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Inclusiveness and Well Being among Children with Disabilities – at Home & School

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Abstract

A child's well being is determined by the level of parental, familial, communal and social wellness and is predicated on the satisfaction of material, physical, affective and psychological needs. Mental health problem can affect children of all ages. Ten percent of five to fifteen year olds have a diagnosable mental health disorder. If these conditions prevail among children with disability, they are prone even more to mental health issues. First and foremost is the Inclusive care at home by every member of the family. A complete understanding about the disability would make them more confident and the relationship would be stronger. Identify their interests and working on it continuously, changing their home completely user friendly to them and keeping them active in all their day chore activities, supporting them to move in a very normal and casual way with anyone who comes home would keep them more inclusive. Inclusive education is very essential in all Institutions of learning. It enables the school to be accessible by all learners despite their individual special needs. It will ensure that the learners with special needs benefit maximum from education. Different learners have different abilities and potential in performing tasks. Inclusion will enhance the spirit of accepting learners with special needs and know they are like the other learners in class despite of their disability. Different policies have recommended on the inclusive education but little has been done to fully implement special need learners in class. An effective inclusion is required urgently to allow all learners to learn in one room. This may not be realized unless more research is done on the challenges facing implementation of inclusive education in primary schools. The main objective of the study is to understand the challenges faced to implement the inclusive care and education at home and school.

Keywords: Inclusion, Children, Disability, Mental Health, School.

Introduction

"A dominant problem in the disability field is the lack of access to education for both children and adults with disabilities. As education is a fundamental right for all, enshrined in the Universal Declaration of Human Rights, and protected through various international conventions, this is a very serious problem. In a majority of countries, there is a dramatic difference in the educational opportunities provided for disabled children and those provided for non-disabled children. It will simply not be possible to realize the goal of 'Education for All' if we do not achieve a complete change in the situation." – Bengt Lindqvist, the United Nations Special Rapporteur on Human Rights and Disability.

In developing countries, 50% of all disabilities are acquired before the age of 15, which means that the estimated prevalence of school-aged children and youth with disabilities may be higher than the incidence rate of 10%. When the number of children with "objective cause" disabilities is added to the total number of children identified with special education needs, OECD estimates that between 15-20% of all students will require special needs education during their primary and secondary school years. Finally, estimates of the percent of disabled children and youth who attend school in developing countries range from less than 1% (Salamanca Framework for Action) to 5% (abibi 1999). In short, significant numbers of disabled children and youth are largely excluded from educational opportunities for primary and secondary schooling. The usefulness of categorical classifications of disability is being questioned in terms of cost-effectiveness and the ability to identify needed services.

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Defining Inclusion

Inclusion involves providing children with disabilities access to a wide range of learning opportunities, activities, settings, materials, and environments. In many cases, simple changes in the schedule, an activity, or the classroom can provide Access, Participation, and Supports for a child with a disability.

Inclusive Education

Children with disabilities and special needs also have the right to education just as other children do. Inclusive education strives to address the learning needs of children with special needs, with a particular focus on those who are subject to being isolated and excluded. The philosophy behind inclusive education is to promote opportunities for all children to participate, learn and have equal treatment, irrespective of their mental or physical abilities. While the awareness on inclusive education in schools throughout the country is still at an infancy stage, educational institutions are somewhat sceptical about having both normal and special children studying in the same classroom. And in circumstances, where a former excluded child is given admission into a mainstream classroom, the outcome of the action is questionable.

Why is disability a development issue?

The World Health Organisation (WHO) estimates that 10% of any population are disabled (Thomas, 2005a). In addition, approximately 85% of the world's children with disabilities under 15 live in developing countries (Helander, 1993, cited in Robson & Evans, no date). It is further thought that with disability, or impairment, being both a cause and consequence of poverty, the Millennium Development Goals cannot be achieved without a specific disability focus (DFID, 2000). People with disabilities have health, nutritional, educational and gender needs too, yet the goals related to these issues currently ignore the often unique needs of people with disabilities within these goals.

