many years a student repeated a particular grade was not elicited in the study, but it was reported that the syllabus was exhaustive and "schools are expected to keep up with the standards". Other comments by respondents included

"the school is homogenous". In Bangalore, schools had strict intake requirements. Students were tested before they were admitted to particular year levels and children may have been denied admission if they did not meet the standards.

Special educators from India reported that most screening and interventions were parent-initiated. It was also acknowledged that some parents were reluctant for their child to be withdrawn during a regular lesson for specialist intervention, out of fear that the child would lag behind others in the class. Such parents reportedly opted for private tutoring.

**Labelling and stigma.** Discussions between the primary researcher and the respondents raised new issues for further research into the provision of LS.

Linked to the issue of assessment and diagnosis of LD in the Indian sample was the stigma of disability. The only significant agencies providing assessment were primarily engaged in dealing with more profound and obvious disabilities (Diagnostic and Research Centre, the Spastic Society of India, and the National Institute of Mental Health and Neurological Sciences, [NIMHANS]). One respondent stated that, "many parents are reluctant to have their child assessed at these centres as these places also have other connotations"; another said, "Indian society has yet to come to accepting differences". In the absence of public funding for even regular education, the additional cost of assessment was also a serious deterrent. Only parents who were able to overcome both the financial and cultural cost of assessment were likely to advocate for it. Educators from India demonstrated some general awareness of educational and psychological assessment, but most educators expressed that if intervention programs were not available, assessment served no purpose: "After all, they manage somehow!"

## Networking

All schools in Adelaide had well-coordinated informal networks between teachers, special educators, parents and other relevant professionals. They also had formal relationships with external agencies such as Autism SA and the Specific Learning Disabilities Association of South Australia (SPELDSA).

Networking between educators within the Indian schools was minimal and, while most schools stated that the Spastic Society and the Institute of Speech and Hearing (NIMHANS) would be the suggested choice of referral, there was no formal relationship with these centres.

## Resources available for children

The results from Adelaide were uniform and clear. Special educators, trained school support officers (SSOs) or teacher-aides, volunteers under the Learning Assistance Program (LAP) and parents, along with specific therapists, were part of mainstream support for students from the schools in Adelaide. Schools were well resourced with targeted, digital and non-digital materials and programs. All the Australian schools in

the study also had separate rooms and dedicated resources for LS. However, schools in Australia had a much wider range of special educational needs to deal with than the sample schools in India.

In India, quantitative results garnered from the survey were not supported by the researcher's observations. There was no additional teaching support provided in the mainstream classroom for children with LD and schools in the Bangalore study did not allow parents or volunteers to be involved in classroom activities. Most schools from Bangalore used text books, aids and materials that were part of the mainstream curriculum. Two schools relied heavily on programs and materials developed in the West, which were neither readily available nor affordable. Only two of the Indian schools in the study had separate rooms and resources allocated for LS. A relatively restrictive curriculum appeared to require additional private tuition for students who could not meet standards.

## School policy

All schools in the Australian sample had clearly stated policies for LS. All educators in the study voiced a compassionate and proactive approach towards children with LD. Although all the Australian schools in this study practised withdrawal for specific intervention, there was an overall practice of inclusion. Interestingly, the only reservation raised by several respondents was whether a child with major medical issues would be better off in a specialist school rather than in the mainstream.

In response to questions of school policy for children with LD and staff development for teachers, one school in Bangalore responded that it had a stated policy. An exploratory analysis revealed that the policy was not directly related to LD. The school was sympathetic to students who were 'difficult to manage', providing parents were willing to pay for additional staff. In this case there was a discrepancy between the respondents' understanding of LS and the researchers' basis for eliciting responses. Two Indian schools that did not have a stated policy for special needs nevertheless had a department for LS. One head of school was both proactive and supportive of the LS unit. It was also noted that this school was gaining a reputation for working with 'struggling' students. Another respondent was well informed about LDs, but the school did not have policies or programs that reflected the same level of concern. One explanation given for these apparent inconsistencies was that, "we have no such serious case" and the cultural pressure to avoid "labelling".

## Professional development for staff

All staff in schools in Adelaide had regular professional development and training opportunities; these were mandated. The training was specific and targeted to meeting specific learning needs and applying differentiation in classrooms. Centres within schools to which both gifted children and children with specific learning needs sometimes withdrew had welcoming names and seemed to be quite popular with students. It was also interesting to note that the Australian teachers used a combination

of pedagogical practices to meet students' needs. One educator said the assessment accommodation criteria (established at the state level) for students with LD were too rigid and not based on individual need. This was the only indication given that standardized requirements were exerting an influence on practice.

