

Inclusive Education for Children with Special Needs: Perspective, Practices and Challenges in India

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ABSTRACT

National Education Policy has rolled out in 2020, it tries to address recommendations of Civil Societies, Research Institutes and most important the United Nation's declaration on Rights of Children, Rights of Persons with Disabilities and The Fundamental Right of Education for All. Govt of India was shaping the ideas of Inclusive Education since last five years, in the year 2016 India has passed, The Rights of Persons Disabilities Act. There it was clearly mentioned that Education Should be Provided to The Children with Disabilities through Inclusive Manner and Segregated and Integrated Education Systems should be abolished. The problem arises when the Policy Makers try to overlook the child as an individual entity, the Children with Special Needs (CWSN) all are unique, their problems are unique, their "needs" are unique. Definitely Education is fundamental right and Segregated and Integrated Systems are old fashioned now, but we need to think about the child as a whole, we need to think about his, physical, behavioural, neurological, orthopaedical issues. These problems got increased in last two years due to breakout of Covid-19, like every child, CWSN were forced to stay in home, they got detached from all the therapeutic and academic facilities, it was difficult for all the children, but somehow the schooling systems tried to provide them education through online manner, but therapies and one to one face to face education cannot be provided to them and it just worsen their situation. In post covid scenario, if we forget to incorporate proper supportive systems under one roof or through proper referral system, then their parents may be forced to find out those Specialized Professionals Support by themselves and child and the child may be excluded from the so called "Inclusive Educational System". This study tries to find out evidence-based policy documents from different counties, international NGOs and UN agencies to find out the way to make this newly adopted educational system truly inclusive.

Keywords: Inclusive Education, Supportive System, Need Based Approach, Children with Special Needs, Allied Health Professionals

I. INTRODUCTION

Inclusive education has been defined at various ways that addresses the learning needs of the differently abled children. The efforts of the Government of India over the last five decades have been towards providing comprehensive range of services towards education of children with disabilities have been consolidated by The Rights of Persons Disabilities Act 2016 and National Education Policy 2020. NEP 2020 expressed that though Inclusive Education all the children irrespective of their strengths and weaknesses will be part of the mainstream education as Govt. tends to create an education policy focus on Children with Special Needs (CWSN) and that inclusive education in regular schools has become a primary policy objective.

The Policy has talked about, creating awareness, identification of disabilities, mobilization towards inclusive school, teacher preparedness, teachers' training, creating resource centres, ensuring availability Special Education in Resource Centres, creating barrier free environments in schools, arranging accessible transportation, collaboration with civil societies, NGOs, Parental groups etc. which all are very progressive and realistic attitude towards inclusiveness.

In association of these good initiatives, this policy does not talk about, the procedure of identification of disabilities, professionals involve in the identification, assessment and level identification of CWSN, the procedure of creating barrier free environment in schools and arranging modified classrooms, professional engagement in Resource Centres, the institutional initiative to meet the physical, functional, clinical and rehabilitative needs etc.

When we are talking about "Inclusiveness towards CWSN in Educational Institutions" through National Education Policies, are we forgetting that we are talking about Children With "SPECIAL NEEDS"?, the physical, mental and functional capabilities of each children are different. Any Medical, Rehabilitative or Educational approach for them should be "Need Based", but this policy document does not talk about it clearly. This policy also does not give a clear view of Interdepartmental collaboration of Education Department with Department of Health and Family Welfare, Department of Women and Child Welfare, the institutional and

professional engagement of from these departments are very much essential to provide them true and proper “Inclusive” Education.

In this article, we are going to review some literatures, policy documents from few developed countries, international humanitarian organisations and international NGOs to identify the gap of National Education Policy 2020 as well as its implementation in post covid scenario, towards inclusion of CWSN and we will try to find the way forward.

WHO ARE CHILDREN WITH SPECIAL NEEDS?

World Health Organisation (WHO) defines ‘disability’ by an umbrella term that covers impairments, limitations in activity and restrictions in participation. Some children are born with a physical, sensory or mental impairment. Some others may develop a disability, as they grow, that substantially limits them in their daily life activities. In academic terms they are referred to as children with ‘disability’. In the public domain they are sometimes referred to as “Children with Special Needs”. Classification of disabilities: Most of the disabilities can be classified under the following heads: i) Intellectual impairment (limitation in intellectual functioning and adaptive skills) ii) Visual impairment (includes low vision and total blindness) iii) Hearing impairment (includes partial hearing loss and deafness) iv) Cerebral Palsy (difficulties of movement, posture, speech and hand functions etc. due to brain damage) v) Autism (a disability affecting communication, social interaction and play behaviour) vi) Locomotor disability (difficulties in locomotion due to damage to bones, joints and muscles) vii) Learning disabilities (difficulties in reading, writing and arithmetic).