The WHO estimates that up to 50% of disabilities are preventable, with 70% of blindness and 50% of hearing impairment in children in developing countries being preventable or treatable (DFID, 2000). Although this can be seen as more of a health issue than a disability politics one, its link to healthcare, malnutrition and poverty makes disability a development issue.

DFID (2000) highlights how disability can exacerbate poverty because it can lead to isolation and economic strain for the whole family. Disabled children are more likely to die young, or be neglected, malnourished and poor, while the denial of education can lead to a lack of employment opportunities and so poverty (ibid). Similarly, poverty can lead to malnutrition, dangerous working and living conditions (including road accidents) bad health and maternity care, poor sanitation, and vulnerability to natural disasters – all of which can result in disability. This vicious cycle of poverty and disability is succinctly demonstrated in the DFID framework. Seen in this light, it is hard to deny a strong link between poverty and disability, although it is important to be aware of other contributing factors such as lack of, or badly implemented, social policies that may lead to these conditions in the first place.

Conceptual understandings of Inclusive Education in India

Despite the 1987 Mental Health Act finally separating the meaning of learning disability from that of mental illness in India, there is still some confusion in understanding, with the 1995 Persons with Disabilities Act listing both mental retardation and mental illness as categories of disability (Thomas, 2005b). Ignorance and fear of genetic inheritance adds to the societal stigma of both. 'Inclusive' and 'integrated' education are also concepts that are used interchangeably (Julka, 2005; Singal, 2005a), understood as the placement of children with disabilities in mainstream classrooms, with the provision of aids and appliances, and specialist training for the teacher on how to 'deal with' students with disabilities.

Size and diversity

India has the second largest education system in the world, with 200 million children aged between 6 and 14, around 25 million of whom are out of school (World Bank, 2004). However, bearing in mind that apparently only 35% of children are registered at birth (UNICEF, 2004), others estimate between 35 and 80 million out-of-school children (Singal, 2005a).

When considering understandings of, approaches to, and impacts of inclusive education, the inevitable diversity and complexity in a context of this size must be taken into account. India's 1.3 billion people speak 18 different languages (GOI, 2002), and 844 dialects (Singal, 2005a), worship varied religions, have unique customs, differ in their exposure to disease and access to types of nutrition which affect their health and socio-economic status, and also communications which influence their access to government resources such as education or healthcare.

Data on children with disabilities seems to be as unreliable as other figures, perhaps due to Filmer's (2005: 3) "selective reporting" of obvious physical impairments, or children being hidden by their families out of shame. In India disability is measured in five categories – sight, speech, hearing, locomotor, and mental – which excludes disabilities such as autism.

Society and Culture – perceptions of disability

Singal (2005a) points out how the individualisation of disability in India as a personal, inherent problem of mind and body reinforces the image of a problem to be diagnosed and cured so a person can be more 'normal'. This, Singal argues, results in the charity and welfare focus on aids and appliances to assist those with disabilities to be 'normalised'. This view does not address the fact that in an environment lacking such helpful hardware, this focus may be justified. However, Singal does point out that the dominance of this medical perspective may be a result of many disabilities in India being the consequence of poor health and nutrition, and limited access to immunisation programmes.

Caste, and the more 'modern' mobile socio-

economic notion of class, has a key role to play in power processes at national and local levels, including educational access within school and classroom. Where do people with disabilities fit into this social system? Some see the disabled as a fifth caste, below all others - impure and so not 'whole' (Coleridge, 1993) which may contribute to their societal invisiblisation in surveys and censi. In addition, the strong link between poverty and disability implies that many children with disabilities will be members of Dalit families, perhaps reinforcing their marginalisation. While impairment is not restricted to any one class or age group, people with disabilities are often found to be amongst the poorest of the poor (Hans, 2003; DFID, 2000).

The Inclusive School

The fundamental principle of the inclusive school is that all children should learn together, wherever possible, regardless of any difficulties or differences they may have. Inclusive schools must recognize and respond to the diverse needs of their students, accommodating both different styles and rates of learning and ensuring quality education to all through appropriate curricula, organizational arrangements, teaching strategies, resource use and partnerships with their communities. There should be a continuum of support and services to match the continuum of special needs encountered in every school - Salamanca Framework for Action, 1994.

