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Primary School Teachers’ Perceptions of Enablement for Inclusive Classrooms: An Empirical Study of Inclusive Education in Bangladesh

Candidate: M. Hayden
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Abstract
This empirical study investigates teachers’ perceptions of enabling factors to create inclusive classrooms for children with disabilities (CWD). The key enabling factors have been situated within the framework of knowledge, skills, and beliefs. Semi-structured interviews were used to explore the understandings of inclusive education, the barriers to inclusion, and the contextually relevant classroom strategies. This ‘model inclusive school’ in urban Bangladesh has evolved its educational programmes through segregation, integration, and inclusion to place students in the most appropriate classroom setting. Thus illustrating two key points: the process towards inclusion is impacted by the local context and a range of educational supports can exist concurrently. The inclusive setting offers CWD the same educational opportunities as their peers by using child-centred pedagogy and ‘practical teaching’ methods. Although the same teaching strategies were effective, the main differences for teaching CWD were the levels of individual support and the modifications to the quantity of work. While this school is a unique NGO programme, there are lessons to be gleaned from its effective inclusive practices.

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<td>BBS</td>
<td>Bangladesh Bureau of Statistics</td>
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<td>CP</td>
<td>Cerebral Palsy</td>
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<td>CPD</td>
<td>Continuing Professional Development</td>
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<td>CWD</td>
<td>Children with disabilities</td>
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<td>DFID</td>
<td>Department for International Development</td>
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<td>DPE</td>
<td>Directorate of Primary Education</td>
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<td>DS</td>
<td>Down’s Syndrome</td>
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<td>DRWG</td>
<td>Disability Rights Watch Group</td>
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<td>EFA</td>
<td>Education for All</td>
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<td>GER</td>
<td>Gross enrolment rate</td>
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<td>GOB</td>
<td>Government of Bangladesh</td>
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<td>GPI</td>
<td>Gender Parity Index</td>
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<td>HDI</td>
<td>Human Development Index</td>
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<td>ICACBR</td>
<td>International Centre for the Advancement of Community Based Rehabilitation</td>
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<td>MDG</td>
<td>Millennium Development Goals</td>
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<td>MOE</td>
<td>Ministry of Education</td>
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<td>MOPME</td>
<td>Ministry of Primary and Mass Education</td>
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<td>MSW</td>
<td>Ministry of Social Welfare</td>
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<td>NER</td>
<td>Net enrolment rate</td>
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<td>NFOWD</td>
<td>National Forum of Organizations Working with the Disabled</td>
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<td>NGO</td>
<td>Non-governmental organisation</td>
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<td>SEN</td>
<td>Special educational needs</td>
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<td>PEDP</td>
<td>Primary Education Development Programme</td>
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<td>RTI</td>
<td>Response to Intervention</td>
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<td>UKDPC</td>
<td>United Kingdom Disabled People’s Council</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNCR</td>
<td>United Nations Convention on the Rights of the Child</td>
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<td>UNESCO</td>
<td>United Nations Educational, Scientific, and Cultural Organization</td>
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<td>UNICEF</td>
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<td>WB</td>
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1. Introduction

In developing countries, access to primary education has improved with the global movement towards education for all (EFA). Yet to achieve this target the hard to reach children need to be identified and acknowledged; unfortunately it is common for marginalised children to remain seemingly invisible and often excluded from school. As long as the majority of CWD are excluded from education, the EFA goals will not be met (Peters, 2003). The Salamanca Statement (UNESCO, 1994) promoted international commitments of inclusive education to meet the target of achieving EFA, including children with disabilities (CWD) (Eleweke and Rodda, 2002). It is not only focused on access to education, but meaningful participation in an inclusive classroom. Inclusive education is recognised as part of the human rights agenda in which a student has a right to access education, as well as equitable rights within education (Florian, 2008).

Although successful models of inclusion exist in the global north, it is imperative that the local context and culture are considered in term of their strengths, as well as their constraints. Therefore in order to approach a study about inclusive education, it is essential to unpack what is understood as inclusion in the local context of this study, to examine the implementation of teaching strategies, and to explore how inclusive classrooms are created. While it is recognised that inclusion encompasses a wider breadth of diversity of marginalised children who face barriers to access mainstream education, the scope of this research is concerned with the education of CWD in Bangladesh. The term ‘children with disabilities’ is used throughout this paper to reflect the philosophy of the ‘people first language’ (Snow, 2007). It is felt that in this study, the children are labelled according to their medical diagnosis therefore highlighting that they are children first and foremost is an important distinction. In contrast the term ‘disabled persons’ is commonly utilised in the UK to reflect that society has disabled people (UKDPC, 2013).

The intent of this study is to gain a greater understanding of inclusive teaching practices, from the perspective of a Bangladeshi primary school teacher, in order to identify realistic enablers for in-service teachers. The guiding question of this research is ‘what factors do teachers identify that will enable them to create inclusive classrooms?’ This study will examine inclusive education at the micro level of the classroom by exploring the secondary questions regarding teachers’ understanding of inclusion, barriers to create inclusive classrooms, and strategies to meet the diverse learning needs within an inclusive classroom. Malak (2013) suggested that in order to meet
the special educational needs (SEN) of children, careful consideration is required by teachers to use child-centred pedagogy, as well as modify the curriculum, assessment, or classroom environment.

This study will be presented as follows. The next section (2) reviews the academic literature on the global discourse of disability, models of disability, inclusive education, and pedagogy for inclusion. Section 3 reviews contextual literature on the policies and practice regarding education in Bangladesh. Section 4 reviews the methodology and research design of this qualitative study which is based on semi-structured interviews of teaching staff at a model inclusive school in Bangladesh. The research process is discussed with consideration of the study limitations. Section 5 presents the study findings. It opens with a description of this Bangladeshi inclusive school then followed by a discussion about the teachers’ contextual understanding of inclusion. Additionally the barriers and challenges, as well as the strategies, to create inclusive classrooms will be explored. The concluding section (6) draws together the discussions and findings with the current literature. As Bangladesh embarks on its goal to provide inclusive education opportunities for all children, it is important to determine how it has been effectively implemented thus far.
2. Literature Review
This section will provide an overview of the models of disability, examine disability in developing countries, and explore the practice of inclusive education. Additionally a review of pedagogical methods for inclusive classrooms will be discussed.

2.1 Disability Discourse
Disability is viewed as a functional limitation which restricts full community participation (DFID, 2008). It is “defined in terms of the consequences for functionality of a physical or cognitive impairment and impact on social participation, including the barriers to such participation in particular societies” (Bines and Lei, 2011, p. 420). There are two main models of disability, individual and social, that are the cornerstone of the disability discourse.

The individual model of disability, often referred to as the medical model, views an individual’s impairment as problematic to their role in society. From this perspective disability is defined as ‘within’ the individual and the person’s functional limitations are directly related to their impairment (Oliver, 1990). The main critique of this model is its simplistic description of an impairment leading to a disability and its oversight of cultural, social, and environmental factors (Oliver, 1996; Reindal, 2008). It also reinforces the medical causation implying that disability is an entity which cannot be separated from the person (Croft, 2010).

In contrast, the social model views disability as a socially constructed limitation influenced by political, cultural and socio-economic factors compared to the medical model which emphasises the health deficits as the source of the problem for equitable participation (Oliver, 2004; Šiška and Habib, 2013). This model highlights that disability is a result of interactions between an individual and the environment rather than a condition within an individual (Broderick et al., 2005; WHO, 2011). It also recognises that a lack of adequate services is disabling (Lang, 2007). Oliver (1996) argues that the social model of disability has shifted the disability discourse towards human rights and equality. In summary, this framework specifies that:

Disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others (UN, 2006, p. 1).
The social model also has its limitations. Lang (2007) argues that the cultural context of disablement is overlooked. For example, he explains that certain skills may not be essential in different communities. He also raises the point that a rights-based approach to disability presumes that the society places priority on an individual’s rights compared to the community. Another alternative to the discussion of disability is the perspective that the medical model and the social model are not a dichotomy as they are often perceived since the influence of health on people’s functioning occurs regardless of societal impacts (Norwich, 2002; WHO, 2011). Additionally the International Classification of Functioning, Disability and Health (ICF) proposed, the ‘bio-psycho-social model’, to reflect the influence of both models of disability (WHO, 2011).

Oliver (1990) suggests that the real issues of disability are related to “oppression, discrimination, inequality and poverty” (p.1). Not only are people with impairments considered disabled, they often face “practices of structural, social and attitudinal impediments” (Meekosha & Soldatic, 2011, p.1391). Exclusion from education is one such impediment; by excluding CWD, their right to an education is overlooked and they will likely continue to be marginalised from the community as adults (Šiška and Habib, 2013). Therefore an inclusive society has widespread benefits.

2.2 Disability in developing countries
People with disabilities could be considered part of the world’s largest minority group, at over one billion people, which is approximately 15% of the world’s population (Meekosha and Soldatic, 2011; UNESCO, 2005; WHO, 2012). It is approximated that 80% of the world’s population of people with disabilities reside in developing countries (Norwich, 1999; Eleweke and Rodda, 2002; UNESCO, 2010). There is a tendency in low-income countries to view the educational needs of CWD as separate and different from the needs of the general population; this often results in segregation, occasionally in integration, and rarely in inclusion (Miles & Singal, 2010; Ahsan, 2013). The discourse of inclusion often has different interpretations in the global north and south. As a generalisation, inclusion in the north typically refers to non-segregation of CWD whereas inclusion in the south is primarily concerned with general access to schooling (Bines and Lei, 2011; Zaman and Munir, n.d.). In developing countries, it is not only CWD who face access issues, but also a wider scope of marginalised children (Bines and Lei, 2011).
The recognition that the models of inclusion can take different forms is important in the global discourse of inclusionism. Le Fanu (2013) states that ‘grounded inclusionism’, in the context of feasible inclusive education, “[needs] to acknowledge the situated expertise of local stakeholders” (p. 51). Croft (2012) supports this claim and adds that inclusive education systems need to be flexible to accommodate for interventions which meet local needs and address the sensitivities of local realities. Therefore the context needs to be considered to address realistic expectations in the global movement towards inclusive learning environments. For example in Macau, China a school is considered inclusive for welcoming children with SEN although teaching is not necessarily in the same classroom, but within the same school (Forlin, 2011). Although it is more flexible in its interpretation of inclusion, compared to the strict parameters found in northern countries which view full inclusion within the same classroom as the only acceptable option, it has progressed from a model of segregation (Forlin, 2011; Rose, 2007). This Macau school explores a variety of options for student placement ranging from special education classes for students who require higher levels of support with a unique curriculum; to separate classrooms that address the learning targets of the regular curriculum with modification, as well as skill development for community living; and inclusion in mainstream classrooms to access the same curriculum (Forlin, 2011).

In most developing countries, the implementation of inclusive education is unsatisfactory as CWD are often excluded from school (Bines and Lei, 2011; Croft, 2010; Eleweke and Rodda, 2002). For the students with disabilities who attend school, they typically experience lower enrolment, completion, and transition rates, as well as mean years of education (Filmer, 2008; WHO, 2011). According to WHO (2011), completion rates were approximately 10% lower and mean years of education were one year less for CWD compared to their non-disabled peers in low-income countries. However there have been a number of factors, influenced by the targets of EFA and the millennium development goals (MDGs), that have positively impacted the education of CWD in the global south including targeting hard to reach children, striving to achieve universal primary education, recognising human rights, and changing attitudes (Bines and Lei, 2011).

“A society cannot be equitable unless all children are included, and children with disabilities cannot be included unless sound data collection and analysis render them visible” (UNICEF, 2013, p. 64). The ‘invisibility’ of disabled people in society can be a result of the lack of appropriate identification
and stigma. Stigma contributes to the issue of under-reporting, as families may be reluctant to disclose their child’s status, as well as the issue of exclusion from community participation such as attending schools (UNESCO, 2010). However if they continue to remain invisible, exclusion is a common outcome.

In the global south, although there is a lack of comprehensive data collection on CWD there is enough indication that the educational needs and participation of this population need to be prioritised (Bines and Lei, 2011). Disaggregated data for children with disabilities is of vital importance to inform the planning of all stages of the process of a responsive education system (Croft, 2012). However Bangladeshi CWD are not accounted for in the national census (Ackerman et al., 2005). Therefore if CWD are under-reported, then the number of education programmes for this population cannot be adequately met. Equally important is retaining statistics of CWD enrolled in schools to monitor progress towards inclusion (UNESCO, 1994).

2.3 Inclusive Education

“Inclusion involves the process of changing values, attitudes, policies and practices within the school setting and beyond” (Polat, 2011, p.50). The model of ‘inclusive schools’, compared to segregated or integrated models of schooling, is starting to evolve in developing countries (WHO, 2011). However, the physical placement of CWD in a classroom does not necessarily equate to inclusion and may more closely reflect a model of integration (Forlin, 2011; Polat, 2011). Integration is conceptually different from inclusion as it refers to either a partial or full physical integration of CWD in regular schools; it does not reflect immersion in the same learning environment in order to access the same curriculum which is paramount in inclusion (Polat, 2011).

