

Certificate Course

**Capacity Building and Professional development of
Teachers and teacher Educators for Successful
Implementation of Inclusiveness**

BLOCK – I

DIVERSITY & INCLUSION



**Netaji Subhas Open University
School of Education, Kolkata
&
Commonwealth Educational Media
Centre for Asia, New Delhi**



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Preface

Equity and access to quality education is a serious challenge and to face this challenge the role of teachers, the role of University and process of learning are required to be completely overhauled. The advent of new technology in the domain of information and communication has enabled us to provide quality education to the mass overcoming the distance barrier at a minimum course fee. Accordingly, the Institutions are working together to make this happen in near future.

The present endeavour of Netaji Subhas Open University (NSOU) and Commonwealth Educational Media Centre for Asia (CEMCA) is also a part of such initiative. The competent minds of these two organizations came together to start such collaborative work taking help and inputs from experts with vast experience and exposures in their respective areas of specialisation. As a platform of new initiative, both the organizations resolved to launch this academic programme with special emphasis on Inclusive Education, as this area of academic deliberation is prioritised both at the national and international levels to make the society truly inclusive in all dimensions.

The study materials, as prepared for the above Course, are segmented in blocks and units, each representing a coherent concept. It provides opportunity to break away from the 'one size fits all' system of education. Thus, the course has been made more customized, flexible and acceptable to the learners.

I sincerely believe that the Course which have been designed so meticulously will be appreciated by the learners. Hope the learners will imbibe the discourses in this innovative platform so that critical thinking and reflective ideas can be encouraged and addressed.

I take this opportunity to proffer my sincere thanks to the authorities of CEMCA for their generous financial assistance in this endeavour.

With best wishes,

Dt. June 15, 2017

Subha Sankar Sarkar

Vice-Chancellor

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We must concede the contribution of all content writers, editors and background minds at the SoE. NSOU for their respective efforts, expertise and untiring work in compiling the SLMs abreast with the contemporary issues and challenges in implementation of inclusiveness.



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BLOCK – I
DIVERSITY & INCLUSION

UNIT – 1 DIVERSITY IN LEARNERS

UNIT – 2 LEARNERS WITH DISABILITIES

UNIT – 3 BARRIERS IN LEARNERS

UNIT – 4 INCLUSIVE PRACTICES IN EDUCATION

BLOCK - I

DIVERSITY & INCLUSION

Broad Objectives:

After the Completion of this module, you will be able to -

- comprehend diversity in the wider perspective;
- understand, Discuss and Appreciate diversity in Learners;
- know about Learners with different types of disabilities;
- identify typical characteristics of Learners with different types of disabilities with their causes and consequences;
- find out different kinds of barriers in Learning of disable persons;
- suggest for changes in policy, planning and strategies for diverse learners;
- better understand what makes an inclusive school and inclusive education.

BLOCK-1:

DIVERSITY AND INCLUSION

INTRODUCTION

Learners,

Through this Block-I of the course, you are introduced to the diversity and inclusion as a canvas in the context of Inclusive Education. The block comprises of four Units.

- The first unit will introduce you to the concept of diversity in various forms and appreciate diversity in Learners.
- The second unit elaborates Learners with different types of disabilities, their typical characteristics of learners with different types of disabilities, with their causes and consequences.
- The third unit discusses the different kinds of barriers in learning of children with special needs(CWSN)
- The unit four of the block focuses on the inclusive approaches and practices in educational set up.

UNIT - 1 : DIVERSITY IN LEARNERS

Structure

- 1.0 Introduction
- 1.1 Objectives
- 1.2 Understanding Diversity
 - 1.2.1 Meaning of Diversity
 - 1.2.2 Diversity as the Norm
- 1.3 Types of Diversity in Learners
 - 1.3.1 Linguistic Diversity
 - 1.3.2 Cultural Diversity
 - 1.3.3 Diversity Based on Socio-religious Background
 - 1.3.4 Diversity based on Gender
 - 1.3.5 Diversity due to Difficult Family Background
 - 1.3.6 Diversity based on Ability /Disability
- 1.4 Social Attitude towards Diverse Learners
- 1.5 Protecting Rights of Diverse Learners
- 1.6 Addressing Diversity in Learning and Social Communities
- 1.7 Let Us Sum Up
- 1.8 Answers to Self-Assessment Questions (SAQ)
- 1.9 References
- 1.10 Unit End Exercises

1.0 Introduction

We are a society increasingly characterized by diverse languages, ethnicities, religions, classes, and cultures stemming from past and present immigration and economic and political influences. How do we come to terms with our differences and similarities as we foster and enable social, economic, and political support within and among diverse families and communities? Understanding diversity and the various aspects of diversity helps one to address the wide variety of differences between languages, ethnicities, religions, classes, and cultures, and develop a conception of inclusion.

This is the first Unit of the Block 1 titled: “Diversity and Inclusion.” In this Unit, we shall discuss the meaning and concept of diversity, types of diversity, social attitude towards diverse learners, issues related to protection of rights of diverse learners, and diversity in learning and social communities.

1.1 Objectives

Upon Completion of the unit, you will be able to -

- ❖ discuss the concept of diversity;
- ❖ describe various types of diversity in learners;
- ❖ explain social attitude towards diverse learners;
- ❖ discuss the issues related to protection of rights of diverse learners; and
- ❖ explain how diversity is addressed in learning and social communities.

1.2 Understanding Diversity

Diversity means "variety" and "being different". It is a product of different geography, culture and history. It is respecting and understanding the varying differences among individuals in society. The concept of diversity encompasses acceptance and respect. It means understanding that each individual is unique, and recognizing our individual differences. These can be along the dimensions of race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political

beliefs, or other ideologies. It is the exploration of these differences in a safe, positive, and nurturing environment. It is about understanding each other and moving beyond simple tolerance to embracing and celebrating the rich dimensions of diversity contained within each individual.

Diversity is a set of conscious practices that involve:

- ❖ understanding and appreciating interdependence of humanity, cultures, and the natural environment;
- ❖ practicing mutual respect for qualities and experiences that are different from our own;
- ❖ understanding that diversity includes not only ways of being but also ways of knowing;
- ❖ recognizing that personal, cultural and institutionalized discrimination creates and sustains privileges for some while creating and sustaining disadvantages for others;
- ❖ building alliances across differences so that we can work together to eradicate all forms of discrimination;

Finally, we acknowledge that categories of difference are not always fixed but also can be fluid, we respect individual rights to self-identification, and we recognize that no one culture is intrinsically superior to another (Reference: name and the year need to be added (Hoopes&Pusch, 1981:4)

1.2.1 Meaning of Diversity

Let us discuss the meaning of diversity in this sub-section.

The definition of "diversity" is unclear, as reflected in the multiplicity of meanings in the literature. Definitions of diversity extend to include all types of individual differences, such as

- ❖ ethnicity
- ❖ race
- ❖ gender

- ❖ age
- ❖ religion
- ❖ disability status
- ❖ geographic location
- ❖ personality
- ❖ sexual preferences and
- ❖ a myriad of other personal, demographic, and organizational characteristics.
- ❖ Diversity can thus be an all-inclusive term that incorporates people from many different classifications. Generally, "diversity" refers to policies and practices that seek to include people who are considered, in some way different from traditional members. Definitions of diversity are seldom enlightening: "Diversity refers to any mixture of items characterized by differences and similarities" (Thomas, 1996).

1.2.2 Diversity as the Norm

This sub-section will help you to understand diversity as a norm.

The Universal Declaration on Cultural Diversity, adopted by the General Conference of the United Nations Educational, Scientific and Cultural Organization at its thirty-first session on 2 November 2001, recalled that the Preamble to the Constitution of UNESCO affirms "that the wide diffusion of culture, and the education of humanity for justice and liberty and peace are indispensable to the dignity of man and constitute a sacred duty which all the nations must fulfil in a spirit of mutual assistance and concern". It also reaffirmed that culture should be regarded as the set of distinctive spiritual, material, intellectual and emotional features of society or a social group, and that it encompasses, in addition to art and literature, lifestyles, ways of living together, value systems, traditions and beliefs. The Declaration confirmed that respect for the diversity of cultures, tolerance, dialogue and cooperation, in a climate of mutual trust and understanding are among the best guarantees of international peace and security. It identified that the root of progress and development lies in aspiring to greater solidarity

on the basis of recognition of cultural diversity, of awareness of the unity of humankind, and of the development of intercultural exchanges. This sets the tone for accepting diversity as a norm in the international context.

The General Conference of the United Nations Educational, Scientific and Cultural Organization, meeting in Paris from 3 to 21 October 2005 at its 33rd session, affirmed the following and the following assertions reflected the imperative need of perceiving diversity as a norm of human society, closely associated with human rights:

- ❖ Affirming that cultural diversity is a defining characteristic of humanity, Conscious that cultural diversity forms a common heritage of humanity and should be cherished and preserved for the benefit of all,
- ❖ Being aware that cultural diversity creates a rich and varied world, which increases the range of choices and nurtures human capacities and values, and therefore is a mainspring for sustainable development for communities, peoples and nations,
- ❖ Recalling that cultural diversity, flourishing within a framework of democracy, tolerance, social justice and mutual respect between peoples and cultures, is indispensable for peace and security at the local, national and international levels,
- ❖ Celebrating the importance of cultural diversity for the full realization of human rights and fundamental freedoms proclaimed in the Universal Declaration of Human Rights and other universally recognized instruments,
- ❖ Emphasizing the need to incorporate culture as a strategic element in national and international development policies, as well as in international development cooperation, taking into account also the United Nations Millennium Declaration (2000) with its special emphasis on poverty eradication,
- ❖ Taking into account that culture takes diverse forms across time and space and that this diversity is embodied in the uniqueness and plurality of the identities and cultural expressions of the peoples and societies making up humanity,
- ❖ Recognizing the importance of traditional knowledge as a source of intangible and material wealth, and in particular the knowledge systems of indigenous peoples, and

its positive contribution to sustainable development, as well as the need for its adequate protection and promotion,

- ❖ Recognizing the need to take measures to protect the diversity of cultural expressions, including their contents, especially in situations where cultural expressions may be threatened by the possibility of extinction or serious impairment,
- ❖ Emphasizing the importance of culture for social cohesion in general, and in particular its potential for the enhancement of the status and role of women in society
- ❖ Being aware that cultural diversity is strengthened by the free flow of ideas, and that it is nurtured by constant exchanges and interaction between cultures (<http://unesdoc.unesco.org/images/0014/001428/142825E.pdf>)

1.3 Types of Diversity in Learners

You have learnt in sub-section 1.2.1 that diversity includes all types of individual differences, such as ethnicity, race, gender, age, religion, disability status, geographic location, personality, sexual preferences or orientation, in tandem with personal, demographic, and organizational characteristics as well. In the following paragraphs, we will discuss some important types of diversity. You may classify your learners on the basis of these categories.

1.3.1 Linguistic Diversity

Because of its central role in human culture and cognition, language has long been important in discussions about human evolution. Languages are learned and culturally transmitted over generations, and vary considerably between human cultures. But any normal child from any part of the world can, if exposed early enough, easily learn any language. This had been suggested by the concept of a universal genetic basis for language acquisition. In contrast, chimpanzees, our nearest living relatives, are unable to acquire language in anything like its human form. This indicates some key components of the genetic basis for this human ability evolved in the last 5-6 Million years of human evolution. Darwin recognized a dual basis for language in biology and culture: language

is not an instinct. Every language has to be learnt. Language differs, however, widely from all ordinary arts, for man has an instinctive tendency to speak, as we see in the babble of our young children; while no child has an instinctive tendency to brew, bake or write (W. Tecumseh Fitch, 2011). Studies on human language universals is full of competing models and long-running arguments, spanning many disciplines including linguistics, evolutionary biology, anthropology, psychology and history. Within the broadly defined and still incomplete set of commonalities and regularities the diversity of existing human languages is quite astounding. The range of diversity in the more than 6000 existing human languages is huge (W. Tecumseh Fitch, 2011). Diversity itself is an important aspect of the biology of language, clearly tied to the learned, culturally transmitted aspects of human language.