Mental Health It is more than the absence of mental illness: it is vital to individuals, families and societies Mental health is described by WHO as: a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (WHO 2001a, p.1). In this positive sense mental health is the foundation for well-being and effective functioning for an individual and for a community. This core concept of mental health is consistent with its wide and varied interpretation across cultures.

Mental health is determined by socioeconomic and environmental factors mental health and mental illnesses are determined by multiple and interacting social, psychological, and biological factors, just as health and illness in general. The clearest evidence for this relates to the risk of mental illnesses, which in the developed and developing world is associated with indicators of poverty, including low levels of education, and in some studies with poor housing and low income. The greater vulnerability of disadvantaged people in each community to mental illnesses may be explained by such factors as the experience of insecurity and hopelessness, rapid social change, and the risks of violence and physical ill-health.

Meso and micro interventions for mental health promotion

1. The early stages of life during the early stages of life there is more development in mental, social, and physical functioning than in any other period across the lifespan. What happens from birth to age three influences how the rest of childhood and adolescence unfolds (UNICEF 2002). A healthy start in life greatly enhances the child's later functioning in school, with peers, in intimate relations, and with broader connections with society. The start of life in turn influences the likelihood of later behavioural problems, including opposition-defiance, aggression and conduct problems; shy withdrawn behaviour; attention deficit and hyperactivity; and readiness for school, including verbal, language, and social skills.
2. Pre-school educational and psychosocial interventions there are many community programmes for families with young children, such as family reading programmes in libraries, health screening clinics, organized recreation, and television programmes that teach elementary reading skills and socio emotional values. In the USA, the Perry Preschool Project demonstrated very long-term effects from a half-day preschool intervention combined with weekly home visits. Children in the intervention, who were African-American and came from impoverished backgrounds, had improved cognitive development, better achievement and school completion, and fewer conduct problems and arrests. Significant benefit was found at age 19 and age 27 on lifetime arrests (40% reduction) and repeated arrests (a 7-fold reduction) (Schweinhart & Weikart 1997).
   Speech and language skills of children born in impoverished families or families from minorities can often develop more slowly than those of other children. There is strong evidence that early interventions starting at age two that promote basic reading skills and engage children in conversations with their parents about picture books improve reading skills and facilitate the transition to school (Valdez-Menchaca & Whitehurst 1992). Questions have been raised regarding whether home-based interventions and parenting approaches are an effective use of resources. The few cost-effective evaluations undertaken in this area seem promising (Olds 1997). Moreover, interventions having a simultaneous impact on the physical and mental health of parents and their babies might prolong their impact throughout children's lives and between generations.
3. Reducing violence and improving emotional well-being in the school setting many countries are committed to universal systems of primary education. Although this is not the case in all developing countries, the number of youth attending school is increasing. In addition to their central role of fostering academic development, schools serve an important role in the health and social-emotional development of students (WHO 1997; Elias et al. 1997; Weare 2000). Despite

variation in the amount of time that children spend in school, they are the primary institution for socialization in many societies. For this reason, and because of the convenience of conducting interventions in a setting where young people spend much of their time, schools have become one of the most important settings for interventions for children and youth. To function effectively, children need social and emotional competencies. They also need the confidence to use those skills constructively and opportunities to practise their skills in order to help develop a sense of identity. This process is often called "social and emotional learning" (Elias et al. 1997).