In comparison, segregation is the basis of special education and places learners in separate environments away from other learners. This approach is typically influenced by a medical model of disability, which categorises individual’s abilities based on a diagnosis, but this practice is misguided as a consistent correlation between levels of impairment and levels of educational need does not exist (Norwich, 1999). However labeling children poses a dilemma as identification of SEN may lead to increased stigma, yet without this identification it may not be possible to fully meet a child’s educational needs (Norwich, 1999). Norwich (2002) suggests that in order to shift towards inclusion, more importance on individual learning needs compared to categorical needs based on diagnosis is required, thus reflecting the ideological shift from the individual to the social model.
Inclusive education is based on the social model of disability that recognises the diversity of learners’ abilities and needs. This education model tries to balance the needs for social inclusion and equality with the objective to go beyond skill acquisition in order to address belief systems which support active learning (Miles and Singal, 2010). It aims to provide opportunities for all children to receive a quality education, regardless of their unique learning needs and circumstances. Although CWD may have some similarities, they have individual traits as do all children which highlights that they are not a homogenous group who behave according to their labels (Miles & Singal, 2010). According to DFID (n.d.) inclusive education is a comprehensive process that involves supporting diversity of the learners and fostering their individual growth by addressing school policies, practice, and culture. In addition to a lack of enabling legislature and sustainable funding, implementation of an inclusive education system can be challenging due to the provisional constraints of adequate facilities, support services, classroom materials, and staff training (Eleweke and Rodda, 2002).

Inclusion is not merely about access to education, but a principle built on equity that aims to provide children with opportunities for meaningful learning and participation (Croft, 2010; Florian, 2008). The intent is that all students will access an appropriately challenging and flexible curriculum with necessary supports to meet individual learning needs. Therefore the education system is adapted to fit the learning needs of its students, instead of the learners needing to fit the system or be excluded from it (Ahsan and Mullick, 2013; Chhabra et al., 2010; Eleweke and Rodda, 2002). Through the lens of the social model of disability, an individual’s abilities within the classroom environment should be secondary compared to the issue of flexibility in pedagogy and accessibility of the curriculum to address these unique needs (Florian, 2008; Polat, 2011; UNESCO, 2005). However, in reality children’s learning needs are often closely tied to the impact of their impairment instead of the accommodations of the learning environment (Bines and Lei, 2011). Similar to the tenets of the social model of disability, the person-environment relationship is embedded within the Salamanca Statement to make consideration of the cultural, social, and environmental contexts (Michailakis and Reich, 2009).

The Salamanca Statement (UNESCO, 1994) states that inclusive schools, deemed ’schools for all’, are to “include everybody, celebrate differences, support learning, and respond to individual
needs” (p. iii). It highlights the importance of educating all children, regardless of their conditions (e.g. social, emotional, linguistic, physical, and intellectual) within the same classroom, not just the same school (Bines and Lei, 2011; UNESCO, 1994). Provisions of accommodations, through a child-centred pedagogy, are recommended for CWD to access the curriculum (Ackerman et al., 2005). In addition to striving towards achieving EFA, an inclusive environment within a regular school can help to combat discrimination, reduce prejudice, foster positive attitudes, and build tolerant communities within an inclusive society (Ackerman et al., 2005; Bines and Lei, 2011; Kibria, 2005; UNESCO, 1994; WHO, 2011). It is also thought that an education system can become more efficient and cost-effective with the model of inclusive schools rather than the different models of special schools (Ackerman et al., 2005; Kibria, 2005; UNESCO, 1994).

In contrast, limitations to inclusion education have been argued. Hornby (2012) suggests that the term inclusion has a variety of interpretations, including the notion of social inclusion which may be more relevant for some students than learning within the same classroom. Miles and Singal (2010) posit that children with profound disabilities should attend special schools for their needs to be adequately met. Hansen (2012) supports this view that not all children can be appropriately placed in an inclusive classroom and recognises that there are limits to inclusion in practice. She further argues that pedagogical practice may not be universally effective for all children and that exclusion of some children is required for the benefit of the class. Additionally teachers may demonstrate negative attitudes depending on the child’s behavioural or functional challenges (deBoer et al., 2010).

2.4 Pedagogy for Inclusive Education
Researchers, in both developed and developing countries, have argued that teachers’ knowledge, beliefs, skills and practices are essential for the successful implementation of integration and inclusion therefore education reform requires a pedagogic component (Croft, 2010; Miles and Singal, 2010; Rouse, 2008). “Pedagogy encompasses not only the practice of teaching and learning, but also the ideas that inform practice held at various levels of the education system and in broader society” (Croft, 2010, p. vii). The components of curriculum, learning, and teaching contribute to the discourse and act of teaching known as pedagogy (Alexander, 2004). Norwich and Lewis (2007) describe pedagogy in a similar manner, as the interaction of teaching, “classroom strategies taken to promote school learning” with knowledge and curriculum (p. 133).
There is a common perception, particularly held by teachers, that educating children with SEN requires special teaching (Florian and Black-Hawkins, 2011). However this notion is challenged by Norwich and Lewis (2007) and Hegarty (2007) who argue that most children respond to the same instruction irrespective of the school type. Norwich and Lewis (2007) use the conceptual framework of ‘general differences’ and ‘unique differences’ in order to explore if special pedagogy is actually needed to meet the needs of children with SEN or if general teaching practices can be applied to all students (Rix et al., 2009).

Norwich and Lewis (2007) explain that the ‘general differences’ position is “informed by the needs which are specific or distinctive to a group which shares common characteristics” (p. 129) compared to the ‘unique differences’ position where “pedagogic decisions and strategies are informed only by common and individual needs” (p.130). The unique differences position further identifies that a general yet flexible teaching framework allows for variations of individual needs to be met and rejects the philosophy of the general differences position which believes in specific pedagogic strategies for students with SEN (Norwich and Lewis, 2001; 2007). Norwich and Lewis (2007) propose three distinct needs of teaching: “needs common to all learners; needs specific or distinct to groups of learners; and needs unique to individual learners” (pp. 128-129). They suggest that there is a continuum of teaching approaches ranging from the general classroom adaptations to more specified approaches for students with complex needs.

Norwich’s three key categories of needs draw comparison to the Response to Intervention (RTI) model as they both emphasise the necessity of global teaching strategies. RTI includes three tiers of strategies (i.e. general, targeted, and individual) which progress in intensity (McIntosh et al., 2011):

[This model] is intended to reduce unnecessary referrals to special education by ensuring that all children in the general education setting have access to high-quality curriculum and instruction that are provided in a cascade of intensity (Fox et al., 2006, p.3-4).

The intensity of academic support increases as students move up to the next tier; the RTI model recognises that the majority of learners benefit from the same instruction and strategies, students
grouped together requiring targeted strategies and a few students require individualised specialised interventions (See Figure 1) (Fox et al., 2006; Fuchs and Fuchs, 2006). The ‘greater intensity of teaching’ rather than ‘different teaching’ refers to a shift to a more teacher-centred approach, such as using more direct, explicit instructions of greater frequency and increased monitoring of children’s responses (Fuchs and Fuchs, 2006; Norwich and Lewis, 2001).

![Figure 1: Conceptual Model of Pedagogic Needs adapted from the theories of ‘unique differences’ (Norwich & Lewis, 2007) and Response to Intervention (RTI) (Fox et al., 2006).](image)

Florian and Linklater (2010) posit that teachers have the required skills and knowledge to teach all learners, but instead it is the application of these skills where they may feel uncertain or lack confidence. Similar findings were found in Bangladesh as teachers in a focus group study identified that although they had been trained to use a child-centred approach to learning, they lacked the confidence to implement it and therefore resorted to using a teacher-centred approach (Zaman and Munir, n.d.). Vavrus (2009) refers to ‘contingent pedagogy’ which is described as a range of pedagogy for excellent teaching, rather than a dichotomy, on the spectrum between teacher-centred and student-centred practice (p.310). This pedagogical philosophy is adaptive to the local context of teaching which is reflective of culture, politics, and tradition. She further explains that the constraints in resource poor countries, such as a lack of materials and overcrowded classrooms, are realistic challenges that limit instruction options, but do not necessarily detract from its effectiveness.
3. Bangladesh Context
An overview of the general population, socio-economic status, and cultural implications of Bangladesh will be reviewed. This will then be followed by a discussion of the education sector from a macro and micro level.

3.1 Bangladesh Overview
Bangladesh is situated north of the Bay of Bengal with its southeastern point bordering Myanmar and the remainder of the country bordering India; given its landscape and locale, the country is prone to natural disasters which put its citizens at increased risk of acquired disabilities (DRWG, 2009). In a cultural context, Bangladesh is relatively homogeneous with the majority of its citizens speaking Bangla and practising Islam (DRWG, 2009). Traditional social structures tend to be hierarchical and patriarchal in nature, therefore women and children are typically in positions of weakness (DRWG, 2009). This power situation is worsened if this population acquires a disability due to poverty, malnutrition, disease, or accidents (Ackerman et al., 2005). It has been found that the correlation between being disabled and low educational attainment is stronger than other marginalising factors, such as rural location, gender, and low socioeconomic status (Filmer, 2008).

Bangladesh is particularly densely populated with over 155 million inhabitants; population estimates are as high as 164 million (Šiška and Habib, 2013; WHO, 2013). Over 10% of the population is of primary school age (i.e. 6 to 10 years old), which is comparable to the estimated number of Bangladeshis with a disability (DPE, 2012). Although fewer than 1 million Bangladeshis with a disability are being reported, it is suggested that there are over 15 million people considering the global estimates of disability prevalence rates at 10% (DRWG, 2009; WHO, 2013). Prevalence rates of disability are typically higher for populations living in chronic poverty (Ackerman et al., 2005). Children living in poverty are even more susceptible to being disabled, as families often live in inhospitable conditions, lack awareness about disability and lack access to medical services (Ackerman et al., 2005). This cycle of poverty becomes more challenging to break when an individual is not afforded the opportunity of education; the lack of childhood education significantly impacts on poverty levels in adulthood (Singal, 2011; WHO, 2011).
3.2 Education Sector

Although the Government of Bangladesh (GOB) has recognised that investment in primary education can address issues of poverty, Bangladesh continues to spend less per child in relation to low-income countries with comparable per capita incomes (WB, 2007). The Bangladeshi government’s public education expenditure has remained consistently low for the last decade, falling below the recommended rate of 4-5% to meet MDGs targets, at approximately 2.2% of the country’s GDP (UNDP, 2013; UNDP, n.d., p.18; WB, 2010). The GOB is responsible for one of the world’s largest primary education sectors. In addition to its financial constraints, it faces challenges with its organisational capacity including “insufficient instructional time, inadequate number of classrooms and teaching staff, low teacher effectiveness, lack of sufficient teaching–learning materials, and lack of adequately trained manpower to manage such a large education system” (DPE, 2006; cited in UNDP, n.d., p.18).

Education in Bangladesh is coordinated by two main ministries: the Ministry of Primary and Mass Education, MOPME (up to grade 5) and the Ministry of Education, MOE (post-primary) (BRAC, 2010). It is noteworthy that CWD are governed under the Ministry of Social Welfare (MSW) rather than either education ministry suggesting that an equal right to an education does not yet exist and that CWD are viewed as ‘ineducable’ (Asim, 2011; Miles & Singal, 2010). Furthermore the MSW’s vision statement is to “create a better life in all Bangladesh by providing social welfare, protection, empowerment and development for the poor and vulnerable” (MSW, n.d.). The language of ‘poor and vulnerable’ may further suggest that this population is considered inferior.

In developing countries, educational policy for CWD is typically based on one of three approaches: “charity/welfare, rights and equity, and utility” (societal benefit and/or educational efficiency) (Bines and Lei, 2011, p.420). In Bangladesh, disability is commonly associated with charity and welfare rather than human rights (DRWG, 2009). The traditional model of special schools was founded on a philosophy of charity to help the needy (Bines and Lei, 2011). Another charitable consideration is the Islamic view that disability is a form of disadvantage and society has a responsibility to help to improve the predicament (Bazna and Hatab, 2005). Shifting towards a rights-based approach is a newer concept to replace charitable service-delivery reframing people with disabilities as fundamentally people first and therefore entitled to the same rights (DRWG,
2009). It also requires recognition and respect of these rights, choices, and perspectives (UNICEF, 2013). Although the Bangladesh government is moving beyond a charitable model of service, prioritising these children in the national education planning needs to be addressed (MSW, n.d.).

Although many developing countries have recognised, in educational policy, the importance of inclusive education to meet the educational needs of CWD, countries often struggle to adequately implement systems of inclusion which results in continued exclusion (Bines and Lei, 2011; Croft, 2010; Eleweke and Rodda, 2002). Bangladesh is no exception to this global challenge of implementing international instruments for inclusion and national policies (Ahsan et al., 2011). As a signatory of international frameworks, including the Salamanca Statement (UNESCO, 1994) and the United Nations Convention on the Rights of the Child (UNCRC, 2006), the Bangladesh government has demonstrated a commitment to education opportunities for CWD yet the implementation of these instruments, and even the inclusion of disability rights within its policies, have previously been overlooked (Ahmmed et al., 2012; Ahsan and Mullick, 2013; DRWG, 2009; Kibria, 2005). Ahsan and Mullick (2013) found that the policies omitted inclusive education from a national education strategy and that inclusion was only mentioned for primary education rather than secondary levels or higher.