1.3.2 Cultural Diversity

Cultures are the outcome of the way in which kin-based human communities reproduce themselves over generations, and in doing so diversify. The rate of diversification is strongly influenced by ecological and geographical factors. Humans have a unique cognitive capacity to generate socially transmissible behaviours which structure the outcome of this diversification. The transmissible behaviours are diverse in nature. The result is the formation of boundaries between human communities. Cultures are the consequence of these group boundaries. The diversity of cultures derives from the intersection of species-specific cognitive capacities with demographic and ecological conditions over the past 100 000 years. In particular, it is the way in which that human capacity for culture generates diverse behaviours with low within-group variation and high between-group variation (Foley & Lahr, 2011).

Boyd & Richardson (2005) propose that the capacity for culture is a species-specific trait, in which the human brain produces mental states which process, transmit and receive information capable of affecting individuals' behaviour that they acquire from other members of their species through teaching, imitation, and other forms of social transmission. One of the primary outcomes of the capacity for culture is particular sets of

behaviour, mostly homogeneous within populations, and different between varying populations. Culture, therefore, produces subsets of diverse 'cultures'. Individuals in close social proximity adopt behaviours which are similar to each other and different from others who are not in that immediate social circle.

Self-Assessment Question 1

Answer the following questions. Check your answer with the one given at the end of the unit (Time 3 minutes).

Fill in the blanks:

- (i) Definitions of diversity extend to include all types of individual differences such as,,, and
- (ii) Languages are learned andtransmitted over generations.
- (iii) Individuals in close social proximity adopt behaviours which are similar to each other and different from others who are not in that immediatecircle.

1.3.3 Diversity based on Socio-religious Background

Religion has been identified as a major factor in many cases of identity formation. As its etymology indicates, religion can bind people together. At the same time, history is full of examples in which religious identity acted as a major factor that divided societies. Religions tend to explain their difference and even separation from each other, while it seems that in reality socio- cultural aspects such as belonging to a nation, a region, an ethnic group, and race, are very important.

1.3.4 Diversity based on Gender

Gender is not equivalent to sex of an individual. If sex refers to the biological constitution then gender is essentially a socio-cultural construct. Certain attributes are imposed upon certain sexes to create gender identities and this results in creation inequities and exclusion. There is also a tendency to impose restricted number of gender

identities and totally overlook and even suppress other gender diversities that are distinct from traditional societal perceptions and preferences. To challenge social inequalities, we need to see how people's identities are interlocked within systems of dominance that include some and exclude others. All of us have multiple identities; some of them give us privileges, and others make us vulnerable, depending on the political, economic, and socio-cultural context.

Concepts of gender, identity, power, exclusion, and belonging are interconnected. It is not always easy to talk about identities. Talking about who you are may be very self-affirming, and may create feelings of (self) respect, and of pride. But it may also provoke feelings of anger, pain, loss, guilt, and frustration. The negative feelings are always connected with feelings of 'being excluded', 'being fragmented', or 'not being allowed to be yourself'. Thus gender diversity also implies deep seated anxieties associated with genders not sanctioned by traditional social norms.

1.3.5 Diversity due to Difficult Family Background

The very concept of the family has been undergoing redefinition as tumultuous social and economic changes of recent decades have altered the landscape of family life (Coontz, 1997). Societies worldwide are experiencing rapid transformation and uncertainties about the future. Amid the turmoil, couples and families have been forging new and varied arrangements as they strive to build caring and committed relationships. These efforts are made more difficult by questions about their normality. Therefore, our current conceptualizations of normal family processes-both typical and optimal-must take into account the changing views of changing families in a changing world.

Some of the most commonly acknowledged categories of diverse family backgrounds that leads to inequities and diversity in the learner community are as follows:

- ❖ Socioeconomic status
- ❖ Divorced or separated families
- ❖ Single parent families

- ❖ Families with marginalized race and class
- ❖ Diverse cultural dimensions in family functioning
- ❖ Immigrant families
- ❖ Diverse spiritual dimensions of families
- ❖ Serious illness and disability in family

1.3.6 Diversity based on Ability /Disability

Across cultures, social classifications of disability have driven the marginalization, disempowerment, and exclusion of persons with disabilities. The classification of disability is very complex due to the differences in the manifestations of the disability, the course it takes, the patient's personal experience with the disability, the reactions of others, the way the disability has been studied by doctors, and many other factors. A person with a disability may also differ with the medical profession or others about how his or her disability is classified. The classification of one disability "does not stand alone," as it is also inscribed into the greater discourse of the classification of all disabilities (Bowker & Star, 1999, p. 173). Disabilities ultimately create many commonalities both in the experiences of the individuals with the conditions and in how they are treated and classified by others (Ziporyn, 1992). Although individuals develop personalized constructions of reality, their perceptions are heavily influenced by historical and cultural factors (Ferrante, 1988). The social construction of a group, particularly a marginalized group, will shape the way members of that group are viewed and treated by others (Huber & Gillaspay, 1998). For persons with disabilities, these social constructions have greatly influenced the social and legal classifications of disability throughout history. Regardless of the time period or the society, disability has tended to function as a "master status," a classification that has more social import than anything else in defining an individual (Albrecht & Verbugge, 2000, p. 301). The classification of disability "floods all statuses and identities" of a person, so that "a woman who uses a wheelchair because of multiple sclerosis becomes a disabled mother, handicapped driver, disabled worker, and wheelchair dancer" (Charmaz, 2000, p. 284). The fact that

disability is a master status offers some explanation as to why persons with disabilities remain outsiders to other social minority groups. A woman with a disability is mainly perceived by others in terms of her disability, not her gender. The master status role of disability also creates resistance to any facets of a person's life that confound the classification of "disabled." For many people who do not have a disability, the social classification of disability is so powerful that a person with a disability is not expected to engage in any activities that evidence personal empowerment or self-sufficiency. Although many people who use wheelchairs do not use them all the time, there is a social expectation that a person in a wheelchair is always in a wheelchair. The person has been socially classified as having a disability, and anything that interrupts that classification, such as the person using crutches, disturbs others' classifications of the person as being just a person with a disability. A social classification of disability is truly a classification of disempowerment. Thus disability accounts for large scale exclusion, diversity and inequity in human society.

The social perspective of disability asserts that "disability is the outcome of social arrangements which work to restrict the activities of people with impairments by placing social barriers in their way" (Thomas, 1999, p. 14). A disability, according to the social perspective, is the result of how a physical or mental characteristic affects functioning in an environment and the expectations for functioning (Silvers, 1998). In sharp contrast to the medical perspective, the social perspective views disability more as a result of external factors imposed upon a person than the biological functions of a person. The social perspective "makes it possible to see disability as the effect of an environment hostile to some bodies and not others, requiring advances in social justice rather than in medicine" (Siebers, 2001, p. 738). Beliefs and functions that marginalize and disempower persons with disabilities can then be seen as impediments to living to the fullest of their abilities. The social perspective focuses on "citizenship rights and the way in which social organizations oppress disabled people" (Marks, 1999, p.77). This

perspective works to make clear social prejudices in order to promote acceptance of the range of disabilities to create a more inclusive view of humankind.

The social perspective holds that the goal should be to reduce the disadvantages created by an impairment in order to ensure equality for all persons (Silvers, 1998). Although possible deficiencies in the social perspective of disability have been noted (Corker & French, 1999; Thomas, 1999), it seems to remain the most prominent, or at least most commonly discussed, perspective on the social classification of disability among persons with disabilities. Some scholars have focused on specific issues within the social perspective as extremely important. One approach emphasizes the role of labels in the social construction of disability, seeing disability as a "negative social label that is applied by some people to others with the effect of enforcing social marginalisation" (Riddell, 1996, p. 86). This perspective views disability as a direct creation of the social exclusion through the external imposition of labels through means of laws, policies, and social standards. The materialist perspective asserts that the oppression of people with disabilities is rooted in economic terms, neither within the individual nor within the attitudes of others (Barnes, 1990; Finkelstein, 1980; Oliver, 1990).

All of these factors contribute to attitudes that serve to marginalize persons with disabilities for economic reasons. This perspective views the main problem as being the perception of individuals with disabilities as having lower economic worth than other members of society.

1.4 Social Attitude towards Diverse Learners

In this section, we will discuss another important aspect i.e. social attitude towards diverse learners. You may know that despite much progress during the past few decades, racism and prejudice are still ugly realities in all sectors of life in the world, including education. Today, racism may be less overt and virulent than in the past, but its effects can still greatly harm minority students. Prejudice against the poor, of whatever race or ethnicity, is another force that works against the academic achievement of disadvantaged

students. For example, some teachers of poor students don't let them take study materials home, out of fear that the materials will never be returned. Yet these same students may tend to be proud to have the responsibility for taking study materials home and are generally exceedingly careful to return them. Again, you may have also seen how teachers are often speculative about the educational competencies or abilities of a disabled student whereas the student may practically possess the ability to fare better than or equal to many other regular students. As a teacher you must avoid discriminating against students because of their racial, ethnic, or socioeconomic backgrounds. Such discrimination can be as blatant as imposing harsher discipline on minority students or as subtle as lowering expectations for poor children because they have "difficult" home lives.

Rejecting a person's culture can be damaging too - "to reject or demean a person's cultural heritage is to do psychological and moral violence to the dignity and worth of that individual" (Pai, 1984, p. 7). When culturally different students enter an educational system which reflects the dominant, but alien, culture, they find that to be successful, they must take on the norms and beliefs of this dominant culture. And to do that, they must reject their culture of origin and identify it as being inferior, negative, and/or deficient in some way or the other. This may be even more detrimental for students identified as being in need of developmental education because they may already view themselves as deficient in the academic skills needed. The dissonance and negativity created by this situation can be such that these students leave the educational setting altogether. There are compelling reasons for education to support cultural diversity, - "the need to respect cultural differences is rooted in part in the belief that all human beings have intrinsic worth and that they should be treated as ends themselves" (Pai, 1984, p. 7). Respect for cultural diversity rests on the belief that cultural differences should not be viewed as deficits. If, as according to Pai, cultures can be seen, as "different ways of dealing with essentially similar problems and needs" (p. 7), then our range of solutions to these problems has been widened and enriched when we

acknowledge and encourage different cultural perspectives. Studies talk of managing diversity but a more positive stance would be to value and support diversity.

Part of the reason teachers have difficulty incorporating student diversity as a building block in teaching and learning can be found in the prevalence of prejudice and beliefs held by teachers and teacher educators about teaching practice and student diversity as well as the views of teacher education programs about how teachers learn to teach. Teachers', and teacher educators', beliefs about best teaching practices have been dominated by the "transmission model" in teaching and the "absorptionist model" in learning (Prawat, 1992). Under the "transmission" and the "absorptionist" models, students are passive recipients of information teachers possess and carefully "deposit" in them. Similarly, teachers' assumptions that children have fixed approaches to learning and acting and that these approaches can be traced to differences in neurological, maturational, or cultural levels have and continue to distract teachers from thinking of students as sense-making individuals with regard to learning in different subject matter areas. Perceived differences in students are used by teachers more for classification purposes (such as grouping by ability)-under the assumption that this grouping assures effectiveness in the delivery of instruction-than for understanding how students are making sense of instruction (Prawat, 1992). Moreover, the way in which teachers have come to understand individual differences and their effects on classroom learning has important repercussions in students' levels of school success and failure. The work of attribution theorists is relevant here. From the work of Harold Kelly (1973), we know that teachers tend to attribute success to internal or personal characteristics of students (such as levels of ability or enthusiasm) and that this is more likely to occur when the particular measures of success are intellectual tasks. Conversely, we know that failure is most often attributed to external factors affecting the student, such as the environment (the home, the community, or, in some cases, poor teaching), and that this is more likely to occur when the measure of failure is related to interpersonal tasks (such as discipline or getting along with peers). This pattern of attribution seems to be especially true for

students who perform differently than their peers (i.e., a particular student fails a test). In this type of situation, teachers tend to attribute a student's distinctive behaviour to personal reasons, whereas when students behave in similar ways, the cause is usually attributed to environmental reasons like poor home environments or poor teaching (Lalljee, 1988). A number of instructional strategies often preferred for low-achieving minority children (such as the direct instruction model) encourage "[teachers'] behaviours believed to communicate low ability attributions" (Graham, 1990, p. 34). Thus, not only have teachers failed to gain a deeper understanding of student diversity and incorporate this diversity in teaching and learning, but they have used these differences as justifications for students' success and failure and as guidance for instructional teaching practices that disadvantage the very students they expect to protect.

