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## **Module I – Disability and Human Rights**

The objectives of this module are to introduce participants to the following concepts and ideas:

- ✓ The global demographics of disability and education
- ✓ History of oppression of disabled, and the disability rights movement
- ✓ The shift from a medical model to social and human rights model for understanding disability
- ✓ International human rights and policy commitments to inclusion
- ✓ The process of social change – individual, community, system (micro, mezzo, macro)

Upon completion of this module, participants shall be aware of the demographics of disability in their own context as well as the worldwide context. They will be made aware of the historic oppression of disabled persons and will analyze key barriers to inclusion of people with disabilities. They will also be able to reference guiding human rights instruments and describe the shift in approach to disability that has taken place.

### **Unit I - Global view of Disability, Education and Inclusion**

The objective of this Unit is to introduce participants to:

- Demographics of disability in a global and Indian context
- Definitions of disability
- Causes of disability
- Context for education of children with disabilities in India
- Patterns of education participation and segregation of disabled students

## **Introduction**

### ***Disability***

More than half a billion people throughout the world are disabled. Between 6 and 10% of the world population have one or more disabilities. Approximately 160 million are women and another 140 million are children. Three hundred million people with disabilities live in developing countries. On this basis, it is estimated that there are 60 to 100 million disabled people in India. During the past 10 years, numbers have increased globally as a result of famine, drought malnutrition, war and natural disasters. Many more people are impacted by disability, including the parents, children and spouses of people with disabilities. The current Government of India Census carried out in the year 2001 estimates a disability rate of 2.43% of the total population. Disability organizations criticize the accuracy of these figures. Systematic surveys in western industrialized countries put the rate well above 10% of the total population (in the UK, 16%; in Canada 13%).

### ***Education***

In 1950, the architects of the Indian Constitution stipulated that by 1960, every child up to the age of 14 years would be provided an education. At present, the date for universalisation of education is being set at the year 2010.

At present the responsibility of monitoring educational programs has been segregated into two ministries, the Ministry of Social Justice and Empowerment deals with the special school sector while the the Human Resource Department deals with integrated education programmes. This has led to two Ministries targeting the same group, with two separate agendas, creating ambiguity, dichotomy and dualism.

Although significant progress in the literacy movement has been made post-1991, even today, over 35 million (3.5 crore) school-aged children are not receiving any sort of education, and more than one out of every three Indian citizens is illiterate. Sadly, one out of every three out-of-school children in the world is Indian.

Contrary to popular sentiment, the non-availability of schooling facilities seems to account for only 10 - 15% of India's out-of-school children. A large percentage of children are unable to take advantage of nearby educational facilities because they are needed at home to participate in the basic tasks of the household economy. Many children who are not in school are instead working eight hours or more daily; moreover, these children are not earning any significant income, as they have been relegated to tasks such as caring for their siblings, or tending grazing cattle, rather than being involved in jobs that would permit them to earn wages. Child labour appears to be one of the biggest barriers to universalisation of education in our country. A much larger percentage of children are never enrolled in school simply because, according to reports, they and/or their parents are "not interested".

A considerable proportion of urban dropouts cite "failure to pass examinations" as their reason for discontinuance of education.

### ***Inclusive education***

The Sarva Shiksha Abhiyan (SSA) programme was recently approved, with the aim of ensuring that all children from 6 to 14 years of age are able to complete eight years of schooling by the year 2010.

With the government of India working towards Sarva Siksha Abhiyan, education of the disabled population should naturally and obviously be part of this program. This education should and must be provided to children with disabilities in their neighborhood schools.

### ***Activities***

At the end of the introductory sessions the participants shall be divided into groups to work on activities.

#### ***Activity 1***

Introduce the participants to indicators of well being as in the Unicef manual 'The State of the World's Children'. Divide the participants into groups and ask each group to pull out information on different areas such as nutrition, health, education. Information from neighbouring countries can also be pulled out. Each group can present this information gathered to the rest of the group. A discussion on education can follow.

#### ***Activity 2***

Demographic Analysis – Participants Analysis – Participants will be divided into small groups to do demographic analysis on a particular region allotted to them – e.g. Local, State, National, or Regional level. Working in small groups, participants will develop a demographic analysis of disability by collecting information on the numbers of persons with disabilities according to as many of the following factors as possible:

- ✓ Gender
- ✓ Rural / Urban Location
- ✓ Age
- ✓ Type of Disability
- ✓ Education Participation
- ✓ Employment Rate
- ✓ Poverty Rate

NOTE: All relevant documents will be kept ready for any referencing work that the participants may like to do.

Wherever possible participants will compare the disabled and non – disabled population by these factors. Small groups will present their findings to the large group. Discussion and feedback will take place after each presentation. The presentation will be critically assessed according to the following criteria:

- ✓ Are the sources of information used valid?
- ✓ Are there any key factors missing in the analysis?
- ✓ Is the comparison between disabled and non – disabled adequately demonstrated?

#### ***Activity 3***

This activity can be carried out singly or in small groups. The participants will be given a sheet with the below mentioned questions. Each participant or each group of participants

brainstorms answers to the questions and records down their views. At the end of about 15 minutes there will be a group discussion on the same and all the suggestions will be put up on a flip chart.

1. What are the primary causes of disability in your country?

a.

b.

c.

d.

2. How do you think you can help to address issues of disability in your country?

*Source: Disability and Social Justice: A Human Approach to Social and Policy Change. A Training and Orientation Manual of the National Resource Centre for Inclusion.*

#### **Activity 4**

#### **Quiz On The Statistics Of Disability In India**

Circle your answer

1. The 2001 Census reported, a) 50 million, b) 70 million c) 100 million disabled people in India.
2. It is currently estimated that, a) 3%, b) 10% or c) 6% of the Indian population are disabled people.
3. Best estimate of disabled children receiving education of any kind are a) 1%, b) 3%, or c) 5%.
4. According to the National Sample Survey of 1991 there were  
a) 1 million, b) 7 million, c) 12 million disabled people in India waiting to get a job.
5. In which year was the Persons with Disabilities Act passed  
a) 1981, b) 1990, c) 1995.
6. Since the setting up of the Special Employment Exchanges for disabled people in 1959 how many disabled people have been employed a) 1 million, b) 3 million, c) 10 million.
7. In 1999 a survey of the 100 top companies revealed that they only employed an average of a) 0.4% b) 0.8% or c) 1.2%.
8. In which year did the Government of India reserve 3% of vacancies in the Government and Public Sector in Group C and D for disabled people? Was it a) 1960, b) 1977 or c) 1995?
9. In the UK 17% of the population are disabled people, in Austria it is 21% and in India 5-6%. Why do you think there are less disabled people in India?
10. In 1994 India agreed to the UNESCO Salamanca Statement to develop inclusive education for all children. Why do you think there are still 3000 special schools in India?

*Source: Empowerment Course Manual (2004); ADAPT (Able Disabled All People Together, National Resource Centre for Inclusion and DEE (Disability, Equality in Education)*

## **Overhead 1**

### **Global View Of Disability**

- ✓ 550 million disabled people (one tenth of the human population).
- ✓ 80% live in developing countries.
- ✓ 33% are children.
- ✓ 80% live in rural areas.
- ✓ Labeled the “poorest of the poor”.
- ✓ 55% of the disabled children live in poverty.
- ✓ In some countries, 90% of disabled children won’t survive beyond age 20.
- ✓ 90% of those with intellectual impairments won’t survive beyond age 5.
- ✓ WHO (World Health Organization) estimates 98% of disabled people in developing countries are totally neglected (no free medical care or social security).

*Source: Disability and Social Justice: A Human Approach to Social and Policy Change. A Training and Orientation Manual of the National Resource Centre for Inclusion.*

## **Overhead 2**

### **Overview of inclusive education policies in India**

- ✓ In 1974, the Integrated Education for the Disabled Child (IEDC) was launched through the National Policy of Education. This project was implemented in 15,000 schools in 26 states and union territories, covering 65,000 children with disabilities.
  
- ✓ The District Primary Education Programme (DPEP) was launched in 1994, with the aim of moving towards universal education. A significant component of the programme focused on the integration of children with mild to moderate disabilities.
  
- ✓ In the year 1974 a major breakthrough occurred for the provision of early childcare for children in socially disadvantaged areas, with the launching of the Integrated Child Development Services (ICDS). ICDS was launched with a focus on nutritional growth and health for nursing and pregnant mothers and children from birth to six years of age.
  
- ✓ ICDS now reaches out to about 12 million children under the age of six and to three million pregnant and lactating women but it does not have a mandate to include children with disabilities. (Alur, 2003)



## **Unit II - History of Oppression of Disabled People**

The objectives of this Unit are to introduced participants to:

- Concepts of oppression and discrimination of disabled people.
- Universal and distinctive patterns of oppression.
- The historical and contemporary context for oppression and discrimination.
- The process of stereotyping disabled persons in negative ways, and how it can be challenged.

### **Introduction**

#### *Traditional Model of Disability*

- ✓ For thousands of years people's lives were ruled by superstition and interpretations of the nature around them, which depended on all powerful deities or Gods.
- ✓ The Karmic theory of traditional Hindus is about the present being a reflection of past deeds and is strongly entrenched.

#### *1850-1960 The Rise of the Medical Model*

- ✓ Disabled people became dependent more and more on the medical profession for cures, treatments and benefits.
- ✓ The 1850 Asylum Act gave medical doctors the statutory role of deciding who were the genuinely insane.
- ✓ Doctors became the gatekeepers for disability benefits, determining mental deficiency, rehabilitation and segregation in separate schools.

#### *Eugenics*

In the UK, the United States, Canada, Germany, and other western countries there was a lot of pressure in the late 19<sup>th</sup> and early 20<sup>th</sup> centuries to there was growing pressure from Eugenicist thinkers who wanted disabled people to be institutionalized and segregated. This was based on the idea that the human population could be 'cleansed' of disability if the disabled were segregated and prevented from reproducing. This pressure from them led to the beginning of the Mental Hygiene movement in 1908 that followed with the passing of the Mental Deficiency act in 1913. This act led to locking up of 50,000 children with communication and physical impairments in the first half of the 20<sup>th</sup> century. Similar laws were adopted in Germany, the U.S., Canada, and other countries, including laws permitting the forced sterilization of persons with disabilities. The growing use of genetic technologies is increasingly being challenged by disability rights movements around the world as a new form of eugenics. Such technologies aren't used for segregation or sterilization, but can be used to identify those fetuses with certain genetic differences, and coerce selective abortion on this basis.

Thus the question arises, why are disabled people oppressed? Is disabled-ism like racism, sexism, or age-ism? Well, yes and no ...

### ***Disability in a Capitalist Context***

Disabled-ism is said to have developed with the development of a capitalist society. In a capitalist society each person is valued primarily for their production of goods and services, which can be bought and sold in markets. People have value to the extent they can sell their labour, goods and services to others. The philosophy of capital is supported by ideas of social Darwinism, which values the 'Survival of the fittest'. People, who are unable to cope with the strenuous demands of production and sale of their labour, are left out of economic and social benefits that come with participation in capitalist societies. In such circumstances, those considered to be 'less productive' workers - often including the disabled - are the first to become unemployed. If people with disabilities cannot keep up with the expectations for productivity, they are left at a disadvantage.. It is not that people with disabilities are inherently unproductive. Rather, the particular accommodations and supports they may require are often not provided because they are not seen as capable of meeting the usual standards of a productive worker.

In contemporary capitalism companies increasingly cut their staff to the extent they can rely on the "multi-skilling" of their remaining employees, and new technologies that replace human resources. In these workplace environments, many disabled people who could previously do their specialized task, cannot do all the tasks now expected of them and often face workplace discrimination as a result. At the same time, technological development does open up new opportunities for people with disabilities, if the technologies are used to adapt workplaces and job tasks to suit the capacities of a person with a disability.

### ***Stereotyping and Categorization***

Disabled people are very easily categorized by use of functional and biomedical assessments, and are often stereotyped as abnormal, or less capable than others, on this basis.. This is despite the fact that many disabled people are employed; some in highly skilled jobs, and a few are even successful enough to become famous.

Even successful disabled people have this "tragic but brave" view attached to them. Those who become successful are considered "brave" enough to have "overcome" the disabilities. This ignores the fact that, often, disability can enhance one's abilities by forcing a person to concentrate on things he or she can do well. One common thread that runs all cultures is that "disabled" means "unable". People with intellectual or mental disabilities often suffer the worst abuse of all, because they are usually seen as not having the basic intellectual capacities to be recognized as persons.

### ***Activity 1***

Any current issue that is in the news can be used as a debate (Example 1: The issues of putting ramps and Braille for all voters – If not given, is it oppression or not?) Divide the participants into two groups, one to argue ‘for’, one to argue ‘against’. Each group picks a debating team, and then works out their arguments. A chair of the debate is selected to manage the discussion.

### ***Activity 2***

Panel discussion of disabled activists, parents and street level bureaucrats of their opinions and views on the

- ✓ Attitudes towards disabled people
- ✓ Exclusion and Accessibility
- ✓ Participation – In Education, Employment, Political and Cultural life
- ✓ Language

### ***Activity 3***

Participants are divided into groups. Each group is given an area such as education, employment, social life; family life etc. and they discuss the oppressions in that area towards disabled people that they may have come across. They also give their suggestions to overcome the same. Each group presents their findings at the end of the session and this is put up on a big flip chart. This can be termed as *ideal inclusive society*.

## Overhead 1

### **Discrimination is a fact of life for people with disabilities.**

- Disabled people are three times more likely to be unemployed and six times more likely to be turned down after submitting a job application.
- If your resume says you are disabled then you are six times more likely not to be interviewed.
- Some employers will only employ disabled people if they agree to do the same job for less money than able-bodied workers.
- A survey of employers in local UK government showed only 4 percent actively encouraged disabled people to work for them.
- Another study showed a young disabled woman was the only student in her university class to receive a first class degree. Six months later she was the only one out of that class still without a job.
- It is estimated that two thirds of all disabled people are living below the poverty line.
- One third of disabled children living at home and two thirds of those in residential homes receive segregated special education.
- Segregated schools are merely adjuncts to medical treatment. They therefore have low expectations of the children involved and poor educational facilities.
- Many workplaces or colleges have little or no disabled access.
- Theatres, cinemas and restaurants have no access. You can get into pubs but try getting a wheelchair into the toilet in most of them.
- Even the very basic right to vote is very severely hampered for disabled people.

*Source: Empowerment Course Manual (2004); ADAPT (Able Disabled All People Together, National Resource Centre for Inclusion and DEE (Disability, Equality in Education))*

## Overhead 2

- Disability is a socially created oppression.
- What is to be done?
  - Attitudes need to be changed.
  - Disabled people need empowering.
  - Allies need to be enrolled in the struggle for human rights.
  - Disability Equality Training delivered by disabled people to service and education providers and employers.
  - Mainstream media needs to be challenged to make less stereotyped and more realistic representation of disabled people.
  - Disabled people need to be able to live independently.

*Source: Empowerment Course Manual (2004); ADAPT (Able Disabled All People Together, National Resource Centre for Inclusion and DEE (Disability, Equality in Education))*

## **Unit III - Shift from a medical to a social and human rights model**

The objectives of this unit are to introduce the participants to

- The medical and social and human rights model of disability
- Appropriate Language and Nomenclature
- International instruments on Human Rights
- The Persons With Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, The National Trust Act, The Rehabilitation Council of India Act

### **Introduction:**

All over the world, disabled people are among the poorest of the poor, with the majority living lives of disadvantage and deprivation. Disabled people and their organizations have described, from their own experience, the economic and social barriers that prevent people with disabilities from participating fully in society. These widespread barriers prevent people with disabilities and their families from enjoying a good quality of life.

Historically, disability has been equated with certain physical or intellectual differences, which means that a person's development is considered different than 'normal'. These physical and intellectual differences have many sources, including inherited genetic conditions, genetic anomalies, diseases, physical and psychological illness, and injury through accident, natural disaster, war, and other acts of violence. The range of resulting impairments may include mental and physical functioning, as well as, impaired visual and hearing acuity.

Initially, disability was seen as the "problem" of the individual, with the assumption that the individual had to change, or to be changed by professionals through rehabilitation or cure. Yet for many people rehabilitation will not result in the disappearance of an impairment, or genetic condition, which is lifelong. Many of the difficulties faced by individuals with disabilities and the family have nothing to do with the impairment itself, but are a result of political, economic and social barriers and prejudice.

A new understanding of disability, known as the social and human rights model of disability, focuses on society's disabling environments and barriers of attitude, rather than on individuals with impairments. It stresses human rights, equality and the inclusion of all people in their communities. In this model, disability results not from a physical or intellectual condition, but rather from the lack of supports; from discriminatory attitudes; and from environments that systematically exclude people based on their differences.

The human rights agenda has taken hold worldwide and countries are aware of the rights of *all* their citizens. A failure to recognize and support human rights is an international issue. Several international human rights agreements have been signed. In India, we also have 'The Persons With Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act,' 1995. In a world in which there is increasing sensitivity to human rights and equality, it is critical to view disability from a social perspective.

One of the key ways in which people with disability are excluded is through language. Labels of difference, whether in professional jargon or derogatory terms such as 'lulla, langda,' tell disabled people that they are not valued. (Overhead seven, eight and nine)

### ***Activity 1***

Case Studies are presented to the participants who identify whether these are based on the medical, social or human rights model of disability. They also identify ways of initiating change.

(Overhead ten)

### ***Activity 2***

Group Learning Activity: Labeling

Participants divide into groups and develop a short play around negative labeling of persons with disabilities in the community and demonstrate alternate ways of including people with dignity.

### ***Activity 3***

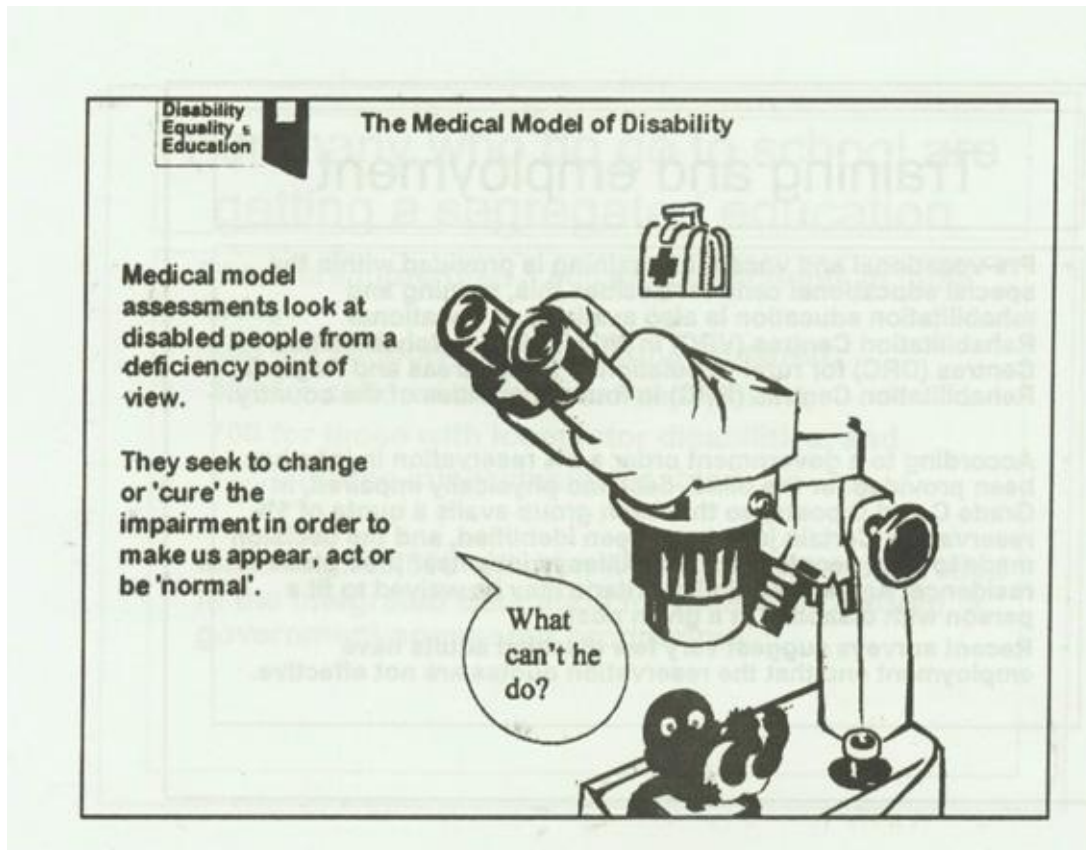
Review of International Human Rights and Policy Commitments and The Persons With Disability Act, 1995

- Participants read UN Human Rights Instruments
- (Declaration of Human Rights, Standard Rules, UN Convention on the Rights of the Child, Salamanca Statement)
- Participants identify ways in which these instruments have been violated in their own experiences
- Participants discuss whether the above are framed with a medical or social model framework.

### ***Activity 4***

Human Rights Squares Exercise (Overhead eleven)

## Overhead 1



*Source: Disability, Equality in Education, Richard Rieser.*



## Overhead 2

**Disability Equality & Education**

### Medical Model thinking

The focus is on what is 'wrong' with the person, what s/he 'can't do'.

The impairment is the 'problem' and attention is spent on fixing, treating or curing it.

The person becomes invisible, isolated and cut off from mainstream society.

Disabled people are seen as passive receivers of services aimed at cure or management.

Can't read or write

Will never be able to

Needs medical intervention

Can't dress himself

Sheltered accommodation

Can't expect to work. Must live on benefits.

