



Disabled Students Of Educational Provisions With Special Reference To Inclusive Education: A Critique

Sampa Das Department of Education, Dr. A.P.J. Abdul Kalam University, Indore, (M.P.), India.

Dr. Munshi Rakib Department of Education, Dr. A.P.J. Abdul Kalam University, Indore, (M.P.), India.

ABSTRACT:

There are many ideas and perceptions about inclusion and inclusive education, despite the fact that it is largely acknowledged as the greatest strategy for achieving education for all. Tolerance, diversity, and equity are the guiding principles of an inclusive educational system. The primary goal of inclusive education is to end exclusion, which results from unfavorable attitudes and a failure to recognize differences in aptitude, race, economic background, social class, ethnicity, language, and religion. In this article, disabled students of educational provisions with special reference to inclusive education has been discussed.

Keywords: Disabled, Students, Provisions, Inclusive, Education.

INTRODUCTION:

An essential component of human life is education. It starts with a child's birth, and education aids in a person's development. Disability and poverty are mutually exclusive; those living in poverty are more likely to become disabled due to a lack of access to healthy food, sanitary facilities, and safe living and working environments. [1] Once this happens, individuals encounter obstacles to public services, work, and education that drive them deeper into poverty. The study of people with disabilities in the areas of thinking, seeing, hearing, speaking, socializing, or moving falls under the umbrella of special education. A variety of administrative plans, from simple modifications made by the child's usual teacher to round-the-clock institutional care, may be used to deliver special education. [2] The implementation of special provisions for the blind and deaf, new trends in special education services, such as the principle of normalization, mainstreaming, integration, and inclusion, arose.

MODELS OF DISABILITY:

A disability is defined as a condition or function judged to be significantly impaired relative

to the usual standard of an individual or group. The term is used to refer to individual functioning, including physical impairment, sensory impairment, cognitive impairment, intellectual impairment mental illness, and various types of chronic disease.

Disability is conceptualized as being a multidimensional experience for the person involved. There may be effects on organs or body parts and there may be effects on a person's participation in areas of life. Correspondingly, three dimensions of disability are recognized in International Classification of Functioning, Disability and Health (ICF): body structure and function (and impairment thereof), activity (and activity restrictions) and participation (and participation restrictions). The classification also recognizes the role of physical and social environmental factors in affecting disability outcomes. The ICF lists nine broad domains of functioning which can be affected like learning and applying knowledge, general tasks and demands, communication, basic physical mobility, domestic life, and self-care, interpersonal interactions and relationships, community, social and civic life, including employment other major life areas.

The introduction to the ICF states that a variety of conceptual models has been proposed to understand and explain disability and functioning, which it seeks to integrate. Models of Disability are tools for defining impairment and, ultimately, for providing a basis upon which government and society can devise strategies for meeting the needs of disabled people. They provide an insight into the attitudes, conceptions and prejudices of the former and how they impact on the latter. Models reveal the ways in which our society provides or limits access to work, goods, services, economic influence and political power for people with disabilities. There are a number of models disability elucidating the perspectives on disability construction. It also tried to place all disabilities models within the expansive framework of two model; individual and social. The individual model located the 'problem' of disability within the individual and considered these problems stemming from the functional limitations or psychological losses which were assumed to arise from disability. The social model envisioned 'disability' as an outcome of social processes. It contended that 'disability' results from barriers imposed on 'people with impairment' by the society and suggests that elimination of these societal barriers, or education to remove prejudice leading to inclusion. Social model is useful in providing framework and language to people with disabilities to express themselves and understanding disability within the larger context of socio-economic conditions and relations.

Thus, it provides an "alternatives and positive view of disability" and has "educative function". Table 1 summarizes the three key classification systems and related models and their interpretations and definitions of disability.

Table 1: Key classification Systems and Related Models

		Impairment Perspectives	Functional limitation perspectives	Ecological perspectives
DEFINITION		Disability is considered a health problem or abnormality that is	Disability is directly caused by the impairment and defined primarily by medical criteria. In	Disability is the result of an interaction of impairment, activity limitations, and participation restrictions in a specific social or physical environment.
	RELEVANT MODELS	Medical model-Disability is classified	Nagi model-disability is defined by characteristics of	Quebec disability process model- Disability is the result of the interaction of personal factors, environmental or
		International classification of Diseases (ICD)- coding system focusing on diseases and	International classification of Impairments, Disabilities and Handicaps-ICDH- developed by WHO. Disability is	The social model- disability is primarily interpreted as society's failure to acknowledge and accommodate the needs of persons with disabilities rather than a medical condition.
				Human rights model- disability is defined as a social construct focusing on individual's human rights and dignity.