Self-Assessment Question2

Answer the following question in about 60 words. (Time 3 minutes).

(i) What types of diversity are found in learners?

1.5 Protecting Rights of Diverse Learners

It is common knowledge that India 'warehouses' the largest number of disabled people, mental and physical, old and young, male and female. Hence, it may not surprise us when we often hear the plea of lack of sufficient economic resources to accommodate the needs of the less fortunate persons who may be derisively looked down upon only as parasites of our precious GNP with no economic benefit in return. The earlier this wrong misconception is eradicated, better would be the understanding of the real worth of these unwanted, neglected and ignored persons who are often forced to die "unhonoured, unwept and unsung". Thus it deserves mention that the "disabled" persons are those who for lack of circumstances - personal, social, economic - are unable to unfold their full potential; and with the proper encouragement and identification of their distinct peculiar

capabilities, and a conducive atmosphere for their growth and development, they may well become functionally capable of harnessing their hidden creative talents as any of the other so-called able persons. From the malformed infant to the tottering adult, every disabled person must be habilitated to play his individual and distinct role as a duty-conscious and rights-aware citizen of India.

The preamble of the Indian Constitution emphasises the dignity of the human person, his equal status and opportunity without any discrimination. Further, in article 41 special reference is made to the rights of disabled persons for special assistance from the government. Besides, article 51 of the Constitution gives recognition and respect for international instruments ensuring peace and security, which includes the peace and security of the one crore and twenty lakhs of disabled persons too. By virtue of being a co-signatory to the U.N. Declaration on the Rights of Disabled Persons, our government also has to abide by article 2 and 10 which read as follows :

Disabled persons shall enjoy all the rights set forth in this Declaration. These rights shall be granted to all disabled persons without any exception whatsoever and without distinction or discrimination on the basis of race, colour, sex, language, religion, political, or other opinion, national or social origin, status of wealth, birth or any other situation applying either to the disabled person himself or herself or to his or her family. Disabled persons shall be protected against all exploitation, all regulations and all treatment of a discriminatory, abusive or degrading nature.

Again, article 7 adopted by the General Assembly of the U.N. for the International Programme for 1980-81 enjoins :

Action to improve the conditions for disabled persons should form an integral part of general policy and planning in every section of the society. It should be part of national reform programmes and of regular programmes for international co-operation. Further, the Delhi Declaration, Signed by Bangladesh, Brazil, China, Egypt, India, Indonesia, Mexico, Nigeria and Pakistan on 16th December, 1993, at the 'Education for All' Summit, to which India is also a signatory, stressed the following :

"The aspirations and development goals of our countries can be fulfilled only by assuring education to all our people, a right promised both in the Universal Declaration of Human Rights and in the Constitutions and laws of each of our countries; education is the pre-eminent means for promoting human resources, and respect for cultural diversity; education is, and must be, a societal responsibility encompassing governments, families, communities and non-governmental organisations alike; it requires the commitment and participation of all, in a grand alliance that transcends diverse opinions and political positions; conscious of the vital role that education must play in the development of our societies, we hereby pledge that, by the year 2000 or at the earliest possible moment, we will ensure a place for every child in a school or appropriate education programmes according to his or her capabilities, in order that no child be deprived of education for lack of a teacher, learning material or adequate space; we pledge this fulfilment of our commitment under the Convention of the Rights of the Child, which we have ratified.... We will, in all our action, accord to human development, the highest priority at national and other levels, ensuring that a growing share of national and community resources is dedicated to basic education and improving the management of existing resources for education." Further article 21 guarantees the Right to Life. It has been liberally interpreted in *Maneka Gandhi vs. Union of India*, A.I.R. 1978 S.C. 597; *Sunil Batra vs. Delhi Administration (I)*, A.I.R. 1978 S.C. 1675, and *Olga Teltis vs. Bombay Corporation*, A.I.R. 1986 S.C. 180 (para 32) so as to include a gamut of rights essential for a decent dignified human existence, which forms the bedrock of the jurisprudence of rights of the disabled.

The Council for Exceptional Children Policy on Inclusive Schools and Community Settings (1993) states that the concept of inclusion is a meaningful goal to be pursued in schools and communities, and it endorses a continuum of services. The existence of options is particularly vital to the education of children with disabilities, and full inclusion is not appropriate for every student. The policy emphasizes that all children, youth, and young adults with disabilities are entitled to a free and appropriate education

and/or services; have available for them a continuum of services; and should be served whenever possible in general education classrooms in inclusive neighbourhood schools and community settings strengthened and supported by an infusion of specially trained personnel and other appropriate supportive practices according to individual needs. (<https://www.family-advocacy.com/assets/Uploads/Downloadables/10317-CEC-policy-on-inclusive-schools-and-community-settings.pdf>)

Placement decisions are determined as an integral part of the individualized education program (IEP) process. Rules and regulations related to individualized education programs directly affect placements in physical education. Because physical education is a defined part of special education--a primary service--a child's physical and motor performances must be assessed and evaluated as bases for both program and placement decisions. If a child, regardless of type and severity of disability, has the same basic physical and motor needs as nondisabled classmates, he or she belongs in a regular physical education class, which should be noted on the IEP. In many cases, a student requires some type of accommodation (i.e., adaptive device, a partner, different organizational pattern for activities) to be able to participate in the regular physical education class. Recommendations concerning specific accommodations should be delineated in the IEP. Students with special physical and motor needs (goals and objectives of the regular class are not appropriate) require an IEP for physical education, including placement information (no more, no less than basic IEP requirements for special education itself). All individuals with IEPs for physical education do not have to be placed in special and segregated settings; often, some special needs can be met within the regular physical education class. Regardless, these IEP regulations speak to and require a continuum of alternative placements (LRE) for physical education.

It has been argued by scholars that the lawmakers increasingly believed that special education can make a significant difference in enabling the disabled children to achieve their full potential. Special education, thus was now promoted for national interest. Some

of the key features of the Education for All Handicapped Children Act 1975 are as follows

- i. Students with disabilities had the right to a free appropriate public education.
- ii. Schools must have individualized educational programmes for each student with disability.
- iii. Parents have the right to inspect school records of their children and when changes are met in a students' educational placement or programme, the parents must be informed.
- iv. Parents of special needs children have the right to challenge what is in the records or any change in placement.
- v. Students with disabilities have the right to be educated in the least restrictive educational environment.
- vi. Students with disabilities must be assessed in ways that are considered fair and non-discriminatory.
- vii. Students with special needs must have specific protections.

The 1986 Amendments to the Education for All Handicapped Children Act, 1975 made the following provisions -

- i. All the rights of the Education for All Handicapped Children Act 1975 were extended to all preschoolers with disabilities.
- ii. Each school district must conduct a multidisciplinary assessment and develop for each pre-school child with a disability, an individualized family service plan (IFSP).

The IFSP must include -

A statement of the child's present level of cognitive, social, speech and language, and self-help development.

A statement of the family's strengths and needs related to enhancing the child's development.

A statement of the major outcomes expected for the child and the family. A statement of criteria, procedures and timeline for measuring progress.

A statement of the specific early intervention services necessary to meet the unique needs of the child and family including methods, frequency and intensity of service.

Projected dates for initiation and expected duration of services. The name of the person who will manage the case.

Procedures for transition from early intervention to a preschool programme Individualized Education Programme (IEP), a central concept of the Education for All Handicapped Children Act 1975, found a place of great importance in the history of special and inclusive education. Such programmes were described to be designed on the basis of the following -

- i. The students' present level of functioning
- ii. Annual goals and the short term objectives of the programme
- iii. The services to be provided and the extent of regular programming
- iv. The starting date and the expected duration of the service
- v. Evaluation procedure and the criteria for monitoring progress

The law also made provisions for Protection in Evaluation Procedures (PEP) with the following regulations -

- i. A full and individual evaluation of a student's needs must be made before a student is placed in a special education programme
- ii. Testing should be unbiased and free from racial or cultural bias
- iii. Tests must be administered in the child's native language or other suitable means of communication
- iv. Students must be assessed in all areas related to their suspected disability including general health, vision, hearing, behavior, general intelligence, motor abilities, language proficiency etc.
- v. Tests must be administered by trained professionals

- vi. Tests must be valid for the specific purposes for which they are administered.
- vii. Results of tests administered to pupils who have impaired sensory, manual or speaking skills must reflect aptitude or achievement, and not the impairment
- viii. Evaluations for special education placement must be made by multidisciplinary teams including at least one specialist with knowledge or expertise in the area of suspected disability
- ix. More than one test must determine the suitable placement and special education placement must never be done on the basis of a single test (Regulations for the Education of Students with Exceptionalities, University of West Virginia, 2014)

Individuals with Disabilities Education Act (IDEA) (American legislation)

Perhaps the most significant step in the history of special education was the enactment of the Individuals with Disabilities Education Act (IDEA) in 1990. It was a reauthorization of the Education for All Handicapped Children Act, with the Congress replacing the term "handicapped children" with the new term "children with disabilities". Two new disability categories of autism and traumatic brain injury are identified and a more comprehensive definition of transition services is added. Transition service is now clearly defined as the service to ensure hassle free and facile transition from school to post-school activities. The Act also had provisions for making Assistive Technology more accessible to all. Purchase or lease of such technological devices, access to associated services, relevant training in use of such technology and services were rendered more accessible to persons with special needs and service providers. IDEA further mandated that decisions about the specific technological needs of a special needs student would be made by an expert team that develops the IEP or the Individualized Education Programme.

History of Special Education Policy and Inclusion in India:

The Government of India on paper supported various version of inclusive special education in policy before independence. During this time period, the majority of children with disabilities were not in school. In the Pre-Independence era, the limited

services for people with disabilities arose largely out of the private sector or from nongovernmental organizations, which were often religious. The first special school for people with disabilities in India was a school for the blind, which was opened in 1869 by Jane Leupot, with support of the Church Missionary Society. In 1883, a school for the deaf was opened in Bombay. 1887 marked the year Christian missionaries opened a school for the blind in Amritsar. During the 1800s, all of the special schools for people with disabilities accommodated people with physical disabilities; it was not until 1918 that the first school for people with intellectual disabilities was established.

All of these schools exemplify the segregated type of special education services offered during the 1800s and 1900s. Most were for children who were blind or visually impaired, and the majority was funded by non-governmental organizations or private funders.