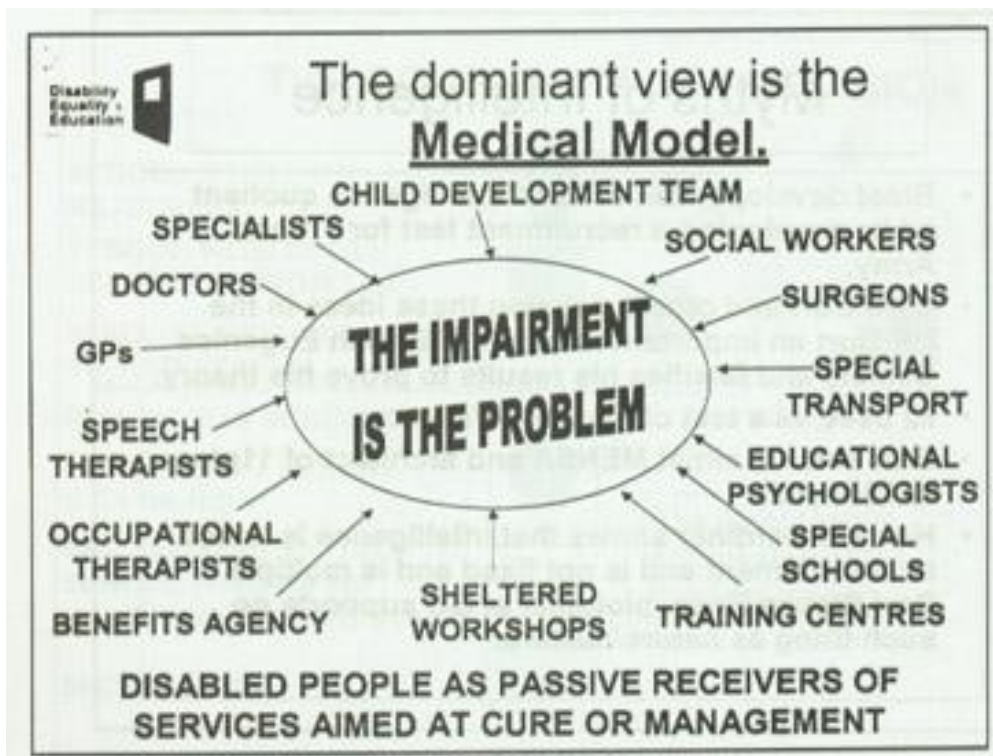
Needs therapy

Cannot see, hear, speak, stand, eat.

Difficult behaviour

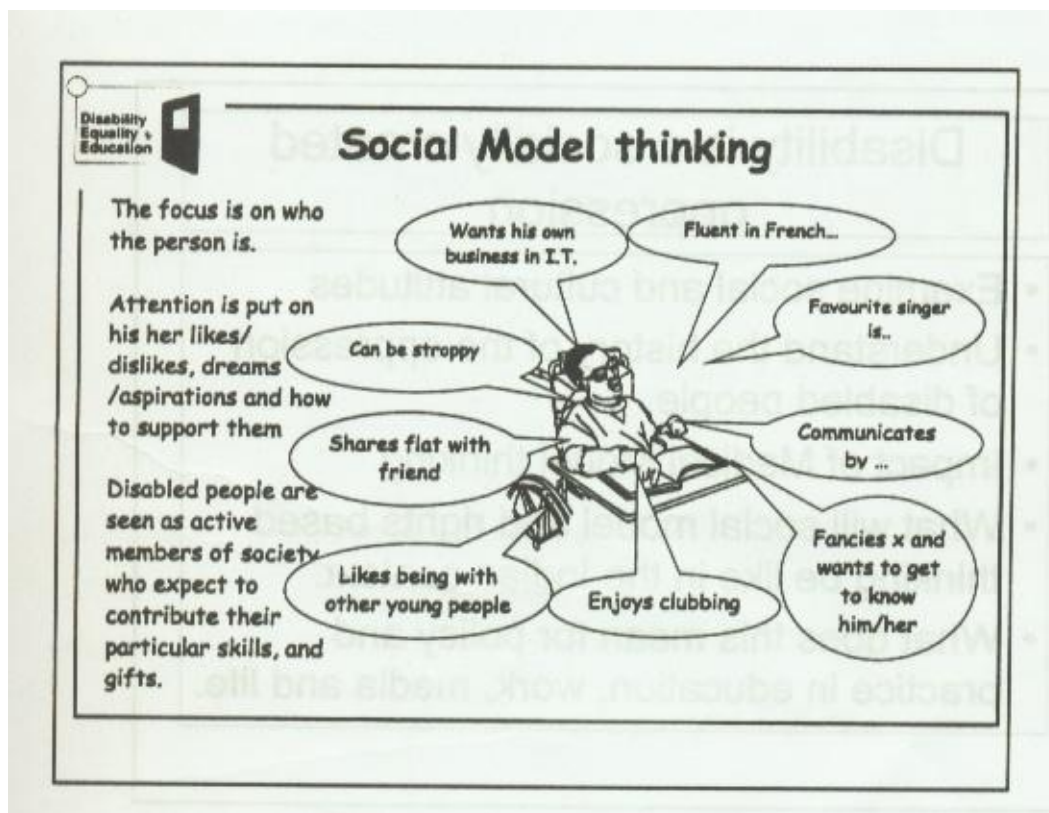
Source: Richard Rieser .Disability, Equality in Education

### Overhead 3



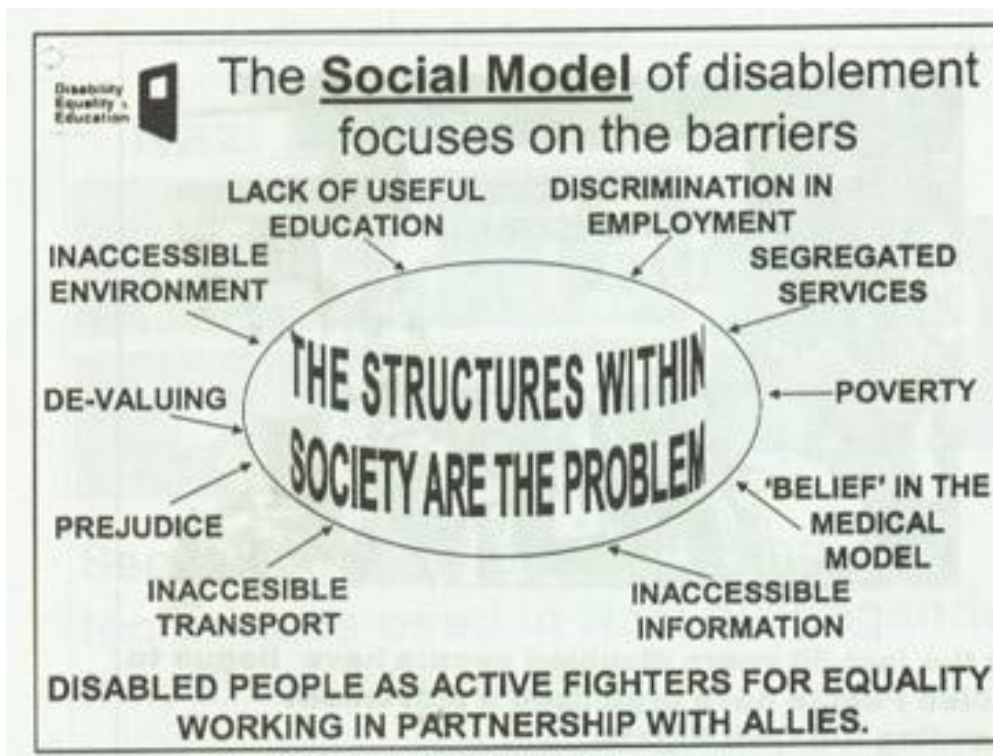
Source: Richard Rieser *Disability, Equality in Education*

## Overhead 4



Source: Richard Rieser Disability, Equality in Education

## Overhead 5



*Source: Richard Rieser Disability, Equality in Education*

## Overhead 6

<b>Medical Model thinking</b>	<b>Social Model thinking</b>
Child is faulty	Child is valued
Diagnosis	Strengths and needs defined by self and others
Labelling	Identify barriers and develop solutions
Impairment becomes focus of attention	Outcome based programme designed
Assessment, monitoring, programmes of therapy imposed	Resources are made available to ordinary services
Segregation and alternative services	Training for parents and professionals
Ordinary needs put on hold	Relationships nurtured
Re-entry if normal enough or permanent exclusion	Diversity welcomed, child is included
Society remains unchanged	Society evolves

*Source: Empowerment Course Manual (2004); ADAPT (Able Disabled All People Together, National Resource Centre for Inclusion and DEE (Disability, Equality in Education))*

## Overhead 7

### THE LANGUAGE WE USE

People often express confusion about different words and phrases used in connection with disabled people or other oppressed minorities. Language often contains messages based on stereotypes.

In deciding whether language is acceptable or unacceptable it is important to consider whether it:

- Is insulting or offensive
- Reinforces prejudice or stereotypes
- Reinforces the Medical or Social Model of Disability.

In your opinion, are the following terms...

- Acceptable? (A)
  - Unacceptable? (U)
  - Not sure? (N)
1. The Disabled
  2. Down's syndrome children
  3. A child with cerebral palsy
  4. Wheelchair user
  5. Able bodied people
  6. Person with Learning Difficulties
  7. Disabled Person
  8. Mongol
  9. Spastic
  10. Mentally handicapped
  11. Thick
  12. The blind
  13. A person who is blind
  14. Deaf People
  15. The deaf
  16. Disabled Children
  17. Speech impaired child
  18. Children with disabilities
  19. Dumb
  20. Crippled
  21. The blacks
  22. Black People

*Source: Empowerment Course Manual (2004); ADAPT (Able Disabled All People Together, National Resource Centre for Inclusion and DEE (Disability, Equality in Education)*

## Overhead 8

### The Disabled People's Movement has agreed the following: -

AVOID / OFFENSIVE	USE / PREFERRED
Victim of	Person who has Person with Person who experienced
Crippled by	Disabled person Person who has Person with
Sufferer Suffering from	Person who has Person with
Afflicted Afflicted by	Person who has Person with
Wheelchair bound	Wheelchair user
Invalid	Disabled person
Handicap	Disability / impairment
Handicapped person/ Person with a disability	Disabled person
Disability	Condition / impairment
Spastic	Someone with cerebral palsy
The disabled	Disabled People
The blind	Blind person Visually impaired
The deaf	Deaf people
Deaf and dumb Deaf mute	Deaf or deafened Hearing impaired
Mongol	Someone with Downs Syndrome or Learning Difficulty
Mental handicap	Learning Difficulty
Retard / idiot / imbecile / feeble-minded	Learning disabled
Mute / dumb / dummy	Speech difficulty
Mad / crazy / insane	Mental Health System User/Mental health survivor
Mentally ill	Mental Health Survivor or system user
Mental	Disabled person
Stupid	Foolish / thoughtless
Dwarf Midget	Short person Short stature
Deformed	Disfigured
Congenital	Disabled Person
Disabled toilet	Accessible toilet

*Source: Empowerment Course Manual (2004); ADAPT (Able Disabled All People Together, National Resource Centre for Inclusion and DEE (Disability, Equality in Education))*

## Overhead 9

### WORDS WITH DIGNITY

What other terms could be used instead, that would give people more dignity?

#### Instead of ...

- A disabled, handicapped, crippled
- Crippled by, afflicted with, suffering
- Lame
- Confined, bound, restricted to, or dependent on a wheelchair
- Deaf and dumb, mute
- Retarded, mentally retarded idiot, stupid, Mongol face
- Spastic (noun), dribble
- Physically challenged
- Mental patient mental, insane, mad, lunatic
- Dunce

#### Use ...

- 
- 
- 
- 
- 
- 
- 
- 
- 
- 

*Source: Disability and Social Justice: A Human Approach to Social and Policy Change. A Training and Orientation Manual of the National Resource Centre for Inclusion.*



## Overhead 10

Are these examples of the medical, social or human rights model of disability?

1. Mona uses a wheelchair. She wants to attend her local school in Bandra with friends from home. The school admits her but has no wheelchair access and so though she attends the classes, she cannot participate in the other activities.

*Is this an example of the medical, social or human rights, model of disability?*

2. A commercial establishment has 6-8 steps at its entrance. As a result, people on wheelchairs cannot enter. When asked the manager is sympathetic and offers to carry the disabled in. The owner is approached and appreciates the dignity of the individual is to be maintained and constructs a ramp.

*Is this an example of the medical, social or human rights, model of disability?*

3. Kumar, in standard VI, has a hearing impairment. The students in his class all sit in alphabetical order. This means he has to sit at the back and therefore struggles to hear the teacher and keep up with the rest of the class. His teacher refuses to make an exception for him as she says she must treat all students equally.

*Is this an example of the medical, social or human rights, model of disability?*

4. Anita uses a communication board to talk. She has an assistant, Annie, who helps with this but she would like to be left alone with her peers. The school won't allow her to be on her own and none of the other children understand her communication system.

*Is this an example of the medical, social or human rights model of disability?*

5. Nikhil has a learning difficulty. Nikhil needs to have someone explain clearly what is going on in class. He has a classroom assistant assigned to him and she and his teacher work out together how he can be helped to access the learning that other children are being offered. The teacher takes care that the classroom assistant works with other children and they are encouraged and supported to work with Nikhil.

*Is this an example of the medical, social or human rights model of disability?*

6. The school has many hearing impaired pupils and the head teacher has decided to offer staff the chance to learn Sign Language as an extra-curricular activity. However, not all teachers are willing to take part.

*Is this an example of the medical, social or human rights, model of disability?*

7. Priya is in Standard VIII. She is not able to get her wheelchair into the Science Laboratory to do her Science Practical as the Lab has stairs but she is fully included in all other subjects.

*Is this an example of the medical, social or human rights, model of disability?*

*Source: Empowerment Course Manual (2004); ADAPT (Able Disabled All People Together, National Resource Centre for Inclusion and DEE (Disability, Equality in Education)*

## Overhead 11

Fill in as many squares as you can on your own. Then, seek answers from other participants in the course.

Name a right of a person with disabilities	Name a country where rights of disabled persons are violated	Name a document that Proclaims rights of persons with disabilities	Name a TV program promoting the rights of disabled persons	Name a country where people are denied rights because of their race
What is the most violated right of persons with disabilities?	Name an organization which works for the rights of persons with disabilities	Name a movie that is about rights of disabled persons	Name a right that all Indians should have	Name a person identified with struggle for rights of persons with disabilities
Name a singer who sings about rights of disabled people	Name a country where rights of disabled persons has recently improved	What type of human rights violation most disturbs you	Name a country where there is no freedom of speech	Name a right denied to a person with disabilities in schools
Name a book about rights of persons with disabilities	Name a person who is a fighter for human rights	Name a right sometimes denied to women	Name a right of persons with disabilities that is respected	Name rights disabled boys have that disabled girls do not have
Name a group in society best placed to promote rights of persons with disabilities	Name a common word for disabled people that shows disrespect for rights	Name a human right being achieved for persons with disabilities around the world	Name a country where people are denied rights because of their religion	Name a human right not yet achieved by everyone in your country

Adapted from David Shiman, University of Vermont

*Source: Disability and Social Justice: A Human Approach to Social and Policy Change. A Training and Orientation Manual of the National Resource Centre for Inclusion.*

## UNIT IV - Process of Social Change

The objective of this Unit is to enable participants to:

- Gain an understanding of the processes of community development and social change to advance the inclusion of persons with disabilities
- Analyze processes of social change that are needed at levels of the individual, community, and broader system
- Plan effective strategies and actions for change
- Critically examine situations of oppression and discrimination in order to advise on how to address the barriers to human rights and inclusion

### Introduction

Human rights statements express a vision of social justice. But to realize this vision, social change is needed. As we have seen, people with disabilities face many barriers to enjoying their human rights and being accepted as full citizens of their communities and society. Social change involves individuals and groups coming together in a process to:

- ✓ Define a common vision
- ✓ Identify social, economic, and political barriers to achieving the vision
- ✓ Create and put into place strategies and actions to overcome the barriers
- ✓ Act in solidarity and partnership with others

People with disabilities and their families need to play an active role in the process of building more inclusive schools and communities that secure human rights. Their associations need to be supported and strengthened so they can play their role in social change. The process of change begins with those most affected. Their voice, their hopes, their understanding of barriers to human rights, and their vision of an inclusive society are a driving force of change. Community development, information, and research are three inter-related tools to assist people with disabilities, their families, and advocates in bringing about social change.

**Community development** in a human rights framework is the process of including people in the political, social and economic life of their communities. Meeting together to define a vision, identify barriers and formulate strategies for change is central to community development. Through this process specific strategies take shape to change legislation, build new partnerships, promote public awareness, encourage the development of needed supports and services, and develop and disseminate research and information.

**Information** that people need in advocating for change will vary in form and subject. However, there is an ongoing need for accurate, pertinent, and accessible information in the social change process. Gathering, processing, and disseminating information within a human rights framework must be done in a way that recognizes the community as an important source of facts, knowledge, and expertise. Using information as a tool for social change

involves developing strong networks of information centres in the community, as well as nationally and internationally.

**Research** is an important tool in the social change process. Undertaken from a human rights perspective, research can point to the barriers people with disabilities face in achieving human rights. Research can also point to the best strategies to overcome these barriers. Solely “experts” need not manage research. Instead, it can be community-based. Communities and organizations seeking to understand barriers to human rights can use the research process to produce valid knowledge for community groups, social and economic institutions, and governments. Community – based research can also help in challenging the bio-medical research that tends to frame disability solely as a medical or rehabilitation issue. Community-based research shifts the focus and makes disability a human rights issue.

## ***Activity 1***

### **Case Study: Kabir**

Kabir was born in a rural area of India into a traditional family. He can hear but cannot talk and he has a mental disability.

By the time he was about 5 years old, the family had decided that they could not accept a child that cannot talk because “when you are not able to understand or speak you are not a human being”.

They put him in a very small room at the back of the house, with no windows and a locked door. He was given indifferent food twice a day and left to his own resources.

That’s how he was found at the age of seven. Social workers tried to get him into a home for orphans but he was not accepted, as he was not an orphan.

They tried to get him into a foster home, but that also did not work.

Then they tried to get him into a school, but even special schools did not accept him.

Right now Kabir is an adult living in an institution, surrounded by people with different levels of intellectual disability. He has no education, no vocational training, no scope for earning a livelihood, no family and hardly any social life.

### **Exercise**

1. With a small group, discuss the “case study” above. Discuss other examples as well, maybe of a family trying to get a child included in school or in the community.
2. Identify what kinds of barriers are faced in the case study above, or in another example: at the individual, community, and / or systems levels.
  - a. Individual and Family
  - b. Community
  - c. System

*Source: Disability and Social Justice: A Human Approach to Social and Policy Change. A Training and Orientation Manual of the National Resource Centre for Inclusion.*

**Target: To change attitudes in the community by mobilizing community support for persons with disabilities communities must**

- ✓ Engender change at the community level to ensure the rights of persons with disabilities
- ✓ Educate themselves about the human rights of persons with disabilities, and
- ✓ Educate key persons in broader society about these issues

**STRATEGIES TO HELP COMMUNITIES MEET THEIR TARGET**

***Provide information through***

- ✓ Media - local TV, radio and newspapers
- ✓ Increased community awareness of the needs and rights of persons with disabilities
- ✓ Orientation, information and training on disability issues to individuals, community organizations and social clubs
- ✓ Presenting inclusion issues in schools to teachers and students, and at parent - teacher meetings, and
- ✓ Informing recreational facilities about accommodation of persons with disabilities and encouraging others to accept persons with disabilities in social clubs and recreational activities

***Build a network of action and support by***

- ✓ Using a common theme to bring advocacy groups together.
- ✓ Networking with other community groups that can influence change in neighbourhoods and enlisting their support for issues regarding persons with disabilities.
- ✓ Developing parent- to - parent advocacy.
- ✓ Encouraging schools to create educational opportunities for persons with disabilities.
- ✓ Having community groups assist in training persons with disabilities, and in the development of cottage industries and other income - generating activities
- ✓ Sensitizing the business community, through community groups and organizations for persons with disabilities, of the need to employ these persons in their workplace.
- ✓ Encouraging the community to set up organizations and programs to enable persons with disabilities to develop skills for independence.
- ✓ By being true to your word, and
- ✓ Establishing credibility.

### *Be active in the community by*

- ✓ Supporting businesses that employ persons with disabilities.
- ✓ Encouraging coordination of support services in the community.
- ✓ Involving community members in the development of policies related to disability.
- ✓ Approaching local members of parliament to educate them about, and to find out what they can do locally to increase awareness of disability issues, and
- ✓ Ensuring physical access through building codes that have standardized accessibility features

#### *Activity 2*

##### Exercise

1. Is the community organized in a way that is accessible to people with disabilities?
  - a. A positive example is ...
  - b. A problem I have noticed is ...
  
2. Using the diagram on formulations of disability, how would you characterize how people with disabilities are treated by education, health, or other organizations and services in your community? Give examples.
  - a. Treatment based on a bio – medical approach?
  
  - b. Treatment based on a rehabilitation approach?
  
  - c. Treatment based on an environment approach?

d. Treatment based upon a human rights approach?

3. List examples of human rights abuses against people with disabilities and / or their family that you have seen or heard about in your country. (Do not use the individual or family name in your answer)
  - a.
  - b.
  - c.
  
4. Do you think disability is a particular problem for women, children, ethnic and religious minorities, elderly people, and refugees? If so, why do you think this is the case?

*Source: Advocacy Workshop for Persons with Disabilities (1995), Tool Kit for Advocacy: A Human Rights Framework for Persons with Disabilities.*



## **Overhead 1**

### **SOCIAL CHANGE MEANS CHANGING**

**Policies**

**Laws**

**Organizations**

**Attitudes**

**Practice (Behaviour)**

That Result In Barriers At The System, Community, And Individuals And Family Level.