Source: Groschl (2005)

The impairment perspective considers disability a health problem or abnormality that is situated in an individual's body or mind. The medical model, which views disability in terms of disease, illness, abnormality and personal tragedy, best expresses this perspective. It focuses on impairment and considers disability a health problem or abnormality that is situated in an individual's body or mind. This has serious practice implications as it attempts to cure the individuals' abnormalities and defects, which are seen as strictly personal conditions. In short, the medical specialists could provide the solution to the problem of disability. The society has no obligation towards the disabled population in terms of adapting to their diverse needs.

The functional limitations perspective arose from attempts to expand the medical model to include non-medical criteria of disability, especially the social and physical environment. Nevertheless, the notion that impairments were the direct cause of disability remained

central to this perspective. Also, like the impairment perspective, the functional limitations perspective considered disability in quantitative terms, measuring functional restrictions against a standard. Under the Nagi model functional limitations are a distinct concept. The limitations are tied more to activities associated with social roles than to accredited, doctor-tested limitations. Disability was seen as influenced not only by the characteristics of impairments, such as type and severity, but also by how the individual defines a given situation and responds to it, and how others define that situation through their responses and expectations.

The ecological perspective developed in the 1970s as a response to the impairment and functional limitation perspective; however, it gained popularity only in the mid-1990s. Like the latter perspective, the ecological perspective rests on three distinct disability concepts: pathology (or abnormality), impairment and disability. However, it sees disability as resulting from the interaction of impairment, activity limitations and participation restrictions in a specific social or physical environment such as work, home or school. This ecological perspective on disability was also reflected in the International Classification of Functioning, Disability and Health (ICF), adopted by the World Health Assembly in 2001. The final document was the International Classification of Functioning (ICF), which took a very strong approach to the social model of disability as against the medical model previously used. The Quebec model shifted the focus from a fixed impairment that is part of a person's organic system to other, more changeable factors that affect that person's participation in society. In this model, disability depended on the environment in which a person lives and carries out daily activities. If the environment is adapted to the person, the disability can change or even disappear. The Quebec model urges for; environmental changes so as to accommodate the entire populace, adopting a pro-active approach for prevention of handicaps and creating equal opportunities for all.

Contextualizing Models:

The different disability model influenced the society in changing their attitude towards disabled people. In past, children with disabilities were seen as contaminants of human race. They were either eliminated or served as objects of entertainments. Philanthropists were concerned about the inhuman treatment rendered to them and therefore, advocated for their institutionalization. The children with disabilities were placed in asylums where the staff responded to their basic needs. Special schools were established in the 19th century for children with sensory impairments. The special schools were concentrating more on vocational skills. The 1980's saw the advent of disability rights perspectives which had become popular amongst the leaders of disability. The right based approach to disability essentially means viewing persons with disabilities as subjects of law. The ultimate aim of the approach was empowerment of people with disabilities and to ensure their full participation in political, social and cultural life.

NORMALIZATION:

The concept of normalization was created in Scandinavia during the 1960s and articulated by Bengt Nirje of the Swedish Association for Retarded Children. Wolf Wolfensberger's definition of normalization and evaluations in the early 1970s gave rise to the US human services system. The normalization principle aims to give people and kids with disabilities social interaction and experiences that are comparable to those of society. These advocates emphasised the concept that people with disabilities are citizens and should be given access to the same opportunities and programmes as children and adults without disabilities. The basic goal of normalization is to have people as involved in the community as they can. Anti-labelling, mainstreaming, and deinstitutionalization are the three main approaches taken in normalization. [3]

The anti-labelling movement aims to get rid of terms and classifications including mental disability, emotionally unstable, and learning handicapped. The fundamental goal of normalization is to provide mainstreaming for kids with exceptional needs. The clause states that impaired children must attend school in the least restrictive setting possible. Without receiving special education services, disabled students are enrolled either full-time or part-time in general education classes. When possible, students with disabilities can attend school alongside their counterparts without disabilities. Only an individualized education plan, a setting with few restrictions, and parental commitment make mainstreaming possible. The process of transferring disabled people from institutions to the community is known as deinstitutionalization. The disabled are to be placed closer to their families and the community. These institutions include halfway houses, group homes, and community residential facilities.