Gandhiji, attempted to reverse British influence over Indian education by introducing what he named "basic education." Gandhi's idea of education catered to marginalized populations because it focused on handicrafts, which favoured the lower castes and people with disabilities, many of whom were used to working with their hands and hadn't previously done much academic work. The year 1909 marks the first attempted legislation regarding inclusion and education in India. Gopal Krishna Gokhale, professor of English literature, mathematics, and political economy, served, for example, on the Poona Municipal Council, the Bombay Legislative Council, and finally, the Imperial Legislative Council, " a bill under the Indian council act of 1909 to make primary education compulsory." This bill, if it passed, would have provided funding for compulsory education for all. However, it was voted down. The Sargent Report by the Central Advisory Board of Education in 1944 suggested children with disabilities should be entirely mainstreamed. Rather than debating the validity of inclusion, the Sargent Report stated that it was the only way to provide an education. Throughout the 1940s, the government of India began setting up segregated workshops and trade schools separate from those for students without disabilities to teach specific skills to children with disabilities to enter the workforce. There was also a large increase in the amount of

money given to voluntary organizations to establish special schools. Most of these segregated schools were expensive and located in urban areas, further marginalizing people with disabilities in rural areas. Part IX, Article 45 of the Constitution states, the state shall endeavour to provide, within a period of ten years from the commencement of this constitution, for free and compulsory education for all children until they complete the age of fourteen years. The significance of Article 45 was reaffirmed in 1993 with the Supreme Court's Unnikrishnan judgment, also known as the case "Unnikrishnan vs. the state of Andhra Pradesh. "[\(http://www.escri-net.org/caselaw/caselaw_show.htm?doc_id=404182&\)](http://www.escri-net.org/caselaw/caselaw_show.htm?doc_id=404182&). In this case, the court ruled that Article 45 must be read in conjunction with Article 21 of the constitution, which states that "No person shall be deprived of his life or personal liberty except according to procedure established by law." A clause was added to India's constitution to this affect; however, it was not added until December 2002. The 86th amendment to the constitution, section 21A reads, "The State shall provide free and compulsory education to all children of the age of six to fourteen years in such manner as the State may, by law, determine." The Ministry of Social Welfare was given the responsibility for the "weak and vulnerable" sections of society. They largely focused on rehabilitation, and not as much on education. Instead of supporting the current education system, the Ministry of Social Welfare began giving out grants to non-profits that provided education for children with disabilities, inadvertently preventing inclusion of these children within the public or mainstream sector. The split of these two ministries has never been reversed, and is still this way at present. The Government of India created the Kothari Commission in 1964, named after its chairman, P.S. Kothari. The plan of action created by the Kothari Commission reads, "We now turn to the education of handicapped children. Their education has to be organized not merely on humanitarian grounds of utility. Proper education generally enables a handicapped child to overcome largely his or her handicap and make him into a useful citizen. Social justice also demands it...on an overall view of the problem, however, we feel that experimentation with integrated programmes is urgently required and every attempt should be made to bring in as many children in integrated programs." The Integrated

Child Development Scheme (ICDS) of 1974 created by the Ministry of Human Resource Development reaches out to "vulnerable populations" of the population to provide services such as pre-5-year-old schooling and early intervention, including health care, nutrition and pre-school facilities (icds-wcd.nic.in/icds/icds.aspx). The Ministry of Welfare created the Integrated Education of Disabled Children Scheme (IEDC) that provided children with disabilities "financial support for books, school uniforms, transportation, special equipment and aids," with the intention of using these aids to include children in mainstream classrooms. However, the government of India realized that providing structural changes to the classroom, such as adapted equipment, would not be enough to integrate children with disabilities into the classroom. Although it was encouraged and partly funded by UNICEF, fifty percent of the funding was supposed to go through the state governments. The responsibility was transferred to the Department of Education in 1992. The National Policy on Education (NPE) was created in 1986. Continuing in the spirit of the 1974 IEDC, the NPE states that children with "mild" disabilities should be included in mainstream classrooms, whereas children with "moderate to severe" disabilities should be placed in segregated schools. Many were upset that this policy contradicted Article 45 of the constitution, which lists equality in education as a fundamental right for all, and not just those with "mild" disabilities. The policy also included a provision regarding teacher training for all mainstream education teachers, by "including a compulsory special education component in pre-service training of general teachers." (Singal, 2009). The 1992 Program of Action (POA), created to implement the 1986 NPE, broadened the 1986 definition of who should be included in mainstream schooling, that "a child with a disability who can be educated in the general school should not be in the special school." The year 1992 was also the year of the Rehabilitation Council of India (RCI) Act. The RCI Act provided standards for rehabilitation professionals; one type of rehabilitation professional being special education teachers. This act is important because it establishes consequences for teaching without a license. Teachers without a license could face imprisonment for up to one year, be fined R1000, or both. Possibly one of the most important pieces of legislation to date

in India regarding people with disabilities is the 1995 People with Disabilities Act (PDA). The PDA states that children with disabilities have the right to access education in a "free and appropriate environment" until they are 18 years of age, "promoting integration into normal schools." The PDA is supposed to provide transport facilities, remove architectural barriers, supply free books and other study materials, grant scholarships, restructure curriculum, and modify the examination system for the benefit of children with special needs. The act also addresses teacher training, for special educators and mainstream educators, by requiring adequate teacher training programmes to train teachers to work with students with disabilities. Another extremely important part of this act was the clause that requires all parts of the country, urban and rural, to have facilities that accommodate students with disabilities and ensure that they are in school. The People with Disabilities Act functioned as a catalyst for several other development projects around inclusion and disability. In order to expand educational opportunities for children with disabilities, the Central Government, in its Five-Year Plan (1997-2002), set aside 1,000 million rupees specifically for the provision of integrated education. The government of India started collaborating with the UN and World Bank to put the People with Disabilities Act into action. One major initiative that was born out of the PDA was the District Primary Education Program (DPEP). A joint venture between the Indian Government's Department of Education and the World Bank, the goal of the District Primary Education Program was "education for all" by the year 2000. As many of the initiatives in India are regarding education and children with disabilities, the DPEP focused on inclusion of children with mild to moderate disabilities. Important parts of the initiative included Teacher trainings through the District Institutes of Education and Training (DIETS), curriculum modifications, resource room, teacher support and integration or inclusion. (Hegarty&Alur, 2002,56).

In 2002 the 86th amendment to the Constitution was made, mandating free and compulsory education to all children ages 6-14). Resulting from this change, the Millennium Development Goals (MDGs), the fairly new People with Disabilities Act,

and the past 50 years of attempted legislation and projects, the Government of India, in conjunction with the World Bank, created the SarvaShikshaAbhiyan (SSA), an initiative which translates to "Education for All." SSA is not a disability-specific program, but rather a disability-inclusive programme, with specific aspects that benefit people with disabilities.

In 2005, the Right to Education Act was drafted by the Ministry of Human Resource Development. This bill, framed through a "social justice and collective advocacy perspective" rather than through a framework of individual rights, is not disability-specific, but is inclusive of children with disabilities, with specific sections that address the educational rights of students with disabilities.

1.6 Addressing Diversity in Learning and Social Communities

In so far as the diversity initiative is concerned, there are certainly different 'intellectual formations' and consequently different intellectual and academic responses. Muller (1997, p. 198) uses the concept of 'intellectual formation' to refer to "a group of persons who share certain epistemic, political and pragmatic interests and who, because consciousness". For him, intellectual formations conventionally share an ideology (a set of beliefs about the social order, connected to the role of diversity initiatives in systemic and institutional order of education) and a social-epistemology (a certain conception of knowledge and its relation to society). These constitutive conditions of intellectual formations change as social conditions change and thus attitude of the society to diversity alters accordingly. It may thus vary from apathy

to acceptance and understanding though the prevalent constitutive conditions of intellectual formations in most countries still are far from an ideal inclusive outlook.

1.7 Let Us Sum Up

Diversity means "variety" and "being different". It is a product of different geography, culture and history. Diversity is more than just tolerating the differences. It is respecting

and understanding the varying differences among individuals in society. The concept of diversity encompasses acceptance and respect. It means understanding that each individual is unique, and recognizing our individual differences. These can be along the dimensions of race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, or other ideologies. It is the exploration of these differences in a safe, positive, and nurturing environment. It is about understanding each other and moving beyond simple tolerance to embracing and celebrating the rich dimensions of diversity contained within each individual. Definitions of diversity extend to include all types of individual differences, such as

- ❖ ethnicity,
- ❖ race,
- ❖ gender,
- ❖ age,
- ❖ religion,
- ❖ disability status,
- ❖ geographic location,
- ❖ personality,
- ❖ sexual preferences, and
- ❖ a myriad of other personal, demographic, and organizational characteristics.

Diversity is fast becoming a norm in the globalised world today.

Learners may be broadly classified on the basis of some of the most prominent categories of diversity. Some such types are - Linguistic Diversity, Cultural Diversity, Diversity Based on Socio-religious Background, Diversity based on Gender, Diversity due to Difficult Family Background, and Diversity based on Ability /Disability.

Despite much progress during the past few decades, racism and prejudice are still ugly realities in all sectors of life in the world, including education. Prejudice against the poor, of whatever race or ethnicity, is another force that works against the academic achievement of disadvantaged students. Part of the reason teachers have difficulty

incorporating student diversity as a building block in teaching and learning can be found in the prevalence of a number of beliefs held by teachers and teacher educators about teaching practice and student diversity as well as the views of teacher education programs about how teachers learn to teach. Teachers', and teacher educators', beliefs about best teaching practices have been dominated by the "transmission model" in teaching and the "abortionist model" in learning (Prawat, 1992). Under the "transmission" and the "abortionist" models, students are passive recipients of information teachers possess and carefully "deposit" in them. Similarly,

teachers' assumptions that children have fixed approaches to learning and acting and that these approaches can be traced to differences in neurological, maturational, or cultural levels have and continue to distract teachers from thinking of students as sense-making individuals with regard to learning in different subject matter areas. Perceived differences in students are used by teachers more for classification purposes (such as grouping by ability)-under the assumption that this grouping assures effectiveness in the delivery of instruction-than for understanding how students are making sense of instruction (Prawat, 1992).

Various policies and laws have been enacted in India and throughout the world to address social diversity and diversity in the learning environment.

1.8 Answers to Self- Assessment Question (SAQ)

Answers to Self-Assessment Question 1

(i) Ethnicity, race, gender (ii) culturally (iii) social proximity, social

Answers to Self-Assessment Question 2:

Diversity based on language, culture, ethnicity, race, gender, age, religion, disability status, geographic location, personality, sexual preferences, and personal, demographic, and organizational characteristics

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1.10 Unit End Exercises

1. What do you understand by diversity? Discuss diversity as a norm.
2. What are the types of diversity in learners?
3. Discuss Linguistic Diversity and Diversity in learners due to Family Background with examples.
4. What is Cultural Diversity? What are the stages of evolution of cultural diversity?
5. Discuss the formulations of the General Conference of the United Nations Educational, Scientific and Cultural Organization regarding cultural diversity.
6. What leads to the diversification of culturally defined communities?
7. Discuss the Social Attitude towards Diverse Learners.

Reflective Exercise

1. Develop a report on the nature of diversity observed in any classroom of a school of your locality and the way in which that diversity may be addressed.
2. Prepare a seminar presentation on the social attitude towards diversity and the ways the related issues can be addressed.
3. Group discussion on various modes of sensitizing teachers about diverse learners and their needs in an inclusive classroom.
4. Prepare a report on modalities of addressing gender related diversity and generating awareness about the same in any school of your locality, that it adopts in order to develop an inclusive environment.

UNIT - 2: LEARNERS WITH DISABILITIES

Structure

- 2.0 Introduction
- 2.1 Objectives
- 2.2 Understanding Disability
- 2.3 Types of Disability
 - 2.3.1. Learners with Sensory Disability
 - 2.3.2. Learners with Intellectual and Specific Learning Disability
 - 2.3.3. Learners with other Disabilities
- 2.4 The Rights of Persons with Disabilities Bill - 2016
- 2.5 Let Us Sum Up.
- 2.6 Answers to Self-Assessment Questions (SAQ)
- 2.7 References
- 2.8 Unit End Exercise

2.0 Introduction

In the previous unit of this Block, you have developed a clear knowledge about diversity and inclusion. You have also learned that various policies and laws have been enacted in India and other countries to address social diversity and diversity in the learning environment.