*Source: Disability and Social Justice: A Human Approach to Social and Policy Change. A Training and Orientation Manual of the National Resource Centre for Inclusion.*

## Overhead 2

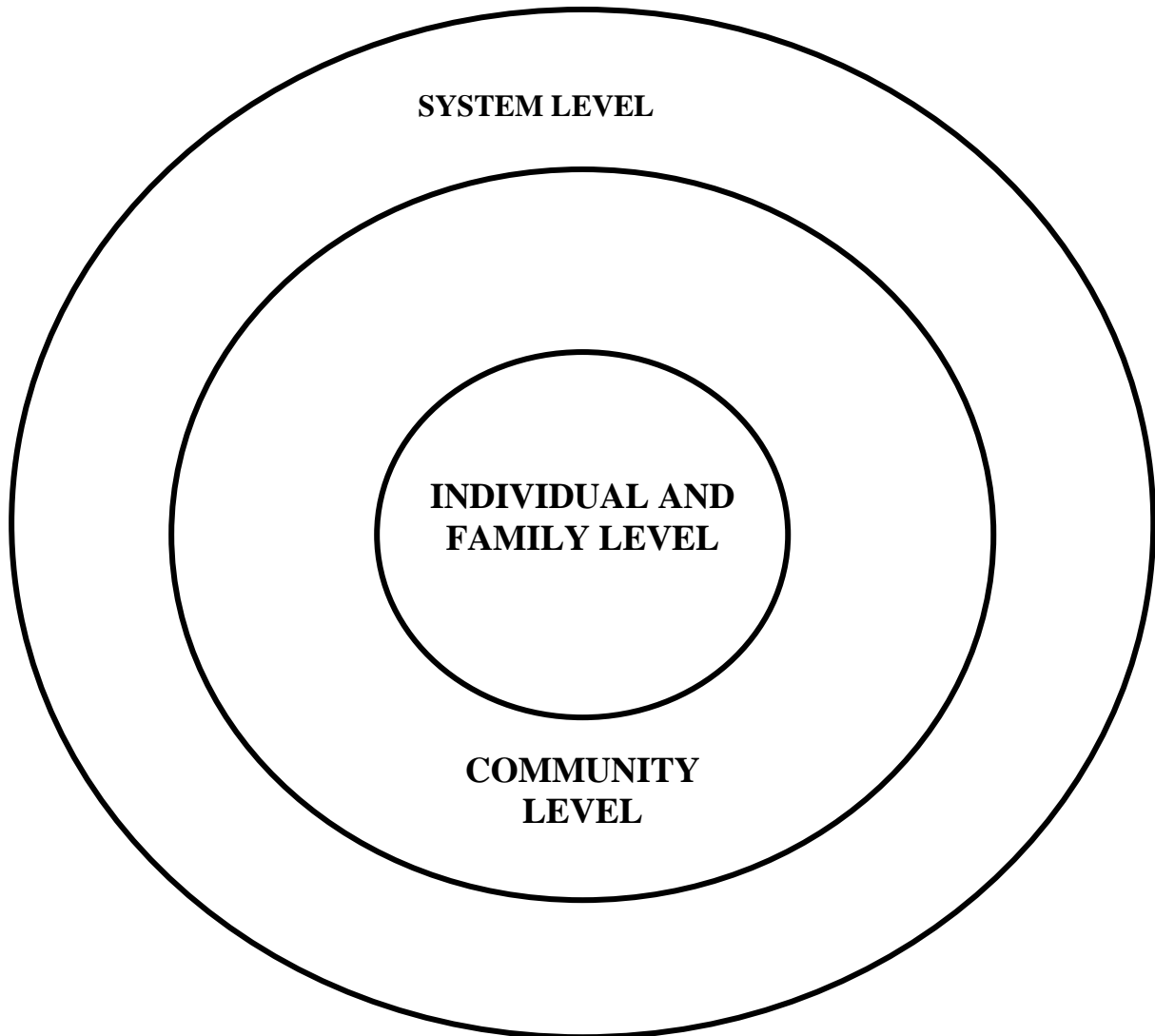
### **SOCIAL BARRIERS & PREJUDICE: HUMAN RIGHTS ISSUES**

- ✓ International Labour Organization (ILO) reports that unemployment among disabled people is 2 – 3 times higher.
- ✓ No country has fully accessible transport systems.
- ✓ Few countries have legislation for accessible public facilities.
- ✓ In many countries disabled people are prevented from exercising a right to vote, marry or inherit property
- ✓ People unable to speak or write are legally incapacitated (signing unrecognized).
- ✓ Lack of access to schools.
- ✓ Genital mutilation of women in certain cultural groups.
- ✓ Incarceration of people with disabilities in institutions.

*Source: Disability and Social Justice: A Human Approach to Social and Policy Change. A Training and Orientation Manual of the National Resource Centre for Inclusion.*

**Overhead 3**

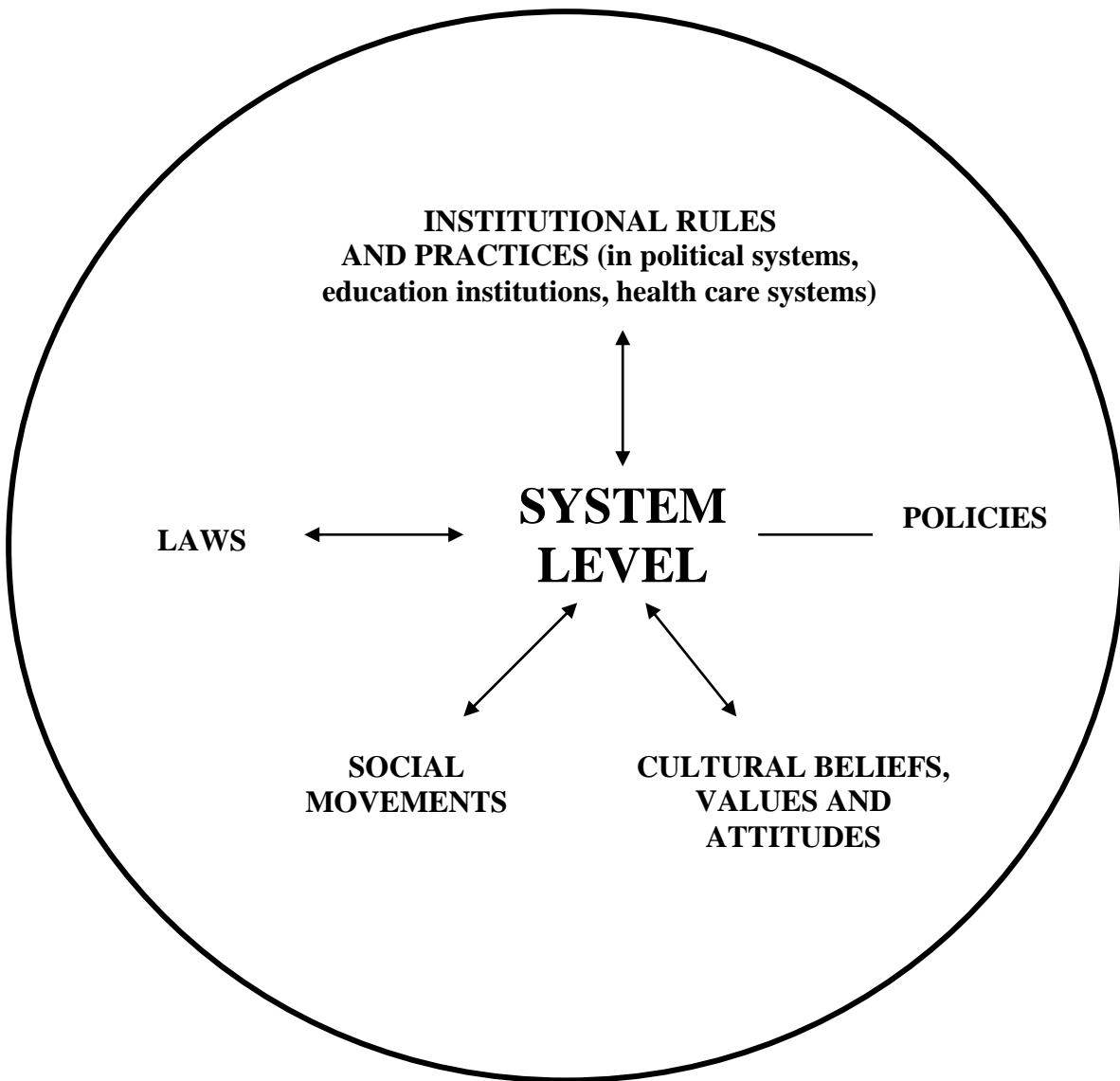
**DEFINING THE PROBLEM AND PLANNING FOR CHANGE**



*Source: Disability and Social Justice: A Human Approach to Social and Policy Change. A Training and Orientation Manual of the National Resource Centre for Inclusion.*

## Overhead 4

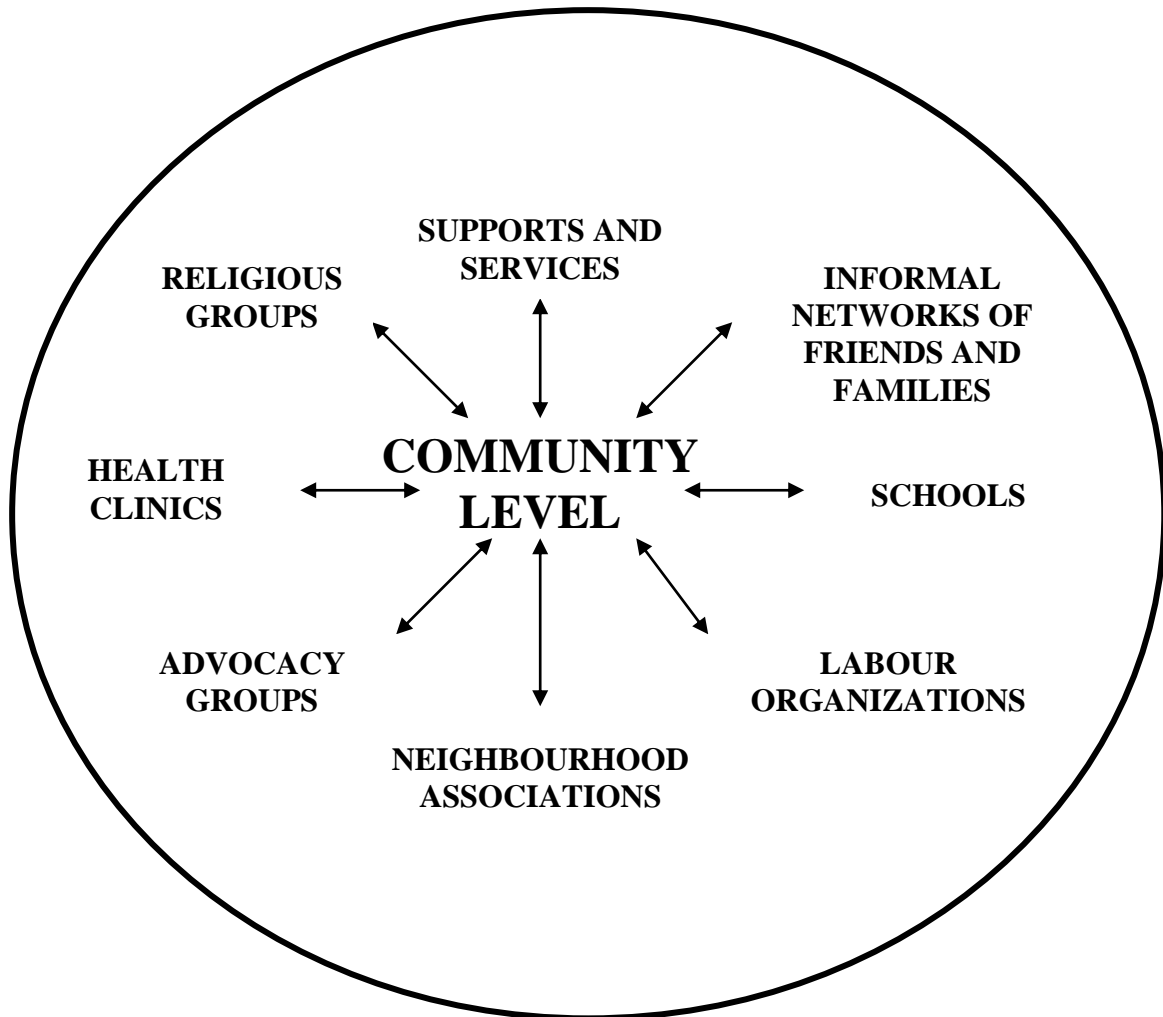
### ANALYSING THE BARRIERS TO CHANGE



*Source: Disability and Social Justice: A Human Approach to Social and Policy Change. A Training and Orientation Manual of the National Resource Centre for Inclusion.*

## Overhead 5

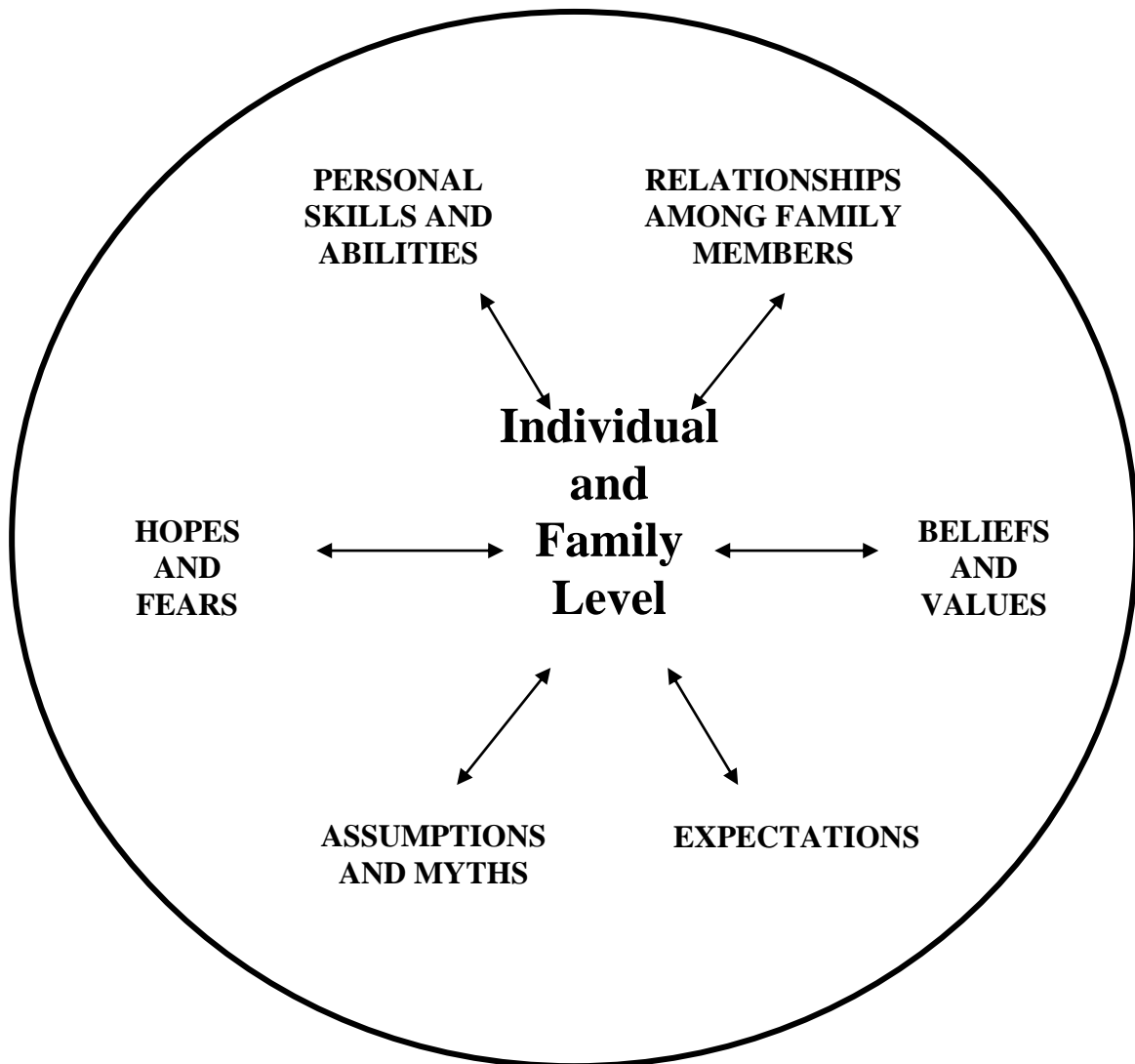
### ANALYSING THE BARRIERS TO CHANGE



*Source: Disability and Social Justice: A Human Approach to Social and Policy Change. A Training and Orientation Manual of the National Resource Centre for Inclusion.*

## Overhead 6

### ANALYSING THE BARRIERS TO CHANGE



*Source: Disability and Social Justice: A Human Approach to Social and Policy Change. A Training and Orientation Manual of the National Resource Centre for Inclusion.*

## **Overhead 7**

### **TOOLS FOR SOCIAL CHANGE**

- Community Development
- Community – Based Research
- Information Gathering
- Information dissemination

### **STAGES IN THE SOCIAL CHANGE**

- Develop a Common Vision
- Define the Problems in Achieving the Vision
- Analyze the Barriers to Change
- Develop Strategies and Action Plans To Remove the Barriers
- Put the Action Plans in Place
- Evaluate Outcomes and Adapt the Action Plans

*Source: Disability and Social Justice: A Human Approach to Social and Policy Change. A Training and Orientation Manual of the National Resource Centre for .Inclusion.*

## **Overhead 8**

### **SOCIAL CHANGE REQUIRES STRONG ADVOCACY GROUPS**

- Share a common social experience & vision
- Focus on broad community change
- Engage in political lobby
- Outside of direct services
- Free of conflict of interest pressures
- Not aligned with any political party
- Strength in size of membership & ability to mobilize

*Source: Disability and Social Justice: A Human Approach to Social and Policy Change. A Training and Orientation Manual of the National Resource Centre for Inclusion.*



## **Module II – Vision, Principles, and Commitment to Inclusive Education**

Module I introduced participants to a broad framework for understanding disability from a social and human rights perspective. This Module focuses on a basic issue for people with disabilities – access to education. We learned in Module I that over 95% of children with disabilities in majority countries of the South have no access to education at all. For those that do, many can only access separate and segregated educational schools and classes. The bio-medical model of disability that still predominates in much of public policy, and cultural stereotypes about the inability of disabled children to develop and learn, have profoundly shaped educational policies and systems. This Module introduces participants to a broad framework for understanding inclusive education – the vision, principles, and commitments on which public policy, teacher training, and civil society activism for quality education for people with disabilities is based.

The objectives of this module are:

- To introduce participants to a guiding vision and principles for inclusive education.
- To explore the constitutional, policy, and other commitments to inclusive education in a global and Indian context.
- To gain an understanding of the roles of different actors in creating an inclusive education system.

## Unit I – Vision and Principles for Inclusive Education

### Objectives

The objectives of this Unit are to introduced participants to:

- Core values associated with inclusive education
- Basic concepts for the theory and practice of inclusive education
- Guiding principles for assessing policies, practices, and pedagogical approaches from the perspective of inclusive education

### What is Inclusive Education?

“Inclusive Education” is a broad principle. It is a matter of human rights. It can be used to guide parents, communities, teachers, schools and governments in creating new policies and practices that will result in all children being included in regular education, with the supports they require, and with respect and value for their diversity. There is no single formula for inclusive education. There is no one picture of how it should look in practice. How inclusive education will look, how it will be achieved, the extent of support for diversity, will vary from community to community, school to school, country to country.

For many years of the last century, we saw only a small percentage of children of the marginalized sections going to school, and even then they tended to go to schools separate from their peers of non-marginalized sectors. It will require a quantum leap in thinking in order to create an environment to include all in a school that is for all - a neighbourhood school, where all children; irrespective of class, creed, gender or disability, study, grow and develop together, learn from each other, thus, laying the foundation for inclusive societies to develop in the years to come.

Inclusive education can be defined in the following way:

***Inclusive Education means every child learning together in his/her neighbourhood school. All children are welcomed in the school and all children learn together in the regular classroom.***

Inclusive education is then both a guiding principle, and an ongoing process of social change. As with any process of social change for social justice, a process for inclusive education must begin with an analysis of barriers to the vision. For inclusive education to take root in a community, a community must define itself what its vision for inclusive education will be, within a set of shared principles for inclusion. Various human rights instruments, policy statements, and international declarations can be used to support and express those shared principles. But what shape the vision will take in any particular school or community, and the barriers that must be confronted to realized that vision, must be articulated by a particular community and by a school.

Expressing a vision and commitment to inclusive education is the first step in making it happen. The process of building and renewing commitments to inclusive education must be ongoing, with a capacity to constantly examine the ways children are excluded. New ways of excluding certain children evolve as resources shrink, as new standards of “excellence” are established, as governments and teaching professionals seek to pursue other policy goals through the education system. Inclusive education requires constant vigilance.

Research shows that in inclusive schooling

- Children do better, academically and socially
- There is no teaching or care in a segregated school which cannot take place in an ordinary school.
- Given commitment and support, inclusive education is a more efficient use of educational resources.
- Helps to reduce fear and to build friendship, respect and understanding.
- Is more effective in enabling children to develop relationships and prepare for adult life in diverse work environments after school
- Facilitates familiarity and tolerance which reduce fear and rejection.

**Review the following overheads about inclusive education, its definition and ideal model, and proceed forward to doing the first activity.**

## **Activities**

### ***Activity 1***

View the short film “Mil julke”.

Then divide into small groups of three or four and develop responses to the following questions.

#### *Exercise:*

Based on your own experience, your viewing of Mil julke, and the model of inclusive education presented respond to the following questions:

1. What key words best express the values associated with inclusive education?
2. In reviewing the ideal model of inclusive education, what principles would policy makers, teachers, and other professionals have to follow to put these values into practice (e.g. child-centred classrooms)?
3. How were these values and principles expressed in the film Mil julke?
4. Do the values you identify in #1 conflict in any way with the values that now underlie the educational system? If so, what are the conflicts?
5. Do the principles for inclusive education that you identify in #2 conflict in any way with the principles that now underlie the educational system? If so, what are the conflicts?
6. What arguments would you provide to give inclusive education a higher priority in the policies of your government?

Share your small group responses with the large group.

### ***Activity 2***

Review each of the following examples and ask the questions: Are these young people being included in education? In what ways does this example reflect the values and principles of inclusion, if at all? In what ways does are those values and principles undermined in this example, if at all?

1. Mona uses a wheelchair. She wants to attend her local school in Bandra with friends from home. The school has no wheelchair access and so far she has not been able to get through the door.
2. Kumar Zahir, in standard VI, has a hearing impairment. The students in his class all sit in alphabetical order. This means he has to sit at the back and therefore struggles to hear the teacher and keep up with the rest of the class. His teacher refuses to make an exception for him as she says she must treat all students equally.
3. Varsha is in standard XI. She has a visual impairment. Varsha accesses lessons with the help of a Reader. This person has been with Varsha for a long time and understands her well. Unfortunately, her permanent Reader has had to take extended leave and there is no one available to read to her. Her teacher says that this is not really a problem as Varsha is bright and is very advanced compared to the rest of the class. Varsha is beginning to get bore and is talking of giving up her studies.