INTEGRATION:

It is a byproduct of deinstitutionalization and derives from the Latin verb "integrate," which means to form into a whole, to complete. Being integrated into or becoming a part of a specific society is the aim of integration. It also emphasizes the importance of integrating impaired kids with their peers. The primary types of integration are physical integration, which involves bridging the physical gap between children who are impaired and those who are not. Functional integration belongs to the two groups use distinct tools and resources, the functional distance between them is reduced. The elimination of social distance between the two groups is known as social integration. Social distance denotes a lack of communication and a psychological sense of isolation. The disabled should feel that they are a part of society as well. The disabled should have access to the same opportunities and resources as non-disabled people in order to fully integrate into society. [4]

INCLUSIVE EDUCATION:

The most recent development in inclusive education involves including all children with disabilities in regular school. The practise of educating kids with special needs alongside their peers in mainstream schools is known as inclusion. This set the stage for the Salamanca Conference and fostered an inclusive environment. UNESCO urged nations to support inclusive education by making a variety of logical, tactical, and strategic adjustments. By emphasizing that "inclusion and participation are essential to human dignity and the enjoyment and exercise of human rights," the Salamanca Statement vehemently promoted inclusion from a human rights perspective. The most recent frame of reference for EFA is provided by the Dakar Framework for Action.

Inclusion is defined differently across international borders. There is no single, universal concept of inclusion, and various groups in different situations have different ideas about what inclusion is. Today, the idea of inclusion is viewed from a broader angle, and education is seen as both a human right and a necessity for each person to reach their full potential. The Salamanca Framework for Action outlines the diversity of inclusive education and states that all groups of children, regardless of their disability, should receive education. UNESCO stated in the Salamanca Conference that schools must provide for all students, regardless of their physical, intellectual, social, emotional, linguistic, or other needs. [5] This ought to include children who are handicapped, those who live on the streets or work, gifted children, kids from rural or nomadic families, kids from ethnic and cultural minorities, and kids from other underprivileged and marginalized groups.

The main claim is that, in order to identify and meet the needs of the complete child, it is important to include other elements, such as social disadvantage, family history, gender, or ethnic group, in addition to a child's unique educational needs. As a result, the idea of inclusion has been expanded to include people who could be marginalized or excluded for a variety of reasons. Ability, gender, race, ethnicity, language, care status, financial status, disabilities, sexual orientation, and religion are a few of the factors that contribute to these issues. As a strategy, inclusion aims to remove "barriers to learning and participation" and offer "resources to support learning and participation." Similar to the term inclusion, scholars and educators have given several definitions to the idea of inclusive education. There is a heated dispute about what exactly qualifies as inclusive education as a result of the ambiguity surrounding its definition. The goal of inclusive education is to address student diversity by boosting participation and lowering exclusion from and within the classroom.

The several contexts in which education is offered, such as formal and informal settings as well as those found in families and the larger society, are recognised by inclusive education. One of the main tenets of the Education for All (EFA) programme is inclusive education. In particular, inclusive education concentrates on concerns about the attendance, involvement,

and accomplishment of all children, particularly those who are excluded or at risk of being marginalized for a variety of reasons. Therefore, a typical classroom setting that tries to give kids a secure, flexible learning environment where educational results, according to their capabilities, can be easily obtained is an inclusive educational environment. [6]

MODELS OF INCLUSION:

A lot of general education and resource teachers are working together using different forms of teaming. A number of these models have been successfully implemented. The figure 2 represents the various models of Inclusive Education.



Figure 1: Models of Inclusive Education

Consultant Model: In a building with a low incidence of special needs students and overall low student population, this model would be very compatible. The Special education teacher is made available to re-teach a difficult skill or help to student(s) practice a newly acquired skill.

Teaming Model: Basically, a classroom is staffed with two teachers: a general education teacher and a special education teacher, and the two support each other in meeting the needs of all of their students, a number of whom might be students with disabilities.

Collaborative, Co-teaching Model: The collaborative teaching model is increasingly used and is the most popular service delivery model for integrating students with disabilities into the general education classroom according to the National Centre for Educational Restructuring and Inclusion. Co-teaching refers to the collaboration or cooperation of two professionals who jointly deliver substantive instruction to a diverse group of students. One commonly expressed benefit of co-teaching was said to be the additional attention received by students with disabilities.

Parallel teaching design: Parallel teaching is referred to as the split class approach and through this, the student-teacher ratio is reduced. The teacher divides the class into groups and teaches them simultaneously. The student to teacher ratio is low, more time is devoted to learning versus students waiting for help, opportunities for re-teaching are immediate, support for the teacher is present, communication is constant, and behaviour problems can be minimized.