The education sector lacks the human resources to address the educational needs of CWD. Slee (2001) recommends that the philosophy of inclusion is embedded in the teacher training curriculum. Teacher training in India and Bangladesh is often categorised as general or special education which certainly has an influence on school practice (Singal, 2006; Ahsan, 2013). Reform is needed in the teacher training curriculum in Bangladesh as the current formal training programmes only address the topic of inclusion for secondary school teachers (Ahsan, 2013). This strategy is disconcerting as CWD will enter the school system in primary school and very few will progress to secondary education. Specially trained teachers for CWD are recommended, but this is an ambitious undertaking considering the overcrowded classrooms and the current teacher to student ratio at 56 children for every teacher (Ahuja and Ibrahim, 2006). It is estimated that only 58% (Female=63%; Male= 55%) of all primary school teachers are trained therefore having enough trained teachers is seen as a paramount issue in comparison to training for inclusion (Index Mundi, n.d.).
3.3 Education Opportunities for Children with Disabilities
The reality in Bangladesh is that the vast majority of primary school-aged children with disabilities, 96% of the estimated 1.6 million, do not attend an educational programme (Ackerman et al., 2005; DRWG, 2009; NFOWD, 2009; cited in Ahmmed et al., 2012). Contributions to the low enrolment rate of CWD, within an inequitable education system, include a lack of several factors: adequately trained teachers, informed and proactive parents, accessible and accommodating schools, a flexible curriculum, and disability awareness (DRWG, 2009; UNECSO, 2002). It has been suggested that many CWD, including those with mild and moderate impairments, would benefit from inclusive schools with simple interventions (Croft, 2010; Kibria, 2005). DRWG (2009) posits that with better coordination at the ministerial level, 70% of the CWD out of school could be educated in an inclusive education programme, whereas the remaining 30% of students would benefit from more specialised education supports. Political will is required to address disability rights, including a right to an education, in order to become a reality and to advance the agenda for inclusive education (Eleweke and Rodda, 2002; Meekosha and Soldatic, 2011).

Inclusive education is in its infancy in Bangladesh and it has been found that Bangladeshi CWD have few options for public school education (Ahmmed et al., 2012; Ahuja and Ibrahim, 2006). Although primary education is considered compulsory to grade 5, it does not appear to be prioritised for CWD as it is estimated that fewer than 1,500 CWD have access to state-run special schools that cater to specific disabilities (Ackerman et al., 2005; ILDO, 2010). Morpeth and Creed (2012) argue that in order to create a more equitable system, governments in South Asia have to continue with education reform of the public system and be open to diverse education service providers. In Bangladesh it has been found that the vast majority of opportunities for inclusive education are provided by either non-governmental organisations (NGOs) or private institutions, as these schools are often better prepared to create inclusive classrooms with the use of child-friendly teaching methods (Zaman and Munir, n.d.).

The GOB support of CWD is found within special schools, with a specific disability target group, or vocational training centres up to the completion of secondary school (Ackerman et al., 2005; MSW, 2010). Access to public education is related to diagnosis and assessment; for example, it is much easier to identify hearing and vision loss therefore these students have more education options
than children with other diagnoses (Kibria, 2005). It is the Department of Social Services, MSW that is responsible to oversee special schools and vocational training centres (See Table 1)(MSW, 2010). The MOE provides 64 (one per district) integrated programmes for children with visual impairments attached to regular secondary schools (DRWG, 2009; Kibria, 2005; MSW, 2010).

Eleweke and Rodda (2002) recommend that education ministries in developing countries re-evaluate regular schools as the ideal environment for all children to reach their learning potential. The Bangladesh government has established several education reforms since 1990 (See Appendix A). The National Education Plan 2010, written for all Bangladeshi children, included a brief section on ‘special education for challenged learners’ with two key goals: “[to] include the handicapped in mainstream education” and “special education will be provided to... children [who] are incapable of studying in the usual schooling system” (MOE, p.43). It is unclear if the children are required to fit into the education system, which is typical from the lens of the medical model of disability, or if accommodations will be granted before the children are deemed ‘incapable’ to be schooled alongside their peers. The Primary Education Development Programme (PEDP) was established to address issues of equitable access, quality education, and efficient management (UNDP, n.d.). PEDP-2 identified the necessity to include marginalised children in its scope (MSW, 2010). However implementation of an inclusive public system has thus far been ineffective, but it was reported that in 2014 all primary schools will be bound to admit CWD, as per the PEDP-3 (Principal Interview).

Bangladesh is committed to meeting the EFA targets and has demonstrated great progress regarding enrolment rates and gender parity (WB, 2007). However, meeting the targets for universal primary enrolment and completion by 2015 is unlikely due to the current access and completion rates (WB, 2007). The gross enrolment rates (GER) and net enrolment rates (NER) have been steadily increasing from 2005 to 2011 with the exception of 2008 (See Appendix B)(DPE, 2012). Although gender parity has been achieved in primary and secondary schools in Bangladesh,

<table>
<thead>
<tr>
<th>Ministry of Social Welfare: Education Programmes</th>
<th>Student Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 special primary schools</td>
<td>visual disabilities</td>
</tr>
<tr>
<td>5 special primary schools</td>
<td>hearing &amp; speech disabilities</td>
</tr>
<tr>
<td>2 special primary schools &amp; vocational training centres</td>
<td>physical disabilities</td>
</tr>
<tr>
<td>2 special primary schools &amp; vocational training centres</td>
<td>intellectual disabilities</td>
</tr>
</tbody>
</table>
this trend does not continue to higher education levels (BRAC, 2010; MSW, 2010; WB, 2007). One effective strategy to promote gender equality has been access to free public school for girls in both primary and secondary years, whereas boys receive only free primary education (BRAC, 2010). However with lower levels of educational obtainment, issues other than finances are impacting girls’ access to education.

The completion of secondary school is where the difference becomes more apparent with higher drop-out rates for girls beginning in the first year of junior secondary school (BRAC, 2010). Overall 12.69% of the Bangladesh population has an education level of secondary school completion or higher (BBS, 2010). Although females’ enrolment rates are higher than males, in both urban and rural areas, the ratio of women to men who have completed secondary education is lower (0.784) (UNDP, 2013). It is noteworthy that the urban area rates of completion are comparable between males and females, yet higher than in rural areas; this draws attention to the issue of low educational levels especially for rural females (Rural: Female=4.63% Male=10.93%; Urban: Female=16.82% Male=16.76%)(BBS, 2010). Poverty is the main factor for out-of-school children at the secondary schooling (Ahmed et al., 2007).

Poverty is pervasive in the cities and the enrolment of poor children in urban areas is markedly lower than in rural communities, especially for urban boys (BSS, 2010; WB, 2007). As this study pertains to urban Dhaka, the enrolment rates for poor and non-poor families in urban and rural communities are included (See Appendix C). Statistical records were not available for the number of out-of-school children in Bangladesh (UNESCO, 2011). However drop-out rates in primary school for 2010 indicate that boys consistently drop-out at rates higher than girls for each grade and by the final year of primary school (grade 5) approximately 45.1% of students have dropped out (Female=42.5% Male=47.8%) (BANBEIS, 2012).

The preceding discussion reviewed that there are many out-of-school Bangladeshi children, as indicated by the enrolment, completion, and transition rates. Out of this group of children, CWD face the most marginalisation. Inclusive education has been recommended as a means to provide education for all children, including the most marginalised. In order to gain a greater understanding of how to inform inclusive practice, this study will examine both the barriers and the enabling factors that influence how teachers create inclusive environments.
4. Methodology and Research Design

4.1 Research Objectives and Questions

The main objectives of this study were to examine inclusive education at the micro level of the classroom from the teachers’ perspective and to investigate how these teachers develop inclusive classrooms at an NGO school. Teachers’ perceptions of inclusive education will be primarily explored by examining views of inclusive education, barriers to creating inclusive classrooms, and pedagogical methods for children with diverse learning needs. Furthermore the teachers have commented on the additional training they would benefit from through continuing professional development (CPD). The original idea was to only interview the teachers who had direct experience working in inclusion, yet in order to understand the process towards creating inclusive classrooms, to define the parameters of an inclusive school, and to understand the intricacies of this unique school model it was also important to dialogue with teachers of the special unit.

The research questions help to create the overall framework for the study by establishing boundaries (Pryor, 2010). This qualitative study examined inclusive education using the following framework:

Primary question

- What factors do teachers identify that will enable them to create inclusive classrooms?

Secondary questions

- What are teachers’ understandings of inclusive education?
- What barriers do teachers face to create inclusive classrooms?
- What strategies do teachers use to meet the diverse learning needs of their students?

4.2 Epistemology

This study used a subjectivist position to explore the interpretation of inclusive education by the participants in the study. In order to discover the strategies used by this group of teachers to create inclusive classrooms, it is fundamental to unpack the idea of inclusive education in the specific context of Bangladesh. From an anti-positivist viewpoint the richness of the data comes from “individuals’ values and self-interpretation and representation of their experiences” (Opie, 2004, p.8). Additionally, as a researcher the aim is to remain as objective as possible to convey the participants experiences, therefore the elimination of bias is of great importance (Temple and Young, 2004).
Semi-structured interviews were utilised in order to ensure that key questions were asked of all the respondents while having the flexibility to elaborate on unique participant comments with additional questioning and probing (Bryman, 2012). This format provided a good balance for a flow of conversation, as well as a basis for the comparison of responses. Additionally the use of open-ended questions was beneficial to glean individual responses and perspectives (See Appendix D).

4.3 Research Design
In this qualitative study, the teachers and the principal at an urban inclusive school in Dhaka were interviewed. At the time of coordinating the research, travel to Bangladesh was advised against due to the potential deterioration of security. Therefore SKYPE interviews and phone calls were the best method to conduct the study. Organisational project documents were unavailable except for online NGO annual reports and classroom photographs that were reviewed to supplement the interview information. Educational policies for the school have not yet been formalised, however rules and regulations exist in Bangla. An extensive literature review further complemented the findings of this study. In addition to the relevant books at the University of Sussex library, pertinent resources were obtained using the following search engines: ELDIS (IDS search engine), DCID (Disability, CBR and Inclusive Development), ERIC (Educational Resources Information Center), and JSTOR (Journal Storage). The reference list of key articles further guided my literature search.

4.4 Sample
Since the research was completed remotely, it was determined that a convenience sample was the most appropriate sampling method. Bryman (2012) describes a convenience sample as the participants whom are easily available. Ten teachers at the Bangladeshi Inclusive Infant and Primary School (BIIPS)\(^1\) were selected by the principal to participate in the study based on the criteria of being an in-service teacher who worked directly with children with disabilities. Careful consideration was made to provide a sample of teachers from the different sections of the school who had a range of teaching experience. It is unknown whether any other selection criteria were used by the principal, such as identifying teachers with positive attitudes towards inclusion. The principal also acted as my key contact to coordinate and schedule the interviews. The interview process was finalised through e-mail exchanges between the principal and the Director of the International Centre for the Advancement of Community Based Rehabilitation (ICACBR), at Queen’s

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\(^1\) The name of the school, location of this school, and the school units have been intentionally changed to maintain anonymity as outlined in the consent forms.
University in Kingston, Canada; the key contact in Canada acted as my gatekeeper and provided the initial introduction to the organisation in Bangladesh.

The participants in this study were all current primary school teachers with the exception of a teacher from the pre-school. This convenience sample was comprised of the principal and five teachers from each department, the special unit (SU) and the inclusive section (IS), from the total of twenty teachers at BIIPS: twelve teachers who taught in (IS) and eight teachers in (SU). The interview sample consisted of eight female staff members out of eighteen and the only male teachers. The sample represented a range of teaching experience, two years to fifteen years, and qualifications, registered in a teaching certificate programme to being a teacher educator (See Table 2). Three participants held Master’s degrees in varied fields and one teacher completed a Bachelor’s degree in Education. It was found that teacher training to work with CWD was offered through a variety of NGO training opportunities in either a one-year special education certificate or

<table>
<thead>
<tr>
<th>M/F</th>
<th>Unit</th>
<th>Role</th>
<th>Total Yrs Teaching</th>
<th>Total Yrs at BIIPS</th>
<th>Highest Education Level Obtained</th>
</tr>
</thead>
<tbody>
<tr>
<td>F</td>
<td>SU</td>
<td>Teacher Assistant</td>
<td>2</td>
<td>2</td>
<td>Enrolled in teaching certificate</td>
</tr>
<tr>
<td>F</td>
<td>IS</td>
<td>Teacher</td>
<td>2</td>
<td>2</td>
<td>MPhil degree</td>
</tr>
<tr>
<td>F</td>
<td>IS</td>
<td>Teacher</td>
<td>4</td>
<td>3*</td>
<td>MSc degree</td>
</tr>
<tr>
<td>F</td>
<td>SU</td>
<td>Support for IS</td>
<td>4</td>
<td>4</td>
<td>Higher secondary &amp; teaching certificate</td>
</tr>
<tr>
<td>M</td>
<td>SU</td>
<td>Senior Teacher</td>
<td>11</td>
<td>8*</td>
<td>PASS course &amp; teaching certificate</td>
</tr>
<tr>
<td>F</td>
<td>IS</td>
<td>Teacher</td>
<td>13</td>
<td>13</td>
<td>PASS course &amp; teaching certificate</td>
</tr>
<tr>
<td>F</td>
<td>SU</td>
<td>Teacher</td>
<td>14</td>
<td>14</td>
<td>PASS course &amp; teaching certificate</td>
</tr>
<tr>
<td>M</td>
<td>SU</td>
<td>Head of SU</td>
<td>14</td>
<td>14</td>
<td>Not specified</td>
</tr>
<tr>
<td>F</td>
<td>IS</td>
<td>Pre-primary Teacher</td>
<td>15</td>
<td>12*</td>
<td>Teaching certificate</td>
</tr>
<tr>
<td>F</td>
<td>IS</td>
<td>Teacher</td>
<td>15</td>
<td>14*</td>
<td>BEd degree</td>
</tr>
<tr>
<td>M</td>
<td>-</td>
<td>Principal*</td>
<td>-</td>
<td>&lt;1</td>
<td>MSc *Early Childhood Development</td>
</tr>
</tbody>
</table>

*Teachers had previous teaching experience at a regular kindergarten, primary school, or college.
1 The teacher training certificate is a one year long programme which focuses on special education.
2 PASS course is a 3 year long, University level general studies programme.
3 The teaching certificate has a focus on ‘special education’.
4 The principal was first trained as a Physical Therapist.