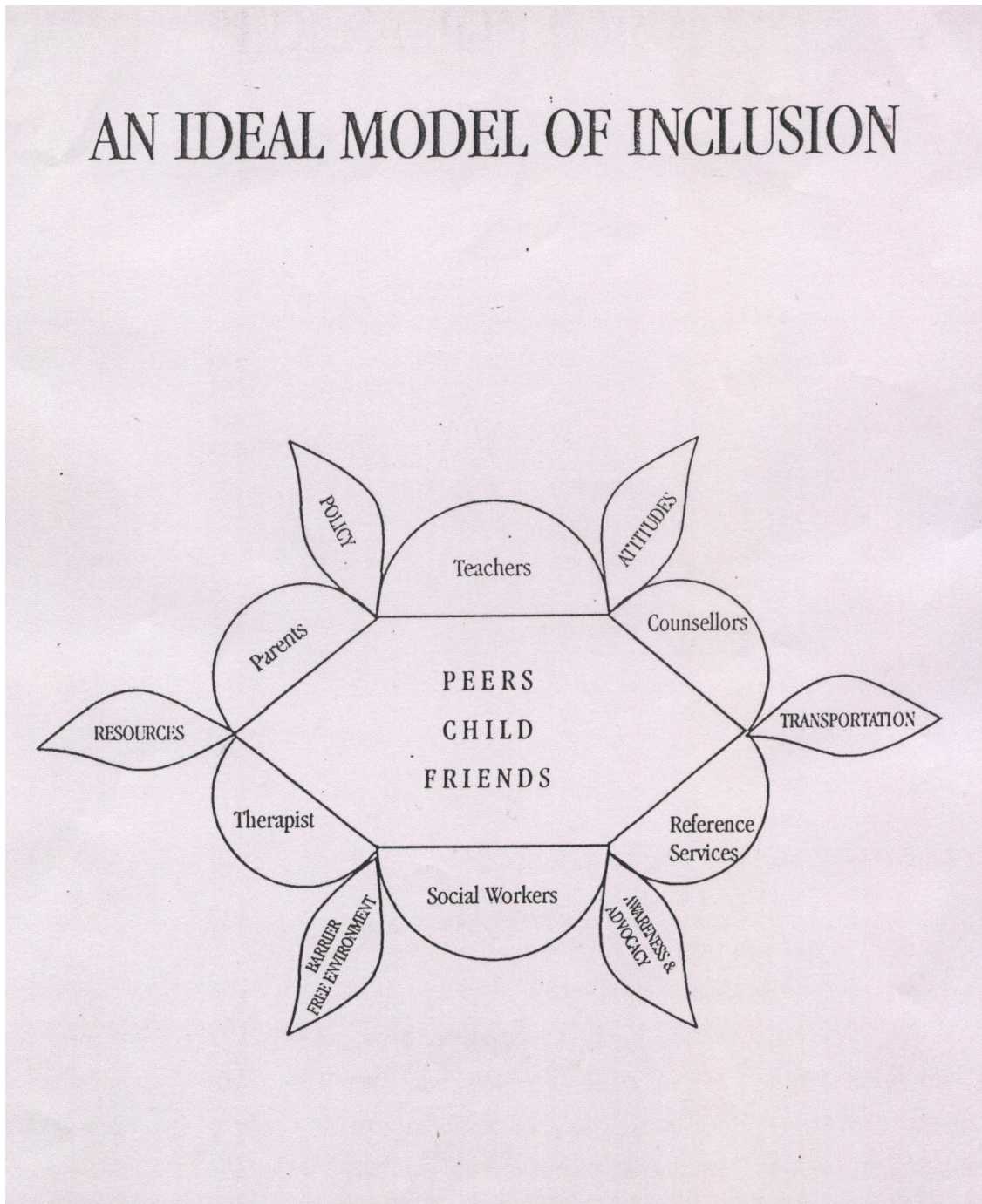
4. Anita uses a communication board to talk. She has an assistant, Annie, who helps with this but she would like to be left alone with her peers. The school won't allow her to be on her own and none of the other children understand her communication system.
5. Nikhil has a learning difficulty. Nikhil needs to have someone explain clearly what is going on in class. He has a classroom assistant assigned to him and she and his teacher work out together how he can be helped to access the learning that other children are being offered. The teacher takes care that the classroom assistant works with other children and they are encouraged and supported to work with Nikhil.
6. Carol is hearing impaired. She goes to school with her friends and sisters. Her teacher does not acknowledge it her hearing impairment and this is very hard for Carol, as she cannot understand what going on in class.
7. Mohan has epilepsy. He is just learning to monitor his impairment for himself. He needs to take his medicines every lunchtime. His class teacher has a note on her register to make sure that he is reminded to does so. So far, there have been no problems with this arrangement.
8. The school has many hearing impaired pupils and the head teacher has decided to offer staff the chance to learn. Sign Language as an extra-curricular activity. However, not all teachers are willing to take part.
9. The school is going on an overnight trip. Virginia uses a wheelchair and needs assistance. The teacher is charger of the trip forgot to check whether or not there is wheelchair access at the hotel and it is now too late to change the booking. She suggests that Virginia comes along anyway and that they work it out when they get there.
10. Ravi has severe behaviour and emotional problems. He can only sit still in class for half an hour. Each session is forty-five minutes long and Ravi is almost always in trouble by the end of the session. This causes him to throw major tantrums, which get him into even more trouble. His mother is frequently called into school to calm him down.
11. Priya is in Standard 8. She is not able to get her wheelchair into the Science Laboratory to do her Science Practical as the Lab has stairs but she is fully included in all other subjects.
12. Mohan has got a visual impairment and is doing his Secondary School Certificate. None of the textbooks or examinations are available in Braille. Mohan can read visually with a great deal of extra effort and with magnified print, but it is much quicker for him to use Braille. He is worried that he will not be able to read the exam paper quickly enough to answer the questions.

## **Overhead 1**

### **WHAT IS QUALITY INCLUSIVE EDUCATION?**

- Education that includes children and youth with disabilities with others their age in regular classrooms in the neighbourhood school
- Affords “open access” to students with disabilities
- Uses identifiable school, classroom and instructional practices that promote inclusion and make real involvement and acceptance probable
- Ensures that students with disabilities take part in all aspects of the social life of the school
- Inclusive education is for every child

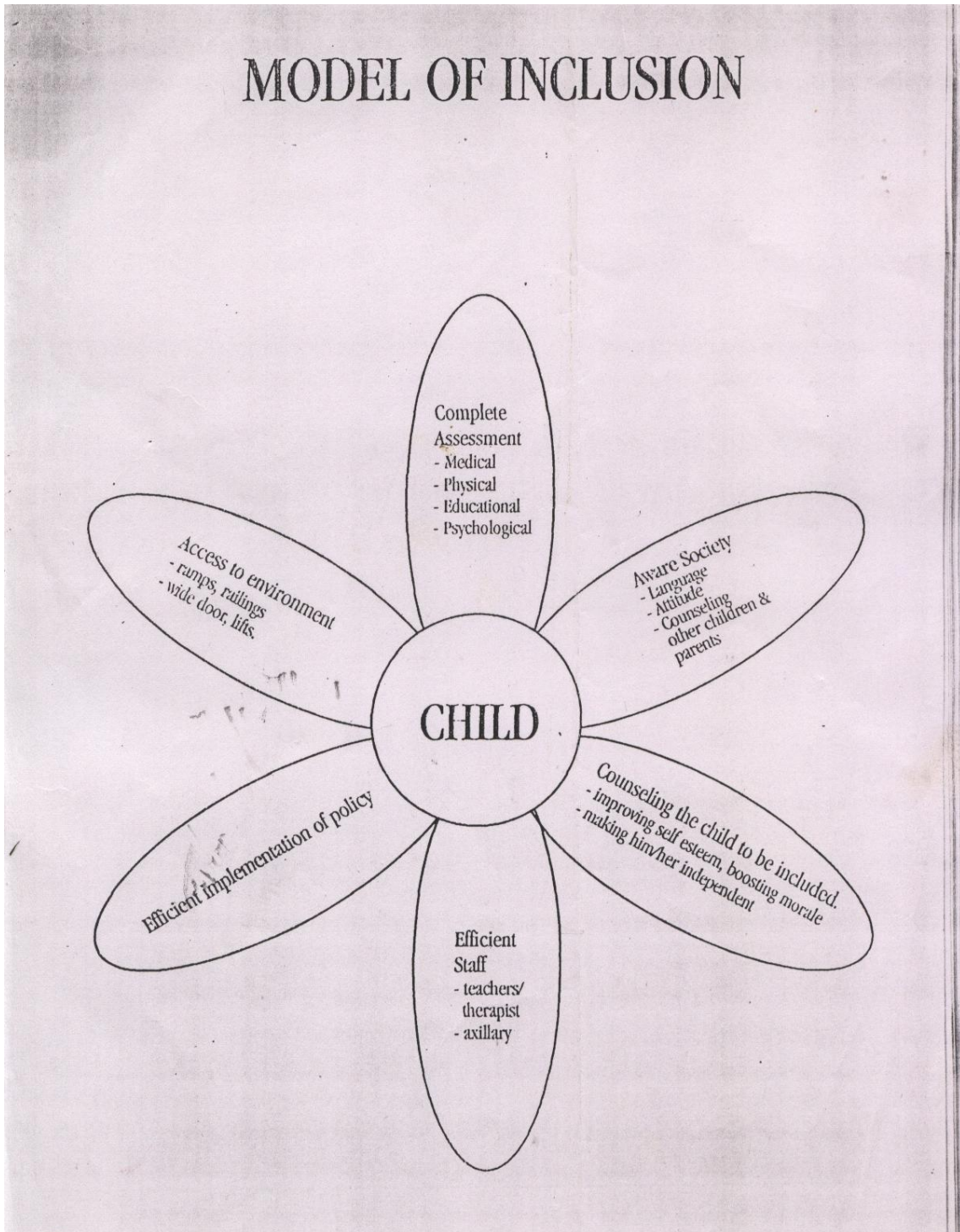
## Overhead 2



*Source: The Journey of Inclusion – A Training and Orientation Manual of the National Resource Centre for Inclusion, India, 2000*



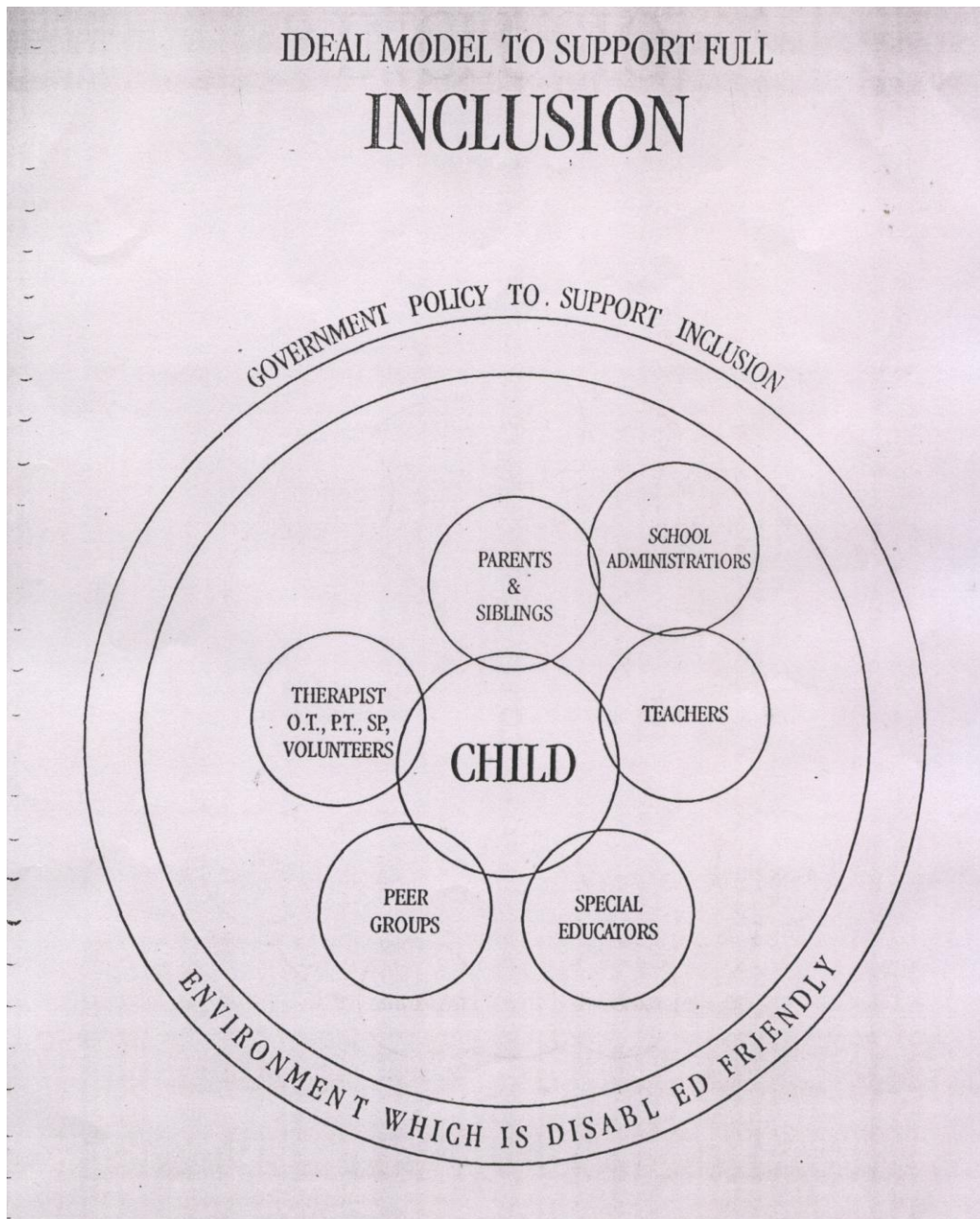
### Overhead 3



*Source: The Journey of Inclusion – A Training and Orientation Manual of the National Resource Centre for Inclusion, India, 2000*



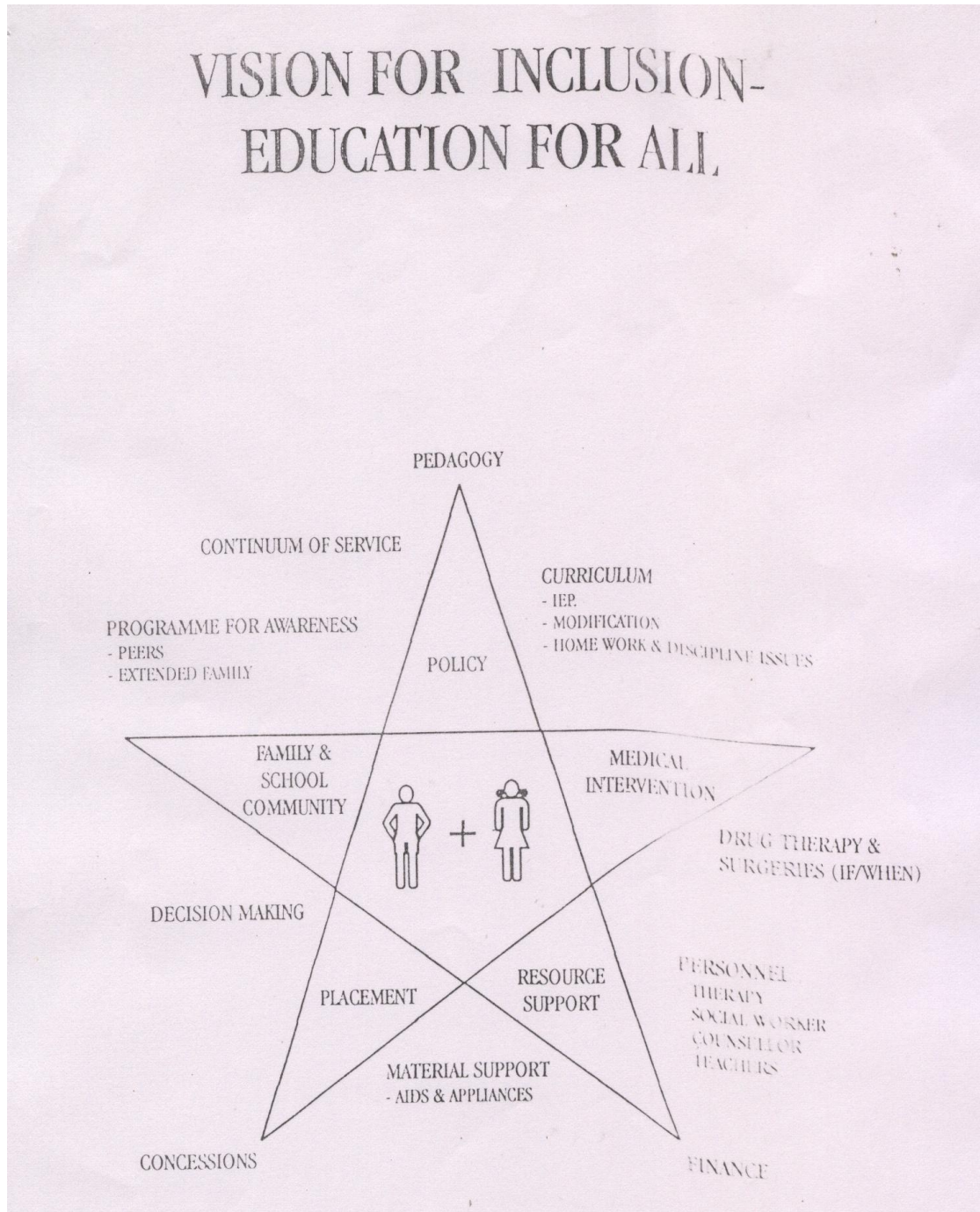
## Overhead 4



*Source: The Journey of Inclusion – A Training and Orientation Manual of the National Resource Centre for Inclusion, India, 2000*

## Overhead 5

# VISION FOR INCLUSION- EDUCATION FOR ALL



*Source: The Journey of Inclusion – A Training and Orientation Manual of the National Resource Centre for Inclusion, India, 2000*

## **Overhead 6**

### **WHY IS INCLUSIVE EDUCATION IMPORTANT?**

- Having access to Quality Education is a Key to Social Integration and Full and Equal Citizenship
- Education is a Matter of Basic Human Rights
- Segregated Education Generally Has not Worked
- Children Have the Right to Be Children First, to Learn, to Experience, to Develop

## **Unit II – Commitments and Barriers to Inclusive Education**

### **Objectives**

The objectives of this Unit are to enable participants

- To learn about existing policy commitments to inclusive education.
- To examine the policy/practice gap in inclusive education.

### **Global Commitments**

In 1990 states from across the globe adopted the World Declaration on “Education for All” (EFA). This United Nations UNESCO Declaration states equitable access to education as a guiding principle, and refers to education as a human right for all children. Central to the idea of universal human rights is that they are to be realized equally, regardless of differences of gender, race, disability, and nationality. But as we also know from the global movement for equality rights for people with disabilities, disability itself is often held out as a reasonable ground for not applying human rights equally. The kind of equality that would matter in realizing the spirit of the Education for All Declaration was left for future dialogue to determine.

Global commitments to education were also entrenched in the 1989 United Nations Convention on The Rights of the Child which state in Article 23:

Recognizing the special needs of a disabled child, assistance extended in accordance with paragraph 2 of the present article shall be provided free of charge, whenever possible, taking into account the financial resources of the parents or others caring for the child, and shall be designed to ensure that the disabled child has effective access to and receives education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development, including his or her cultural and spiritual development

The Convention also states that children shall not be discriminated against in enjoyment of these rights on the basis of disability and other prohibited grounds.

A major Education for All event was the World Conference on Special Needs Education held in Salamanca, Spain in 1994. The Salamanca Statement makes clear that education laws should “recognize the principle of equality of opportunity for children, youth, and adults with disabilities”. Further, the Statement makes clear that as a fundamental human right, the right to education must be enjoyed by all children including children with disabilities and that, moreover, this right could only be equally realized and enjoyed in the context of inclusive schooling. The Salamanca Statement states that fairness in education means a right to inclusive schooling, equally enjoyed by all children without discrimination on the basis disability.

In 2001, UNESCO launched the Flagship Initiative on Inclusive Education to create a strategic partnership and catalyse international efforts to advance EFA goals for children with disabilities at national, regional, and international levels.

In summary, education is now recognized as a fundamental human right. It is also widely recognized that equality in education can only be realized for children with disabilities in the context of inclusive education.

### **In India...**

The Indian government has adopted an education policy based on the World Declaration on Education for All, the Convention on the Rights of the Child, and other international agreements that followed. The EFA policy of “Sarva Shiksha Abhiyan,” passed by the Government of India, states that children with disabilities must be part of the educational system. This commitment was reinforced in 1995 when the Government of India passed the “Persons with Disabilities Act” (Equal Opportunities, Protection of Rights and Full Participation) that stated in Clause 26 and Clause V:

The appropriate government and local authorities shall:

- a. Endeavor to promote the integration of students with disabilities in normal schools (Clause 26)
- b. Every child with a disability has access to free education in an appropriate environment till he attains the age of eighteen years (Clause V)

In India, programs like the District Primary Education Programme (DPEP) have been put in place by the government to support the inclusion of children with disabilities into regular education.

The Ministry of Human Resource Development (or HRD as the Ministry of Education is now called), is the central body responsible for the formulation and implementation of all educational policies and programmes. Historically, children with disabilities were the responsibility of this Ministry during the British Raj. In 1960, the Indian government shifted the responsibility for education of children with disabilities from the Ministry of Education to the Ministry of Welfare. This was based on a belief being that disabled children need care and welfare more than education. This departmental split in responsibility created a dualism that has come in the way of developing a coherent and coordinated educational policy for children with disabilities.

The HRD Ministry has a number of specialized institutions at national and state levels for the development and improvement of education. Prominent among these are the National Institute of Council of Educational Research and Training (NCERT), the National Institute of Educational Planning and Management (NIEPA), the National Council for Teacher Education (NCTE), and the National Institute of Child Development and Public Co-operation (NIPCCD). The National Council of Teacher Education deals with teacher education in the country.

The ICDS or the Integrated Child Development Scheme deals with the critical first 5 years of a child’s life and the health of the mother, however children with disabilities have tended to be excluded from this program (Alur 1999). The IEDC or the Integrated Education Development Cell is responsible for the integration of children with disabilities into regular schools. A casual integration has taken place. This is possible because there are not many options in some places and over 40,000 children with disabilities are in regular schools.

The District Primary Education Programme or the DPEP was launched in 1994 with help from international aid agencies with principal funds coming from the World Bank. The main aim is to move toward universal education. In this programme a very large component has been added for integration of children with disabilities, and to address gender bias, unacceptably high drop out rates, infrastructure support, early marriages, and children in the workforce.

## **Activity**

### ***Activity 1***

In small groups discuss the following questions, and share your responses with the large group:

1. Do the commitments to inclusive education in global policy statements, and in statement of Indian policy reflect the values and principles identified in discussions in Unit 1? In what ways do the commitments reflect the values and principles? In what ways do they not reflect the values and principles?
2. In your experience, how big is the gap between the policy commitments identified above, and the practice of education in schools and communities?
3. In watching the film “Mil julke,” what barriers to inclusive education do you think had to be confronted in order to enable all children to learn, be valued, and be supported in the regular classroom?
4. Review the overhead on barriers. What other barriers account for the gap between policy and practice in inclusive education?

## Overhead 7

“We believe and proclaim that... regular schools with inclusive orientation are the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society, and achieving education for all...”