Station Teaching (Rotational Teaching): In station teaching, teachers divide content and students rotate from one teacher to another and to an independent station so that each teacher repeats instruction three times and each student accesses both teachers and independent station. If appropriate, the third station could be set up to require that students work in pairs instead of independently. The co-teachers provide individual support at learning stations set up around the classroom.

Alternative teaching design: In alternative teaching, one teacher manages most of the class while the other teacher works with a small group inside or outside of the classroom. The small group does not have to integrate with the current lesson. For example, a teacher could take an individual student out to catch him/her up on a missed assignment. A teacher could work with an individual or a small group for assessment purposes or to teach social skills. A small group of students could work together for remedial or extended challenge work.

Team Teaching: Team teaching requires teachers who simultaneously deliver lessons where both teachers are comfortable alternately taking the lead and being the supporter. Team teachers work as one unit, demonstrating preparedness for activities, respect for one another and all students, and model desired behaviours and attitudes.

ELEMENTS OF INCLUSIVE SCHOOL:

The development of a child depends on education. A child should consequently go to school where their abilities are valued, their educational needs are addressed, and their potential is realized. The idea of inclusion is founded on the idea that every person with a disability has the right to participate in "naturally occurring settings and activities" alongside those without disabilities. The capacity of instructors, peers, and the curriculum to foster an environment of empowerment are all necessary for the inclusion of students with cognitive impairments to be effective. Self-efficacy, a sense of personal control, self-esteem, and a sense of group belonging are all components of empowerment. [7]

The inclusion tenets apply to all kids, not just those who are at risk or have disabilities. The difficulties that students and instructors face in today's classrooms prevent anyone from having the luxury of focusing on a single need or a specific set of kids. Two elements are required for comprehensive school reform: The first is a clear understanding of how schools

could or should not be ability-based, subject to a set curriculum, and fully staffed with creative educators who are supported themselves. The second element entails a broad range of educational reforms, including programming innovation or school tinkering, and the recognition that there should be equal access to education. [8]



Figure 2. Parameters of an Inclusive School

Step 1: Create a school philosophy founded on democratic and strategic plan- The egalitarian ideals of inclusion, belonging, and providing a quality education to all kids as the first and possibly most important step in developing a high-quality inclusive school. By definition, a high-quality, inclusive educational system places equal emphasis on academic success as well as the needs of the full learner.

Step 2: Exercise strong leadership- The school administrator must understand that it is his or her duty to set the tone of the institution, ensuring that decisions are made in a way that is consistent with the school's philosophy, meet issues head-on, and facilitate interactions and procedures. The ability to believe that all students can learn is necessary for leading an inclusive school, as is the dedication to ensuring that every student has equitable access to a robust core curriculum and excellent instruction.

Step 3: Encourage welcoming, appreciative, and tolerant cultures in the classroom and throughout the school- Schools are required to address students' ever-increasing demands in many areas of their development; they must go beyond their traditional emphasis on fundamental academic learning. Schools are miniature versions of society; they reflect both the good and the bad, the goals, values, and customs of the society that lives outside the school's walls. Schools serve as training grounds for society's future leaders as students form attitudes, passions, and abilities that will serve them well throughout their lives.

Step 4: Create support networks- It's crucial to create support networks in schools and classrooms for both teachers and students who require encouragement and assistance. To help instructors and/or students who need support succeed in their jobs, the support team

should gather together to brainstorm, problem-solve, and share ideas, methods, approaches, and activities. Administrators, parents, classroom teachers, paraprofessionals, psychologists, therapists, and behaviour consultants are just a few examples of the people who can be a part of the team.

Step 5: Use intentional procedures to maintain accountability- Teams must regularly meet to monitor students' supports in a proactive manner and prevent problems. If difficult circumstances do develop, the team is then able to alter the support plan in a prompt and effective manner, avoiding the need for a crisis to happen in order to trigger a reaction.

Step 6: Develop coordinated and ongoing technical help as the sixth step- An efficient assistance strategy should emphasize the use of resource personnel both inside and outside of the school as facilitators. There should be a thorough, flexible, and continuous plan for professional development that covers pertinent subjects and offers chances for instructors to visit other inclusive schools.