Participants identified that they had received training in inclusive education from the following organisations: Bangladesh Kindergarten Association, Bangladesh Prothibondi Foundation/ Bangladesh Disability Foundation (BPF), Centre for Disability and Development (CDD), Enabling Education Network (EENET), Centre for the Rehabilitation of the Paralysed (CRP), Gonoshahajjo Sangstha (GSS), Multi-agency International Training and Support (MAITS), and Save the Children.
short courses up to five days in duration. All teachers at this school will eventually complete the certificate in education programme which covers the following topics: Psychology; Child development; Visual, hearing, and physical disability; Children with special needs; Curriculum development; Introduction to education; and Measurement & Evaluation. Additionally CPD occurs on a weekly basis as a school community.

4.5 Data Collection and Analysis

Data Collection

Participants were provided with a copy of the project overview and consent form in advance. Following the introductions between the researcher and the participant, teachers confirmed that they had reviewed the project information and verbal consent was provided to participate in the study. All participants were asked at the beginning and end of each interview if they had any questions or comments. All interviews were audio-recorded using software compatible with SKYPE. Although the software had been initially trialled for a SKYPE call, the recording of the initial interview did not save. Thorough notes were taken during each interview including reflections about the interviewee’s comments or the interview process; this led to some minor changes in the order and the wording of the interview guidance.

It was agreed that two interviews would be scheduled per day during one school week and that approximately one month later a group interview would be organised; due to scheduling issues and school holidays the group interviews were cancelled, but an interview with the principal was scheduled. The semi-structured interviews were piloted with colleagues in the UK familiar with the research topic and the interview guidance was further revised after the initial interviews. The semi-structured interview for the principal was modified to retain some of the original content, as well as include administrative questions; he was interviewed by phone due to a poor internet connection.

The participants were interviewed via SKYPE in the presence of an interpreter. The principal volunteered to fill this role based on his English-speaking ability, familiarity with the research topic, and availability to be in attendance; one benefit of this situation was that we had already established some rapport before the interviews began and this was evident in the ease of conversation. Only one male participant responded in English and he occasionally required interpretation of the questions.
Transcription Method

Transcribing the recordings into a Microsoft Word document provided an opportunity to listen attentively and to add any omissions to the written notes (See Appendix E). The transcription process went faster than anticipated at a rate of three hours of transcribing for each hour of recording. This may have been due to the review of the handwritten notes prior to transcribing, as well as the Bangla conversation not needing to be transcribed.

All recordings were reviewed twice. Initially, chunks of information were transcribed and the recordings were reviewed in full after completing the first round of transcriptions. Familiarity with the interpreter’s accent, common phrases, and contextual information enabled deciphering of some speech the second round. For direct quotes utilised in this report, grammatical errors and repetition due to speech patterns were edited in order to increase the readability while retaining the content of the responses. Additionally, although responses were provided by the interpreter, who spoke in the third person, the language has been changed to reflect the first person.

Coding

Analysis occurred during the examination of the transcriptions and the assignment of codes (Corbin and Holt, 2011; Temple and Young, 2004). Initial coding was done to categorise responses from each general interview question into a table. A series of tables were created in a Microsoft Word document to compare separate groupings and to determine if trends would emerge (See Appendix F). Each transcription was read thoroughly and categorised by key terms; this was comparable to a system of coding using nodes for common themes. After the initial coding and write-up, the full transcriptions were re-read to check for any omissions, as well as similarities between comments. As themes emerged, categories were added to compare key ideas and transcripts were further reviewed. For instance, although all the participants were BIIPS teachers, they had a range of teaching experiences and worked in two different departments; it was possible to consider how the teachers with more or less experience responded or how the teachers from the SU or IS commented on different issues. Information could then be organised in major and minor themes using a manual coding system. At a later stage NVIVO\(^3\) was used to re-code the transcripts, as new information had emerged following the principal interview. This required all transcripts to be reviewed and coding to be cross-referenced.

\(^3\)NVIVO is qualitative data analysis software.
4.6 Ethical Considerations
The University of Sussex's ethical review process was followed to approve this low-risk study. Additionally, the Director of ICACBR verified that no formal written requests were required to conduct the study at this NGO. Copies of the consent form, project information sheet, and interview guidance were e-mailed to the principal to review with his teachers in advance (See Appendix G and H). The consent form outlined how the information obtained would be used for a dissertation project and how the report would be shared; in addition to submitting a completed copy of the study as a degree requirement at the University of Sussex, a copy will be made available to the ICACBR at Queen’s University, Canada.

In all sessions the participant responses were considered to be confidential. Edwards (1998) stated that is essential to review roles and responsibilities with an interpreter; maintaining confidentiality was requested of the principal to fulfil this role. At the beginning of each interview, verbal consent was obtained. In order to maintain participant anonymity, all responses were recorded according to an assigned participant number without any indication of their name; participant IDs were also used to report individual comments. Pseudonyms were used to protect the identity of the school and its departments. The use of participant IDs and pseudonyms are key research methods to maintain confidentiality and anonymity (Crow and Wiles, 2008). Respondent information has been stored in password protected files and audio-recordings will be deleted upon completion of the study. Another consideration to maintaining anonymity is to avoid identifying any project annual reports or website information, therefore these sources have not been cited and references have been intentionally omitted.

4.7 Positionality, Bias, and Limitations

Positionality
Positionality needed to be considered as a factor to conduct the interviews and create an atmosphere that was conducive to speaking openly (Ganga and Scott, 2006). In this study the researcher was truly an outsider who was unfamiliar with the NGO, as well as the social and cultural contexts of Bangladesh. It was also possible to be perceived as being in a position of power as a middle class, English-speaking, educated foreign woman. My experiences as a school consultant for children with SEN provided me with an insight into the demands of working in an inclusive classroom in a developed country. Although trying to remain objective, this background may have
influenced my reflections on the use of language and labels. Additionally I will be able to draw upon my previous experiences in developing countries and to be reflexive about my position working with vulnerable populations from different cultural backgrounds in low-income countries.

In order to avoid the perceived role of the ‘expert’, it was intentional to not disclose my training as an Occupational Therapist and to introduce myself as a student in international education and development. It was considered that if the participants were aware of my experience as a consultant in inclusive education, they may have felt that there was an expectation to provide the correct answers. The decision was made to maintain my identity as a post-graduate student seeking knowledge rather than a therapist seeking solutions and providing recommendations. It was very difficult to disregard the identity as a therapist as it is not only a professional title, but it frames the way I think, problem–solve, observe and interpret. For example in the initial stages of creating the interview guidance, it was necessary to design general questions to allow for responses to guide the interview rather than presuming the responses.

**Bias**

Respondent validation is recommended to reduce the researcher bias and to demonstrate to the participants that their feedback is valued (Robson, 2011). Participant validation of responses by the teachers was not requested due to their language fluency and the need for translation. However a summary of information was e-mailed to the principal in order to reduce potential bias, to verify accuracy, and to ensure that the content was representative of the school situation; unfortunately his comments were not returned prior to the submission of this report. Without observing the project environment, this study required an understanding of the school programmes and teaching approaches. Therefore there was a possibility to make assumptions of the project, influenced by personal beliefs and theoretical information, while intending to report meaningful, valid, and confirmable findings.

Reflexivity is a necessity to reduce bias during a study (Bryman, 2012). This process helps to interpret observations and to discriminate between personal perception and what information exists to represent reality (Dunne et al., 2005). The use of reflexivity can address the concerns of positionality by taking careful consideration of how the position as a student researcher may impact
the rapport of the relationship (Srivastava, 2006). There was a concern that the interpreted information was subject to bias in terms of questions and responses from either the researcher or respondent. Therefore careful consideration of the impact of the interpreter on the process and the data is needed (Edwards, 1998). According to Cohen et al. (2007), the degree of bias within qualitative studies is influenced by the subjective nature of participant responses that are a compilation of beliefs and experiences.

The interpreter has an important responsibility to convey the information as accurately as stated without alteration of questions or responses, even when one does not agree with the appropriateness of what is being said (Edwards, 1998). When it was initially suggested that that the principal would fulfil the interpreter role, a discussion about the potential conflict of interest had occurred due to the concerns of how he could influence the questions and responses which reflected his school. It was queried how much respondent bias took place in this study due to the teacher interviews taking place in the presence of the principal.

**Limitations**

Study limitations are an inevitable part of research as the unexpected cannot be anticipated (Simon and Goes, 2013). Firstly, when asked by the principal to participate in the study, participants may not have felt that they were in a position to decline. As well, they may have been hesitant to speak openly with the principal in attendance for the interview. Secondly, the teachers are employed in an NGO school with an extensive network of support therefore the findings may not be easily generalised to inform policy and practice in other school settings. Thirdly, time constraints existed in terms of conducting the study and scheduling the planned research components. Additionally, the issues of language and conducting research remotely are discussed in more detail below.

One of the main limitations of this study was the language issue and the use of an interpreter. Temple and Young (2004) suggested that “methodological and epistemological challenges arise from the recognition that people using different languages may construct different ways of seeing social life” (p. 164). The day of the initial interview, it was revealed that the principal would be in attendance as the interpreter, therefore there was not an opportunity to provide thorough
preparation. Although a copy of the interview guidance was provided in advance, in hindsight it would have been useful to have completed a pilot interview with him to review the questions and to clarify the meaning, intention, and purpose of each question. On occasion the interpreter made it clear that he did not understand the question and asked for clarification. However it was evident that intermittently the questions were not well understood by either the interpreter or the participants. For example, there seemed to be some confusion when asking teachers what they enjoyed about teaching or what they found rewarding. The responses reflected how the children enjoyed the classroom activities and how the rewards were given to the children.

As the interviews progressed, the responses were more consistently relevant to the questions which may have been due to the interpreter becoming more familiar with the questions. There were some challenges to decipher the meaning of what has been stated due to errors with the English expressions. However it was helpful that there was primarily one key person speaking, as the familiarity with his accent made it easier to complete the transcriptions and correct some missing text when reviewing the recordings. Additionally, the researcher felt that some of the subtle details of the conversation were missed out due to not comprehending the discussions in Bangla.

Conducting interviews remotely resulted in a limitation regarding how much information could be gleaned by interviews alone. The advantage of a field study would be to gather firsthand observations and impressions of the school. As the researcher had no prior experience with this project, interview time was spent trying to examine the project details, as well as explore the topic of inclusive education. Additionally, the timeliness between e-mail correspondence varied greatly and on a few occasions it was queried whether the cause for delay was due to differences in intercultural communication.
5. Findings and Discussion

5.1 Bangladesh Inclusive Infant and Primary School

At the centre of this study, BIIPS is a ‘model inclusive school’ with its service structure and community spirit leading to its reputation for being inclusive. The school is located in urban Dhaka within close proximity to rehabilitation services consisting of Occupational Therapy, Physical Therapy, and Speech & Language where children can access therapeutic support as part of their school programme. Medical diagnoses are made at this medical centre by the physicians and/or the rehabilitation therapists. The school management committee is comprised of representatives from the NGO, BIIPS, parent and medical community.

BIIPS is a project of a larger non-governmental organisation that receives financial support, nationally and internationally, through grants, donations, and gifts in kind. The Ministry of Health and Family Welfare provides funding directly to the NGO. Individuals and corporate donors may directly fund the school project, as well a portion of general NGO funds are budgeted for BIIPS teacher salaries. Income-generating projects also support the varied projects. Additionally students are required to pay tuition and residence fees (See Table 3). A total of 44 students stay in the school hostel, including two students who attend classes in the inclusive section.

<table>
<thead>
<tr>
<th>BIIPS Student Fees</th>
<th>Admission Fee[^4]</th>
<th>Monthly School Fee</th>
<th>Residence and Food</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students without Disabilities</td>
<td>2640 BDT (£22)</td>
<td>180 BDT (£1.5)</td>
<td>NA</td>
</tr>
<tr>
<td>Students with Disabilities*</td>
<td>5150 BDT (£42)</td>
<td>500 BDT (£4)</td>
<td>NA</td>
</tr>
<tr>
<td>Residential Students with Disabilities*</td>
<td>6000 BDT (£49)</td>
<td>2400 BDT (£19.5)</td>
<td></td>
</tr>
</tbody>
</table>

* Students with disabilities also receive therapy and special sessions.

The school began its operations in 1993 with a special education unit for children with disabilities, primarily serving children with cerebral palsy (CP) (Ackerman et al., 2005). In 1996 an additional school unit was built on the same property. It provided opportunities for integrated and inclusive learning with children of typical development, in a kindergarten or primary school setting, for children who had previously attended the special education unit. In 2005 the current school was opened to combine the two units, special unit (SU) and inclusive section (IS), in order to provide inclusive education within the same school structure, as well as ongoing support to the CWD. The school population consists of children with a range of functional abilities from the local community, as well as children of staff members.