SOME EXAMPLES OF SUPPORT SYSTEM AS PROPOSED FOR CWSN IN NEP 2020

Inclusion: Inclusive education refers to education of all students, where all the students are equal participants in the learning process.

Adaptation refers to adjusting assessments, material, curriculum, or classroom environment to accommodate a student’s needs so he / she can participate in, and achieve the teaching-learning goals;

1. Use of audio tapes, electronic texts where available, having peer/ classmate to assist with class activities, or simply re-organising seating of a child who may be unable to be attentive, easily distracted, or distracting others in the classroom.
2. Computer software which provides text to speech/speech to text capabilities, when available;
3. Alternatives to written assignments to demonstrate knowledge and understanding (e.g. through oral presentations, drawing or other artistic presentations) and extended time to complete assignments or tests.
4. Provide for multiple experiences with materials to allow for different learning styles or needs, also to help reinforce learning (for example, learning how plants grow in multiple ways – through class textbooks, through hands-on experience by growing one in the class, preparing Including Children With Special Needs (Primary Stage) observation record of its growth, and through group or whole class discussion about the on-going learning).
5. Modifications of learning goals, teaching processes, assignments and/or assessments to accommodate a student’s learning needs. E.g., (sample lessons like, changing the assignment to accommodate a student’s learning needs: allowing use of letter-cards to spell words as a modification to saying the spelling aloud, allow the student with intellectual impairment to utilise concrete and/or more hands-on experiences, changing the conceptual difficulty level for some students.

IDENTIFICATION OF “NEEDS” OF CWSN

Each child has different abilities; the needs of each child are different. Some need physical support mobility, gross motor functions and fine motor functions. Some need emotional support to get motivated in participating with others, to perform any activity independently etc, some need structural support like, modified chairs for sitting, orthosis for maintain body posture and mobility, some need environmental support for wheel chair movement and independent mobility, some need constant therapeutic support like Occupational Therapy, Speech Therapy, Prosthetist and Orthotist, Physiotherapist, Psychologist and Medical Practitioners to overcome their language and communication, psycho-social and physical disparities.

Those above mention perspectives are very much true for optimum development of any CWSN, Covid period not only hampered their growth but their parents also faced great difficulties to manage their daily routine in that challenged situation.

MICRO LEVEL ISSUES MISSED OUT BY INCLUSIVE EDUCATION POLICIES INCLUDING NEP 2020 AND IT IS BEING CONTINUED IN POST COVID PERIOD:

1. Regarding class performance and taking part in class activities: Inattentive child who may be suffering

from Attention Deficits and Hyperactive disorders, the child needs constant support of Special Educators and Occupational Therapist and in case of moderate to severe disabilities, he needs pharmacological support from Medical Practitioner.

2. Regarding Communication: If child suffering from Speech, Language Pathology and communication disorder then he needs help of Speech Therapists and to build up perceptual and cognitive skills to perform those assignments he needs help of Special Educators and Psychologist.

3. Regarding Performing Assignments: In case of speech to text concept, if the child has problem with articulation, then he needs support of Speech Therapist

4. Participation in Peer Education and Extra Curricular Activities: The perception of understanding of any common incident like sharing with others, playing, group performance etc. can be difficult for a CWSN detected with Moderate to Severe Autism or Mental Retardation. To develop the perceptual and cognitive abilities he needs constant support from Special Educators, Occupational Therapist and Psychologist.

5. Learning through Cards: Teaching through cards is a very good expressive tool for CWSN. But several times learning through cards needs task analysis and provision of positive reinforcement, when the student will be introduced by positive reinforcement then his performance will show satisfactory result, but withdrawal of that reinforcement is also very essential, that is a highly technical process and should be performed by a Special Educator with constant guidance from a Psychologist.