Two schools in India sent their teachers for training on an annual basis, but it did not relate to Special Education or LD. Two schools reported no staff training at all. One school conducted in-house training for awareness of LD. This particular educator said she often received comments from other teachers, implying that the student, rather than the teacher or system, was at fault if they did not achieve: "I have taught them all these…". It was also reported that the educational system was taxing on teacher and the student, a point which related to the dominance of a centralised curriculum and examination standards. Special educators from India reported that there was a lack of training and awareness about LD among general teachers. Professional development in India was minimal when compared to what was offered in Australia. The study revealed a disjunction in the sample of Indian schools between the understanding of LD and the importance given to it.

## Funding

The Australian government's commitment to students' learning needs, regardless of the school they attend, is clear. Respondents from the Australian study were highly focussed on the scope and limitations of funding in regard to programs and resources. When asked about their vision of learning support if funding were not an issue, the possibilities appeared to be limitless, particularly in terms of staffing and programs. A few stated that disability funding did not include LD, but this did not necessarily imply a lack of commitment to appropriate support. As one respondent wrote, "we aim for all students to be taught, supported and respected, to enable them to develop to their full potential". This statement was indicative of the level of general LS that was assumed, by respondents in the Australian sample, to apply in any mainstream classroom.

By contrast, the Indian participants struggled to find a response to questions around funding. In an environment where schooling was dependent completely either on parent funding or charity, respondents envisaged that any new developments would place an even heavier burden on parents. The possibility of universal government-based funding did not feature in their thinking. Unlike similar schools in Australia, private schools in India are unable to obtain government funding for individual students or programs. Despite this, two of the Indian schools in the study incorporated separate charity-based special schools to cater for children who have profound disabilities.

**Additional qualitative responses.** Regarding the quality of provision for LD, three schools from India stated that they were content with their approach and did not see any gaps in the system. There was a general feeling from the heads of schools that "we have no problems thus far". Satisfaction was discussed in relation to the school's examination results: "We get good results" (referring to the year 10 and 12 Board Examinations). On the other hand, the perceptions and responses of special educators

were slightly different. They spoke of lack of training for teachers. The little there was focussed only on physical and mental disability and not on specific LD. In addition, other responses included: "special education carries no prestige with it"; "schools conduct assessments to eliminate unattractive customers"; "teachers do not want the extra hassle"; and "there is no incentive for teachers, so why do they bother?" The general frustration of the special educators was expressed in the statement of one respondent: "Are we fighting a losing battle?"

## DISCUSSION

This relatively small study did not constitute a comprehensive cross-cultural comparison of LS in India and Australia. Yet, while both countries were already known to recognise an international mandate for special education, the study revealed many differences between the two countries in understanding and implementation of the mandate. Most apparent was the difference in provision of facilities and resources for children who experience LD. The study showed that schools in the Australian sample understood the principle of inclusiveness, put it into practice and were resourced accordingly. In India, understanding of LD was limited and the concept of inclusion and mainstreaming as an educational practice in urban English-medium schools was yet to be implemented.

### Problem of definition and distribution of special educational needs

Educators and researchers in both countries struggled to define and differentiate between the terms Special Education, Learning Disabilities and Learning Difficulties.

For participant Australian schools, this lack of consensus appeared to have had little effect on the provision of LS. Special Education was viewed from an inclusive point of view and individual differences seemed to be accepted without stigma. Definition of need was more for administrative and funding reasons than for pedagogical adjustments. Although it was not part of the study, respondents from the Australian schools included gifted students in their discussion of special needs, again indicating a broad awareness of diversity.

The only explicit challenge to inclusion in the Australian sample was in relation to students who had major health issues. All schools employed a combination of mainstream inclusion and selective withdrawal for students with LD, as advocated by Westwood (2008) and van Kraayenoord (2007). It was not clear whether this practice indicated that teachers had misgivings about inclusion as a unilateral policy, or were being responsive to student need.

In India, the general understanding of Special Education was that it applied only to those with severe physical and mental disabilities. Students with significant impairment were housed in special schools that were charity-based and did not come under the umbrella of mainstream education. The concept of inclusion and mainstreaming as educational practice in the India sample schools was rarely considered.

Evidence from the study supported the suggestion in previous literature that, whilst inclusiveness has been acknowledged as a general social principle in India, it has not yet been established in educational practice (Thomas, 2005; Vijay, 2003). Only Dyslexia appeared to be gaining recognition as a specific LD in mainstream schools, largely due to the proactive lobbying by concerned parents (Spaeth, 2003).

## Problem of screening and labelling

An important finding was that some respondents in the Indian sample did not know how many of their students had LD. Without any regulatory requirement to assess, or any commensurate government funding for LD, this was not surprising. Without a mandated plan for inclusion, prescriptive curricula were found to dominate mainstream education. Responses indicated that family-initiated assessment of LD was uncommon. Instead, families tended to employ private tuition as a means to raise their child's achievement to the expected standard. Only the emerging awareness of Dyslexia seemed to present a challenge to traditional understandings of LD.