4. Effective school-based interventions for mental health there is ample empirical evidence that providing universal programmes to groups of students can influence positive mental health outcomes. Several types of interventions in schools can be identified as achieving improved competence and self-worth, as well as decreasing emotional and behavioural problems (Kellam 1994; Domitrovich et al. 2004; Patton et al. 2003; Greenberg et al. 2001). While some interventions target the school in an integrated approach, others target only one part of the school system (e.g. children in a given grade) or a specific group of students that are identified to be at risk for emotional or behavioural problems. Generally, universal school based programmes have focused on a range of generic risk factors and mental health problems, such as academic failure, aggression, and bullying, and have demonstrated increased individual competence and resilience as well as reductions in depressive symptoms (Felner et al. 1993; Kellam et al. 1994; Greenberg & Kusche 1998).
5. Changing school ecology A positive psychosocial environment at school ("child-friendly schools") can positively affect the mental health and well-being of young people (WHO 2003c). The components of positive psychosocial environment at school include providing a friendly, rewarding, and supportive atmosphere; supporting cooperation and active learning; and forbidding physical punishment and violence.
6. Multicomponent programmes Programmes that focus simultaneously on different levels, such as changing the school ecology as well as improving individual skills, are more effective than those that intervene on solely one level. Examples of effective multicomponent programmes include the Linking the Interests of Families and Teachers (LIFT) programme, which demonstrated reductions in student aggression, particularly for those most at risk (Reid et al. 1999); and the developmentally sequenced Seattle Social Development Project (Hawkins et al. 1992), which addresses multiple risk and protective factors across the individual, the school, and the family over a six-year intervention, leading to significantly stronger attachment to school, improvement in self-reported achievement, and less school misbehaviour (Hawkins, Von Cleve & Catalano 1991).

Inclusive Programmes - Government Programmes

Over the years, although government programmes such as Operation Blackboard and Lok Jumbish focused mainly on infrastructure, girls, scheduled caste and scheduled tribe children, others had, or have, inclusive education components which ensure the visibility of children with disabilities.

1. Integrated Education for Disabled Children (IEDC) The Ministry of Welfare, now Social Justice and Empowerment, implemented the Integrated Education for Disabled Children (IEDC) scheme from 1974 to 1982, when it transferred to the Department of Education (Dasgupta, 2002). The scheme was apparently intended to encourage co-operation between mainstream and special schools in order to support integration, although Julka (2005) believes this co-operation did not happen.
2. Project on Integrated Education for Disabled (PIED)In 1987, UNICEF and the government-funded National Council of Educational Research and Training (NCERT) launched the Project on Integrated Education for Disabled (PIED) in 10 blocks (the administrative level between district and village (Thomas, 2005b)), that focused on teacher training in order to encourage integration. PIED was later amalgamated with the DPEP and SSA (see below) and by 2002 extended to 27 States (Julka, 2005). While enrolment of children with disabilities in the mainstream increased and retention was high (Julka, 2005; Jangira & Ahuja, 1994), coverage has been "miniscule" with only 2-3% of children with disabilities integrated in mainstream institutions (Julka, 2005: 9).
3. District Primary Education Programme (DPEP) The 1995 District Primary Education Programme (DPEP), funded 85% by Central government via a World Bank loan and support from the European Community, UNICEF and the UK and Netherlands governments, and 15% by the State governments, focused on the universalisation of primary education, particularly for girls. The intention was for district-specific planning to make the programme contextual, and for participatory processes to empower and build capacity at all levels (GOI, 2002).
4. Janshala This community schools programme, started in 1998 and now replaced by SSA (see below), was a collaboration between the Government of India and the UNDP, UNICEF, UNESCO, the ILO, and UNFPA, and supported the government drive towards universal primary education. It covered 120, mainly rural, blocks in 9 States where there is evidence of low female

literacy, child labour, and SC/ST children not catered for under DPEP (Mukhopadhyay, 2005).

5. Sarva Shiksha Abhiyan (SSA)It is the government's millennial Education for all umbrella programme for all education schemes, which aims to universalise elementary education. The goals are that all children aged 6-14 i) will be in some form of education by 2003, ii) will complete 5 years' primary education by 2007, and iii) will complete 8 years' education by 2010 (GOI, 2002). Disability indicators are included in the government agreement for SSA (Thomas, 2005a), although what exactly these are and whether they are taken on at local level is unclear. In fact, although one of the official SSA objectives is the enrolment of children with disabilities, the World Bank (2004) SSA project appraisal does not list disability as a key indicator, unlike gender, SC and ST.