MICRO LEVEL ISSUES INCLUSIVE EDUCATION POLICIES INCLUDING FAILED TO IDENTIFY

1. Early Detection and Early Intervention: In our country Early Detection and Early Intervention facilities are generally provided by Department of Health and family Welfare through different District Early Intervention Centres. After The Rights of Persons with Disabilities Act, 2016 Government of India has planned to develop Early Intervention Centres in National institutes like National Institute for the Locomotor Disabilities (Divyangjan), West Bengal, Swami Vivekanand National Institute for the Rehabilitation Training and Research, Odisha etc. but the problems is that their lack of collaboration and absence of referral system between District Early Intervention Centres are available under Rashtriya Bal Swasthya Karyakram through State Government and this High Functional Early Intervention Centres running by these National Institutes. We all know that early intervention and early detection is very much necessary for CWSN, BUT nep 2020 document does not really talk about how the Education Department will collaborate with Health Department regarding Early Intervention services.

2. Collaboration with Department of Women and Child welfare and Education Department: In rural areas the children are provided nutritional support and educational support through

Anganwadi Kendras and if any child is detected or suspected with disabilities generally, he has been referred to the District Hospitals and then from District Hospitals these children are being referred to District Early Intervention Centres for further procedures. NEP Document does not clearly talk about how the collaboration will be done between the three departments.

3. Assessment and Evaluation of CWSN:

the NEP document does not talk about Physical Assessment, Sensory Assessment, Musculo- Skeletal and Motor Assessment, Assessment Regarding Self Care activities, Assessment regarding Communication Impairments. When we talk about CWSN, we should think about each individual, generalisation like regular students surely does not going to meet the needs.

4. Resource Centres:

NEP document only talks availability of Special Education Services at Resource Centres but it is very unclear about other professional support required for CWSN. NEP does not recognise that Children with Locomotor and Functional Disabilities and Children with moderate to severe Autism need constant rehabilitation support from professional like Occupational Therapist and Physiotherapist; the Children with Language and Communication Problem need constant support from Speech Therapist; the children with Neurological disorders and Children diagnosed with moderate to severe behaviour problems need help from Medical professionals. The NEP document does not clearly talk about who will be the Resource Persons rather than the Special Educators and how the Resource Centre will function, is there going to be weekly or monthly visits from resource professionals? or the children will be referred to the resource centres by teachers? There should be a clear vision after this.

5. Training and Capacity Building of Teachers:

The document talks about that there will be modified teachers' education courses and other features will be introduced as part of teacher training for generating awareness and emphasize teachers to make them able to work with the children with special needs according to their needs and abilities, but the existing professionals like Special Educators require Two Years of Training to be qualified to work with CWSN, the Allied Health Care Professionals like Occupational therapist, Physiotherapist and Speech and Language Pathologist require

trainings for more than four years, the Psychologists need to spend 5 years to be a qualified professional to work with CWSN, it is very difficult to understand how the short-term teacher trainings will be able to justify to meet the needs of CWSN.

Policy Evidence from Developed Countries:

Individuals with Disabilities Education Act (IDEA), USA

The Individuals with Disabilities Education Act (IDEA) ensures children with disabilities will be provided Free Appropriate Public Education (FAPE) according to their needs. IDEA was previously known as the Education for All Handicapped Children Act (EHA) from 1975 to 1990. In 1990, the United States Congress amended EHA and IDEA was introduced. The goal of IDEA is to provide children with disabilities the equal opportunity for education along with regular school goers.

IDEA is composed of four parts, Part A covers the general provisions of the law; Part B covers assistance for education of all children with disabilities; Part C covers infants and toddlers with disabilities, including children from birth to age three; and Part D consists of the national support programs administered at the federal level.

The Individuals with Disabilities Education Act (IDEA) ensures free, appropriate, public education for all children with disabilities, including Special Education, Occupational Therapy and Speech, Language, and Hearing Services. As mentioned in Part B funds are provided to cover children ages 3–21. Services are provided as outlined in the Individualized Education Program (IEP). Part C funds cover infants from birth through age two and services are provided as outlined in the Individualized Family Service Plan (IFSP).

The IDEA governs states and public agencies to provide Early Intervention, Special Education, Occupational Therapy, Psychological Interventions and related services to more than 7.5 million (as of school year 2018-19) eligible infants, toddlers, children, and youth with disabilities.

The European Agency for Special Needs and Inclusive Education

It is an independent organisation that acts as a platform for collaboration for its 31 member countries, working towards ensuring more inclusive education systems. The Agency's mission is to help member countries improve the quality and effectiveness of inclusive education. This agency is firmly committed towards International Declarations like, United Nations Sustainable Development Goal 4, the UN Convention on the Rights of the Child, the UN Convention on the Rights of Persons with Disabilities, the Salamanca Statement and the Cali Commitment to equity and inclusion in education.