Step 7: Keep your flexibility- Teachers need to have these similar skills so they can react swiftly to the difficulties of assisting students with different capacities in participating in classroom activities. Along with a firm commitment to their work and a strong belief in inclusive education, teachers must also possess a number of other crucial traits, like spontaneity, adaptability, and the guts to take chances.

Step 8: Consider and implement an effective teaching strategy- Educating diverse learners successfully requires educators to use a variety of teaching strategies that are tailored to each student's needs. In order to ensure student achievement, educators should collaborate to develop solutions. These techniques should give teachers risk-free opportunities to explore and experiment with different instructional philosophies. Teachers might add the strategies they find effective to their toolkit for instruction.

Step 9: Celebrate Success and Learn from Challenges- Successful innovations implemented by individuals or groups in schools can have only a small impact on how teachers and schools better meet student needs unless deliberate efforts are made to incorporate them into school policy and everyday practise.

Step 10: Understanding the change process- School boards and administrators must play a substantial role in fostering change at all levels of the educational system. According to organisational change theories, one of the most common reasons for implementation failure is a lack of support from senior management. According to school officials, the employees should be encouraged to implement new procedures in order to improve inclusive practises in schools.

CONCLUSION:

The suitable supports is essential for children with cognitive impairment in the general classroom. These include technical supports, natural supports, personal supports, and support services. Focusing on support education presupposes that individuals should be educated in inclusive classroom environments to the fullest extent possible and supported in such environments to facilitate successful learning. [9] Education is seen as an essential complement to inclusion. In terms of content, instructional resources, instruction, assignments, testing, products, settings, and management, these kids need varied techniques. Beyond these tactics, there should be a climate that supports, welcomes, and involves students in their education so that they can succeed. [10] In theory, inclusive education entails receiving personally customized support while enrolled in the child's neighbourhood school's age-appropriate class.

REFERENCES:

1. Seetharam, R. (2005). A Study on the Social Integration of Children with Mild and Moderate Disabilities in Mainstream Classrooms under Sarva Shiksha Abhiyan, Tamilnadu. Abstracts of Research studies in Elementary Education (2003-2009) Research. Ltd, New Delhi: Evaluation and Studies Unit Technical Support Group for SSA EdCIL (India), MHRD.
2. Valvi, N. J. (2016). Attitude Self-Efficacy Skills of Pre Service Teachers towards Inclusive Education. (Doctoral Dissertation). Pune University, India. Retrieved from <http://shodhganga.inflibnet.ac.in/handle/10603/126205>.
3. Soltau, K. (2015). Autism Spectrum Disorder Students in Mainstream Schools and Classrooms: Effectiveness and Empowerment. (Master of Social Work Clinical Research Papers). St. Catherine University. Retrieved from http://sophia.stkate.edu/msw_papers/521.
4. Baruah, P., Sarvar, S.S. & Hazarika, AL (2008). Impact of Aids and Appliances on Educational Performance of children with Special Needs (Unpublished Doctoral Dissertation). Tezpur University, Assam.
5. Wilson, G., Micheals, G. A., & Margolis, H. (2005). Form versus Function: Using Technology to Develop Individualised Education Programs for Students with Disabilities. *Journal of Special Education Technology*, 20(2), 37-48.
6. Zanolli, K., Daggett, J., & Adams, T. (1996). Teaching preschool age autistic children to make spontaneous initiations to peers using priming. *Journal of Autism and Developmental Disorders*, 26, 407-422.

7. Ahamed, M. A. (2014). Educational development in Karnataka its challenges for inclusive growth. (Doctoral Thesis). Karnatak University. Retrieved from <http://shodhganga.inflibnet.ac.in/handle/10603/126075>.
8. Clifford, W. S. (1998). Co-curricular Activities: An Element of Solution-Focused Oriented Interventions for Middle School Seriously Emotionally Disturbed Students. (Doctor of Education thesis). Oregon State University. Retrieved from [https://openlibrary.org/books/OL15529494M/Co-curricular activities](https://openlibrary.org/books/OL15529494M/Co-curricular_activities)
9. Das, A. (2011). Educating Children with Disabilities in Inclusive Classrooms. .Tata Institute of Social Sciences, Mumbai. Inida. <http://shodhganga.inflibnet.ac.in/handle/10603/160245>.
10. Kaila, M. (2013). A Study of the Inclusive Education Programme for Disabled Children under Sarva Shiksha Abhijan Mission in Assam. (Doctoral Thesis).Gauhati University. India. Retrieved from <http://shodhganga.inflibnet.ac.in:8080/jspui/handle/10603/116358>.