“We call upon all governments and urge them to adopt as a matter of law or policy the principle of inclusive education, enrolling all children in regular schools.”

*Source: The Salamanca Statement and Framework for Action on Special Needs Education*

## Overhead 8

- States Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.
- Recognizing the special needs of a disabled child, assistance extended in accordance with paragraph 2 of the present article shall be provided free of charge, whenever possible, taking into account the financial resources of the parents or others caring for the child, and shall be designed to ensure that the disabled child has effective access to and receives education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development, including his or her cultural and spiritual development

*Source: Article 23 Convention on the Rights of the Child*



## Overhead 9

The Government of India, in 1995, passed Persons with Disabilities Act (Equal Opportunities, Protection of Rights and Full Participation) that stated in Clause 26 and Clause V:

The appropriate government and local authorities shall

- a Endeavor to promote the integration of students with disabilities in normal schools (Clause 26)
- b Every child with a disability has access to free education in an appropriate environment till he attains the age of eighteen years (Clause V)

*Source: Persons with Disabilities Act (Equal Opportunities, Protection of Rights and Full Participation) 1995*

## Overhead 10

### **District Primary Education Programme (DPEP)**

- Accepted integration of children with disabilities in mainstream school as a commitment.
- Interventions to achieve objectives of inclusion:
  - a Community mobilization and early detection
  - b In-service teacher training
  - c Resource support educational aids and appliances
  - d Architectural designs
- Converging with IEDC, other government programmes and NGO's to bring synergy in the process of inclusion.

## Overhead 11

### **Objectives of the Sarva Shiksha Abhiyan (SSA)**

- All children in school, Education Guarantee Centre, Alternate School, ' Back-to-School' camp by 2003;
- All children complete five years of primary schooling by 2007
- All children complete eight years of elementary schooling by 2010
- Focus on elementary education of satisfactory quality with emphasis on education for life
- Bridge all gender and social category gaps at primary stage by 2007 and at elementary education level by 2010
- Universal retention by 2010

## Overhead 12

### **BARRIERS TO INCLUSIVE EDUCATION**

- Lack of a national consensus on education exclusion
- Special interest groups advocate for separate education
- Conventional education practice excludes children with disabilities
- Old models set limits on creative thinking
- Few resources have been diverted from segregated education
- A standardized approach to education closes doors
- Economic necessity has meant children exit school for employment
- Teacher burnout and stress
- Inertia in a complex education delivery system
- Tendency to permit, but not require integration
- Schools are the reserve of the elite
- Parents are suspicious of schools

## **Unit III – Roles in Creating an Inclusive Education System**

### **Objectives**

The objectives of this Unit are to enable participants:

- To gain an understanding of different actors and their roles in creating an inclusive education system
- To examine how different actors can address barriers to inclusive education

### **Introduction**

To address the policy/practice gap in inclusive education will take action on the part of many actors – from governments, to teachers and professionals, to civil society organizations. The first step in closing the gap is to shift perspective from a focus on the child (the bio-medical model which makes the child the problem) to the social and human rights model (which recognizes the problem is children’s exclusion from schooling is the education system itself).

“Integrated education” was once seen as the policy goal for children with “special needs” or disabilities. In this model, children would access a regular classroom, but would quickly become the ‘problem,’ not able to keep up, not able to demonstrate progress, not able to participate as other children. A disabled child was in a regular classroom, but not fully included as a valued student, able to contribute in his or her own way, developing according to his or her unique capabilities and life path.

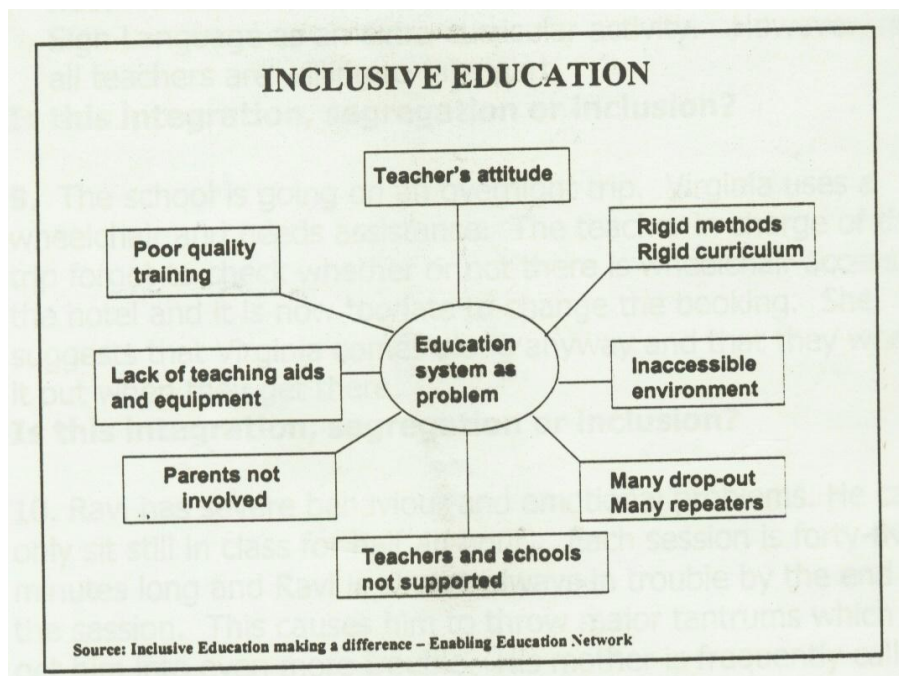
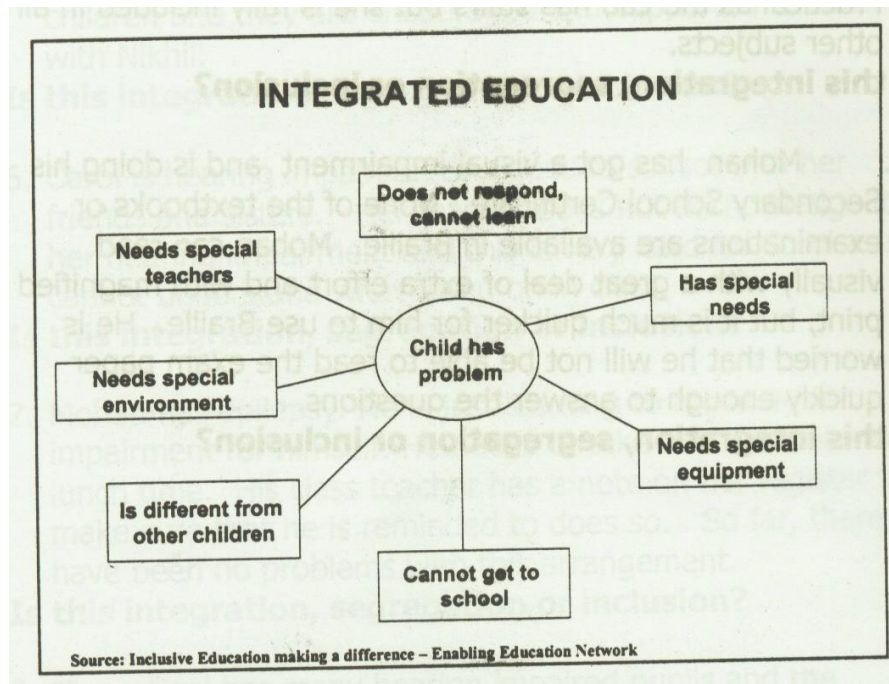
The policy goal of inclusive education shifts the focus from the child to the classroom. Inclusive education means that children and young people, irrespective of race, language, religion, class or ability, learn together in barrier-free schools and centers of learning. Inclusion therefore simply means enabling learners to participate to the best of their abilities.

To achieve this policy goal we must ask how can we make this classroom a place of learning for all students, and who must take responsibility for doing so? How do we adapt curriculum to each student’s unique needs and potential? How do we ensure each student has the support they need to learn and contribute? How do we enable students to learn together, from one another, and be recognized as a valued member of the class? How can we best draw on the knowledge and advice of parents to support the learning environment? Inclusive education shifts the focus to ask these questions.

So although inclusive education is often exclusively associated with the integration of disabled learners into the mainstream, it is much more than this. It is about

- A change in attitudes towards people with disabilities, people from different religious groups, people from different race groups or gender, etcetera.
- Putting into practice principles and beliefs in non-discrimination
- Developing flexible curricula
- Creating barrier free built environments
- Skilled and flexible teaching
- Cooperative learning
- Teaching support

- Skilled school management and sound governance based on human rights principles



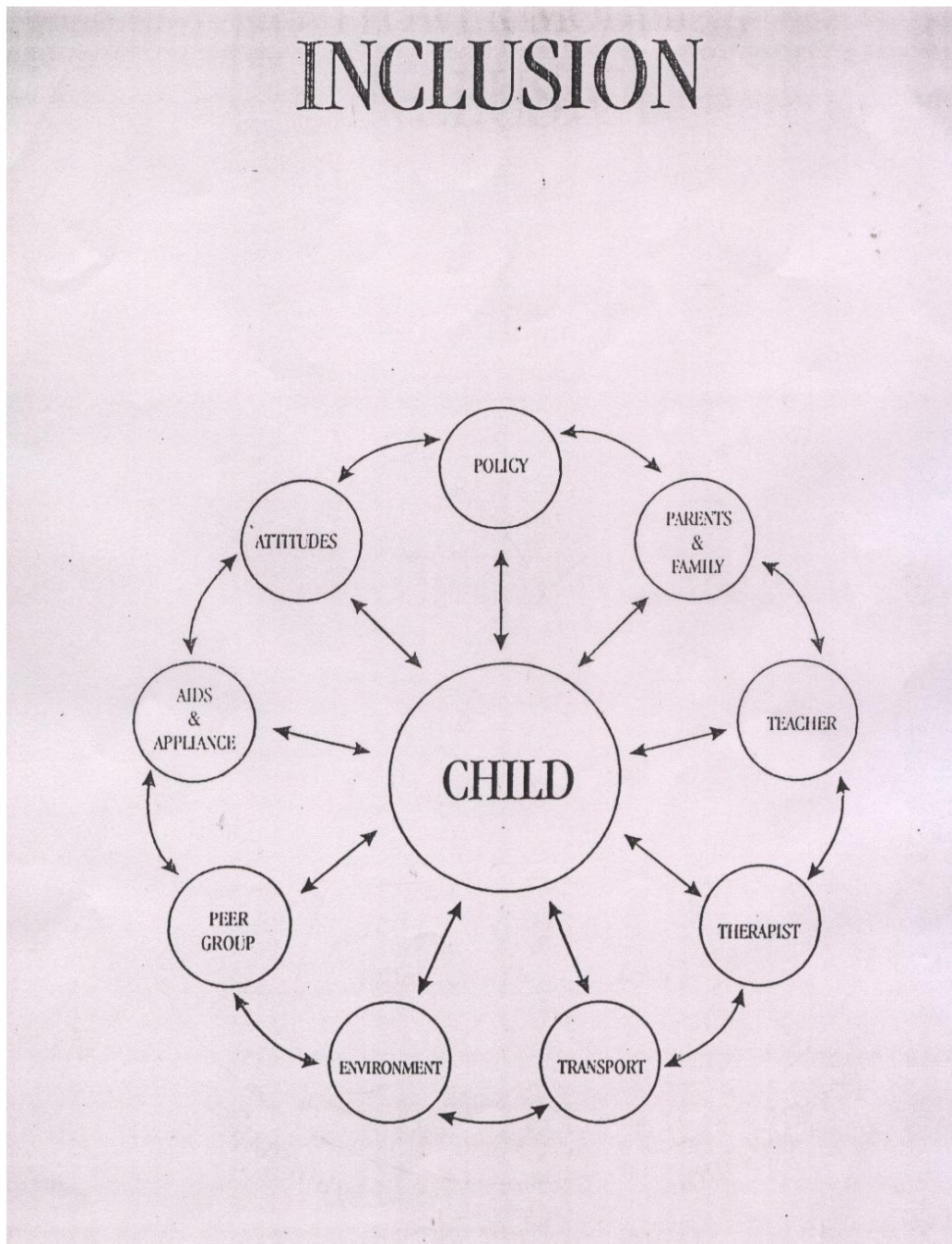
## Activities

### *Activity 1*

In small groups discuss the following questions, and share your responses with the large group.

1. Review the overheads on shifting from an integrated education model to an inclusive education model. What systems come into view in this shift that needs to be changed in order to help close the policy/practice gap in inclusive education?
2. List the actors responsible for these system changes.
3. Add to your list, by reviewing the overheads on the model of inclusion. What actors are responsible for putting in place the various pieces of the pie that make child-centred inclusive education a reality?
4. What would you say are the roles of each of these actors in making inclusive education a reality?
5. In what ways is it in the interests of each of these actors to make the system changes needed? In what way might inclusive education undermine their current interests?
6. What challenges are each of these actors likely to face in making the system changes that are needed for inclusive education?
  - a. Policy makers?
  - b. Teachers and professionals?
  - c. Civil society – parents, advocates, others?

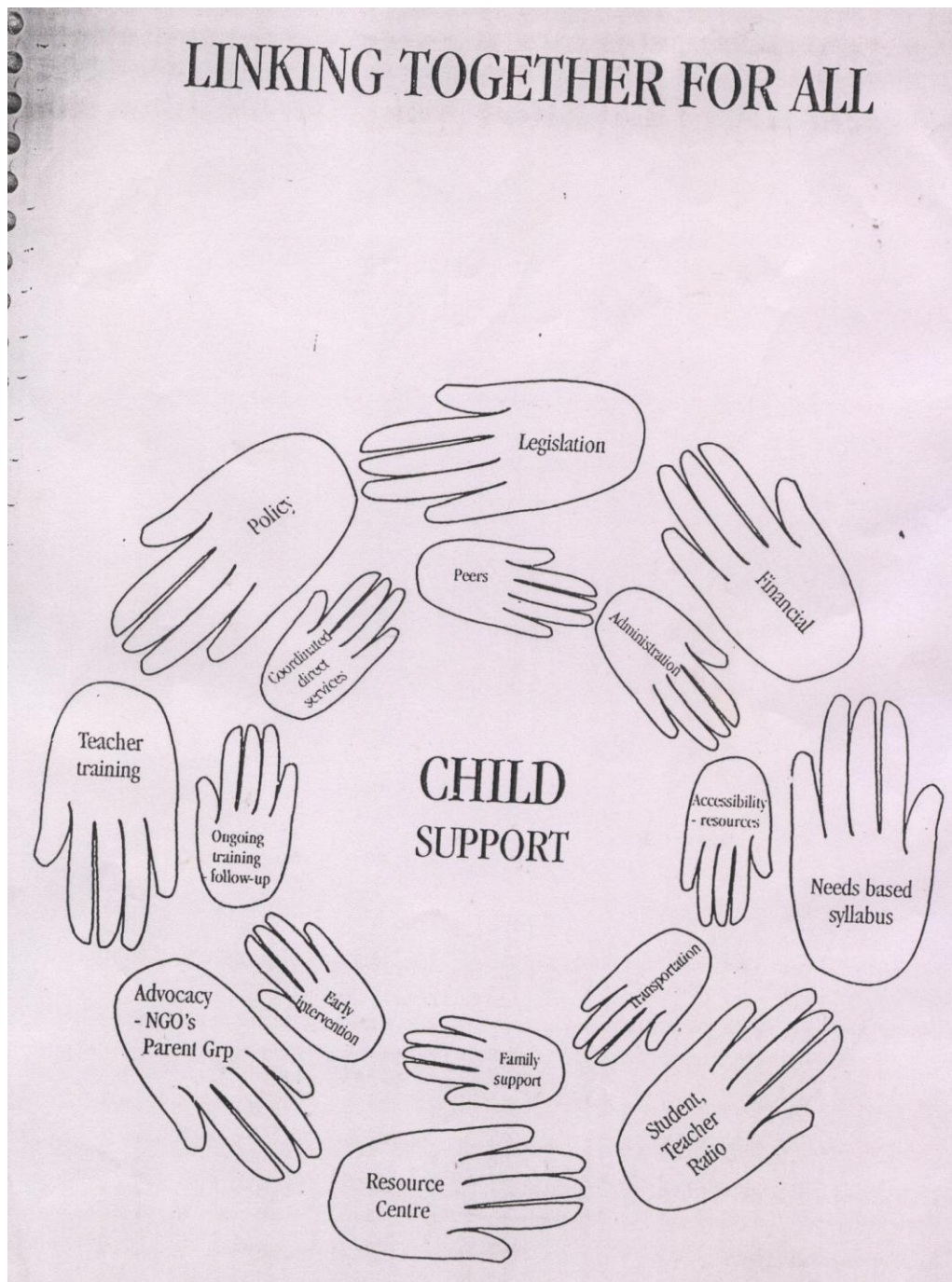
## Overhead 12



*Source: The Journey of Inclusion – A Training and Orientation Manual of the National Resource Centre for Inclusion, India, 2000*



## Overhead 13



*Source: The Journey of Inclusion – A Training and Orientation Manual of the National Resource Centre for Inclusion, India, 2000*

## **Module III**

### **The Policy Making Process for Inclusive Education**

#### **Introduction**

This module is designed for policy makers involved in making decisions that affect the education and educational status of students with disabilities. Policy makers can include elected politicians who pass laws, and street-level<sup>1</sup> to senior bureaucrats in government departments or other agencies designated by governments to play a role in the education system. These can include, for example, teacher training institutions, authorities designated to develop curriculum, etc.

There is no straightforward policy framework for inclusive education. It is yet to be developed in India, and across the world. What does exist are various examples of good practice in inclusive education, and in a few jurisdictions policy frameworks designed for a particular context. The challenge in India, as it is for most other countries in the North and South, is to design a policy framework based on an understanding of the key barriers to inclusion. This Module invites participants to engage in the process of developing ideas for a policy framework for inclusive education in India.

In Module I, we discussed how change takes place at micro or individual levels, at mezzo or community levels, and at macro or systemic levels. In this Module we are concerned with change at a macro, policy systems level. We will address policy key questions such as: How is macro policy change made? what barriers exist in policy to achieving shared goals? How can these barriers be addressed in policy terms?

The objectives of this Module are to enable policy makers and administrators to:

- Develop an understanding of what public policy is, and the various stages of policy formulation, implementation and evaluation.
- Examine the wide range of barriers to inclusive education at micro, mezzo and macro levels and to develop an understanding of the failure of policy to address these barriers.
- Design a policy framework for inclusive education.

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<sup>1</sup> Lipsky (1980) used the term 'street-level bureaucrats' to describe those workers who directly interact with the people on the ground level and administer policy. Street level bureaucrats are people such as policemen, nurses, teachers, etc., people who are usually in charge of dispensing services, people who have a huge amount of discretionary power and considerable autonomy. They are policy makers just as much as politicians or senior bureaucrats, because with discretionary power they decide who gets what, and they do so under the authority of a government department, or other designated agency

## **Unit I – Policy Making and Policy Fragmentation**

### **Objectives**

The objectives of this Unit are to enable policy makers and administrators to:

- Develop an understanding of key elements of a policy framework for inclusive education.
- Examine how policy can end up benefiting one group to the exclusion of others.

### **What is Public Policy?**

As discussed in Module II, policies are usually reflections of value systems of policy makers and of society more generally. As these value systems change, they provide a foundation on which to reformulate policy. The discussion in Module II showed how inclusive education represents this kind of policy shift. Increasingly, commitments are made to inclusive education. However, the challenge is to ensure implementation of the policy. In India, where there are severe resource constraints, policies are often not effectively implemented unless they have strong political support. There are a wide range of people, agencies, and departments involved in the process of policy-making and implementation. They all bring different perspectives, concerns, authority, and influence to the process of policy making.. Understanding the relationships between these actors is critical to understanding how policy is made, and how good policy for quality inclusive education can be formulated and implemented.

The term ‘Policy’ is widely used and has been defined in various ways. Policy is a course of action, guided by principles and values adopted by a country. Passing legislation by the Government, which it has neither the intention nor will to enforce, will never ensure implementation of the policy. For a policy to achieve its objectives, a commitment to implement, monitor, and enforce it by the governing bodies is essential.

In general terms, public policies, like education policy, are decisions by governments or their designated authorities. A policy framework tends to have 10 key elements:

- Issue or problem that needs policy action to be addressed – which answers the questions ‘who are what is affected, in what ways, to what extent?’
- Rationale for addressing the policy problem – which answers the question ‘why is it important to take action now, given various other priorities?’
- Values that will guide policy-making
- Policy goals, based on these values, that will be pursued through policy action or in-action
- Benefits (goods, services, income, credit, status, authority) that will be distributed to certain groups, regions, etc.
- Arrangements for funding, delivering, and regulating access to and provision of benefits (to whom, by whom, for what, when, where, and how, with what discretion)
- Policy coordination and coherence – linking with other policy areas, government departments, etc. to ensure effective implementation, and to minimize conflicts and disincentives to reaching policy goals

- Accountability for implementation and enforcement
- Anticipated outcomes of the actions taken
- Information gathering, evaluation, and reporting

Policies can also be ‘non-decisions’ about each of these elements. Policy non-decision making may occur when dominant groups, also referred to as ‘elite groups’ decide to undermine formulation or implementation of a policy because it will threaten certain groups, or disrupt the usual pattern of benefits – of who gets what. Non-decision-making can be a subtle process when issues remain latent, and fail to enter the policy agenda for discussion.

For example, the non-decision by governments of both North and South countries to invest specifically in the education of children with disabilities, means that over 95% of these children do not access any education at all in countries of the South. This in-action means that other policy goals are being pursued, and values other than full inclusion are being realized. Benefits of educational investment then flow to certain groups of children over others. Inaction, and non-decision, means that government funding and incentives are for certain forms of education, for certain groups, over others. As well, the non-decision by governments to gather information about the educational status of children with disabilities, and in India until only very recently, the non-decision which resulted in the exclusion of people with disabilities from the Census, means that information is lacking about a large group of society. This makes reporting on outcomes of educational and other policies for people with disabilities, difficult if not impossible.