[^4]: School fees at BIIPS were converted from Bangladesh taka to British pounds at a rate of 1 GBP = 121.360 BDT.
Being bound to admit CWD was described as the fundamental difference between BIIPS and a regular school; this key distinction was reported by seven of the eleven teachers interviewed. The current enrolment rate of 268 students includes 95 children with a diagnosis (i.e. 35.4% of the school population). Of these 95 CWD, 60 students are in the SU and 35 CWD in the IS (i.e. 16.8% of the student population). CP is the most common diagnosis and comprises 87% of the special children\(^5\) within the school (See Table 4). Undiagnosed children with special educational needs are not included in these totals. Enrolment numbers fluctuate throughout the year due to varied reasons including moving away, being unable to pay fees, or finding other education options.

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>% of students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cerebral Palsy</td>
<td>87</td>
</tr>
<tr>
<td>Learning Disability</td>
<td>5</td>
</tr>
<tr>
<td>Autism</td>
<td>4</td>
</tr>
<tr>
<td>Downs Syndrome</td>
<td>2</td>
</tr>
<tr>
<td>Hearing Impairment</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
<tr>
<td>95 (60 boys and 35 girls)</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table 4: Diagnoses of children at BIIPS

Children with disabilities are enrolled in each classroom. It is noteworthy that the classrooms of the interviewed IS teachers were only comprised of children with CP and typical students, whereas the playgroup contained more diversity (See Table 5). It was reported by the principal that although CP is the most common diagnosis, there are a few children diagnosed with Autism or a learning disability enrolled in the IS. The school was unable to provide specific information about the diagnostic breakdown of the IS students therefore information was compiled from the teacher interviews.

<table>
<thead>
<tr>
<th>Inclusive section</th>
<th>Total # of students</th>
<th># of diagnosed children per class</th>
<th>% of students with a disability</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Playgroup</td>
<td>40*</td>
<td>7</td>
<td>17.5%</td>
<td>CP 3, DS(^*), 2, Learning disability 1, Physical disability 1</td>
</tr>
<tr>
<td>Gr.1</td>
<td>32</td>
<td>8</td>
<td>25.0%</td>
<td>CP</td>
</tr>
<tr>
<td>Gr.3</td>
<td>17</td>
<td>2</td>
<td>11.8%</td>
<td>CP</td>
</tr>
<tr>
<td>Gr.4</td>
<td>14</td>
<td>2</td>
<td>14.3%</td>
<td>CP</td>
</tr>
<tr>
<td>Gr. 5</td>
<td>11</td>
<td>3</td>
<td>27.3%</td>
<td>CP</td>
</tr>
<tr>
<td>TOTAL STUDENTS</td>
<td>114</td>
<td>22</td>
<td>19.3%</td>
<td>CP 18, DS 2, Learning disability 1, Physical disability 1</td>
</tr>
</tbody>
</table>

* The playgroup has 2 teachers for a class of 40 students. The other classes have one teacher.

\(^5\) The language of ‘normal’ students and ‘special’ students is used by the teaching staff and does not reflect the views of the author. It was explained to the author that ‘normal child’ is a term used to describe regular children, that is to say children without disabilities. In contrast, ‘special’ child is the preferred term to refer to a child with a disability or impairment.

\(^6\) DS refers to the diagnosis of Down’s Syndrome.
At admission, children are between the ages of four to ten years of age and attend school until approximately age fifteen, although there are some overage students. Transition to grade 6, from BIIPS to a public school, for CWD is very low however it was reported that there will be one student transitioning this year. If students do not continue with their schooling, it is essential to prepare them for home and community involvement. According to UNESCO (2011), in Bangladesh the survival rate to the final year of primary school (gr.5) was 66% (2009), the transition rate to secondary school was 90% (2010), and secondary NER was 47% (males=43%, females=51%) (2011).

### 5.2 Understanding of Inclusive Education

Before exploring the question about how to create inclusive classrooms it was important to establish a definition of inclusive education from the perspective of the Bangladeshi teachers. The teachers expressed their views about inclusion and although slight variations in the concept were shared, the common theme was that “inclusive education is a system where normal students and special students can learn [the] same thing in [the] same classroom with the same curriculum” (Participant 7). This description of inclusive education is congruent with the recommendations of the Salamanca Statement whereby all children are to learn not only within the same school, but within the same classroom (Bines and Lei, 2011).

Singal (2008) posits that the basis of the discourse of disability is the concepts of ‘care and charity’ with teachers’ views of ‘doing some good’ by including children with disabilities (p. 1522). This theme was echoed by all the interviewed teachers suggesting a notion of helping the children with disabilities to integrate them into the community, as well as to provide support for learning. It was explained that an “inclusive classroom is much more helpful for [a] special child” (Participant 7).

*Our school is different from other schools because we have two separate units: special needs and inclusive unit, when we admit a special child into the special unit we are prioritising according to his level and according to his ability and we are always aiming that the special child will go to mainstream class, in that sense we plan some ideas to ensure the mainstream education for the special child* (Participant 10).

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7 The names of the participants have been intentionally changed to maintain anonymity as outlined in the consent forms. The terms teacher and participant are used interchangeably to indicate the staff members who took part in the semi-structured interviews.
One teacher was surprised to discover the learning capabilities of children with disabilities and commented on the benefits of an inclusive environment.

I didn’t think that [a] disabled child can read, socialise, or communicate outside the family or inside the classroom. When I came to the inclusive education unit, I saw many of the children playing, reading, [and] writing. They can do almost everything if we can support them (Participant 5).

Two teachers discussed inclusion in terms of educational access for marginalised children who were impacted by gender, socio-economic status, or membership in a minority group, rather than specifically referring to CWD. According to Florian (2008), education as a human right involves both equitable access and participation. A few teachers commented on education as a human right:

Inclusive education is for those children who are disadvantaged from the community for their disability and those students [who] are neglected for their disability. They are neglected from the society because of their disability and they can learn [in an] inclusive education [setting]. They have the same rights as the normal students (Participant 7).

The concept of being disadvantaged was echoed by another teacher who responded that the importance of inclusive education was to help children to be mainstreamed into society. Inclusive education was described by a teacher in the following terms:

It helps the special child to get his or her rights into the classroom and rights for the society... The special child can realise he’s an important part of the classroom, as well as a normal child. [He] can go into the classroom and the special child can get some confidence in the class when looking at the normal child and get inspired from him. [In] inclusive education [he] gets his right to join the mainstream education (Participant 6).

This theme of helping children with disabilities is ideologically aligned with the thinking behind a charitable model found within the individual model of disability. One teacher expressed that disabled people were deprived and that teaching was a means to help the child and to provide solutions.
Inclusive learning environments are often seen as beneficial to strengthen peer relationships. However, students placed in the same classroom may still be excluded from the social aspect of the class (de Boer et al., 2011; Ferguson, 2008). Norwich and Lewis (2007) have found that children with learning difficulties may find social interactions especially challenging. At BIIPS, social inclusion is an expectation as a form of inclusion. The socialisation of children, both ‘normal’ students and ‘special’ students, in the school community ultimately influences inclusion in society; “admitting normal children and special children in the same classroom, in the same situation so they can get some socialisation” (Participant 7). One teacher’s description provided a simple explanation, “the normal student in between the special child [results in] that class [being] inclusive” (Participant 8). Opportunities for peer support can take the form of children assisting each other’s learning through communication, sharing ideas, and inspiring one another.

Inclusive education helps the disabled child to motivate himself by seeing normal, able children in his classroom. [It] can motivate the children towards education [to be] like more normal children, so that they cannot understand they are disadvantaged because of their disability (Participant 5).

As reported by the teachers in this study, they did not have prior experience working with CWD before working at BIIPS. These comments reveal the extent that CWD are excluded from community participation. One participant reported that she had volunteered at the school prior to applying for a post. Additionally, two respondents commented that their teacher training included a visit to a special school where they had their initial exposure to work with CWD. Participant 5 commented that she “realised that they [CWD] are capable [to be taught]”; this suggests that she had underestimated the learning capacity of these children. UNICEF (2013) stated that underestimating the abilities of CWD is a contributing factor to their exclusion.

The teachers at BIIPS expressed their understanding of ‘inclusive education’ that reflected both a social model of disability and an individual model. The inclusive classrooms were comprised of students with a range of abilities, to provide the opportunity for learning and socialisation, within the same environment which is reflective of a social model. The inclusion of students in a school setting has wider implications to being included within the greater society. In contrast, the notion of helping can be considered charitable and highlights the fragility of these students and their
perceived need for extra assistance. Additionally, the language of ‘special’ and ‘normal’ children reinforces the medical model of disability. Ahsan and Mullick (2013) found that inclusive education in Bangladesh is based on the medical rather than social model of disability which has been reflected in the education policy and teacher training. This framework reinforces students’ deficits rather than their strengths (Ahsan, 2013).

5.3 Barriers and Challenges
Teachers at BIIPS identified several barriers and challenges to meet the students’ learning needs. Attitudinal barriers, staffing levels, and time limitations were referred to most often; additionally comments were made about accessibility, communication, and economic issues. Participant 11 described the success of this inclusive school was due to its attempt to eliminate barriers by improving infrastructure, accessibility, and teacher training. Similar barriers were identified by Singal (2011), she stated that:

children with disabilities face limited opportunities (due to lack of trained teachers, restrictive curriculum, physically inaccessible buildings, etc.) and negative perceptions (stigma, low expectations, etc.) about their inability to participate in the education system (p.1049).

Attitudes
Attitudinal barriers towards CWD have been mentioned as a main barrier to access education in Bangladesh. Negative attitudes were recognised by the BIIPS teachers, as well as identified in the systematic review completed for PLAN Bangladesh (Ahsan, 2013) (See Appendix I). Three participants commented on the varied roles that families play in children’s educational opportunities. For instance, two teachers shared that some families may be unaware that a child with a disability can be enrolled in school. This situation is difficult to resolve when parents themselves do not recognise the learning potential of their child or their right to an education, thereby limiting their opportunities for an education by not enrolling them in school. In contrast, one teacher in the IS identified that parents may have unrealistic expectations of the child’s abilities and not be understanding of their lower performance level.
Another issue was that parents of the normal students did not all agree to their children in the same classroom with CWD. The school has needed to coordinate parent meetings to address disability awareness for some parents in response to their objection of inclusive classrooms. This intervention has had positive results with parents becoming more accepting of the inclusive culture of the school. Participant 11 mentioned that the general population views CWD as abnormal which can result in teasing and avoidance behaviour. Additionally, participant 6 commented on the negative attitudes of the general community towards people with disabilities. This teacher felt that at the inclusive school “everyone knows what is disability, what they [CWD] can do, what they cannot do [sic] but general people do not know about types of disabilities, what is disability, what is going on through it”.

Teacher attitudes towards inclusion and working with CWD are an important matter. Negative teacher attitudes were not disclosed in this study however it must be considered that the teachers were selected by the principal and relayed their personal perspectives in his presence. The majority of the teachers interviewed have spent their full teaching career at this school and the remaining teachers have spent over 70% of their career teaching at this school. It is queried whether any negative attitudes may have shifted over time due to the amount of direct contact and experience with this population of students. It has been found that teachers’ attitudes are a fundamental factor to implement inclusive education (Avramidis and Norwich, 2002; UNESCO, 2005; UNICEF, 2007). Teachers’ attitudes and behaviours are important as they impact children’s opportunities to learn and to engage with their peers. Additionally, students’ perceptions about disability and differences are influenced by how teachers respond to and interact with CWD (Broderick et al., 2005).

One challenge to create inclusive classrooms is that accommodations need to be made for the minority of learners, therefore the success of inclusion is partly reliant on the internal and external support systems (Norwich, 2002). A study of government primary school teachers in Bangladesh concluded that there is a casual relationship between teachers’ perceptions of being supported by human and material resources and their attitudes towards inclusive education (Ahmmed et al., 2012). This finding was consistent with an extensive literature review on the topic of teachers’ attitudes towards integration and inclusion which described ‘human resources’ as classroom
assistants, specially trained teachers, and therapists whereas ‘material resources’ included teaching materials, classroom resources, and the physical environment (Avramidis and Norwich, 2002).

**Staffing Levels and Time Constraints**

All teachers within the SU commented on the lack of manpower to provide individualised support for the children. It was reported that class sizes are slightly larger in the IS at a ratio of 15 students to 1 teacher (ranging from 11 to 32 students) compared to 11 students to 1 teacher in the SU (ranging from 6 to 14 students), in addition to volunteer support staff for each special classroom. It was reported by participant 2 that some children prefer to play and socialise rather than engage in their work. If the teacher provides individualised attention, the classroom can easily become noisy with some students being off-task and requiring re-direction and/or support to complete their work. Additionally, students may need toileting assistance. In the IS, a lack of support within the classroom setting was also mentioned by two teachers for the same reasons of providing individualised academic support and toileting assistance. Participant 4 commented that “if there is proper support in my classroom [then] I could manage”.

Children with disabilities often require extra academic support in terms of repetition and more individual attention from the teacher. “Some strategies help the normal child to learn more easily, but sometimes the special child cannot go more easily. They need more support, more time, more repetition” (Participant 5). Norwich and Lewis (2007) have discussed that the intensity of teaching may vary for different students as found in the unique differences perspective. One teacher commented on the challenge to teach and manage a child due to the severity of the child’s disability, highlighting that children with more severe impairments were more difficult to teach in an inclusive setting. This view is consistent with the literature that supports children with severe disabilities being in segregated schools where more individualised care is available (Miles and Singal, 2010).