In this unit, we shall discuss different aspects of disability and develop a clear concept about learners with disability. What is disability?

Disability may be defined as a condition which may restrict a person's mental sensory or mobility functions. It does not mean a disabled person unable to do all the important tasks. It substantially affects a person's activities and may be present from birth or occur during a person's lifetime. Disabilities affect a person in many ways. You must have seen persons with various disabilities. Some people are in a wheel chair, some people are blind and deaf.

In this unit, we shall also discuss various types of disabilities like sensory disability, intellectual disability, locomotor disability and so on. We shall also discuss an important bill - The Rights of Persons with Disabilities Bill-2016.

2.1 Objectives

Upon Completion of the unit, you will be able to -

- ❖ define disability;
- ❖ describe different types of disabilities;
- ❖ differentiate between sensory disability, intellectual disability and other types of disabilities; and
- ❖ explain the rights of persons with disabilities bill-2016.

2.2 Understanding Disability

Disability refers to a condition of the body or mind that limits a person's ability to perform activities at home or outside of the home. Disability is part of the human experience. At some point of time in life each individual may experience temporary or permanent disability. The difficulties increase with age. The meaning of Disability varies from community to community. The use of it may be as per different models such as medical model and social model. Medical model deals with the physical or mental attribute and the social model deals with constraints imposed by the society. According to the preamble to the United Nations Convention on the Rights of Persons with Disabilities (2006) the disability arises from the interaction between the impairments a person may suffer and barriers that 'hinder their full and effective participation in society on an equal platform with others.' It includes 'long-term physical, mental, intellectual or sensory impairments' whilst the barriers can be attitudinal or environmental.

2.3 Types of Disabilities

In this section, we will discuss different types of disability e.g., sensory disability, intellectual and other types of disabilities evident in learners.

2.3.1. Learners with Sensory Disability

There are various types of sensory disabilities like visual, hearing and so on.

Visual impairment

Visual Impairment is loss of vision, decreased visual ability that cannot be fixed by usual means such as glasses. Visual impairment is often defined as a best corrected visual acuity of worse than either 20/40 or 20/60. The term blindness is used for complete or nearly complete vision loss.

Visual Impairment means difficulties of perception; it is the functional impairment of eye. Visually Impaired person's eye sight cannot be corrected to a "normal level".

Visual impairment may bring in difficulties to carry out normal activities on a daily basis. The most common causes of visual impairment are uncorrected refractive errors (43%), cataracts (33%), and glaucoma (2%). Refractive errors include near sightedness, far sightedness, presbyopia and astigmatism. Cataracts are the most common cause of blindness. Other disorders that may cause visual problems include age related muscular degeneration, diabetic retinopathy, corneal clouding, childhood blindness and a number of infections. Visual impairment can also be caused by problems in the brain due to stroke, prematurity, or trauma amongst others. These cases are known as cortical visual impairment. Screening for vision problems in children may be improve in their future vision. Screening adults without symptoms is of uncertain benefit. Diagnosis can be arrived at by a detailed examination of the eye. (Visually Impaired, Wikipedia ,2017.).

Characteristics of Visual Impairment

Some of the major characteristics of Visual Impairment are -

- ❖ Often keep his/her head down; lack eye contact with others
- ❖ Limited facial expression and body language
- ❖ Tend to hold objects very close to the eyes when looking at them.
- ❖ Abnormal responses to bright to light (gazing at light excessively or trying to avoid it)
- ❖ Often bump into objects or fall over, and get confused with directions
- ❖ Search for his/her way using hands
- ❖ May press on eyeballs with fingers
- ❖ Jerky movements of the eyeballs (Visually Impaired, Wikipedia ,2017.).

Low vision

Low vision refers to a visual impairment that is not correctable through surgery, pharmaceuticals, glasses, or contact. This condition is often characterized by partial sight, such as blurred vision, blind spots or tunnel vision, but also includes legal

blindness. Normal routine work in the everyday life of a human being is greatly hindered due to low vision.

When the vision in the better eye with best possible glasses correction is: 20/30 to 20/60, this is considered mild vision loss, or near-normal vision. 20/70 to 20/160, this is considered moderate visual impairment, or moderate low vision.

20/200 to 20/400, is considered severe visual impairment, or severe low vision. 20/500 to 20/1,000, is considered profound visual impairment, or profound low vision.

Less than 20/1,000, is considered near-total visual impairment, or near-total blindness. (Maureen A. et al. 2017)

Self-assessment Questions 1

Answer the following questions in about 40 words each.

- (i) How can you define 'disability'?**
- (ii) List two characteristics of visual impairment.**

Hearing Impairment

Hearing Impairment, also known as hearing loss, is a partial or total inability of hearing. A deaf person has little or no hearing ability. In children hearing problems can affect the ability to learn spoken language and in adults it can cause work related difficulties. Hearing impairment may be caused by number of factors, including: genetics, ageing, exposure to noise, infections, birth complications, trauma to the ear and certain medications or toxins. Hearing impairment is very common congenital abnormality in new-borns and is more than twice of other conditions such as sickle cell disease, hypothyroidism, phenylketonuria, and galactosaemia (Finitzo&Crumley,1999).

It is one of the most common sensory disorders and is the consequence of sensory-neural and/or conductive malfunctions of the ear.

Since hearing loss in infants is silent and hidden, great emphasis is placed on the importance of early detection, reliable diagnosis, and timely intervention (Spivak et al.,

2009). Even children who have mild or unilateral permanent hearing loss may experience difficulties with speech understanding, especially in a noisy environment, as well as problems with educational and psycho-social development (Bess et al., 1998; Culbertson & Gilbert 1986). Children with hearing loss frequently experience speech-language deficits and exhibit lower academic achievement and poorer social-emotional development than their peers with normal hearing.

Schuknecht (1974) has described four types of human presbycusis:

- ❖ Sensory: mainly affecting the cochlear hair cells and supporting cells;
- ❖ Neural: typified by the loss of afferent neurons in the cochlea;
- ❖ Metabolic: where the lateral wall and stria vascularise of the cochlea atrophy; and
- ❖ Mechanical: where there seemed to be a so-called "stiffening" of the basilar membrane and organ of Corti.

There are many causes of presbycusis, though it is most commonly the result of changes in the inner ear as a person ages. It can also stem from changes in the middle ear or from complex changes along the nerve pathways leading to the brain. The negative impact of hearing loss on older adults is significant (LaForge et al., 1992). It can result in loneliness. Hearing loss is associated with depression, social isolation, poor self-esteem, and functional disability (Mulrow et al., 1990a), particularly for those suffering from hearing impairment who have not yet been evaluated or treated for hearing loss.

Half of hearing loss is preventable. This may be done by immunization, proper care during pregnancy, avoiding loud noise, avoiding certain medications, etc.

The level of severity of hearing loss is identified as follows:

Table 1: Degree of Hearing Loss

-10 to 15 dB HL	Normal Hearing
16-25 dB HL	Slight Hearing Loss
26-40 dB HL	Mild Hearing Loss
41-55 dB HL	Moderate Hearing Loss
56-70 dB HL	Moderate-Severe Hearing Loss
71-90 dB HL	Severe Hearing Loss
>90 dB HL	Profound Hearing Loss

(Nanda & Jamal 2010)

Characteristics of Hearing Impairment

As per my observations, some of the major Characteristics of Hearing Impairment are:

- ❖ No response to sound in proper time
- ❖ Cannot hear properly what others are saying
- ❖ Cannot locate the actual sound source
- ❖ Attention to speakers' facial expression and lip movement while listening
- ❖ Not proper understand speech in noisy environment.
- ❖ Not correct Pronunciation
- ❖ Not in proper language development
- ❖ Irritated for communication difficulty

Deaf-blind

Deaf-blindness is the condition of little or no useful sight and little or no useful hearing. Educationally, individuals are considered to be deaf-blind when the combination of their hearing and sight loss causes such severe communication and other developmental and educational needs that they require significant and unique adaptations in their educational programs.

Some methods of communication of deaf-blind people

Deaf-blind people communicate in many different ways as determined by the nature of their condition, the age of onset; resources are available to them etc. For example, someone who grew up deaf and experienced vision loss later in life is likely to use a sign language (in a visually modified or tactile form). Others who grew up blind and later became deaf are more likely to use a tactile mode of their spoken/written language.

Deaf-blind people generally communicate by Sign Languages, Adapted Signs, Tactile Sign Language, Tracking, Tactile Finger spelling, Speech Reading, etc.

Multisensory methods have been used to help deaf-blind people enhance their communication skills. These can be taught to very young children with developmental delays, young people with learning difficulties, and older people, including those with dementia.

Characteristics of Deaf-Blindness

It is commonly estimated that 95% of the information are gathered from vision and hearing. Individuals who have a hearing or vision loss cannot access the same amount of information without accommodation for their sensory loss. Depending on the age of onset, the characteristic features of deaf-blind individuals vary from one another, thereby giving them unique characteristics. Wide ranging characteristics are observed among diverse group of people with deaf-blindness. Some of these characteristics are:

- ❖ Lack the ability to communicate in a meaningful way
- ❖ Have a distorted perception of the world
- ❖ Deprived of the information necessary to anticipate future events or the results of his close one's actions
- ❖ Deprived of many of the most basic motivations
- ❖ Have medical problems that lead to serious developmental lags
- ❖ Mislabeled as developmentally disabled or emotionally disturbed

- ❖ Forced to develop unique learning styles to compensate for the sensory impairments
 - ❖ Have extreme difficulty in establishing and maintaining interpersonal relationships
- (Deaf–Blindness [doc/policy/ruls®ulation], n.d.).

2.3.2. Learners with Intellectual and Specific Learning Disability

By this time, you have developed a clear understanding about the learners of sensory disabilities. In this section, we will discuss the intellectual and specific learning disabilities.

Intellectual disability/Mental retardation

Mental Retardation is a developmental disability that first appears in children under the age of 18. It is defined as an intellectual functioning level (as measured by standard tests for intelligence quotient) that is well below average and significant limitations in daily living skills (adaptive functioning).

Definition of Mental Retardation: Mental retardation is a disability characterized by significant limitations both in intellectual functioning and in adaptive behaviour as expressed in conceptual, social, and practical adaptive skills. This disability originates before age 18 (AAMR, 2002).

- i) Limitations in present functioning must be considered within the context of community environments typical of the individual's age peers and culture.
- ii) Valid assessment considers cultural and linguistic diversity as well as differences in communication, sensory, motor, and behavioural factors.
- iii) Within an individual, limitations often co-exist with strengths.
- iv) An important purpose of describing limitations is to develop a profile of needed supports
- v) With appropriate personalized supports over a sustained period, the life functioning of the person with mental retardation will improve. (Luckasson, et al, 2002, p. 1)

Intellectual disability is a disability characterized by significant limitations in both intellectual functioning and in adaptive behaviour, which covers many everyday social and practical skills. This disability originates before the age of 18 (American Association on Intellectual and Developmental Disabilities IDD)- 2010)

The following five assumptions are essential to the application of this definition:

In general, mentally retarded children reach developmental milestones such as walking and talking much later than the general population. Symptoms of mental retardation may appear at birth or later in childhood. Time of onset depends on the suspected cause of the disability. Some cases of mild mental retardation are not diagnosed before the child enters preschool. These children typically have difficulties with social, communication, and functional academic skills.

Although mentally retarded children are increasingly widespread, they are still poorly understood by most of society. The lack of knowledge is further compounded by the stigma that often accompanies a diagnosis of a developmental or behavioural disorder. Whether a child has a developmental delay or disorder, early identification and intervention are essential for achieving the best possible outcome.