## **Activity**

### ***Activity 1***

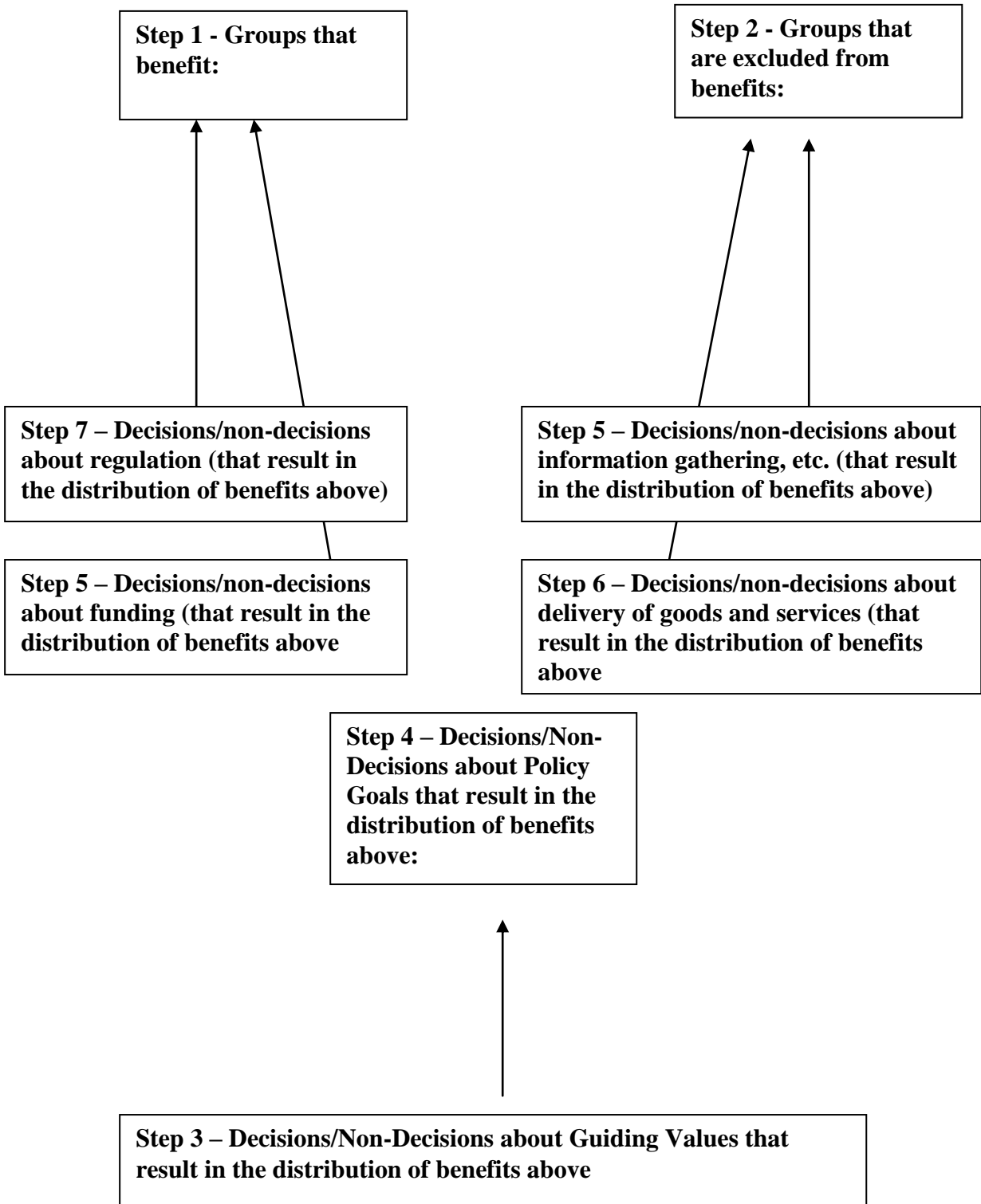
Divide into small groups of 4 or 5 to discuss responses to the following questions. First, identify a group of children in society who you believe have benefited by educational policies, and a group of children who have not benefited. Then ask the questions:

- a. What policy goals underlie the success of this group in education?
- b. What values underlie these policy goals?
- c. What benefits are being delivered to this group?
- d. What decisions were made about funding, delivering, regulation and information gathering, monitoring, and reporting that resulted in this distribution of benefits?

Organize the results of your discussion into the “Policy Decision Tree” (see chart following) to show how decisions or non-decisions about policy at all of these levels results in the distribution of benefits you identified. Present your findings back to the group.

This exercise helps to show how the distribution of benefits between different groups is not a result simply of ‘natural causes.’ Rather, it is the result of policy decisions – from the roots of the policy tree (or the values) through the trunk of the policy tree (the policy goals), to the various branches of the policy tree (decisions about funding, delivery, etc.). All of these decisions, or non-decisions, result in the fruit the tree bears and who can reach and enjoy that fruit (the benefits for some, but not for others).

## The Policy Decision Tree



## Unit II – Policy Fragmentation and Policy Barriers to Inclusive Education

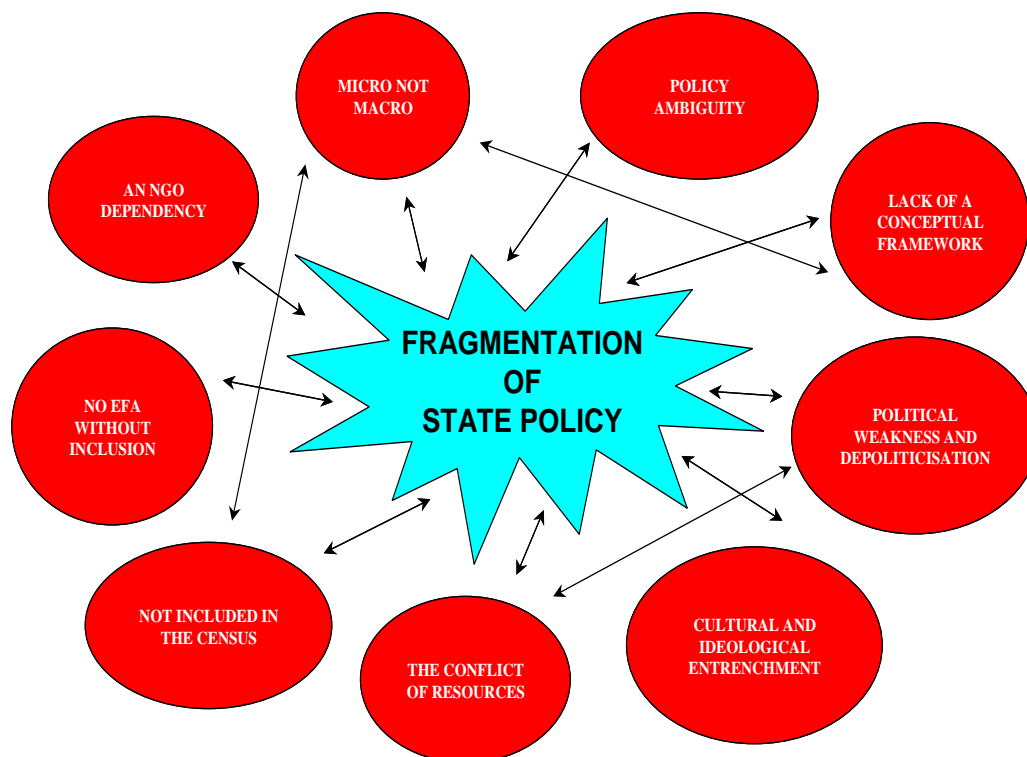
### Objectives

The objectives of this Unit are to enable participants to:

- Understand the process of policy fragmentation in inclusive education policy
- Examine policy barriers to inclusive education, and begin designing a policy framework to address them.

### Policy Fragmentation

In Module II, we discussed various international, constitutional, and national policy provisions for inclusive education – globally and in the national context. We also noted that these policy commitments have not been effectively implemented. Analysis of early intervention programs and education policy in India (Alur 1999) suggest that the continued exclusion of children with disabilities from the benefits of inclusive education results in large part from fragmentation and incoherence in public policy. The following Figure illustrates the various factors associated with this fragmentation.



Source: Mithu Alur, *Invisible Children: A Study of Policy Exclusion*, Viva Publication, 2003.

### ***Lack of a Conceptual Framework: Policy Ambiguity***

On a broader level, in the critical formulation stage the issue was not clearly defined when the Ministry of Education was being bifurcated and the Ministry of Welfare being created. When the disabled group was being transferred from the Ministry of Education (now HRD) to that of Welfare, during the policy formulation stages the issue of education lost focus. In appropriate conceptualisation about the needs of the disabled child took place. The objectives of the Ministry of Welfare, became to 'rehabilitate' rather than to 'educate'. The Ministry was meant to act 'as a nodal agency in coordinating services for the disabled'. A lack of specifying the target of educating disabled children resulted in the absence of setting up the mechanism for implementation.

### ***Not a State Responsibility, a Reliance On NGOs***

Government's reliance on voluntary organisations to deliver services has ensured a micro-level coverage. One of the main problems of the voluntary sector is the very limited and fast dwindling capacity to raise funds.

### ***An NGO Dependency***

The policy-makers as well as the NGOs themselves, have been influenced by the general medical mould of disability which prevails in India – a dysfunctioning individual either needing technical skills on the one hand or only familial love and compassion where the state is absolved of responsibility. The state plays no part this being an individual tragedy.

A mystification of the issue had contributed to this area being enveloped in a technical approach. Special education needed a language understood generally rather than limited to specialist groups. On a wider level training has not been initiated.

### ***Political Weakness and Depoliticization***

Another factor that had contributed to the marginalisation was the fact that the disabled group was a politically weak group, weakest among the weaker sections consisting of the scheduled caste and the women's group.

This does not help to legitimise services, as a matter of state provision, of entitlements and rights.

### ***Values: A Socio cultural and Ideological Entrenchment***

The other finding that had affected the situation was the ideological value system. Values shape a society. Its beliefs are reflected in the way it responds to the under privileged, the poor, the needy, the disabled.

Underpinning the marginalisation are stereotypical cultural and social values dominating the minds of people. Entrenched stereotypes about disabled people can affect policy.

This is a major linkage between a social construct and policy making. Policy tends to be ambiguous, confused, moving away from a human-rights orientation towards a private and charity-based model, returning to a medical rather than social model of disability, and therefore lacking in clear commitment to inclusion.

### ***Conflict of Resources***

Policy without funding is no policy at all. In most countries, funding constraints for disabled children are a major issue, more so in the developing countries. However, it again moves it away from the need for an ideological commitment to the issue under discourse. The established bureaucracies in the government choose to remain equivocal, letting the matter



remain silent and concealed. It suits their budgetary distributions to let NGOs raise much needed resources for this, clearly ambivalent.

The study indicates that it is here, where the gap lies in the government's functioning. Its ambivalence and silences, its inaction, its non-decision making, the values and resources allocated to this group, indicates a lack of political and ideological commitment to include children with disability.

#### ***Silence on the subject by international agencies and policy makers***

One of the key findings is the ambivalent role played by International agencies. All international policy landmarks and conferences endorse non-discrimination and equal opportunities for all children including children with disabilities. The Convention on the Rights of the Child is the benchmark for policy in most countries. India has been a signatory to all the international declarations. Yet scrutiny of documentation of the ICDS in the policy formulation stage indicates that the matter of including children with disabilities was not brought up for discussion during the project formulation stage. A former education secretary said '*they did not figure*'. Although in their own countries integration had become a key issue in education with Acts of Parliament passed International experts chose to remain silent during the policy formulation stage of the ICDS. This ensured the invisibility of the group.

The profound failure of partner international agencies to set these parameters in policy formulation to start with becomes compounded when subsequent reviews by these agencies, fail to draw national policymakers to target their child centred health/education programmes to include children with disabilities.

#### ***No Political will and no EFA without Inclusion***

The finding that not any of the Government's teacher education syllabi include pedagogic issues concerned with the teaching of disabled children is another key issue. The professionals too have not analysed the implication of their work and kept it within narrow boundaries they have drawn for themselves.

## **Activity - Policy Barriers to Inclusive Education**

Developing a coherent policy framework for inclusive education requires understanding of the barriers to be addressed. The discussion of policy fragmentation above points to a number of systemic barriers to be addressed.

Drawing on the discussion above, this exercise will take you through a structural analysis of policy barriers to identify underlying barriers, rather than only symptoms of deeper problems.

1. Divide into groups of 3-5 participants
2. Identify 3 main barriers to inclusive education based on discussions so far. Write each barrier on the top of 1 blank page of flip chart paper.
3. For each barrier, identify one main cause of that barrier, asking ‘What is the cause of that barrier?’ When you have an answer, ask ‘What is the cause of that?’ When you have an answer, ask ‘But what is the cause of that?’ Repeat the question five times, to help you identify the deeper causal structures of exclusion. Repeat the process for each of the three main barriers you identify. The following chart outlines this exercise.
4. Share your small group analysis with the other groups. As a large group identify 5 or 6 key barriers you believe need to be addressed in order to advance inclusion.
5. Divide into small groups again. Each group will take one barrier to examine. In your small group, review the elements of a policy framework discussed in Unit 1. Ask the questions:
  - a. Which elements of an education policy framework would need to be developed in order to address this barrier – issue identification, values, policy goals, arrangements, policy coordination, etc.?
  - b. What would you put in place for each of these elements in order to effectively address the barrier? For example, how would you formulate a policy goal to address this barrier? What policy coordination mechanisms would you put in place to address this barrier?
6. Share your responses with the larger group.
7. Course facilitators will pull together information from each group to create one document on barriers and elements of a policy framework.

**Barrier #1:**

**1) What is the cause of the barrier?**

**Response:**

**2) What is the cause of that?**

**Response:**

**3) What is the cause of that?**

**Response:**

**4) What is the cause of that?**

**Response:**

**5) What is the cause of that?**

**Response:**

## Unit III – Designing a Policy Framework and Policy Making Process<sup>2</sup>

### Objectives

The objectives of this Unit are to enable participants to:

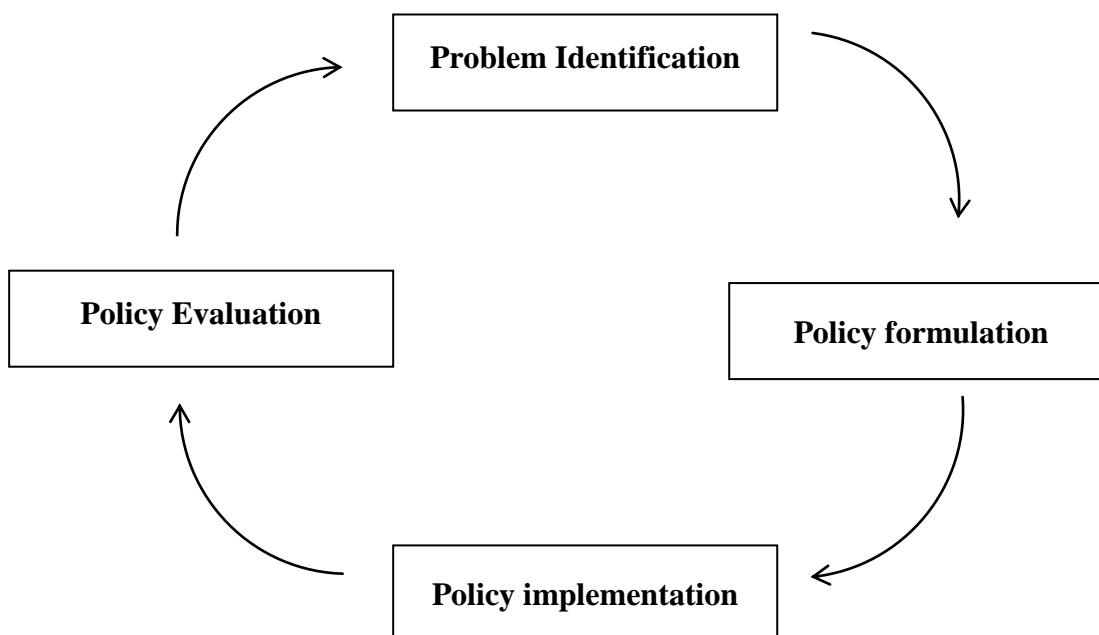
- Gain an understanding of the stages of the policy making process.
- Design elements of policy framework for inclusive education, and a policy-making process to put this framework into action.

Developing a policy framework that can address barriers to inclusive education and current policy fragmentation is an essential task if children with disabilities are to gain access to, and benefit from, regular education. To do so, requires stepping back from the current fragmentation to review what stages of policy making are needed to develop and implement a coherent policy framework.

With scarce resources, governments always have to make decisions about who gets what. Conflicting pressures on governments make it all the more important to make policy in as principled, open, and rational way as possible. Policy theorists and researchers generally identify four stages of the policy-making process to put into place the various elements of a policy framework identified above. These stages are:

- Problem identification
- Policy formulation
- Policy implementation
- Policy evaluation

These stages tend to work in an iterative manner, as the following Figure illustrates. As problems are identified, and policy responses formulated, implemented and evaluated, new problems emerge which call for re-formulation and new policy provisions to be implemented.



<sup>2</sup> For more information on the stages of policy formulation see for example G. Walt (1994), *Health Policy: an introduction to process and power*.

***Problem identification:***

Problems do not get addressed unless they are identified. Sometimes symptoms of problems get addressed, that leave untouched the basic policy problem. For example, when governments address poverty only by short-term food aid and income assistance, they leave un-addressed the basic problems of lack of education, access to the labour market, investment, and access to credit and other factors needed for income generation. Policy problems that do get addressed are often identified for action through media and political pressure. Thus, some issues get onto the political agenda and become 'policy problems' and some do not. Identifying the issue, as a problem for policy action, is the first important stage in the policy process. Continual scanning of a policy areas is an important task for governments in order to anticipate issues and policy problems that need action.

***Policy formulation:***

Who formulates policy? Policy making is a multidimensional process, like the layers of an onion in which each of the layers comes into contact with and influences other steps and stages. It involves a variety of actors and agencies, each with their own beliefs, value systems, interests and power bases. There are various agenda setters such as party leaders, interest groups, media, influential senior officials and advisors. Policy formulation requires the articulation of guiding values; setting policy goals and objectives that will address the problem identified; determining what funding, delivery, and regulatory arrangements will be used to implement goals; deciding how the policy will be evaluated.

***Policy implementation:***

This stage is arguably the most important aspect of policy making yet often gets short shrift. This is the time when resources are allocated and decisions are made about who will deliver what, in which ways, under what regulation and authority, subject to what kinds of enforcement measures. Policy implementation often involves policy re-formulation as new issues emerge in the course of putting policy decisions into action. For effective policy implementation, it is crucial that the policy problems are considered in advance of the implementation. Policy researchers argue that to understand policy failure one should distinguish between implementation and non-implementation. Policy decisions can be made, but the means to put them into place may not, for any number of reasons. It is often at the stage of implementation, that the roots of policy failure can be found. Authority and accountability for implementation must be decided as part of the policy-making process.

***Policy Evaluation:***

At this stage, one examines what happens once policy is put into practice. Are the policy goals and objectives achieved? If not, why not? It is not just the identification of goals but also whether the goals have been put into practice that is the test of policy effectiveness. Decisions about how policies will be evaluated, what information will be collected and how, the extent to which policy monitoring and evaluation will be independent from those responsible for implementation, are all policy decisions.

## Activity

Through the Activity in Unit 2, participants identified key barriers to inclusive education, and began to outline elements of a policy framework. In this next Activity, participants will design a policy-making process to begin to put the elements of the policy framework into practice.

1. Participants divide into four groups. Each group is assigned one stage of the 4-stage policy making process discussed above.
2. In your small group, use the document you created from the previous Activity – Barriers to Inclusive Education and Elements of a Policy Framework – to begin to design the stage of the policy-making process you are responsible for. Ask yourselves the following questions:
  - a. Given the fragmentation of policy, key barriers, and elements of a policy framework that need to be put into place, how should this stage of the policy making process be designed
    - i. At the local level?
    - ii. At the state level?
    - iii. At the national level?
  - b. For example,
    - i. If your group is responsible for problem identification, you should ask “Given what we know about policy fragmentation, barriers, and the policy framework we need, what kinds of processes are needed at local, state, and the national level to develop understanding of the issues and policy problems? Who needs to be involved? What information is needed?”
    - ii. If your group is responsible for policy formulation, you should ask, “Given what we know about policy fragmentation, barriers, and the policy framework we need, what kinds of processes are needed to develop and adopt needed policy goals; examine underlying values; decide funding and delivery arrangements for teacher training, capital development, transitions from segregated to inclusive programming, etc.? What kinds of processes are needed to build policy coherence and policy coordination?”
    - iii. If your group is responsible for policy implementation, you should ask “Given what we know about policy fragmentation, barriers, and the policy framework we need, what kinds of processes are needed at local, state, and the national level to ensure implementation of this policy framework we have developed? What should be the lines of authority and accountability? How should this policy framework be enforced?”
    - iv. If your group is responsible for policy evaluation, you should ask “Given what we know about policy fragmentation, barriers, and the policy framework we need, what kinds of processes are needed at local, state, and the national level to gather information on and evaluation implementation and outcomes of the policy? Who should manage evaluation? How should reporting to the public best be managed?”

## **Module IV – Teacher Preparation for Inclusive Education**

Teacher preparation is critical in this journey towards inclusive education. The objectives of this module are to reiterate the philosophy of inclusion and to introduce the participants to concepts of

- Multiple intelligences
- Changing roles of teachers and students in inclusive education
- Differentiation of curriculum
- Teaching strategies to facilitate inclusion

### **Introduction**

Teachers are the leaders in inclusion. They play a major role as mediators and facilitators in creating a community of learners, which is critical to inclusive schooling. It is teacher education and curriculum reform that will facilitate the addressing of diversity in the classroom. The first step towards creating curricula for inclusive education requires the understanding of the underlying principles of inclusion (Overheads 1,2).

Implicit in the meaning of inclusion is belonging. The first step in this is having students feel welcome and valued (overhead). Teachers also shape the attitudes of students with and without disability. It is essential that they model appropriate behaviour and use appropriate terminology. (Overhead 3).

Inclusion changes the roles of the student and the teacher (refer overheads 4, 5, 6)

Reflective teachers, who adopt problem-solving approaches in the classroom, develop learner centred teaching. Curriculum planning in special schools is child-centric and the curriculum is adapted and modified according to the needs of the student, leading to a perception that teaching students with disability in mainstream schools requires special educators and extra resources.

A good teacher teaches children in ways that they can understand. Special education is nothing but good education. Some educators have little or no experience in providing an adapted or modified curriculum to meet all the students' needs. A team of people brainstorming on issues and challenges can overcome this. Collaboration between professionals goes a long way in enriching the knowledge base of both the general educator as well as the special educator and makes inclusion the responsibility of everyone, creating school-based teams. (Overheads 7, 8, 9,10)

When a student with disabilities is placed in a general education class, the priority is to develop a relevant educational plan that meets the student's individual needs. Curricular modifications are essential to address differences and ensure maximum participation. These consist of simple management techniques for various disabilities and individual educational plans (IEPs). Responding to individual needs in lesson planning is facilitated by completing an IEP matrix (refer overheads 11, 12).