Time was the main barrier for one teacher who stated “the classes are 40 minutes, some special children cannot finish their work properly; if we give them the proper time there are no more problems” (Teacher 7). Three teachers referred to time limitations within the classroom as a challenge; teachers struggled to provide support for all students, as well as children having enough
time to complete their work within the time limit. It has been recognised that the issue of time can be disproportionate to the number of learners in class, as teachers may require more time for a smaller number of children in class with the highest needs (Forlin, 2011).

**Accessibility**

Accessibility, both inside and outside the school, was raised as an issue. As a general challenge to attend schools in Bangladesh, participant 11 discussed a lack of facilities as well as environmental barriers such as infrastructure, classroom design, seating arrangements, and inaccessible toilets. Additionally, children who use wheelchairs are unable to independently travel to the toilets located on the first floor, as they lack the physical strength to use the hand lift; thus highlighting a situation where students are dependent on adult support within the school. Teachers commented on the challenges to manage within small classroom spaces that limited the option of freely moving around the classroom including the students’ access to the blackboard. Participant 6 stated that some children had difficulty attending school due to the distance to travel between home and school; this situation exemplified that if the infrastructure or transportation options were made available, the issue could be addressed from the social model of disability.

**Communication**

Communication was identified as another challenge within the classroom. Participant 8 described communication issues as “sometimes a problem with writing and sometimes [I] cannot understand the speech of the student”. The speech difficulty may occur between the teacher and CWD, as well as amongst peers. It was an interesting observation that the challenges of communication were more often commented on by the teachers with less teaching experience which may reflect their knowledge of strategies. Participant 6 identified a training need for strategies to work with children with visual and hearing impairments. Communication may be a necessary topic to address in CPD.

**Finances**

Families in Bangladesh are often poor as poverty is pervasive. Therefore, the extra expenses to raise a CWD may be burdensome. For instance, some families are unable to financially support a child to attend school, as well as receive adequate medical support. At BIIPS there are currently nine (20%) CWD, out of the 95 registered at the school, who have been abandoned by their families and they receive full support from the school for education, accommodation, food, and clothing.
Teachers’ narratives on the challenges of inclusive schools support the notion that effective inclusion is a more complex approach than simply increased access (Šiška and Habib, 2013). Although teachers discussed some barriers found within the wider social context, overall the teachers’ comments were more reflective of the barriers at the micro level within the school and classroom. Participant 5 summarised that “inclusive education is very important in our society to overcome the barriers of a special child in the inclusion system”.

5.4 Strategies for Inclusive Classrooms

The teaching staff identified a number of strategies to foster inclusive classrooms. The suggestions gleaned from the teachers at BIIPS were consistent with the model of inclusion described by Rouse (2006; 2008) which describes the three necessary components for effective teaching: knowing, doing, and believing (See Figure 2). This occurs through acquiring knowledge, developing new skills, changing practice, and reflecting on attitudes towards inclusion (Rouse, 2006; Florian, 2008). Direct teaching based on theoretical knowledge and the use of practical examples to engage the students has been identified by teachers as an effective strategy for both teachers and adults. The Bangladeshi teachers have identified the need for additional knowledge, skills, and strategies. In addition to training needs, one teacher suggested that teachers must also have the motivation to create inclusive classrooms. It is felt that this can only occur if teachers believe that children of varied abilities have the capacity to learn.

![Figure 2: Knowing, doing, and believing (Florian, 2008, p. 205)](image)

Although the interviewed teachers were from two distinct units, one based on a model of special education providing individualised education programmes and the other followed an inclusive education model.
model accessing the same curriculum for all students, one interesting finding was the similarities between the teaching methods used in both sections. This is congruent with the unique differences position, as discussed by Norwich and Lewis (2007), which describes that it is not necessary to utilise special strategies for children with disabilities. The strategies to create inclusive classrooms were also recognized as differences between BIIPS and a regular school. These strategies included provision of extra support, teacher attitudes, flexibility implementing the curriculum, child-centred learning, teaching materials, seating arrangements, and continuous professional development.

Positive Teacher Attitudes

The process to create inclusive classrooms requires dedicated teachers and positive attitudes. It has been found that teachers’ positive attitudes towards inclusion are vital to implement inclusive policy and demonstrate effective teaching practices (Ahmmed et al., 2012; Avramidis and Norwich, 2002). One participant reported that in order to create inclusive classrooms, teachers must have the willingness and desire to support children with disabilities. This comment also suggested that some teachers believe in the benefits of educating children of varying levels and abilities within the same classroom.

Three teachers commented on the gratification they had working with children with special needs as they described the children learning with motivation, encouragement, and enjoyment. Participant 10 commented that “when [I] teach them new things, they are accepting that lesson with enjoyment”. It can be motivating for teachers to observe learning taking place amongst their students. A few teachers expressed their pleasure in observing a special child’s success which motivated them to further engage with the children. “When I saw that these students were getting interested in math, then [I am] very interested and very keen to teach the special child more accurately” (Participant 9). Another consideration has been that positive teacher attitudes are promoted in the CPD sessions. Additionally, three teachers within the SU commented on the emotional bonding that takes place between the teacher and the child with special needs. Perhaps they have had a greater opportunity to develop a closer relationship with their students, as the students were less independent than the students enrolled in the IS.
Support

All teachers commented on the necessity to provide extra support for CWD in either learning environment. Although there was a consensus that the teaching strategies were generally the same for all students, the main difference existed in the amount of assistance and repetition required for individual students. The issue of time for extra care and support was expressed by the teachers throughout the school. It was found that children with SEN required more emphasis on certain aspects of the curriculum (Norwich and Lewis, 2007). Modelling and repetition of lessons were common techniques used to help the children learn the material. It was revealed that some of the learning took place outside of the main classroom. During the interviews, it was reported that sixteen children with CP, in grades 2 to 5, attended homework help in the SU outside of their scheduled class time; this form of support for ‘inclusive’ students reflects a framework of integration.

Peer support was used to teach concepts or develop skills through group work. Zaman and Munir (n.d.) found that peer-based teaching, as well as a flexible child-centred instruction, was found to be an effective instruction method. Participant 8 explained that, “the normal child can assist, she can learn from the practical experiences to teach the special child; as well as the teacher can teach the special child, the normal student can teach a special child”. In order to facilitate peer work, seating arrangements were commented on by 80% of the teachers as a helpful strategy to strategically position children in the classroom. For instance, a child with special educational needs (SEN) would be seated in the front row near a peer who could offer assistance with the lesson. Children could be clustered together to facilitate group work opportunities. Participant 1 indicated that firstly children get assistance from their peers, “if he does not get some help from the peers then the student is seeking help from the teacher”. One teacher commented that she would like to learn more about ‘how I can get regular assistance from the normal child’ to work with the special child (Participant 9). Singal (2008) commented on a similar practice in India, where seating arrangements helped facilitate partner work; she cautions that this strategy may shift the primary teaching responsibility away from the teacher.
Curriculum Flexibility

The curriculum is a normal curriculum and we are adapting the curriculum by flexibility [with] the time and the expected answer should be more accurate. [If] the child cannot write the whole poem, if he writes only the first four lines of the poem the student can get the marks in that way (Participant 5).

Teachers in the IS utilise the government curriculum established by the MOPME. Although CWD are completing the same evaluations as their peers, flexibility allows for task modifications to decrease the quantity of work, such as writing down less information in order to receive full credit for responses. Flexibility with the curriculum also existed in terms of the time for children to complete the work and opportunities to provide individualised support.

Teaching Methods

Teachers at BIIPS demonstrated teaching methods that promoted child-centred learning by incorporating very creative techniques to encourage participation from all of the students. Participant 5 explained that she “teaches the same way for the whole class and [she] uses the role modelling, playing, and dancing”. UNICEF (2009) advocates for creating child-friendly schools by facilitating ‘joyful learning’ opportunities through active participation and activities enriched with resources. One teacher commented on her training course for ‘joyful teaching-learning’ that promoted the use of enjoyable instruction methods. Kaul (2004) described a ‘joyful learning’ programme in India which required teachers to shift away from traditional teaching methods in order to facilitate exploratory activities with enthusiasm.

[It] is more helpful to interact with [a] special child with role-playing strategy, singing strategy, dancing, rhythm and rhyme, playing and moving around, storytelling; this type of strategy is more helpful to teach the student (Participant 6).

In addition, the teachers facilitated learning opportunities through drawing; this activity was identified as a task that all students could participate in without requiring individual assistance.

The method of ‘practical teaching’ through models and demonstrations was enhanced with the use of teaching materials. It was explained that “the practical examples [are used] in the classroom so
that the students can remember easily” (Participant 1). The importance of teaching materials was frequently highlighted by the study participants. This access to materials is certainly an asset as schools in developing countries typically face a scarcity of resources (Eleweke and Rodda, 2002). Teachers discussed how they used resources to enrich their lessons for all students. Materials, handmade or purchased, could be used as manipulatives, visual tools, or communication aids. For example, students may use marbles or sticks to learn counting. Two teachers described the importance of classroom decorations to engage the children by creating an interesting classroom environment. Teachers also mentioned using blocks, plastic flowers, fruit (real or plastic), sticks, shapes, blackboard, and pictures in their lessons. Additionally, one teacher used a pictorial board to encourage students to locate their photograph in order to emphasise the importance of belonging to the class community. One teacher voiced a concern that although the availability of materials and resources was generally good, depending on the class size they may not be used properly as teaching tools.

**Continuous Professional Development**

All teachers in this study expressed an interest in gaining more knowledge and acquiring more skills through CPD. Florian and Linklater (2010) recommend that collaboration with colleagues can lead to teachers feeling empowered. On a weekly basis they have CPD opportunities at school to share information with each other and to learn through presentations about specific topics, such as teaching strategies for children with specific medical conditions or general classroom materials such as a visual schedule. Training sessions are not segregated, therefore the staff members from both sections learn together.

Teachers were keen to learn more strategies to maximise the learning opportunities for their students. Within the SU, teachers recognised the need for more general knowledge about children with different disabilities and information about how to support a child’s development including increased independence after schooling. Some teachers requested specific strategies for children with specific disabilities, reflecting a general differences philosophy, rather than recognising the unique presentation of each child and using global strategies. In contrast, teachers within the IS were interested in more universal teaching strategies, as described by Fuchs and Fuchs (2006). For
instance, one teacher requested strategies regarding how to identify which students required more support, how to create a more enjoyable classroom experience, how to motivate the children to learn, and how to use the education materials to teach the students.

Increased knowledge was frequently identified as a factor to create inclusive classrooms and provide educational support for CWD, as well as a distinction between BIIPS teachers and regular teachers. It was expressed that teachers were seeking skills based on theoretical knowledge to teach more effectively in inclusive classrooms and to better support the children with disabilities. Hands-on-training and practical demonstrations were identified as a priority to help the teachers integrate theory into practice. According to Shulman’s propositional knowledge framework (1987), the teachers were requesting ‘pedagogic content knowledge’ (i.e. how to teach it effectively); ‘general pedagogic knowledge’ regarding classroom management, assessment, and lesson planning; and ‘knowledge of learners’ regarding child development and educational psychology (Stuart et al., 2009, p.193).
6. Conclusion
This qualitative study aimed to examine the enabling factors to create inclusive classrooms, as well as explore the understanding of inclusive education, the barriers to inclusion, and the contextually relevant strategies. In Bangladesh, service provision of inclusive education has been primarily met by NGO schools. One such example is the Bangladesh Inclusive Infant and Primary School (BIIPS) which is considered to be a ‘model inclusive school’ and the focus of this empirical study. The educational programmes at BIIPS appear to have their foundation in the medical model of disability, reflected in the teacher training practices and the terminology to describe the students, yet they also draw upon the social model of disability with the commitment to eliminating barriers, facilitating collaborative student learning opportunities, and creating an inclusive culture.

The Salamanca Statement (UNESCO, 1994) has been an essential framework for inclusive education, as it reflects the social model of disability and recommends that all children are educated within the same classroom environment. The Bangladeshi teachers described inclusive education as ‘special children and normal children in the same classroom environment accessing the same curriculum’; this is comparable to the northern notion which reflects the rights of all children to have access to equitable, quality learning (UNESCO, 1994). Inclusion at the school encompasses the learning opportunities in the IS, as well as the school-wide social opportunities for all students including the children in the SU who follow individual education plans.

Norwich (2002) makes a thought-provoking suggestion that the social model is the foundation for inclusive education whereas the medical model informs the beliefs of special education. Even as the education system gradually shifts from a medical to a social model, the child’s learning capability is often based on individual impairments, rather than societal factors (Bines and Lei, 2011). These perspectives are illuminating in the BIIPS context, as the SU programme uses individual plans to meet the students’ needs that are related to an individual’s diagnosis and function. Additionally, the SU teachers have requested more information about strategies prescribed to meeting the needs of specific diagnoses. In contrast, the IS has shifted towards a social model and interestingly these teachers have requested training with more emphasis on pedagogy. Therefore it appears that the models of disability reflected in the classroom also inform
the teaching needs. Additionally, if the models of inclusion are to reflect the local context rather than be measured against the expectation of what is deemed appropriate in the north, perhaps the process towards inclusion can take different forms. As exemplified in the BIIPS example, there has been an evolution through segregation and integration in order to create an inclusive environment, yet these practices occur concurrently. Furthermore, although all children attend the same school, their educational needs are addressed through different education models.

In terms of the barriers to inclusion, overall the teachers’ comments reflected the barriers at the micro level within the school and classroom. Most often they reported attitudinal barriers, staffing levels, and time limitations; additionally accessibility, communication, and finances were noted. BIIPS’ success in becoming a model inclusive school has been influenced by its commitment to recognising these barriers and attempting to eliminate them or to find strategies that deal with these challenges.