Table 2 : CLASSIFICATION and CHARACTERISTICS of ID

	Terminology	IQ range	Characteristics/Educational Expectations
Psychological Classification	Mild ID	0 -70	Slower in all developmental areas No unusual physical Characteristics Able to learn practical life skills Attains reading and math skills up to grade levels 3 to 6
	Moderate ID	35-49	Noticeable developmental delays (i.e. speech, motor skills)
			May have physical signs of impairment (i.e. thick tongue) Can communicate in basic, simple ways Able to learn basic health and safety skills Can complete self-care Activities

			Can travel alone to nearby, familiar places
	Severe ID	20-34	Considerable delays in Development Understands speech, but little ability to communicate Able to learn daily routines May learn very simple self-care in social situations
	Profound ID	BELOW 20	Significant developmental delays in all areas
Educational Classification	Educable ID	50 to 70	Second to fifth grade achievement in school academic areas Social adjustment that will permit some degree of independence in the community Occupational sufficiency that will permit partial or total self-support
Trainable ID	20 to 49		Learning primarily in the areas of self-help Very limited achievement in areas considered academic Social adjustment usually limited to home and closely surrounding area Occupational performance primarily in sheltered workshop or an institutional setting
	Custodial ID	Below 20	Usually unable to achieve even sufficient skills to care for basic needs. Will usually require nearly total care and supervision for duration of lifetime

(Clinical Characteristics of Intellectual Disabilities[edu/read], n.d.).

Specific learning disability

Specific learning disability (SpLD) affects the way information is learned and processed. They are neurological (rather than psychological), usually run in families and occur independently of intelligence. They can have significant impact on education and learning and on the acquisition of literacy skills.

SpLD is an umbrella term used to cover a range of frequently co-occurring difficulties, more commonly:

- ❖ Dyslexia
- ❖ Dyspraxia / DCD
- ❖ Dyscalculia
- ❖ A.D.D. / A.D.H.D.

Specific learning disabilities are not intellectual impairments. Learners with intellectual impairments are generally assessed as having reduced cognitive capacity, which has a global impact on learning and daily functioning. Learners with a specific learning disability have significant difficulty in one academic area while coping well, or even excelling, in other areas of academic, sporting or artistic achievement.

Specific learning disabilities are also called Learning Disorders or Academic Skill Disorders. In effect each describes the same thing, although the diagnostic criteria may differ slightly. Under Commonwealth Law, a specific learning disability is generally recognized as resulting in the child (or adult) "learning differently". If it is apparent that this difference is interfering with a person's capacity to access the curriculum or demonstrate their skills and knowledge, an individually targeted intervention should be provided. This should include both remediation and accommodation.

Comparing Specific Learning Disabilities with Learning Difficulties

There are many reasons why a child or adult may struggle to learn. The generic term "Learning Difficulties" refers to the 20 to 25% of students who exhibit problems acquiring academic skills as a consequence of a range of causes. These include: intellectual disability, physical or sensory deficits (e.g. hearing impairment), emotional or behavioral difficulties, and inadequate environmental experiences. Learners may also display learning difficulties if they have not been provided with appropriate educational opportunities or have received ineffective instruction in the classroom. Individuals with a primary difficulty in maintaining attention and concentration are also likely to show

weaknesses in academic achievement due to their difficulties in attending to the learning environment.

2.3.3. Learners with other Disability

In the previous paragraphs, we have discussed some important disabilities seen in learners. In this sub-section, we will highlight some more disabilities.

Locomotor Disability

According to World Health Organization (1980) "locomotor disability" is a disability to an individual's ability to exclude distinctive activities associated with moving, both he/she and objects from place to place. In general, it's the disability of bones, joints, or muscles leading to substantial restriction of the movement of limbs or a usual form of cerebral palsy.

Due to locomotor disability a child:

- ❖ is not able to raise both the arms fully without any difficulties,
- ❖ is not able to grasp objects without any difficulties,
- ❖ has a difficulty in walking.

Categories of Locomotor Disability:

- ❖ Permanent Physical Impairment of Upper Limb
 - ❖ Permanent physical Impairment of Lower Limb
 - ❖ Permanent Physical Impairment of Trunk (Spine)
 - ❖ Permanent Physical Impairment of in cases of Short Stature/Dwarfism
 - ❖ Permanent Physical Impairment in Amputees
 - ❖ Permanent Physical Impairment of Congenital Deficiencies of the Limbs
 - ❖ Longitudinal Deficiencies
 - ❖ Permanent Physical Impairment due to Cardiopulmonary Diseases
- (Loco-motor-impairment (Pavithra2010).

Cerebral Palsy

Cerebral palsy (CP) is a group of permanent movement disorders that appear in early childhood. Signs and symptoms vary among people. Often, symptoms include poor coordination, stiff muscles, weak muscles, and tremors. There may be problems with sensation, vision, hearing, swallowing, and speaking. Cerebral Palsy affects body movement, muscle control, muscle coordination, muscle tone, reflex, posture and balance. It can also impact fine motor skills, gross motor skills and oral motor functioning. Often babies with cerebral palsy do not roll over, sit, crawl, or walk as early as other children of their age. Difficulty with the ability to think or reason and seizures each occurs in about one third of people with CP. While the symptoms may get more noticeable over the first few years of life, the underlying problems do not worsen over time. Cerebral palsy is caused by abnormal development or damage to the parts of the brain that control movement, balance, and posture. Most often the problems occur during pregnancy; however, they may also occur during childbirth, or shortly after birth. Often the cause is unknown. Risk factors include preterm birth, being a twin, certain infections during pregnancy such as toxoplasmosis or rubella, exposure to methyl mercury during pregnancy, a difficult delivery, and head trauma during the first few years of life, among others. About 2% of cases are believed to be due to an inherited genetic cause. A number of sub-types are classified based on the specific problems present. For example, those with stiff muscles have spastic cerebral palsy, those with poor coordination have ataxic cerebral palsy, and those with writhing movements have athetoid cerebral palsy. Diagnosis is based on the child's development over time. Blood tests and medical imaging may be used to rule out other possible causes.

(Cerebral palsy, 2017 Wikipedia)

Self-Assessment Questions 2

Answer the following questions. Check your answers from the answers given at the end of the unit. (Time 3 minutes)

State True or False.

i.) Mentally retarded children reach developmental milestones much later than the general population.

True/False

ii.) Dyslexia is a learning disorder.

True/False

iii) Locomotor disability does not affect any movement of the limbs.

True/False

Autism Spectrum Disorders

Autism spectrum disorder (ASD) and autism are both general terms for a group of complex disorders of brain development. These disorders are characterized, in varying degrees, by difficulties in social interaction, verbal and nonverbal communication and repetitive behaviour. In simple terms, an Autism Spectrum Disorder (ASD) is a lifelong disability that affects observing process of the child, processes information collection, and relates to other people. With the May 2013 publication of the DSM-5 diagnostic manual, all autism disorders were merged into one umbrella diagnosis of ASD. Previously, they were recognized as distinct subtypes, including autistic disorder, childhood disintegrative disorder, pervasive developmental disorder-not otherwise specified (PDD-NOS) and Asperger syndrome. ASD can be associated with intellectual disability, difficulties in motor coordination and attention and physical health issues such as sleep and gastrointestinal disturbances. Some persons with ASD excel in visual skills, music, math and art. Autism appears to have its roots in very early brain development. However, the most obvious signs of autism and symptoms of autism tend to emerge between 2 and 3 years of age.

(Autism Spectrum,2017wikipedia on 4th May 2017).

Areas of difficulties of ASD people:

- ❖ **Social Communication-** People with ASD have difficulty understanding facial expressions and tone of voice. They don't know when to start or stop a conversation.
- ❖ **Social Imagination-** People with an ASD have limited range of imaginative activities, and find it difficult to predict what will happen next, or cause and effect.
- ❖ **Social Interaction-** People with an ASD want to be social, but find it very difficult to do so. They struggle to make and keep friendship

People with ASD may also have the following: -

Love of Routine- Many have rules and rituals they have to do; these can be known as Obsessive Compulsive Disorder (OCD) depending on severity.

Special Interest- They can develop intense, obsessive interest in a subject, which can be an advantage.

Sensory Issues- Sensory issues can occur with sight, sound, smell, touch or taste. They are either intensified senses or underdeveloped, which can cause anxiety and pain.

Characteristics of Children with Autism

According to DSM IV, Autism is such a developmental disorder under P.D.D., that includes three qualitative deficits-

1. Lack of Socialization
2. Lack of Communication
3. Lack of Imagination.

These three together are commonly known as Autism: Triad of Impairment or 'AUTISTIC TRIAD'

Multiple Disabilities

Multiple disabilities are a term for a person with several disabilities, such as a sensory disability associated with a motor disability. Depending on the definition, a severe intellectual disability may be included in the term "multiple disabilities". Individual usually has more than one significant disability, such as movement difficulties, sensory loss, and/or a behaviour or emotional disorder. At times, in common usage "Multiple disabilities", "spasticity" and "cerebral palsy" are used interchangeably. The term is widely used to connote mental disability and is accepted for usage in medical fraternity as well as in social life. In other words, a learner whose special needs are categorized under multiple disabilities requires coinciding adaptation for more than one disability. The exception is the combination deafness and blindness, as this pair of impairments has its own classification under IDEA (Individuals with Disabilities Education Act's 2005).

The observation is that the learners having multiple disabilities have general characteristics related to their Intellectual Functioning, Adaptive Skills, Motor Development, Sensory Functioning, and Communications Skills. Most of the learners carry with multiple disabilities and have different impairments in intellectual functioning. Learners suffer from academic abilities. Adaptive skills include conceptual, social, and practical competencies for functioning in typical community settings in an age-consistent way. Learners with motor development impairments produce abnormal muscle tone and may have difficulty sitting and moving. Hearing and vision impairments are very common among children with multiple disabilities such as deaf-blindness. Many learners with multiple disabilities have communication impairments and have limited or no speech.

2.4 The Rights of Persons with Disabilities Bill - 2016

The Lok Sabha passed "The Rights of Persons with Disabilities Bill - 2016". The Bill replaced the previous PwD Act, 1995, which was enacted 21 years back. The Rajya Sabha had already passed the Bill on 14.12.2016. The salient features of the Bill are:

- A. Disability has been defined based on an evolving and dynamic concept.
- B. The types of disabilities have been increased from existing 7 to 21 and the Central Government will have the power to add more types of disabilities. The 21 disabilities are given below: -

1. Blindness
2. Low-vision
3. Leprosy Cured persons
4. Hearing Impairment (deaf and hard of hearing)
5. Loco motor Disability
6. Dwarfism
7. Intellectual Disability
8. Mental Illness
9. Autism Spectrum Disorder
10. Cerebral Palsy
11. Muscular Dystrophy
12. Chronic Neurological conditions
13. Specific Learning Disabilities
14. Multiple Sclerosis
15. Speech and Language disability
16. Thalassemia
17. Haemophilia
18. Sickle Cell disease
19. Multiple Disabilities including deaf blindness
20. Acid Attack victim
21. Parkinson's disease

The New Act will bring law in line with the United National Convention on the Rights of Persons with Disabilities (UNCRPD), in which India is a signatory. This will fulfil the obligations on the part of India in terms of UNCRD. Further, the new law will not only enhance the Rights and Entitlements of Divyangjan but also provide effective

mechanism for ensuring their empowerment and true inclusion into the Society in a satisfactory manner.

2.5 Let Us Sum Up

Disability is part of the human condition - almost everyone may be temporarily or permanently impaired at some point in life, and those who survive to old age will experience increasing difficulties in functioning. Disability is complex, and the interventions to overcome the disadvantages associated with disability are multiple and systemic - varying with the context.