Conclusion

Early childhood inclusion is a primary placement for special education services for a substantial number of children with disabilities. In some cases, regulated child care programs may be the only place where children and families can get the specialized supports they need to make sure that a child with a disability can grow and develop to her/his fullest potential (Underwood and Frankel, 2012). As Friendly and Lero have argued, "for young children [with disabilities] and their parents, the opportunity to participate in and benefit from appropriate supports is critical for children's development, for supporting parents and for normalizing their lives" (2002: 9).

The inclusion benefits not only the child and family who are included but is good for both the community and the larger society as a whole. But perhaps most important—inclusion in high quality is a human right. From this perspective, India needs a national, publicly-funded, publicly-managed universal system of high quality early childhood education and child care program that mandates and supports the inclusion of children with disabilities.

Bibliography

1. Ainscow, M. (1991) *Effective Schools for All*, London: David Fulton Publishers
2. Alur, M. (2002) *Introduction*, in Hegarty, S & Alur M (eds) (2002) Education and Children with Special Needs: from Segregation to Inclusion, New Delhi: Sage Publications
3. Crumpton, B. (ed) (1999) *Learning for Life in the Hills*, in Molteno, M., Ogadhoh, K., Cain, E., & Crompton, B. (eds) (1999) Towards Responsive Schools: supporting better schooling for disadvantaged children: case studies from Save the Children, London: DFID, Serial No. 38, pp 43-66
4. http://www.inclusionbc.org/conference-2015/wp-content/uploads/2015/02/Inclusive-Education handout.pdf.
5. http://www.ncert.nic.in/pdf_files/SpecialNeeds.pdf
6. http://www.ncert.nic.in/pdf_files/SpecialNeeds.pdf.
7. Mukhopadhyay, S. & Mani, M. N. G. (2002) *Education of Children with Special Needs*, in Govinda, R. (2002) (ed) India Education Report, NIEPA, New Delhi: Oxford University Press (pp. 96-108).
8. Nambissan, G. (2003) *Educational Deprivation and Primary School Provision: A Study of Providers in the City of Calcutta*, IDS Working Paper 187, Social Policy Programme, June 2003, Falmer: Institute of Development Studies
9. Oliver, M. (1996), *Understanding Disability: from theory to practice*, London: Macmillan Press Ltd
10. Raja, S., Boyce, E., & Boyce, W. (2003) *Standing on Our Own Feet*, in Hans, A. & Patri, A. (eds) (2003) *Women, Disability and Identity*, New Delhi: Sage Publications
11. Robson, C. & Evans, P. (no date) *Educating Children with Disabilities in Developing Countries: The Role of Data Sets*, accessed at: http://siteresources.worldbank.org/DISABILITY/Resources/Education/Data_Sets_Final.pdf.
12. Sandhill, A. & Singh, A. (2005) *Inclusion: Some Emerging Directions in the Indian Context*, paper presented at the Inclusive and Supportive Education Congress 2005, University of Strathclyde, Glasgow
13. Stubbs, S. (2002) *Inclusive Education: Where there are few resources*, Oslo: The Atlas Alliance
14. Subrahmanian, R. (2003) *Exploring Processes of Marginalisation and Inclusion in Education*, in Education Inclusion and Exclusion: Indian and South African Perspectives, IDS Bulletin Vol. 34 (1), 2003, Falmer: Institute of Development Studies
15. Thomas, G. (1997). Inclusive schools for an inclusive society. *British Journal of Special Education*, 24 (3), 103-107.
16. Thomas, P. (2004) *DFID and Disability: A Mapping of the Department for International Development and Disability Issues*, London: Disability Knowledge and Research, accessed at: http://www.dfid.gov.uk/pubs/files/disability/dfid-and-disability.pdf
17. UNESCO (2003) *Overcoming Exclusion through Inclusive Approaches in Education: A Challenge and a Vision, Conceptual Paper*, Paris: UNESCO
18. UNICEF (no date) *Little Book of Children's Rights and Responsibilities*, London: UNICEF.
19. Vayrynen, S. (2000). Inclusive education: A challenge, a process. Paper presented at ISEC, 2000, Including the excluded, University of Manchester, Manchester, UK, 24-28, July 2000. Accessed at http//:www.isec.org.uk/abstract/papers_v/vayrynen_1.htm.