They also have clearly stated in their policy document and generated and showcased cumulative data base about engagement and service providing provisions of Specialist Allied Health Workers in European Countries. They have recognised the importance of Support System and monitored and maintained yearly report and data base which clearly reflects the availability, training, level of engagement of Allied Health Care Professionals in terms of inclusive education in member countries.

Department for Educational Development, UKAID

UKAID has been working as a donor agency to several developing and under developed countries across the globe, they are committed towards Educational Development through Department of Educational Development including inclusive education for CWSN. In their Guidance Note 2019 for the policy makers of developing and under developed countries they have clearly stated that the Education Department of any particular country is solely responsible for Inclusive Education for CWSN, but they also expressed that there should be strong supportive system from Health Department, Finance Department of that particular country to make the inclusive education program a success. They also expressed their concern about the physical and rehabilitation needs of these children should be addressed under strong referral system as engaging Allied Health Care Professionals and Medical Practitioners directly to the Education System may create burden in managing the Inclusive Education Procedures and also create scarcity in health sector, so they expressed their deep concern regarding early identification and on time referral system need to be developed in association with Local Government and Health Institutions.

Way forward:

Interdepartmental Collaboration:

Education Department should have strong collaboration with Department of Health and Family Welfare and Department of Women and Child Welfare regarding early identification and assessment. In site management of disabled children of early ages is the most preferable step that can be taken by the Government, but if the policy makers are not too much comfortable with that idea, then there should be strong referral system to the Health Care institution.

Building Up Strong Supportive Group:

NEP talks about supportive groups like, Civil Societies, NGOs, Parental Groups, Trusts facilitating disabled people but this policy clearly missing out the most essential “Need Based Approach” for CWSN, engagement of Supportive Allied Health Care Professionals and Medical Professionals are also very important for proper inclusion.

Flexibility in Policy Implementation:

In the very beginning we need to remember we are talking about Children With Special Needs, education is also a need among other needs, like selfcare, play, social interaction and communication etc. The Educational Policy is inclusive in nature in this particular scenario and we are talking about abolishing Segregated and Integrated Education systems, but are we forgetting, that in those segregated and integrated educational system these children are being provided Special Education, Allied Health Care Services in a regular manner, if in the name of Inclusive Education the policy makers forgot to include these services then the parents will be prompted to opt out from this incomplete educational system and will be looking for other essential supportive services, which the child was already receiving under segregated and integrated systems.

We must remember the children with mild conditions can adopted with inclusive education system but the children with moderate to severe conditions need broader supportive system.

II. CONCLUSION

Inclusion is more than a method of educating students with disabilities. It stresses that each child, regardless of the intensity and severity of his or her disabilities, is a valued member of society and is capable of participating in that society. A good inclusive education is one that allows all the students to participate in all aspects of classroom equally or close to equal. To meet the challenges, the involvement and cooperation of educators, parents, health care professionals should be strongly incorporated. We have delayed many years to initiate “Inclusive Education” we cannot hamper the future of CWSN with stringent and generalised policy guidelines. There should be enough flexibility to understand the true and proper needs of CWSN otherwise to meet their “regular physical and rehabilitative needs” they may seek other resources outside the educational institutions and may be excluded.

REFERENCE

- [1]. Changing Role of Specialist Provision in Supporting Inclusive Education: Mapping Specialist Provision Approaches in European Countries (March 2020), European Agency for Special Needs and Inclusive Education (<https://www.european-agency.org/resources/publications/CROSP-synthesis>)
- [2]. Diploma in Elementary Education (D.El.Ed) (Course-506) “Understanding Children in Inclusive Context, National Institute of Open Schooling
- [3]. Draft National Education Policy 2019 Education for Every Ability- A Review and Roadmap of Disability-Inclusive Education in East Asia and Pacific Region (July 2020), UNICEF
- [4]. Guidance Note (2019), Department for Educational Development, UKAID Individuals with Disabilities Education Act (IDEA), USA
- [5]. Julka Anita et al. (2014), Including Children with Special Needs, Primary Stage, Department of Education of Groups with Special Needs, NCERT National Education Policy 2020
- [6]. Singh. JD (2016), Inclusive Education in India: Concept, Need and Challenges. Research Gate. (<https://www.researchgate.net/publication/301675529>) The Rights of Persons Disabilities Act 2016