Traditional classrooms do not meet the needs of diverse learners. In inclusive educational environments, learning is centred on the strengths, needs and interests of the students. Teachers of inclusive classrooms are usually more creative and willing to try multiple teaching strategies to educate their students. The multiple intelligence theory of Howard

Gardner (1983) and modified by Gary Bunch provides a useful framework for identifying multiple teaching strategies (refer to overheads 13, 14, 15). Each individual may have one or more kinds of intelligence and therefore a different learning style. Classrooms that offer multiple teaching strategies are more likely to provide meaningful learning experiences.

Effective classroom management, time management, teacher preparedness and availability of materials and equipment are necessary ingredients in effective teaching. However there is a need for building the capacity of teachers with reference to strategies for teaching students with different learning needs. (Overheads 16, 17, 18, 19, 20, 21,22,23)

Occasionally however, even with multiple teaching strategies, a student is still unable to understand the curriculum in a meaningful way, so alternative instructional strategies, called multilevel instruction are necessary. This provides students with the supports required to facilitate his or her learning. This can include a) teaching the same curriculum at a different, less complex level, b) teaching the same curriculum with a direct application to daily life, c) teaching the same curriculum at a slower pace, 4) teaching a different, substituted curriculum or 5) teaching through different media.

Certain basic principles have been found to be conducive to creating inclusive environments.



## Overhead 1

### Inclusion

- Inclusion in education involves the processes of increasing the participation of students in, and reducing their exclusion from, the cultures, curricula and communities of local schools.
- Inclusion involves restructuring the cultures, policies and practices in schools so that they respond to the diversity of students in their locality.
- Inclusion is concerned with the learning and participation of all students vulnerable to exclusionary pressures, not only those with impairments or those who are categorized as “having special educational needs”.
- Inclusion is concerned with improving schools for staff as well as for students.
- A concern with overcoming barriers to the access and participation of particular students may reveal gaps in the attempts of a school to respond to diversity more generally.
- All students have a right to an education in their locality.
- Diversity is not viewed as a problem to be overcome, but as a rich resource to support the learning of all.
- Inclusion is concerned with fostering mutually sustaining relationships between schools and communities.
- Inclusion in education is one aspect of inclusion in society.

*Source: Booth, T. (2000): Index for Inclusion: Developing Learning and Participation in Schools, CSIE, Bristol, UK*

## **Overhead 2**

### **Inclusion is.....**

- A Process
- Awareness and Attitude
- Terminology
- District Wide Approach
- Responsibility

### **Creating An Environment That Is Accepting Of Difference**

- Acknowledge that inclusion will have an impact.
- Be proactive.
- Encourage children's questions.
- Identify similarities and differences.

*Source: Journey of Inclusion. A Training and Orientation Manual of the National Resource Centre for Inclusion*

## Overhead 3

### Terminology

- Use words with dignity.
- Focus on the child not on the disability.
- Avoid images that focus on pity.
- If in doubt ask.
- Handle personal needs with sensitivity.

### Introduce children

- Ensure students are prepared.
- Introduce the child before the disability.
- Provide accurate information in understandable terms.
- Encourage questions.
- Review experiences with the class.
- Assign roles.
- Deal with fears.
- Model appropriate behaviour.

*Source: Journey of Inclusion. A Training and Orientation Manual of the National Resource Centre for Inclusion*

## Overhead 4

### The Changing Role of the Student

<b>Reproductive Thinker</b>	<b>Autonomous Thinker</b>
• Reproducing knowledge	• Creating and discovering
• Passive recipient	• Active decision – maker
• Convergent, rule – abiding	• Divergent, steps outside of the rules to create original ideas
• Information narrowly focused	• To create original ideas
• One right answer	• Information broadly focused and interrelated
• Mistakes are flaws	• Multiple solutions
• External evaluation and direction	• Mistakes are learning devices
• Individualistic, competitive	• Self evaluation, self direction
	• Collaborative

*Source: Journey of Inclusion. A Training and Orientation Manual of the National Resource Centre for Inclusion*

## Overhead 5

### The Changing Role of Teachers

• Plan instruction	• Provision of a supportive learning environment for all students
• Arrange physical learning environments	• Assessing learner needs and instructional goals
• Establish productive social climates	• Planning instructional interventions
• Organize students into working groups	• Utilizing available resources
• Present instructions	• Implementing and adapting instruction
• Manage students, material and activities	• Classroom management
• Communicate effectively with students	• Evaluation student progress and learning
• Maintain class control	
• Evaluate student progress	
• Report student progress	

*Source: Journey of Inclusion. A Training and Orientation Manual of the National Resource Centre for Inclusion*

## Overhead 6

### The Changing Role of the Teacher

<b>Directive Thinking</b>	<b>Facilitative Thinking</b>
<ul style="list-style-type: none"><li>• Provision of knowledge</li></ul>	<ul style="list-style-type: none"><li>• Construction of Knowledge</li></ul>
<ul style="list-style-type: none"><li>• Content focus</li></ul>	<ul style="list-style-type: none"><li>• Mediator, collaborator</li></ul>
<ul style="list-style-type: none"><li>• Information narrowly focused</li></ul>	<ul style="list-style-type: none"><li>• Process focus</li></ul>
<ul style="list-style-type: none"><li>• General student assessment based on common standards</li></ul>	<ul style="list-style-type: none"><li>• Information broadly focused and inter – rated</li></ul>
<ul style="list-style-type: none"><li>• Common instruction</li></ul>	<ul style="list-style-type: none"><li>• Assessment of student as an individual learner</li></ul>
	<ul style="list-style-type: none"><li>• Accommodation of learner differences</li></ul>

*Source: Journey of Inclusion. A Training and Orientation Manual of the National Resource Centre for Inclusion*

## **Overhead 7**

### **Adaptation**

*An adapted program retains the learning outcomes of the prescribed curriculum, but adaptations are provided so the student can participate in the program.*

### **Modified Program**

*A modified program has learning outcomes, which are substantially different from the prescribed curriculum, and specifically selected to meet the student's special needs...*

### **Questions to consider when adapting and modifying programs**

- What is the student currently able to do?
- What learning outcomes can the student meet?
- What strategies does the student effectively use?
- How will you access the student's learning?

*Source: Journey of Inclusion. A Training and Orientation Manual of the National Resource Centre for Inclusion*

## Overhead 8

### Case Study

Dildar is 12 years old. She has been included into a neighbourhood grant –in –aid school in Mumbai in class III. She is very social and loves making friends. She puts in a lot of effort to do well in academics, loves reading and speaks fluent English. Dildar gets convulsions / seizures frequently and needs support to walk. She also has difficulty in understanding abstract concepts and logical reasoning, so she finds Maths, Science, History and Geography difficult at times.

Her teachers set a different paper for her for these subjects. She also gets a writer. She does map work orally in the form of questions and answers. Thus, she is included in all the academic work in the class and works at her own pace.



## Overhead 9

### Teachers Helping Teachers is Based on the Following Principles:

- Students have a right to a quality education.
- Teachers have a responsibility to provide a quality education.
- Teachers are capable human beings who are able to learn a great deal from one another and from their partners in education.
- Collaboration, teamwork, self-confidence and innovation, rather than teacher isolation and reliance on experts from outside the school, are required more than ever to address today's challenges in education.
- The educational system is able to serve all students effectively when teachers collaborate intelligently and effectively.
- New ideas and fresh approaches to problems are generated where partners in education have opportunities to think about, and share ideas on, constructive options.
- No matter how difficult the challenges may seem, teachers and their other partners in education can together make a positive difference in the lives of students and their families.

*Source: Journey of Inclusion. A Training and Orientation Manual of the National Resource Centre for Inclusion*

## Overhead 10

### **Teachers Helping Teachers Systematically Follows Seven In 30 Minutes:**

1. Briefly introducing a frustrating problem that is faced by a referring teacher and providing an overview of the process for addressing that problem
2. Listening to a statement of the problem in the words of the referring teacher
3. Conducting a group discussion with the referring teacher concerning the details of the problem
4. Brainstorming among colleagues in the presence of the referring teacher on potential solutions to the problem
5. Selection by the referring teacher of the most workable strategies presented during the brainstorming for addressing the problem at the present time
6. Development of an action plan that will ensure appropriate responses to the Problem
7. Closing the meeting

*This approach is designed to take no more than 30 minutes of teacher time for any given problem-solving meeting.*

*Source: Journey of Inclusion. A Training and Orientation Manual of the National Resource Centre for Inclusion*

## Overhead 11

### Individual Educational Planning

Think about a range of goals. They can be organised around the following categories:

Areas to work on	Goals
Academic	
Physical	
Communication	
Social	
Emotional	
Other:	

*Source: Journey of Inclusion. A Training and Orientation Manual of the National Resource Centre for Inclusion*

## Overhead 12

### Individual Educational Plan (IEP)

Name of Child: \_\_\_\_\_

Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

School: \_\_\_\_\_

Date of IEP: \_\_\_\_\_ Date of Planned Revision: \_\_\_\_\_

IEP Team Members: \_\_\_\_\_

Overall Goals (for the year):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Area	Objectives	Strategies	Materials	Responsibility
Academic	-			
Extra-curricular	-			
Social	-			
Emotional	-			
Communication	-			
Behavior	-			

*Source: Journey of Inclusion. A Training and Orientation Manual of the National Resource Centre for Inclusion*

## Overhead 13

### GARDNER'S EIGHT INTELLIGENCES & TEACHING IDEAS

INTELLIGENCE	ATTRIBUTES	STUDENT ENJOYS	STRATEGIES
<u>Linguistic</u> <ul style="list-style-type: none"> <li>• Use Of Words</li> </ul>	Using Language In Various Forms	<ul style="list-style-type: none"> <li>• Chatting</li> <li>• Verbal</li> <li>• Activities</li> <li>• Reading</li> <li>• Writing</li> <li>• World Games</li> <li>• New Words</li> <li>• Word Sounds</li> </ul>	<ul style="list-style-type: none"> <li>• Verbal/Writing Activities</li> <li>• Group Projects</li> <li>• Presentations</li> <li>• Dictionary Work</li> <li>• Debating</li> <li>• Word Games</li> <li>• Drama/Roles</li> </ul>
<u>Logical/Math</u> <ul style="list-style-type: none"> <li>• Reasoning &amp; Rules</li> </ul>	Using Logical Approaches to Problem Solving	<ul style="list-style-type: none"> <li>• Classifying</li> <li>• Estimating</li> <li>• Lists, Notes</li> <li>• Asking Questions</li> <li>• Math/Geometry</li> <li>• Patterns</li> </ul>	<ul style="list-style-type: none"> <li>• Computation</li> <li>• Diagrams/Graphs</li> <li>• Number Problems</li> <li>• Maps &amp; Pictures</li> <li>• Logic &amp; Strategy</li> <li>• Science Fairs</li> <li>• Demonstrations</li> </ul>
<u>Visual – Spatial</u> <ul style="list-style-type: none"> <li>• Images &amp; Pictures</li> </ul>	Day Dreaming  Picturing Events  Arranging & Examining  Relationships of Objects	<ul style="list-style-type: none"> <li>• Playing with shapes</li> <li>• Art &amp; Drawing</li> <li>• Decorating</li> <li>• Games with Movement</li> <li>• Assembling &amp; Disassembling</li> </ul>	<ul style="list-style-type: none"> <li>• Figure-Ground Activities</li> <li>• Art &amp; Drawing</li> <li>• Mapping</li> <li>• Role Play</li> <li>• Building Things</li> <li>• Movement in Space Games</li> </ul>

*Source: Inclusion How To Essential Classroom Strategies Gary Bunch*

## Overhead 14

INTELLIGENCE	ATTRIBUTES	STUDENT ENJOYS	STRATEGIES
<p><u>Musical</u></p> <p>Tone, Rhyming &amp; Timbre</p>	<p>Patterns of Sound</p> <p>Non-Verbal Sounds</p> <p>Environmental Sounds</p>	<ul style="list-style-type: none"> <li>• Identifying Various Sounds</li> <li>• Music And Singing</li> <li>• “Air Band” Activities</li> <li>• Rhythmic Movement</li> </ul>	<ul style="list-style-type: none"> <li>• Memorizing Songs</li> <li>• Rhythmic Activities in Math</li> <li>• Writing Music Making up Rhymes</li> <li>• Using Music From Various Countries</li> <li>• Drama &amp; Role Play Using Music</li> </ul>
<p><u>Bodily-Kinesthetic</u></p> <p>Use of the Body &amp; Hands</p>	<p>Movement To Express Ideas &amp; Emotions</p> <p>Knowledge of Body In Space</p> <p>Use of Large &amp; Fine Motor Skills</p>	<ul style="list-style-type: none"> <li>• Acting</li> <li>• Physical Activities</li> <li>• Body Language</li> <li>• Dances &amp; Rhythmic Activities</li> <li>• Games Such As Charades</li> </ul>	<ul style="list-style-type: none"> <li>• Physical Activities</li> <li>• Movement While Working</li> <li>• Dance &amp; Body Language</li> <li>• Acting Out Activities</li> <li>• Games &amp; Sports</li> </ul>
<p><u>Naturalist</u></p> <p>The Environment</p>	<p>Understanding The Natural World</p> <p>Appreciating Relationships Among Living Things</p> <p>Recognition of Natural Events &amp; Cycles</p>	<ul style="list-style-type: none"> <li>• Changes in Nature</li> <li>• Working with Natural Materials</li> <li>• Learning About Living Things</li> <li>• Exploring The Outdoors</li> <li>• Outdoors In General</li> </ul>	<ul style="list-style-type: none"> <li>• Plan Outdoor Activities</li> <li>• Revitalize a Section Of Outdoor World</li> <li>• Plants &amp; Animals In Classroom</li> <li>• Teach Using Natural Materials</li> </ul>

*Source: Inclusion How To Essential Classroom Strategies Gary Bunch*

## Overhead 15

INTELLIGENCE	ATTRIBUTES	STUDENT ENJOYS	STRATEGIES
<u>Interpersonal</u>  Understanding Others	Noticing Others  Understanding Moods  Understanding Interactions of Others	<ul style="list-style-type: none"> <li>• Listening To Others</li> <li>• Making Friends</li> <li>• Working In A Team</li> <li>• Coming To Agreement</li> <li>• Mediating for Others</li> </ul>	<ul style="list-style-type: none"> <li>• Cooperative Model</li> <li>• Use Peer Tutors</li> <li>• Plan Group Assignments</li> <li>• Develop Interdependency</li> <li>• Use Group Problem Solving</li> <li>• Use Brainstorming</li> </ul>
<u>Interpersonal</u>  Self – Knowledge	Understanding Your Moods  Understanding Your Motivations  Understanding What Influences You  Developing Own Goals	<ul style="list-style-type: none"> <li>• Setting Personal Goals</li> <li>• Thinking Through Assignments</li> <li>• Monitoring Self-Progress</li> <li>• Monitoring Own Moods &amp; Feelings</li> </ul>	<ul style="list-style-type: none"> <li>• Individualization</li> <li>• Personal goal Setting</li> <li>• Reflection Time</li> <li>• Self-Paced Assignments</li> <li>• Assignment Choice</li> <li>• Feedback</li> <li>• Journals</li> </ul>

*Source: Inclusion How To Essential Classroom Strategies Gary Bunch*

## Overhead 16

### Teaching Children with Hearing Impairments

In most ways, teaching children who are hearing impaired is just like interacting with any other child. However, there are some basic guidelines, which will make the experience more enriching and productive for both teacher and child.

#### Creating the Right Environment

1. Children with hearing loss should continually be encouraged and actively taught communication skills such as questioning, listening, speaking, reporting, reading and writing.
2. Without the benefit of hearing, an abundance of visual information is extremely important. Board notes, handouts, glossaries, course books, multi-media materials, hands-on research, other children' notes, and pictures can greatly facilitate learning and interest.
3. Speaking clearly, normally and directly will also aid understanding, as will optimizing lighting in order to read and observe the speech of peers and teachers.
4. The availability of assisstive listening devices and appropriate technology such as FM systems, phone amplifiers, silent overhead projectors, is also important.

#### Facilitating Comprehension

1. Non-verbal communication with hearing impaired children is crucial. Make sure your children with hearing loss can always see your face.
2. Speaking naturally is most helpful to a child with hearing loss. Talking very loudly or over-denunciating actually hinders understanding.
3. Organizing information can also be very useful. An outline of the class agenda--just 3 or 4 points jotted on the board-- helps children get a sense of purpose, direction, and timing for both short and long term assignments.
4. If there is a class discussion or group work, try summarizing on a chalkboard.

Adapted from <http://www.amaisd.org/deafed/dett.html>



## Overhead 17

### Teaching Children with ADHD

Children whose attention seems to wander or who never seem to "be with" the rest of the class might be helped by the following suggestions.

1. **Consistency** is the key to helping children with ADHD. They have a difficulty dealing with change, even if it is positive change. They need to have a sense of external structure, as they tend to lack a sense of internal structure.
2. Children with ADHD have two kinds of **time...plenty and none**. They have a difficulty organizing their time and need you to help them break tasks down into small components.
3. Placing children with ADHD at the **front of the room** (nearest the blackboard or where the teacher gives instruction) is often helpful. If the child is right handed, placing them at the right front of the class minimizes the number of children they watch wiggle when they write.
4. Try to **avoid** placing children with ADHD in separate classrooms or in situations with many children at a single desk. This maximizes their distraction
5. Use **colors and shapes** to help them organize
6. Try to provide a **quiet study area, free from distraction**, when seat work is required.
7. Try to **work within the child's attention span**. Keep changing the type of work frequently and the child can continue to work productively. Medication is NOT the only solution.
8. Try to avoid getting into "blaming mode", either as a parent or a teacher whenever you observe any negative behaviour.
9. Many of these children are **VISUAL learners**. Try making things more visual or tactile and they may grasp them better. Instead of memorizing words, ask them to " make a movie in their head and play it back".
10. Don't worry if you feel frustrated...so do their parents and so do the kids. Just **don't take their behavior as personally directed**, because it isn't in most cases.

Adapted from <http://www.edutechsbs.com/adhd/00037.htm>

## Overhead 18

### Teaching Children with Downs Syndrome

#### General:

1. It could upset the child with Down's syndrome, if work level is not appropriate i.e. work is too hard or if work is too different from others in the class as they dislike being singled out.
2. Make sure the child knows and understands the rules; he/she should be treated no different from peers if deliberately disobeying. – all staff should be aware of need for consistency.
3. Encourage good behaviour with visual reinforcement and reward.
4. Don't confront bad behaviour; give an alternative activity to distract the child or ignore the behaviour of the child; try 'time-out'
5. In all sections of the school a home-school book is useful to ensure parents and teachers are working together.
6. Use colour coding, diagrams etc. to help pupil get to know timetable.
7. Encourage pupil to have lists of equipment for different days. – classroom assistant might help with this, if possible.
8. Make the child aware when he/she has to listen, e.g. point to your ears.
9. Allow lots of opportunities for practice when learning a new skill and try to use it in many different settings.

#### Reading:

1. Use a look, say method when teaching reading. Initially teach words which can have a visual meaning.
2. Build up sentences from every day conversation. Make reading books personal to child.
3. Make sure any published reading books used are within the level of the child's understanding.
4. When teaching children with Down's reduce distractions and keep activities short

Further Information

[http://www.educate.org.uk/parent\\_zone/atschool/special\\_needs\\_downs.html](http://www.educate.org.uk/parent_zone/atschool/special_needs_downs.html)

Adapted from <http://www.socsci.ulst.ac.uk/education/scte/sen/types/downsstrategies.html>

## Overhead 19

### Teaching Children with Cerebral Palsy

- 1) Be familiar with specialized equipment such as adapted typewriters, pencil holders, book holders, page turners, word boards or specialized desks.
- 2) Explain to the child, the need for adaptation to activities to include him or her (with respect to his or her disability).
- 3) Expect acceptable and appropriate behaviour. Children with disabilities are accountable for their behaviour.
- 4) If necessary, schedule bathroom breaks for the child who needs assistance just before the class breaks.
- 5) For special activities scheduled outside of the school, ensure that appropriate arrangements are made so the child can participate.
- 6) Orient the child to the school, especially ramps, bathrooms with modifications and access to elevators.
- 7) Assist the child to form and maintain meaningful interpersonal relationships.
- 8) Talk about and assist with the development of social skills.
- 9) Encourage the child to participate in as many classroom activities as possible, to the best of his/her ability.
- 10) Any information that you know ahead of time that you will be writing on the board, make a copy of for the child to have at their desk so they don't feel pressured to print at the same speed as their classmates.

Adapted from <http://www.cpabilitycenter.org/photos.html>

## Overhead 20

### Teaching Children with Autism

#### STRATEGIES FOR TEACHING CHILDREN WITH AUTISTIC SPECTRUM DISORDERS

##### **A. Children with autism often need highly structured visual teaching**

The main elements of structured teaching include daily schedules, individual work systems, and classroom arrangement.

##### **B. Teach the meaning and value of a schedule. Focus on what you want the child to do.**

Use daily schedules, calendars, and lists to assist in sequencing of activities and aid in transitions

Use a variety of visual cues (objects, photos, icons, words, sentences, check lists)

##### **C. Develop independent work systems geared to child skill level.**

<http://members.aol.com/Room5/work1.html> Once the child understands the basic framework of a work system, the individual tasks within the system can be varied.

<http://members.aol.com/Room5/tasks.html>

##### **D. Consider location, distractions, & boundaries.**

Buzzing lights, motors, hallway sounds, visual distractions, and smells can interfere with concentration. <http://members.aol.com/Room5/divider.html>

##### **E. Behavior is communication.**

Work at reading the behavior and not taking it personally.

<http://members.aol.com/room5/bright.html> You need a method to let the child know there will be a change in the daily schedule or routine, or if something needs to be interrupted before it is finished. Let the child know ahead of time when an activity is about to begin or end, or if you are going to touch or move the child.

Communication (both expressive and receptive) is usually a major concern. Do not assume the child automatically understands you.

Adapted from <http://members.aol.com/Room5/strat.html>

## Overhead 21

### Teaching Children with Visual Impairments

A visual impairment is a vision problem that may adversely affect a child's education, even when corrected or if modifications and adaptations are not rightly followed.