Considering the worldwide estimation of number of individuals with disabilities the demographers agree that the world population of individuals with disability is very large and it is problematic. For example, in 2012, the World Health Organization estimated a world population of 6.5 billion people. Of those, nearly 650 million people, or 10%, were estimated to be moderately or severely disabled.

People with disabilities have ordinary needs - for health and well-being, for economic and social security, to learn and develop. These needs can and should be met through mainstream programmes and services.

While many countries have started taking action to improve the lives of people with disabilities much remains to be done. Implementing different need-base programmes will help enrich their lives requires involving different sectors - health, education, social protection, labour, transport, housing - and different actors - governments, civil society organisations (including disabled persons organisation), professionals, the private sector, disabled individuals and their families, the general public, the private sector and media.

2.6 Answers to Self-Assessment Questions (SAQ)

Self-Assessment Questions 1

- i. According to World Health Organization, Disabilities is an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations. Disability is thus not just a health problem. It is a complex phenomenon, reflecting the interaction between features of a person's body and features of the society in which he or she lives.
- ii.
 - a. Often keep his/her head down; lack eye contact with others
 - b. Limited facial expression and body language

Answers to Self-Assessment Questions 2

- i. True
- ii. True
- iii. False

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2.8 Unit End Exercises

1. Discuss Disability in your own words.
2. Give a definition of Mental Retardation.
3. Write a note on Autism Spectrum Disorder.
4. Write a paragraph on Deaf- Blind Children.
5. Discuss Multiple Disability.
6. Write a note on the rights of the persons with disabilities bill -2016.

Reflective Exercise

1. How can a Learner with visual impairment overcome a troubled psychological state? State two preventive measures.
2. You prepare a case study of children with special needs
3. You prepare a lecture for awareness of children with special needs.

UNIT - 3 : BARRIERS IN LEARNING

Structure

- 3.0 Introduction
- 3.1 Objectives
- 3.2 Introduction to Concept of Barriers in Learning
- 3.3 Physical barriers
- 3.4 Psychological Barrier
- 3.5 Socio-cultural Barriers
- 3.6 Instructional Barriers
- 3.7 Institutional/Systemic Barriers
- 3.8 Let Us Sum Up
- 3.9 Answers to Self-Assessment Questions (SAQ)
- 3.10 References
- 3.11 Unit End Exercise

3.0 Introduction

After developing an understanding on disability and types of disabilities seen in learners, you may now develop knowledge on some important barriers in learning. In this unit we will highlight some important barriers like physical barriers, psychological barriers, socio-cultural barriers, instructional barriers and institutional barriers as well. From your experience you may identify some other barriers and may discuss with your colleagues and fellow learners.

3.1 Objectives

Upon Completion of the unit, you will be able to -

- ❖ discuss the concept of barriers in learning;
- ❖ discuss what are the physical barriers in learning;
- ❖ describe the psychological and socio-cultural barriers in learning;
- ❖ explain the instructional barriers in learning; and
- ❖ discuss the institutional barriers in learning.

3.2 Introduction to Concept of Barriers in Learning

D. S. Lean & V. A. Colucci (2010) define barriers to learning as a temporary or Permanent factor, condition, or situation that obstructs or impedes academic progress, resulting in mild to severe effects. Many barriers to learning have been identified, including rigidity of core beliefs, values and assumptions; ineffective communication and information difficulties; failure to recognize similar or identical situations that happen elsewhere; maladaptation, threat minimization and environmental shifts, cognitive narrowing and event fixation; centrality of expertise, denial and disregard of outsiders; lack of corporate responsibility; and communication processes, especially where such communication is distorted or inadequate, or where the complexity of language used to discuss a subject excludes certain groups. There are also other barriers that result from a range of social, political and psychological factors.

When identifying the barriers to learning it is important to look at students' holistic needs. This would include: cognitive (learning skills) environmental (learning experience) and progress in basic attainments (literacy acquisition). These basic functions imply four categories of learning style differences.

Learning Style is concerned with cognition: People perceive and gain knowledge differently.

Learning Style is concerned with conceptualization:

- ❖ People form ideas and think differently.
- ❖ Learning Style is concerned with affect: People's emotional responses and values differ.
- ❖ Learning Style is concerned with behaviour: People act differently.

Scientists and psychologists have developed a number of different models to understand the different ways that people learn best. One popular theory, the VARK model, identifies four primary types of learners:

- ❖ Visual,
- ❖ Auditory,
- ❖ Reading/writing, and
- ❖ Kinaesthetic.

Each learning type responds best to a different method of teaching. Auditory learners will remember information best after reciting it back to the presenter, while kinaesthetic learners will jump at the chance to participate in a hands-on activity. However, not all learners who share a certain label are alike. A "visual" learner who is also "concrete sequential" seeks visual order and would benefit from a linear diagram of material. A "visual" learner who is also "abstract random" responds to design and would be drawn to a mind- map format for organizing information. A careful study of the major concepts of learning styles is necessary for the understanding of the barriers to learning and effective inclusion.

Barriers can be located within the learner, the education system, and within the broader social, economic, political and cultural context. The World Health Organization (WHO) describes barriers as being more than just physical obstacles. Here is the WHO definition of barriers:

Factors in a person's environment that, through their absence or presence, limit functioning and create disability. These include aspects such as:

- ❖ a physical environment that is not accessible,
- ❖ lack of relevant assistive technology (assistive, adaptive, and rehabilitative devices),
- ❖ negative attitudes of people towards disability,
- ❖ services, systems and policies that are either non-existent or that hinder the involvement of all people with a health condition in all areas of life."

Often there are multiple barriers that can make it extremely difficult or even impossible for people with disabilities to function. Here are the five most common barriers. Often, more than one barrier occurs at a time.

- ❖ Physical Barriers
- ❖ Psychological Barriers
- ❖ Socio-cultural Barriers
- ❖ Instructional Barriers
- ❖ Institutional/Systemic Barriers

It is only by focusing on the nature of these barriers, what causes them and how they manifest themselves, which we can begin to address problems of learning breakdown and ongoing exclusion. Most importantly, it is only by focusing on them in this way that we can begin to identify components of the education system which must be present and supported if quality education is to be equally provided, promoted and sustained for learners with different needs. Similarly, such an analysis provides guidance on the nature of the mechanisms and processes which must be set up and sustained in order to enable learner needs and system needs to be met.

3.3 Physical Barriers:

Physical barriers are structural obstacles in natural or manmade environments that prevent or block mobility. Architectural or physical barriers are elements of buildings or outdoor spaces that create barriers to persons with disabilities. These barriers relate to elements such as

- i. the design of a building's stairs or doorways,
- ii. the layout of rooms, or the width of halls and sidewalks.
- iii. Sidewalks and doorways that are too narrow for a wheelchair, scooter, or walker.
- iv. Desks that are too high for a person who is using a wheelchair, other mobility device.
- v. Poor lighting that makes it difficult to see for a person with low vision or a person who lip-reads.
- vi. Door knobs that are difficult to grasp for a person with arthritis.
- vii. Transport barriers (functional and financial) - This refers to barriers to transport to and from school/college/university. Many learners with disability have mobility limitations. Many have inappropriate behaviour, which can be allowed for in class but which may create difficulties or embarrassment for the learner in public.

The best solutions may have significant costs to the institution and may need to be phased in over time through building renovations or the purchase of new furniture or equipment. Despite these challenges, one may be able to participate in intermediary solutions that can help overcome physical barriers. Some examples could include:

- ❖ To reserve seats for learners with disabilities in a classroom that may not be fully accessible.
- ❖ To make lighting adjustments in the classroom, such as eliminating glare by closing blinds or drapes.
- ❖ To turn off any noisy machinery, such as projectors, while they are not in use.
- ❖ To use a microphone in a large classroom.

- ❖ To make arrangement to meet a learner in an alternate location if the teacher's office is not accessible.
- ❖ To request for a class room change if the teacher cannot meet the learning needs of his/her learners.

You must have noticed that it is the physical environment which most consistently creates barriers to learning for learners with mobility impairments.

On occasion it may still be necessary to make structural alterations to buildings to accommodate learners' needs - from installing ramps for wheelchair access to changing the height of benches and seating, or ensuring that toilets are adapted for ease of use. Alternative emergency evacuation procedures may also need to be considered. It is the department's responsibility to formulate a 'Personal Emergency Evacuation Plan' in consultation with Safety Services and the learner, so as to ensure that s/he can exit University buildings in a safe and timely manner in the event of an emergency.

3.4 Psychological Barrier

a. Contempt Psychology

Since some primary and middle schools value intelligence cultivation rather than holistic development and comprehensive education, and pursue enrolment rate superficially, some challenged and underprivileged learners encounter difficulty in being accommodated in classes when they are in high school. Therefore, a general contempt psychology that the learner with special needs are backward and cannot be successfully assimilated in the educational ambience of the class create a psychological barrier that affects the transaction of content and leads to development of a sense of negativity and low self-confidence in the special needs learners themselves.

b. The Fear Psychology

Effective learning is largely dependent on the emotional wellbeing of the learners and it is a matter of paramount importance to recognize the social, cultural, economic and political influences that affect the minds of the learners with special needs and generates

fear. Most common factors that breed fear in the learners and disrupt the emotional wellbeing of a learner, thereby creating a major barrier to learning are as follows:

- i. Physical abuse both at the seat of learning and at home
- ii. Emotional abuse at school or home
- iii. Sexual abuse both at the seat of learning and at home
- iv. Substance abuse, forced in most cases
- v. violence and hatred based on religious fanaticism that subjects young learners to terrifying situations, threats and exclusion

c. Shyness

Exclusion for a very long time, as in the case of the first generation learners, may lead to a deep seated feeling of diffidence and shyness that creates a major psychological barrier in effective learning and academic enquiry. Learners from families affected with AIDS and similar diseases usually encounter exclusion in one form or the other and develop an innate shyness when positioned with peers within the classroom situation.

d. Inferiority

When taking part in the physical as well as intellectual activities, some learners are inactive or slow for their low intellectual capabilities/ low level of fitness and the lack of perceptual ability. So when they see the other learners doing well while they still performing poorly after several times of practice, they then start thinking that they are born with low capacities, and lose confidence to practice again. A sense of inferiority, dejection and low motivation creeps in and this affects the enthusiasm to learn. Inferiority is thus a major psychological barrier to learning.

e. Boredom

In most cases the prevalent education system follows a predetermined fashion of transaction with little or no scope for addressing the individual needs of the diverse learners, especially the gifted learners and the challenged or low achievers. The preconceived pattern of teaching generates a sense of deep seated boredom for the

learners on two levels. On one hand the gifted learners fail to find intellectual motivation in dragging classes that deal with content that appear to be repetitive and uninspiring. On the other hand the challenged learners find it difficult to grasp the lesson in class as their individual difficulties are not considered or catered to. Thus they are also subjected to boredom that creates a barrier to effective learning and causes multiple forms of diversion.

f. Conformity

Following the crowd is the main feature of conformity. If there are several learners full of enthusiasm, others will be affected by this kind of atmosphere. It is no doubt that such a class is an efficient one. However diverse learners, in their natural psychological urge to conform often find themselves lagging behind either due to intellectual, physical or economic reasons. This creates great psychological pressure and a barrier to effective learning. On the other hand, general low motivational level or contempt towards a topic or lesson creates a ripple effect of general negligence towards that subject by all the learners involved. This in its turn creates a barrier to effective learning.

g. Labelling

In most cases regular teachers tend to categorize and address different children by a label. Some of the negative effects of labelling are -

- i. Labels tend to divert human attention to only a specific feature of a learner and thus the learner, once labelled, always is judged by all teachers and peers in terms of the characteristics associated with that particular label. In most cases it is a negative aspect or a disability of the learner that is picked for labelling and this creates a great barrier to learning by forcing the learner into a persistent reminder of a particular inability and results in loss of confidence and motivation to learn.
- ii. Teachers and parents are found to have low expectations of the performance of a challenged learner and the labels reflect the feeling. The labels in their turn, lower the performance level of the learner. This creates a psychological vicious cycle.