The IS teachers at BIIPS were consistent in describing that they utilised the same strategies for all students. This is congruent with the unique differences position described by Norwich and Lewis (2007) that recommends global strategies for all students and the children who require extra support benefit from more intensive strategies rather than different strategies. In contrast, Florian and Black-Hawkins (2011) argue that children with SEN require special teaching, however this was not found to be required for inclusive classrooms at BIIPS. The variance occurred in terms of extra support and modifications to the quantity of work rather than the form of instruction. It was found that the pedagogical approach to inclusive education at BIIPS is positioned along the spectrum of child-centred to teacher-centred practice. Teachers have explained that their practice incorporates learning materials and a variety of joyful activities, in combination with extra care and individual support involving more repetition for children with SEN; this description of teaching practices was similar in both the IS and SU. As described by Vavrus (2009), this model exemplifies ‘contingent pedagogy’ as it incorporates theoretical knowledge within a realistic practice context for Bangladesh.

In this discussion it has been fundamental to recognise that teachers are an essential component in the creation of inclusive environments. The capacity and attitude of teachers can be considered an
instrument to achieve inclusion (Schweisfurth, 2011). The findings of this study identify knowledge and skills, positive attitudes, and pedagogic practice as enabling factors to create inclusive classrooms. This reflects the model of ‘knowing, believing, and doing’ (Rouse, 2006) that highlights the interwoven relationship of any two of these factors to influence the third. In order to achieve effective inclusion, positive attitudes are a necessity at the level of the school environment and the greater community.

In summary, this study reflected the practice of a model inclusive school in Bangladesh by demonstrating the value in a range of education options for CWD, exemplifying the pedagogical practice of using child-centred teaching strategies for children with varied abilities, and recognising the importance of teachers’ knowledge, beliefs, and skills. Enabling factors to create inclusive classrooms also included professional development, availability of learning materials, opportunities to provide student support, flexibility to implement the curriculum, and positive attitudes. Although the discoveries have been valuable, it is acknowledged that it is difficult to generalise the findings to other environments since this NGO school is unique. It has access to medical services, financial support, and learning materials, as well as small class sizes and staff committed to inclusion which all contribute to the success of the school. However, the findings do validate that Bangladeshi CWD can be educated within an inclusive setting which is a goal for all schools to strive towards.
**Bibliography**


Ahsan, M.T. (2013) National baseline study for developing a model of inclusive education in Bangladesh project based on secondary data, Dhaka: Quality Primary Education Programme PLAN Bangladesh.


## Appendices

### Appendix A: Overview of Education Reforms

**Table 1: Overview of education reforms in Bangladesh 1990 to present**
(Adapted from DRWG, 2009; BRAC, 2010; MSW, 2010; WB, 2007)

<table>
<thead>
<tr>
<th>Year</th>
<th>Program Title</th>
<th>Main Objectives</th>
</tr>
</thead>
</table>
| 1990-2000  | National Plan of Action I (NPA I)                   | To enact compulsory primary education  
To enhance both the quantitative and qualitative dimensions of the programmes it proposed and take up other feasible supportive programmes to attain the EFA 2000 targets (MOPME, n.d.). |
| 1992       | Ministry of Primary and Mass Education established | universalise primary education                                                  |
| 1993       | Compulsory Primary Education Act                    | To increase access to primary education and to reduce poverty  
5 years of primary education free for all children in public schools (note: girls in rural areas eligible for free education up to gr.8); free textbooks in state and registered NGO schools |
| 1998-2003  | Primary Education Development Program (PEDP I)      | To improve the quality and efficiency of the school system  
To improve equitable access to quality primary education in underserved areas  
To strengthen management and capacity-building of institutions  
CWD rarely benefited from the implementation of PEDP-I (MSW, 2010). |
| 2003-2015  | National Plan of Action II (NPA II)                 | To ensure access to primary school for all school-age children  
To ensure that adequate facilities are provided to offer quality education  
To provide non-discriminatory education in the formal and non-formal basic education sectors to people of all ages |
| 2003-2011  | Primary Education Development Program (PEDP II)     | To increase school access, participation rates, and completion rates in accordance with the governments commitments to EFA, MDGs and PRS.  
To improve the quality of primary education available in Bangladesh.  
Marginalised children were included in a new component. Inclusive education was recommended for CWD. However implementation was inadequate and the majority if CWD continue to be excluded from education (MSW, 2010).  
Advocates of the rights for persons with disabilities, such as the National Forum of Organizations Working with the Disabled (NFOWD), and donor pressure influenced the inclusion of disability issues in the PEDP II (DRWG, 2009). |
| 2011-2016  | Primary Education Development Program (PEDP III)     | “To establish an efficient, inclusive and equitable primary education system delivering effective and relevant child-friendly learning to all Bangladesh’s children from pre-primary through Grade V primary” (APSR, 2012, p.6). |
Appendix B: Primary School Enrolment Rates in Bangladesh

Table 2: Gross and net enrolment rates in Bangladesh
(Adapted from DPE, 2012, p.24)

<table>
<thead>
<tr>
<th>Year</th>
<th>Population* of children aged 6-10</th>
<th>All students in Gr. 1-5 (aged 6-10)</th>
<th>All students in Gr. 1-5</th>
<th>GER (%)</th>
<th>Boys</th>
<th>Girls</th>
<th>GPI</th>
<th>NER (%)</th>
<th>Boys</th>
<th>Girls</th>
<th>GPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>17,315,296</td>
<td>15,114,102</td>
<td>16,225,658</td>
<td>93.7</td>
<td>91.2</td>
<td>96.2</td>
<td>1.05</td>
<td>87.2</td>
<td>84.6</td>
<td>90.1</td>
<td>1.07</td>
</tr>
<tr>
<td>2006</td>
<td>16,771,776</td>
<td>15,244,630</td>
<td>16,385,847</td>
<td>97.7</td>
<td>92.9</td>
<td>103.0</td>
<td>1.11</td>
<td>90.9</td>
<td>87.6</td>
<td>94.5</td>
<td>1.08</td>
</tr>
<tr>
<td>2007</td>
<td>16,514,419</td>
<td>15,041,743</td>
<td>16,312,907</td>
<td>98.8</td>
<td>93.4</td>
<td>104.6</td>
<td>1.12</td>
<td>91.1</td>
<td>87.8</td>
<td>94.7</td>
<td>1.08</td>
</tr>
<tr>
<td>2008</td>
<td>16,390,221</td>
<td>14,880,249</td>
<td>16,001,605</td>
<td>97.6</td>
<td>92.8</td>
<td>102.9</td>
<td>1.11</td>
<td>90.8</td>
<td>87.9</td>
<td>94.0</td>
<td>1.07</td>
</tr>
<tr>
<td>2009</td>
<td>15,982,744</td>
<td>14,947,002</td>
<td>16,539,363</td>
<td>103.5</td>
<td>100.1</td>
<td>107.1</td>
<td>1.07</td>
<td>93.9</td>
<td>89.1</td>
<td>99.1</td>
<td>1.11</td>
</tr>
<tr>
<td>2010</td>
<td>15,751,788</td>
<td>14,937,517</td>
<td>16,957,894</td>
<td>107.7</td>
<td>103.2</td>
<td>112.4</td>
<td>1.09</td>
<td>94.8</td>
<td>92.2</td>
<td>97.6</td>
<td>1.06</td>
</tr>
<tr>
<td>2011</td>
<td>16,582,520</td>
<td>16,157,735</td>
<td>18,432,499</td>
<td>111.15</td>
<td>104.6</td>
<td>111.36</td>
<td>1.07</td>
<td>98.7</td>
<td>97.2</td>
<td>99.4</td>
<td>1.02</td>
</tr>
</tbody>
</table>

GER: Gross Enrolment Rate  NER: Net Enrolment Rate  GPI: Gender Parity Index
*Population estimates from DPE (Directorate of Primary Education)
## Table 3: Enrolment Rates of Children by Poor/Non-poor Status 2010 (Lower Poverty Line) (Adapted from BSS, 2010, p.88 & 90)

<table>
<thead>
<tr>
<th>Children Aged 6-10</th>
<th>Poor</th>
<th></th>
<th>Non-poor</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Combined</td>
<td>Rural</td>
<td>Urban</td>
<td>Combined</td>
<td>Rural</td>
<td>Urban</td>
</tr>
<tr>
<td>National Total</td>
<td>78.33</td>
<td>78.48</td>
<td>77.54</td>
<td>89.00</td>
<td>87.92</td>
<td>91.71</td>
</tr>
<tr>
<td>Dhaka Total</td>
<td>77.27</td>
<td>79.39</td>
<td>69.07</td>
<td>89.02</td>
<td>88.06</td>
<td>90.14</td>
</tr>
<tr>
<td>National Male</td>
<td>74.20</td>
<td>74.07</td>
<td>74.86</td>
<td>88.10</td>
<td>86.78</td>
<td>91.36</td>
</tr>
<tr>
<td>Dhaka Male</td>
<td>72.11</td>
<td>74.31</td>
<td>63.66</td>
<td>87.58</td>
<td>85.83</td>
<td>89.61</td>
</tr>
<tr>
<td>National Female</td>
<td>82.59</td>
<td>83.00</td>
<td>80.39</td>
<td>89.94</td>
<td>89.11</td>
<td>92.09</td>
</tr>
<tr>
<td>Dhaka Female</td>
<td>82.42</td>
<td>84.45</td>
<td>74.54</td>
<td>90.57</td>
<td>90.45</td>
<td>90.71</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Children Aged 11-15</th>
<th>Poor</th>
<th></th>
<th>Non-poor</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Combined</td>
<td>Rural</td>
<td>Urban</td>
<td>Combined</td>
<td>Rural</td>
<td>Urban</td>
</tr>
<tr>
<td>National Total</td>
<td>70.20</td>
<td>72.28</td>
<td>60.75</td>
<td>85.52</td>
<td>85.25</td>
<td>86.21</td>
</tr>
<tr>
<td>Dhaka Total</td>
<td>67.05</td>
<td>72.01</td>
<td>51.50</td>
<td>87.03</td>
<td>87.28</td>
<td>86.74</td>
</tr>
<tr>
<td>National Male</td>
<td>62.32</td>
<td>64.58</td>
<td>53.63</td>
<td>82.06</td>
<td>81.28</td>
<td>84.07</td>
</tr>
<tr>
<td>Dhaka Male</td>
<td>59.55</td>
<td>66.42</td>
<td>41.15</td>
<td>84.59</td>
<td>83.97</td>
<td>85.31</td>
</tr>
<tr>
<td>National Female</td>
<td>78.07</td>
<td>79.52</td>
<td>70.19</td>
<td>89.43</td>
<td>89.79</td>
<td>88.55</td>
</tr>
<tr>
<td>Dhaka Female</td>
<td>75.17</td>
<td>77.61</td>
<td>66.01</td>
<td>89.65</td>
<td>90.82</td>
<td>88.29</td>
</tr>
</tbody>
</table>
Appendix D: Interview Guidance

<table>
<thead>
<tr>
<th>Transcription Code:</th>
<th>Duration:</th>
<th>Participant #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE:</td>
<td>Class:</td>
<td></td>
</tr>
</tbody>
</table>

**How many years have you been a teacher?**
- How many years have you been teaching at this school?
- Before you started working here, did you have any experience working with children with disabilities?

**Can you tell me about your teacher training?**
- How did your training help you to work with children who have different abilities?
- Do you have any additional teacher training? Have you had any disability specific training?

**What kind of further training would you like to receive?**
- Is there anything specific that you would like to know more about?
- How do you learn best?

**How do you describe inclusive education?**
- Why is inclusion important?
- How is your school different from other schools?
- How is your classroom different from other schools?

**How many children do you have in your classroom?**
- What types of disabilities do they have?  TOTAL:  SEN:

**How do you usually teach your students?**
- What strategies help the students learn best?
- Do you teach them all the same way?
- Do all the children work together?
- Do all the children do the same work at the same time? How is this possible?

**What do you do to make your classroom inclusive?**
- Are there any barriers?
- What do you think teachers need in order to create inclusive classrooms?
- What do you find difficult about teaching your students?
- What do you like about teaching your students?
- Why do you like teaching SEN students?
- What do teachers need know to create inclusive classrooms?

**Do you have any questions for me?**
Appendix E: Sample Transcription

Participant 7
Grade 4 teacher in inclusive unit Total of 14 students, including 2 students with CP

Interviewer: And, what kind of training would you like to receive?

Interpreter: **how we can motivate the child towards education, how she can do effective teaching in specific way or especially strategy for teaching

Interviewer: ok ... if you are interested in strategies, is there anything specific that you would like more information about for strategies?

Interpreter: ** she would like to receive some training for those children who are not able to communicate verbally so she can communicate with the child

Interviewer: And when you were a student, how do you learn best?

Interpreter: ** she wants some training that consists of some theoretical knowledge and some practical experience based on the theory

Interviewer: Ok great and how do you describe inclusive education?

Interpreter: ** she says that inclusive education is for those children who are disadvantaged from the community for their disability and those students they are neglected for their disability and they are neglected from the society because of their disability and they can learn, inclusive education and they have the same rights as the normal student

Interviewer: And why do you think inclusive education is important? Is there anything else that you would add?

Interpreter: ** inclusive education helps the disabled child to motivate himself by seeing a normal able children in his classroom... and inclusive education can motivate the children towards education like more normal children so that they cannot understand they’re disadvantaged because of their disability

Interviewer: Ok and how is your school different from other schools?