#### Teaching Tips:

1. Highlight other sources of sensory input (hearing, touch, movement, etc.) to compensate for diminished or absent visual input.
2. Use brightly colored, larger and softer balls, goals, boundaries and position markers. They will stand out better for these children (Some visually impaired children can see bright, multicolored objects under strong light most clearly; others need solid-colored objects under non-glare lights.)
3. Avoid activities that involve visual abilities or coordination at high speed e.g. throwing and catching objects at fast speeds.
4. Make sure all the rooms are well lit.
5. Use vocal, sensory and active instructions as well as visual directions.
6. Give very specific verbal directions. Sometimes it is best to physically guide a child's body to the correct position to help them learn.
7. Learn as much as you can about a child's condition and any special safety considerations it may entail. (For example, a child with a detached retina can lose what little vision they have with a direct impact on the head.)
8. Teach children with tunnel vision sports where their lack of peripheral vision will not hinder their opportunities/abilities to participate e.g. bowling and archery.

Adapted from <http://www.fitnessfinders.net/fitnesstips/teacher/resources/visual.html>

## Overhead 22

### Teaching the Child With Learning Challenges

A child can be considered an underachiever in school and can be grouped under a generalized classification much too easily. One child cannot be grouped with a group of underachievers and be placed under one certain classification and this happens much too often in our schools. A teacher needs to be able to be aware of very specific and very personal difficulties that can cause a child to be considered an underachiever or a slow learner.

The confusion on this topic needs to be reduced in our schools. Some teachers are just too quick to identify and also to attempt to correct learning disabilities without the proper training or knowledge on the subject.

There are general categories into which most teachers will tend to group each child who is a slow learner. The classifications will be made according to the likeness of a child with each group.

First, we need to realize that all children who are performing under their grade level are not necessarily underachievers. A lot of schools feel that all children should be exactly at the same level in each class and this is not true. Sometimes they will think that the children in this classification of slow learners are not capable of achieving at their chronological grade level. Sometimes, from the first grade on to other higher grades, a child just hasn't mastered the basic skills of learning. These children can get frustrated and even convince themselves that they cannot learn. In this instance teachers need to work with these children to teach the basic skills necessary for learning at the rate of normal child for his age.

There are some children that have problems with language development. A lack of language development can cause a child to be a slow learner. It is of much importance to see if a child has grown in the art of language and reading achievement, if not teachers need to work with these children to bring up their language levels so that they can reach maximum achievement in their class.

Some children have cultural disadvantages as they may come from homes where, for example, the parents are not speaking English and are speaking another language. They can be known as culturally disadvantaged as they do not have essentials necessary for learning in a new language. In this instance teachers need to work with the children so that they can achieve and not be termed as 'failures'. If this is left undone, then as the years pass there will be more and more difficulties in learning coming from such disadvantages at home.

(Adapted from: <http://charms.jjkent.com/index.aspx?net=18>) There may not be enough challenges in the particular classroom to hold some children's interest and they become bored and don't reach their potential. A lack of challenge can bring a child down to below the level of the classrooms. Teachers need to be on the alert for this type of classification of underachiever, as they will need to provide work that will stimulate them.

Other children may be of average capacity and be expected to achieve at a higher level of learning in the classroom. These children at times are incapable of achieving past a certain level for a child their age and this can lead to frustration and failure in

the classroom. Teachers need to be aware of these children and not try to push too much on them in the way of learning in the classroom.

Children sometimes can be considered and classified as reluctant learners as these children will make good grades on tests but cannot perform daily in the atmosphere of the classroom. Sometimes these children will not be motivated to learn and teachers need to be able to draw out these children and just get them motivated. Remedial help is sometimes used to get them motivated and to learn to the level of the others in their grade level.

Children needs to be identified that can profit from remedial and corrective teaching. Sometimes teachers will not provide this remedial and corrective teaching in their classroom and this needs to be changed. If professional judgment indicates that this special remedial and corrective teaching is necessary then a child should have this provide to help him/her

## Overhead 23

### SUCCESS FACTORS IN SCHOOLS AND CLASSROOMS

#### At the Classroom Level:

- Ungraded primary school programs allow students to learn at their own pace.
- Psychometric testing is used sparingly.
- Teachers use respectful and informal ways of looking at students' needs.
- Proper supports are in place for teachers.
- School based consultancy by educators with a wide range of strategies for including all students.
- Systematic staff development.
- Flexible and adequate planning time.
- Concrete supports are available on a routine and "no hassle" basis
- School facilities are accessible
- Adequate transportation is in place
- Disability related assistance (e.g. attendant support, tutorial and interpreter support) are available.
- Access to therapeutic services can be arranged.
- Student peer support networks exist.
- Computer – aided technologies and other assistive devices are in use.

*Source: Disability and Social Justice: A Human Approach to Social and Policy Change. A Training and Orientation Manual of the National Resource Centre for Inclusion.*



## **Activity**

*What benefits and challenges do general and special educational teachers experience through collaboration?*

<b>Benefits</b>	<b>Challenges</b>

*Source: Inclusion: A Fresh Look, Linda Tilton, 1996*

## Activity

*What benefits and challenges do children with and without disabilities experience when they study together?*

Benefits	Challenges

*Source: Inclusion: A Fresh Look, Linda Tilton, 1996*

## **Module IV: Civil Society Organizing for Social Change.**

### **Target audience:**

- Disability NGOs
- Education NGOs
- Teacher Unions
- Human Rights Organisations

### **Objectives:**

The objectives of this module are to assist civil society groups in:

- Understanding the politics of policymaking and the exclusion of groups from the policy making process.
- Politicizing the issue of inclusive education.
- Ensuring that the voice of people with disabilities is central to the change process.
- Developing their own strategy for macro level policy change that advances inclusive education.

Upon completion of this module, participants should be able to understand the basics of policy making, identify ways of including contributions from civil society groups in the policy making process. By developing strategies to include voices of people with disabilities and how to build alliances and partnerships, the issue of inclusive education could be politicized. Thus macro level policy change that advances inclusive education could be developed.

### **Unit I: Understanding the politics of policymaking and exclusion of groups from the policy making process.**

Policymaking is a process. It comes into existence due to socio cultural issues. Socio cultural issues is a broad term for the various issues in the society. Some of the issues get noticed and are pulled onto the political agenda, whereas others go unnoticed. Various political analysts have depicted the various stages of policy making, but no definitive phases are present.

According to Walt, policy making can be divided into four stages:

1. Problem identification and issue definition.
2. Policy formulation
3. Policy implementation
4. Policy evaluation.

**Problem identification and issue definition:**

When issues get onto the political agenda there are some issues that get discussed and some that do not. This appears to be the first important stage in the policy process. 'The potential contributions which analysis can make at later stages of the policy process depends on when and how a potential public policy or problem is initially identified' (Hogwood and Gunn 1984:68). Who sets the agenda for discussion? Walt (1994) argued that government clearly decides what policies need changing, revising or introducing. Governments pursue an active programme of issue search, as they anticipate problems, and their ramification before a problem or crisis occurs, and a failure to identify issues at an early stage means that many issues can be foreclosed because of time constraints or resource.

**Policy formulation:**

Who formulates policy? Whitmore (1984) described policy making as a multidimensional model like the layers of an onion in which each of the layers come in contact with and influences other areas. It involves a variety of actors and agencies, each with their own beliefs, value systems, interests and power bases. There are various agenda setters such as party leaders, interest groups, influential senior officials and advisers.

**Policy implementation:**

This stage is arguably the most important aspect of policy making yet often getting short shrift. This is the time when resources are allocated and discussions take place about who should be involved and how implementation can be enforced. Implementation involves a process of interaction with members who may have different values and priorities. Policy formulation and policy implementation are not two distinct processes.

The interaction between policy making and policy implementation has a thin dividing line (Hogwood and Gunn 1984, Hill 1993, Walt 1994, Colebatch 1998). For effective policy implementation, it is crucial that the policy problems are considered in advance of the implementation. Government as 'a central nervous system' of authority determines the line of action (Colebatch 1998). Writers argue that to understand policy failure one should distinguish between non-implementation and implementation.

**Policy Evaluation:**

At this stage, one examines what happens once policy is in practice. Are the objectives achieved? If not, why not? It is not just the identification of goals but also whether the goals have been put into practice. The outcome has to match the stated objectives (Colebatch 1998) and methods of measurement and accountability have to be spelt out in the policy process.

In spite of all political efforts to conceptualise a policy, failure to act or deliberate decision not to act can result in its non-implementation.

Non-decision making may occur when dominant groups, also referred to as 'elite groups' (Bachrach and Baratz 1977, Dye 1984, Walt 1994) 'act openly or covertly to suppress an issue for reasons of feeling threatened' (Bachrach and Baratz 1977, Dye 1984). Non-decision-making can be a subtle process when issues remain latent, and fail to enter the policy agenda for discussion.

Lipsky (1980) used the term 'street-level bureaucrats' to describe those workers who directly interact with the people on the ground level and administer policy. Street level bureaucrats are people such as policemen, nurses, teachers, etc., people who are usually in charge of dispensing services, people who have a huge amount of discretionary power and considerable autonomy. Lipsky suggests that accountability to the organization is virtually impossible to achieve where street level bureaucrats exercise a high degree of discretion.

Alur suggests that without a clear-cut policy directive from the top, a massive exclusion has been happening on the ground level.

## **Unit II. Politicizing the issue of inclusive education:**

The curriculum and education system to date have generally failed to respond to the diverse needs of the learner population, resulting in massive numbers of drop outs, push-outs, exclusion and failures.

Inclusive education, in contrast, means that children and young people, irrespective of race, language, religion, class or ability, learn together in barrier-free schools and centers of learning. Inclusion therefore simply means enabling learners to participate to the best of their abilities.

So although inclusive education is often exclusively associated with the integration of disabled learners into the mainstream, it is much more than this. It is about

- A change in attitudes towards people with disabilities, people from different religious groups, people from different race groups or gender, etc.
- Putting into practice principles and believes in non-discrimination
- Developing flexible curricula
- Creating barrier free built environments
- Skilled and flexible teaching
- Cooperative learning
- Teaching support
- Skilled school management and sound governance based on human rights principles

Inclusive education is a human rights issue. There are no legitimate reasons to separate children for their education. Children belong together – with advantages and benefits for everyone. They do not need to be protected from each other.

Research shows that

- Children do better, academically and socially, in integrated settings.
- There is no teaching or care in a segregated school that cannot take place in an ordinary school.
- Given commitment and support, inclusive education is a more efficient use of educational resources.

Inclusive practices in contrast

- Have the potential to reduce fear and to build friendship, respect and understanding.
- Assist children to develop relationships and prepare them for life in diverse work environments after school
- Facilitate familiarity and tolerance which reduce fear and rejection.

*Source: Ten Reasons for Inclusion: Centre for Studies in Inclusive Education*

Inclusive education contributes to a greater equality of opportunities for all members of society.

The Ministry of Human Resource Development (or HRD as the Ministry of Education is now called), New Delhi, is the central body responsible for the formulation and implementation of all educational policies and programs. Historically, we find that children with disabilities were the responsibility of this Ministry during the British Raj. In 1960, the Indian government, however, moved the clock backwards. The responsibility from the Ministry of Education shifted to the Ministry of Welfare. The belief being that disabled children need care and welfare not education created a dualism that has come in the way of a cohesive policy developing for children with disabilities. The HRD Ministry has a number of specialized institutions at national and state levels for the development and improvement of education. Prominent among these are the National Institute of Council of Educational Research and Training (NCERT), the National Institute of Educational Planning and Management (NIEPA), the National Council for Teacher Education (NCTE), and the National Institute of Child Development and Public Co-operation (NIPCCD). The National Council of Teacher Education deals with teacher education in the country. The IEDC or the Integrated Education Development Cell is responsible for the integration of children with disabilities into regular schools. The ICDS or the Integrated Child Development Scheme dealing with the critical first 5 years of a child's life and the health of the mother. These departments are all within the same building. There are no spatial barriers only ideological barriers separate their agendas. Each has a divergent agenda. Teacher education is done on a mammoth scale by these departments, however not any of the government's teacher education syllabi include pedagogy concerned with the education of disabled children.

Government's reliance on voluntary organizations to deliver services has ensured a micro-level coverage. One of the main problems of the voluntary sector is the very limited and fast dwindling capacity to raise funds. Owing to their increasing dependence on grants-in-aid from the central and state governments for survival they form a nexus with government unquestioningly pursuing this pattern of delivering services (Alur 1998).

In the wider context, the disabled child was not included in the Census of India until the year 2001. A question of invisibility, a kind of tacit concealment that ignores the existence of this underclass of people: 'creating silences on the matter which suited people wielding power and control and producing an inescapable ambiguity' (Knight 1990). Frequent questions asked and statements made were: 'we don't even know the number of disabled in this country'; 'We haven't had a proper survey, our entire census figures are completely insensitive as far the disabled are concerned'; 'What do you mean by disabled?' Statements such as 'being considered a non person'; 'did not come into the purview of the masses'; 'did not figure at all' reinforced the invisibility factor. Invisible people do not need funding.

It is important that disabled people come out and are involved in the policymaking and formulation process which will be discussed in the next unit.

*Source: 'They Did Not Figure': Policy Exclusion of Disabled People in India, Copyright © M.Alur, 2002*

*Activity*

- List what would be the policy level requirements for making inclusive education a norm in all schools.

At macro level: National/State level policy

Teacher training

At micro level: School

Community



### **Unit III. Ensuring that the voice of people with disability is central to the change process:**

#### **What is citizenship?**

Bulmer and Ress (1996) argue that the notion of citizenship has become central to socio political debate. It is therefore imperative that we understand what 'citizenship' and the intimately related concept of 'society' mean. An ideal society caters to all its citizens' regardless of gender, age, class, disability, ethnicity and sexuality. All policies whether economic, political or social should be accessible to all members. However, we find that the majority of societies do not integrate certain members. They do not make the necessary provisions to accommodate all their citizens. Such a utopian society including all its members does not exist.

Chib's (2000) perception of citizenship is a sense of belonging to, or membership in, a specific society or country, regardless of gender, age, ability, sexual preference and race. She feels that marginalized people are essential and contribute to the plurality of a post modern and multicultural society.

Philips (1999) argues that there must be assimilation despite the various differences of gender, race, age, disability and sexual preferences. These differences should be acknowledged or even considered. The adjustments that women or disabled people need, to be able to fully participate as citizens, should be incorporated within mainstream society by governments.

By assimilating a variety of different groups of citizens, which Philips talks about Chib feels that the difference factor can be eliminated. All citizens will be assimilated into existing mainstream society, without making the aged, women, the disabled and people from different ethnic backgrounds feel that they are different. However, if society assimilates the different groups then Chib agrees with Hunt and Held that all citizens must have some sort of responsibility as a citizen to one's country.

Bulmer and Ress (1996) are of the opinion that the word 'citizenship' has made it possible to have a clear understanding of whether an individual has membership within a society or not. It has made it easier to examine the extent membership is given to all who lived within these boundaries. If there are no duties or responsibilities then an individual is bound by nothing and lives life like an animal.

Peled (1972) argues that exclusion has got a two-fold system of citizenship as a method of solving the discrepancy between the boundaries of civil society and between national collectivity. In theory, the population is divided into two groups those who are within the national collectivity and those who are outside it. The main critique of this is that this does not consider other dimensions of society and social positioning of certain groups, connected with gender, ethnicity, class, sexuality, and disability which are imperative to the construction of citizenship in today's age. Minority groups of society may not get access to the right kind of jobs either due to lack of awareness or due to a stereotypical mindset. According to Chib economic equality is a fundamental right to citizenship. The minority groups too must have access to training and full participation so that their chances of employability increase.

Morris (1993) writes that both the disability movement and the development of a theory of disability has not benefited disabled people enough, due to the invisibility of the personal experiences of disabled people.

Crow (1996) feels that our impairment and our experiences become our autobiographies, which will be extremely helpful in the contribution of knowledge to our generations of disabled and non-disabled people. Chib believes that it is only by writing about our personal experiences that we as citizens can give an insight to others and move towards changing society, making it more disability friendly.

### **Citizenship and the Various Models**

Traditionally, in the medical model of disability, disabled people needing assistance with daily living needs are regarded as dependent beings, a burden on the family. With this image of themselves, disabled people are passive, unable to make decisions. All decisions are made for disabled people by non-disabled people who think they know what is best. Disabled people live in a kind of fear of speaking up, as they think that they might not receive the appropriate care they need if they speak against any system. Disabled people are not given any responsibilities for their own lives. Non-disabled people make all the decisions.

In the charity model the attitude towards a disabled person is one of pity by the non-disabled person. Basically the difference goes unacknowledged. The person who has a disability feels beholden to charity. Voluntary organizations providing this charity rehabilitation through services, focusing on the functional ability of a disabled person instead of looking at a disabled person as a citizen with the same rights of a non-disabled person. This further curtails our right to act as citizens.

Oliver (1993) suggests that there is a major debate over where the problem of disability is located. Non-disabled professionals feel the problem lies in the functional limitations of the individual whereas disabled people feel the root of the problem lies in accessibility of the environment, which is both physical and social.

In the administrative model the state doles out the necessary care, and rehabilitation that a disabled individual needs. Although the administrative model is geared to the rehabilitation of the disabled individual and tries to see that a disabled person is a citizen who gets state benefits, it does not necessarily take into account the views of the disabled person. So in this model the disabled persons are semi-citizens because they have to be dependent on the state and are unable to make their own choices.

One of the fundamental requirements of citizenship is that all citizens must contribute to the national economy in some way. Meekosha and Dowse (1997) notice that disability has been excluded from being incorporated into the citizenship network, in terms of the right to vote, and the fact that the disabled have the highest rate of unemployment. Disabled people cannot enter the labour market on equal terms and thus are regarded as 'passive citizens'. They experience severe economic and social deprivation and are disadvantaged in all societies in a number of ways.

Due to the inaccessibility to public services and negative attitudes towards people with disabilities, they have the highest rate of unemployment. Disabled people's restricted access to decision-making power in society has increased their political marginalisation.

Rioux (1996) argues that disabled people need adjustments in their social economic, legal policies so that they can equally participate as citizens. If disabled people are not given equal access to economic, political and social resources, how are they supposed to act as citizens?

People with disabilities in Britain and India are denied citizenship due to lack of access to public places. The problems of physical access are further compounded by prejudice and ignorance which frequently leads to disabled people being excluded from public houses, restaurants museums, Galleries, concert halls, cinemas, football grounds, racing grounds and other public places. Ramcharan and his colleagues believe that:

Citizenship is founded upon entitlement to resources, which guarantees a basic minimum level of well being.

(Ramcharan et al, 1997, p.241)

1981 was declared as the Year of the Disabled. It also led to the formation of Disabled Peoples' International (DPI). With the formation of DPI, disabled people became more active and are making their own decisions and fighting for their own rights and entitlements. They have become empowered and are not merely passive recipients of charity. Disabled people along with other sociologists shifted the model of disability from a medical and a charity model to a social and rights model.

In the social model, disabled people feel more empowered and accepted as citizens. We realize that although there is impairment within us, the problem that disables us further is external and has much to do with attitudinal barriers.

Looking at citizenship and the various models, today, in the post-modern era citizenship and disability can no longer be ignored.

Looking at the development in the disability movement we find that during the 60s disabled people were viewed as tragic and helpless victims needing 'care' and 'looking after'. In the 70s disabled people were in the hands of voluntary organizations and were left to their benevolence and charity. From the 80s onwards the disability movement moved from a charity to a rights model.

The seven basic needs are: access to information access to all public places; access to housing; access and availability of technical aids; personal assistance; counseling facilities; access to public transport. It is now accepted, although not full practiced, that only with full access to public facilities and disabled people being placed in decision-making positions can they be regarded as equal citizens.

*Source: Chib, M. (2000). Citizenship and the links between different models of disabilities, Paper presented at the 'Citizenship and Barriers' Conference organized by the National Resource Centre for Inclusion, Mumbai, India.*

***Activity 1***

Mention ways in which disabled people can be empowered.

***Activity 2***

How can we encourage advocacy?

## Overhead 1

# What does Advocacy mean?

- Advocacy is generally equated with the Legal Profession
  - Solicitors
  - Barristers
  - The Courts
  - Legal Representation

*By Haq Nawaz*

*Source: Empowerment Course Manual (2004); ADAPT (Able Disabled All People Together, National Resource Centre for Inclusion and DEE (Disability, Equality in Education))*

## Overhead 2

# Different Types of Advocacy

- Self Advocacy
- Collective Advocacy
- Professional Advocacy

*By Haq Nawaz*

*Source: Empowerment Course Manual (2004); ADAPT (Able Disabled All People Together, National Resource Centre for Inclusion and DEE (Disability, Equality in Education))*

### Overhead 3

## Self-Advocacy

- Speaking out for yourself in relation to:
  - Services you should be entitled to in your local area
  - Rights which you hold as a Citizen e.g. to vote for your chosen party

All of the above requires  
Self-confidence.

*By Haq Nawaz*

## Collective Advocacy

- Speaking out against something as a group.  
This can be because:
  - Disabled people cannot access buildings
  - A local service or facility is being taken away or withdrawn
  - Lobbying to change Legislation
  - Sending a delegation to the United Nations

*By Haq Nawaz*

*Source: Empowerment Course Manual (2004); ADAPT (Able Disabled All People Together, National Resource Centre for Inclusion and DEE (Disability, Equality in Education))*

## Overhead 4

### **Professional Advocacy**

- Advocate is usually attached to an Organisation.
- Has access to information
- Has knowledge of representing disabled people
- Usually has other colleagues to discuss matters with
- Works in partnership with disabled person

*Source: Empowerment Course Manual (2004); ADAPT (Able Disabled All People Together, National Resource Centre for Inclusion and DEE (Disability, Equality in Education))*



## **Glossary (CAPP )**

1. CAPP- Culturally Appropriate Policy and Practice
2. CIDA- Canadian International Development Agency
3. CSIE- Centre for Studies on Inclusive Education
4. CWD- Children with Disabilities
5. DPEP- District Primary Education Programme
6. DPI- Disabled Peoples' International
7. EDC-Integrated Education for the Disabled Child
8. EFA- Education For All
9. HRD- Human Resource Development
10. ICDS- Integrated Child Development Scheme
11. IE-Inclusive Education
12. ILO-International Labour Organization
13. NCERT- National Council of Educational Research and Training
14. NCTE- National Council for Teacher Education
15. NGOs- Non Government Organizations
16. NIEPA- National Institute of Educational Planning and Management
17. NIPCCD- National Institute of Child Development and Public Co- operation.
18. NRCI- National Resource Centre for Inclusion.
19. SSA- Sarva Shiksha Abhiyan
20. UNESCO- United Nations Education, Social and Cultural Organisation
21. UNICEF- United Nations International Children Education Fund
22. WHO-World Health Organization

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