In India, the social stigma attached to disability, cited by several respondents, was a strong deterrent to the identification of LD. A principal who understood the concept of LD but did not want to label students expressed this.. It may also account for the reluctance of many institutions in India to formalise LS. Schools in the Indian sample that had identified students with LD were wary of the potential impact of labels on students and their families.

## Resources available for screening and intervention

In the Australian sample, LS was provided in a variety of ways, including additional human resources, modification of facilities, a modified curriculum, Individual Education Plans and technology, all designed to make learning as easy, enjoyable and effective as possible. However, while inclusion was assumed, identifying the best ways to achieve it was less well defined. The study revealed that even the relatively generous resources available in Australia are limited and that, consistent with the finding of Watson, LS ends to favour students whose needs are consistent with a discrete medical model of disability (2007). Conversely, the study also supported Watson's (2007) finding that those students who have LD, but who are not readily identified or managed in the mainstream, comprise the most neglected category of students.

The study revealed a lack of urgency or commitment in the Indian sample of schools to providing viable interventions for students with LD. This confirms the researcher's own experiences in India, where the only effective movement towards specific assistance tended to come from the parents of children who had LD, rather than from the schools themselves. Responses from the Indian participants and from special educators contacted in India during the study highlighted that they had no access to culturally appropriate assessment tools. This supports Krishnamurthy's assertion (2003) that teachers in India do not have access to the formal test materials that are readily available to Western educators. The dearth of materials appears to limit both

understanding of LD and the initiation of school-based assessment. Though cost is a factor for many schools, this study suggests that teacher development and the provision of culturally relevant screening tools are also required to meet the needs of students who have LD.

From a historical perspective, the Indian scene today in many ways depicts the Australian situation a few decades ago, when changes in Special Education were emerging (Jenkinson, 2006). Given the fast-paced growth and vitality of India's economy and the rapid expansion of its education sector, a greater awareness of LD is likely to inform future practice (Pandit, 2003; Khan, 2007). The pressure of academic success on children has previously been recognised by Indian educators (Karanth, 2003) and respondents in this study also identified it as a burden. The Indian teachers in this study felt confined by a prescriptive curriculum, which contrasted markedly with the open and flexible approach of Australian schools (Graham & Bailey, 2007), where curriculum appears more responsive to a student's learning needs.

## Funding

The pressure described most often by the Australian respondents related to funding for students with LD. In Australian schools in the sample, funding for LS was largely dependent on the definition of learning disability and special educators struggled to help those children who did not fit into a specific category of disability. This relates to the work of OKeeffe (2008) who identified as a significant professional burden the determination of eligibility for funding. The present study suggests that Australia's relatively generous provisions for disabilities and the high expectations of inclusive practice have drawn special educators into a demanding cycle of evaluating programs, assessing student needs and advocating for funds. This is a problem that teachers in the Indian sample simply did not have, due to a relative lack of resources and the complete absence of a system of universal funding for education.

A noteworthy finding of the study was how profoundly the availability of funding impacted upon the vision and aspiration of the educators themselves. Asked to envisage how they would meet their students' needs if the funds were available, the Australian teachers responded with an impressive array of possibilities. The researcher was left in no doubt of the teachers' commitment to early detection and intervention as best practice in improving learning outcomes. By contrast, Indian respondents struggled to visualize a situation in which greater expectations would not place an undue burden on families.

## Policy and professional development

Despite differences in culture, funding and resources, the greatest variation observed in the study was in the teachers' understanding of LD and, therefore, the support provided for individual children. In comparison to India, Australia has the advantage of extensive research in the fields of education, special education and LS. It has a high proportion of special educators working in mainstream schools. The small

number of Indian special educators in this study cited a lack of teacher awareness and teacher training, and a consequent lack of LS for children experiencing LD. This was confirmed in informal conversations with three special education consultants and a number of parents during the course of the study. However, this concern at the lack of awareness was not shared by school principals, illustrating a lack of communication between special educators and mainstream educators.

## CONCLUSION

The study affirmed the official commitment of both India and Australia to education for all, including students of diverse backgrounds and abilities. However, it revealed a stark difference between the two countries in terms of the facilities and resources provided for children who experience LD. It was an inescapable finding that students with LD in the Australian setting were much more likely than their counterparts in India to receive assessment, modified or differentiated learning programs and ongoing assistance. They were less likely to be stigmatized and segregated from others and they were more likely to be taught by teachers who had some professional understanding of LD. Teachers in Australian schools also had significantly more classroom support and many more resources at their disposal than their Indian counterparts. However, the study revealed that in both countries, the process of providing for students with LD was complex. In India, where the school system took little account of LD, families used private means to help their children meet prescriptive educational standards. In Australia, inclusive practice and the provision of government funding resulted in a more sensitive, comprehensive and transparent response to children with LD, but they also created new challenges and responsibilities for educators.

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