Interpreter: ** the main difference of the normal school and my school is the main difference is a normal school is not admitting disabled child. There are all normal children in normal school, but we admitting normal children and special children, in the same classroom in the same situation so they can get some socialisation from the {?} school and being socialised in their society.

Interviewer: Ok and how is your classroom different from other classrooms?

Interpreter: ** the main difference in classroom is the** the assistance for the special children in more inclusive setting school, but in normal school there are no, no more supportive teaching, no more assistive teaching so that our school is different, is different in the context of helping the child of disability

** denotes conversation in Bangla
<table>
<thead>
<tr>
<th>Participant</th>
<th>Time</th>
<th>Task</th>
<th>Support</th>
<th>Teaching Methods</th>
<th>Materials</th>
<th>Seating</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 IS</td>
<td>Flexibility with curriculum; extra time for student</td>
<td>Don’t complete at same time, students work at own level</td>
<td>Assistance + from teacher; need writing assistance; peer support</td>
<td>“Practically teaching” gives students practical example of real life; students can remember more easily</td>
<td>Teaching materials (e.g. blocks, plastic flowers, plastic fruits; alphabet); examples using real materials; practically using learning materials</td>
<td></td>
<td>Students get tired</td>
</tr>
<tr>
<td>2 SU</td>
<td>Extra time needed; time limits</td>
<td>Teacher and parents</td>
<td>“Practically teaching”; real examples, ‘hand practical’; handling with some object or practical demonstration on observation; learning through play: dancing, singing, playing, drawing</td>
<td></td>
<td>IRP (Individual Rehabilitation Plan)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 SU head</td>
<td></td>
<td>Teachers and therapists</td>
<td>“Practically teaching”; practically model for understanding; eye contact teaching; teach to meet needs of individual education plan (IEP)</td>
<td>Teaching materials (e.g. marbles to illustrate concepts, colours, counting)</td>
<td>Front side</td>
<td>extra care (out of classroom with therapists 1X1, group therapy, sports, outing, counselling)</td>
<td></td>
</tr>
<tr>
<td>4 IS</td>
<td></td>
<td>Teacher (e.g. checks for clarity); first the special student seeking help from peers</td>
<td>‘directly teaching’; using the same strategy for all students; ‘playing teacher strategy’: instrument making, dancing, and singing; Brain Engine</td>
<td>Counting with play material; e.g. flowers, shapes, hide and seek with ball and cloth, pictorial board, pictures, blackboard; lacks toys</td>
<td>Special seating arrangement</td>
<td>Communication book (home-school); recommendations for inclusive classrooms: toys, appropriate classroom size, proper support</td>
<td></td>
</tr>
<tr>
<td>5 IS</td>
<td>Adapting the normal curriculum flexibility with time; work at same time, but provide more time to finish for CWD</td>
<td>Teacher and peer; extra support and special care they are very much, enjoying the learning</td>
<td>Flexibility with curriculum (i.e. more support and repetition; modify quantity of written work); primarily “play strategy”: singing, playing, story-telling, role modelling, acting, rhymes; use same strategies for ALL</td>
<td>Education materials to teach the students; necessary for inclusive classroom; training helped her to use this materials</td>
<td>Special seating arrangement, sit at the front</td>
<td>Repetition (“more and more”); extra care, extra support; writing assist (board, khatta); outreach program; preparing for class she considers the time, the lesson plan, and selection of learning materials</td>
<td></td>
</tr>
<tr>
<td>6 SU / IS homework help</td>
<td></td>
<td>Teacher gives extra support to child SEN in IS; giving extra care to her classes, so student can get good results in the inclusive class</td>
<td>Practical demonstrations, so students can get the live experience and knowledge; “inclusive curriculum” (for both normal and special child); modify quantity of written work (i.e. for severe child) as more difficult for special child to learn; helpful interactions with special child: e.g. Mango (real or plastic)</td>
<td></td>
<td>Seating place of special child</td>
<td>extra care, extra support to do well in inclusive class; sometime the lesson plan is much more difficult for the special student to memorise; individual instruction from teacher</td>
<td></td>
</tr>
<tr>
<td>Participant</td>
<td>Time</td>
<td>Task</td>
<td>Support</td>
<td>Teaching Methods</td>
<td>Materials</td>
<td>Seating</td>
<td>Comments</td>
</tr>
<tr>
<td>-------------</td>
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<td>---------</td>
<td>------------------</td>
<td>-----------</td>
<td>---------</td>
<td>----------</td>
</tr>
<tr>
<td>6 SU / IS</td>
<td>Given the proper time there are no more problems</td>
<td>Drawing is an activity that whole class does together, children with CP don't need extra help</td>
<td>Teacher and peer support; students in small groups; Individual attention; check over work after lesson taught</td>
<td>&quot;Practically teaching&quot; to learn best (e.g. experience, strategy, knowledge, and demo); same strategies for all; understand the level of the special child to deliver the lesson; role-playing, story-telling, rhythm rhyme, acting</td>
<td>Teaching materials to support practical learning (e.g. magnets and pounds)</td>
<td>Special seating arrangement; better to have table and chairs rather than benches</td>
<td>Extra teacher support is key difference from normal school; level of understanding depends on the disability; “normal child is much more helpful than the regular school child”</td>
</tr>
<tr>
<td>7 IS</td>
<td>Ensure that there is enough time; Same thing at the same time</td>
<td>Individual teacher support; peer support to teach; group work</td>
<td>&quot;Practically teaching&quot;; practical demonstration with the sticks; flexibility with curriculum (i.e. modify quantity of written work required to receive full marks; repetition; same strategies for all students, but special child needs more repetition</td>
<td>e.g. sticks to teach math calculations</td>
<td>SEN seated at front of class</td>
<td>seating and teaching materials are key for inclusion; knowledge needed to create inclusive classrooms (e.g. how to: use teaching materials; teach students; praise and reward; interact; communicate)</td>
<td></td>
</tr>
<tr>
<td>8 SU</td>
<td>Special child needs more and more time</td>
<td>Teacher and parent (transition for first few months); peer support to teach the SEN child; same strategies for all, but level of support varies (e.g. repetition and emphasis)</td>
<td>Whole class teaching strategy: draw, sing, spell aloud, use pictures of item; fun and work, shake and move in music class; modify written quantity required to complete; IEP goal plan: individual support (completed in collaboration with therapists); repetition of concepts using different materials/strategies</td>
<td>e.g. pictures and props; use of classroom decorations for attention</td>
<td>Classroom seating: u-shaped table with teacher in middle; chairs adjusted to ind student</td>
<td>normal children allowed in class to play with special child (the only time during the day that they engage)</td>
<td></td>
</tr>
</tbody>
</table>
CONSENT FORM FOR RESEARCH PROJECT PARTICIPANTS

PROJECT TITLE: Primary School Teachers’ Perceptions of Enablement for Inclusive Classrooms: An Empirical Study of Inclusive Education in Bangladesh

Project Approval Reference: ---

I agree to take part in the above University of Sussex research project. I have had the project explained to me and I have read and understood the Information Sheet, which I may keep for my records.

☐ I understand that any information I provide is confidential, and that no information that I disclose will lead to the identification of any individual in the project or my workplace.

☐ I understand that agreeing to take part means that I am willing to:
  o Be interviewed by the researcher using SKYPE
  o Allow the interview to be recorded for sound
  o Be available for a second SKYPE session if I choose to participate in the focus group

☐ I understand that confidentiality cannot be completely guaranteed for information which I might disclose in the focus groups discussions. My right to confidentiality will be respected at all times by the researcher.

☐ I understand that the following steps will be done to prevent my identity from being made public:
  o My name and the name of my school will be changed in any reports
  o All information gathered will be stored in a password protected file

I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project without being penalised or disadvantaged in any way.

I consent to the processing of my personal information for the purposes of this research study. I understand that such information will be treated as strictly confidential and handled in accordance with the Data Protection Act 1998.

Name of Participant: __________________________________________________________

Date of Verbal Consent: _____________________________________________________
PARTICIPANT INFORMATION SHEET

STUDY TITLE
Primary School Teachers’ Perceptions of Enablement for Inclusive Classrooms: An Empirical Study of Inclusive Education in Bangladesh

INVITATION PARAGRAPH
You have been invited to take part in a research study about teachers ideas about inclusive education. Before you decide whether or not to take part, it is important for you to understand why the research is being done and how you will asked to participate in this study. Please take the time to read the following information carefully.

WHAT IS THE PURPOSE OF THE STUDY?
This study will look at teachers’ beliefs and experiences with inclusive education to identify what factors help to create inclusive classrooms in Bangladesh. Information from teachers will be gathered through the use of SKYPE technology. Initially there will be individual interviews and some participants will also be involved in a group discussion.

The study will take place from June 24 to August 29, 2013 with participant discussions being completed by the end of July.

WHY HAVE I BEEN INVITED TO PARTICIPATE?
You have been chosen by your principal to participate in this study to provide information about your personal experiences and ideas about inclusive education. Up to 10 primary school teachers at your school will be interviewed.

DO I HAVE TO TAKE PART?
Participation in this study is on a volunteer basis. If you decide to participate in this research you will be asked for verbal consent to participate. At any time you are free to change your mind about being involved in the study and will not be required to provide a reason.

WHAT WILL HAPPEN TO ME IF I TAKE PART?
Participation in this study will take place through SKYPE sessions lasting up to 30 minutes during your workday at a time that is convenient. The first session will be an individual interview. Participants who would like to contribute to a group discussion will be invited for a second SKYPE session as a part of a focus group. Again participation is voluntary and the second session will also last up to 30 minutes during your workday at a time that is convenient.

WHAT ARE THE POSSIBLE DISADVANTAGES AND RISKS OF TAKING PART?
Your participation in this study will not pose any risks to yourself. The only disadvantage will be the time it will take to participate which is estimated to be between 30-60 minutes.
WHAT ARE THE POSSIBLE BENEFITS OF TAKING PART?
The benefits of participating in this study include helping to provide information about inclusive education in Bangladesh to further the knowledge about this important topic. Additionally, the discussions may help to support the learning and teaching in inclusive classrooms at your school.

WILL MY INFORMATION IN THIS STUDY BE KEPT CONFIDENTIAL?
All information collected in this study will be kept strictly confidential (subject to legal limitations in which either you or someone else is in danger) and your personal responses will not be identified to you. During the collection of information, your name will be changed to maintain anonymity as well as the name of your school. That is to say that the identity of yourself and where you work will not be made public. In the event that this information is published, the school and teachers’ names will be changed. All Information will be stored in a password protected electronic file and no one else will have access to this information.

WHAT SHOULD I DO IF I WANT TO TAKE PART?
The principal of your school will be able to schedule an interview time for you if you wish to participate in this study.

WHAT WILL HAPPEN TO THE RESULTS OF THE RESEARCH STUDY?
The results of the research study will be used to write a thesis which is a requirement for a Master’s of Arts degree in International Education and Development. The final project will be submitted to the University of Sussex, UK for marking. A copy of the final project will be provided to the International Centre for the Advancement of Community Based Rehabilitation (ICACBR) at Queen’s University, Canada. It is also possible that results will be published in an educational journal or shared through a poster presentation at a conference.

WHO IS ORGANISING AND FUNDING THE RESEARCH?
This research is being conducted by a Master’s level student at University of Sussex, School of Education and Social Work. No funding has been provided to complete the research of this study.

WHO HAS APPROVED THIS STUDY?
This research study has been approved by the School of Education and Social Work ethical review process.

CONTACT FOR FURTHER INFORMATION
If you have any concerns or require further information about this research project, please feel free to contact my research supervisor, Dr. Naureen Durani, by e-mail at n.durrani@sussex.ac.uk

THANK YOU
Thank you for your interest in this research project. It is greatly appreciated that you have taken the time to read the project information sheet.

DATE
June 20, 2013
Table 4: Summary of challenges and barriers to implement inclusive education in Bangladesh (Ahsan, 2013, pp. 50-51)

<table>
<thead>
<tr>
<th>Major Themes</th>
<th>Minor Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrolment barrier</td>
<td>School admission</td>
</tr>
<tr>
<td>Screening of disability</td>
<td>Lack of identification</td>
</tr>
<tr>
<td>Dropout</td>
<td>Dropout form school after admission</td>
</tr>
<tr>
<td>Gender, disability, and education</td>
<td>Barriers to girl children with disabilities to access into education</td>
</tr>
<tr>
<td>Accessibility of the environment</td>
<td>Inaccessible environment for children with physical and visual impairments</td>
</tr>
<tr>
<td>Teacher development</td>
<td>Pre-service teacher education curriculum</td>
</tr>
<tr>
<td></td>
<td>Pre-service teachers’ negative attitudes and lack of confidence</td>
</tr>
<tr>
<td></td>
<td>Negative attitudes of teacher educators</td>
</tr>
<tr>
<td></td>
<td>In-service teachers attitudes</td>
</tr>
<tr>
<td>Leadership challenges</td>
<td>Head-teachers’ non-supportive role</td>
</tr>
<tr>
<td>Resource management</td>
<td>Insufficient resources</td>
</tr>
<tr>
<td></td>
<td>Lack of community involvement</td>
</tr>
<tr>
<td>Policy level challenges</td>
<td>Policies as barriers to inclusion</td>
</tr>
<tr>
<td>Family support</td>
<td>Attitudes of family members towards disability</td>
</tr>
<tr>
<td>School curriculum</td>
<td>School non-cooperation</td>
</tr>
</tbody>
</table>