- iii. Labels create a sense of stigmatization, shame, helplessness and inferiority that impedes effective learning.
- iv. Labels lead to rejection by peers and generate a psychological negativity and exclusion that impedes effective learning.
- v. Labelling leads to development of a poor self-concept.

h. Lack of Accountability

A special needs learner admitted to a regular school is often considered to be the sole responsibility of the special educator and this psychological state leads to a lack of accountability for the poor level of learning of the learner with special needs. If a school does not have a special educator, then the education of the special needs learner is jeopardized. Education of a special needs learner should be the responsibility of all the teachers, the administration as well as the others involved with the educational institution. All should be collectively accountable to the community.

i. Peer Rejection

When enrolled in a regular school, a special needs learner may be subjected to bullying, teasing and rejection that creates considerable psychological pressure upon the child and impedes learning. Lack of acceptance is a major psychological barrier that must be eradicated for effective learning and inclusion.

j. The Character of the Class and the Stress of Evaluation Criterion

Most educational institutes follow predetermined homogenous pattern of evaluation and teaching though they are inclusive in nature due to policy and regulations. This creates considerable stress on the learners with special needs and the homogeneous evaluation criterion adds to the extra pressure since different learners with different types of special needs fail to live up to the desired standards. There may be grace marking or a total condoning of the poor performance of the diverse learners with no planning for differentiated instruction and evaluation, but that build up a sense of inferiority and exclusion which impairs learning in the long run.

k. The Movement Difficulty of the Learners

Psychological barrier emerges easily if the risk in the complexity of the project is close to or more than the learners' maximal endurance capacity. Minority special needs learners have abilities that are usually low, and there are usually two different mental reactions found by studies. One is novel and positive emotional experience. Some learners think that they can complete the assignment in the prevalent learning environment as long as they are careful, but they become over cautious, timid and nervous. On the contrary, other learners lose confidence in themselves because of the fear of danger, thinking it is too difficult to move safely in the prevalent classroom arrangement and learning environment. When injury or accident happens, their fear factor is even more aggravated.

l. Tension between Teachers and Learners

Favouritism often tends a select few to enjoy all the attention and appreciation in a general diverse class and frequently breeds an unwarranted feeling of rejection and even unjust evaluation among the less favoured diverse learners. The feeling is stronger in case of learners with special needs who already harbour a sense of inadequacy and inferiority in their hearts. A kind of loneliness and depression make the individual psychology lose balance. It is easy to cause psychological barriers if the individual sense of distance and apathy between the teacher and the taught is not addressed and resolved.

m. Attitudinal barriers

Attitudes are basic and pervasive aspects of human life, reflecting one's thoughts, feelings and action. All port (1954) suggested that an attitude is basically a readiness to respond in a particular kind of way and is directed by an individual's psychological inclination to evaluate and judge people and things. Attitudinal barriers are the most basic and contribute to other barriers. For example, some people may not be aware that difficulties in getting to or into a place can limit a person with a disability from

participating in everyday life and common daily activities. Examples of attitudinal barriers include:

Stereotyping: People sometimes stereotype those with disabilities, assuming their quality of life is poor or that they are unhealthy because of their impairments. **Prejudice and discrimination:** Within the school, these attitudes may come from people's ideas related to disability. People may see disability as a personal tragedy, as something that needs to be cured or prevented, as a punishment for wrongdoing, or as an indication of the lack of ability to behave as expected in society. This psychological state creates a general lack of empathy for the challenged and it is reflected in behaviour and teaching. This creates a serious barrier to learning.

However, society's understanding of disability is improving as we recognize "disability" as what occurs when a person's functional needs are not addressed in his or her physical and social environment. By not considering disability a personal deficit or shortcoming, and instead thinking of it as a social responsibility in which all people can be supported to live independent and full lives, it becomes easier to recognize and address challenges that people with disabilities experience.

Parental Apathy: Parents are often not in favour of sending challenged children to regular schools considering it a waste of time and money, while parents of regular children also have attitudinal problems in sending their wards to a school that admits challenged learners on the grounds that education of their wards would be affected by studying with special needs children and that the regular learners may imitate undesirable behaviours and manners of the marginalized learners. This creates a barrier to effective learning.

These psychological barriers may be minimized in many ways, a few of which are given below. A teacher may:

- a. Avoid making assumptions about a learner's disability or capabilities; many persons with disabilities talk about being frustrated with people assuming what they can or cannot do.
- b. Encourage learners with disabilities to come forward and speak to you about the way they learn and what may be "disabling" in your course, classroom, or teaching. Remember that learners with disabilities do not have to disclose their disability to their professors or to anyone else in the academic environment in order to receive accommodations.
- c. Respect the privacy of learners with disabilities.
- d. Insist on professional, civil conduct between and among learners to respect people's differences and create an inclusive environment.
- e. Engage in the accommodation process at your university in good faith and implement appropriate accommodations.

Self-Assessment Questions 1

Answer the following question in about 40 words. Check your answer with the one given at the end of the unit.

- i. Mention any negative effect of 'labelling' a learner.

3.5 Socio-cultural Barriers

In the previous sections, you have learned about physical and psychological barriers of learning. In this section we will discuss about the socio-cultural barriers.

Researchers confirm that learning patterns are a function of both nature and nurture. Myers (1990) asserts: "Type development starts at a very early age. The hypothesis is that type is inborn, an innate predisposition like right or left-handedness, but the successful development of type can be greatly helped or hindered by environment from the beginning" (p. 176). Many researchers describe the importance of socialization within the family, immediate culture, and wider culture. They agree with Ramirez (1989) that "cultural differences in children's learning styles develop through their early

experience" (p. 4). Gardner (1991) echoes this perspective: "We are as much creatures of our culture as we are creatures of our brain".

Socio-Cultural influences on the Brain: Advances in the modern learning sciences have revealed that our brains are constantly shaped and reshaped by the interaction with the surrounding social environment. Therefore, the physical, social, and cultural components of the environment influence the way in which the brain constructs cognition. As Karmiloff-Smith (1992) points out, "The brain is not pre-structured with ready-made representations; it is channelled to progressively develop representations via interaction with both the external environment and its own internal environment" (p. 10). Since society and culture shape our interaction with the environment, they determine what parts or aspects of the world we attend to, what type of knowledge we value, and what kind of behaviour we deem appropriate in various circumstances (Nisbett, Peng, Choi, & Norenzayan, 2001). All these decisions ultimately represent socio-culturally influenced responses to surrounding stimuli and can lead to variability in the neural pathways. Socio-cultural influence also offers the cognitive tools through which we make sense of the surrounding world. In response to using these tools the brain develops in specific ways and acquires different neural structures and cognitive pathways.

Socio-cultural Influences on Learning: Socio-cultural influences on learning have been supported by studies. Tomasello (1999) points out, cultural evolution is only possible through social learning, where individuals innovate the knowledge and cognitive tools that the group has inherited. Tomasello (1999) calls this process "social-collaborative creativeness" (p. 6). On the other hand, learning also bears the imprints of the socio-cultural context in which one develops. People from different societies with different cultures may learn the same things, but they may learn them differently. Culture can influence all aspects of learning (Ambady & Bharucha, 2009; Kitayama & Tompson, 2010). In fact, socio-cultural influences direct all three dimensions of learning that are targeted by the Universal Design of Learning(UDL) guidelines:

- a. representation,

- b. action and expression, and
- c. engagement.

From a representational perspective, as Tomasello (1999) suggests, culture provides the imagery systems, the reasoning structures, the analogies, and the relationships that have been developed by one's social group. Culture also informs action and expression by determining what constitutes appropriate behaviour and strategies for solving problems. From the perspective of engagement, the most obvious influence of culture on learning is through the system of values and beliefs that is acquired from the cultural context in which one develops. Humans learn by reconstructing patterns of thought developed by others (Tomasello, 1999). In most cases, in mono-cultural environments, internalizing the cultural pattern seems to happen naturally in most learners as they adopt the behavioural norms and the value systems of the dominant culture. However, if both the increasingly global society made possible by modern technology and the culturally diverse societies in which we live are considered, success in the twenty-first century requires individuals to incorporate more than a single culture's system of thought. One needs to connect one's familiar way of thinking to different mental frames from a different culture. This can be challenging since the familiar structure of knowledge shapes the person's cognitive and perceptual experiences.

Therefore, cultural barriers to learning signifies the following:

- a. Difficulty in perceiving unfamiliar culturally dissimilar information,
- b. Difficulty in understanding unfamiliar culturally dissimilar information,
- c. Difficulty in expressing unfamiliar culturally dissimilar information, and
- d. Difficulty in engaging with socio-culturally myriad information seamlessly.
- e. Cultural Barrier and UDL: The UDL framework (CAST, 2011) is organized around three main principles:
 1. Provide multiple means of representation,
 2. Provide multiple means of action and expression, and
 3. Provide multiple means of engagement (Rose & Meyer, 2002).

For each guideline, the UDL framework provides a series of checkpoints that are recommendations for reducing the barriers inherent in most traditional curricula. We get a fair idea regarding the cultural barriers from this.

When viewed in this way, cultural bridging should be addressed by the curricula rather than by the learner. Three main categories of barriers can thus be understood-

1. Poor access to representations,
2. Poor means of action and expression, and
3. Lack of opportunities for engagement.

Mode of overcoming the barriers: As a way of validating the starting point of all learners (the knowledge and skills they bring to the learning process), the curricula should provide multiple means of accessing the learning content, in the form of Providing translations in a learners' first language

- i. Providing ways for a learner to understand the reasoning style behind it.
- ii. Providing multiple means for learners to demonstrate their knowledge through familiar means of expression (for example, an accessible and familiar organization structure for composition or a familiar approach to solving problems).
- iii. Offering multiple means of creating personal positive rapport with the learning process by providing experiences that align with the learners' identities and confirm their view of the world.
- iv. Optimizing challenges within the learner's zone of proximal development (Vygotsky, 1978). From the point of view of the cultural context, this means that learners should be exposed to thought systems, perceptual habits, and knowledge patterns that are both familiar and different from their own, accompanied by guidance on how to access, navigate, and eventually incorporate them into their own repertoire of skills and strategies.
- v. Providing means of developing resourceful, knowledgeable, strategic, goal-directed, purposeful, and motivated learners.

- vi. Developing culturally informed educators who are aware of the variability in types of knowledge, behaviours, and beliefs that learners bring to the classroom, and accordingly create the cultural bridges or scaffolds that help students link their own thinking systems to those that are unfamiliar by offering multiple means of access into the subject matter, and multiple means to express knowledge and to engage with learning.

3.6 Instructional Barriers

Instructional Barriers are obstacles related to the teaching-learning process that prevent learners from actively engaging in their learning. Let us discuss various forms of instructional barriers.

i. Communication Barriers

Communication barriers are experienced by people who have disabilities that affect hearing, speaking, reading, writing, and or understanding, and who use different ways to communicate than people who do not have these disabilities. Examples of communication barriers include:

Written health promotion messages with barriers that prevent people with vision impairments from receiving the message.

These include-

- ❖ Use of small print or no large-print versions of material, and
- ❖ No Braille or versions for people who use screen readers. Auditory health messages may be inaccessible to people with hearing impairments, including
- ❖ Videos that do not include captioning, and
- ❖ Oral communications without accompanying manual interpretation (such as, Sign Language).

❖ The use of technical language, long sentences, and words with many syllables may be significant barriers to understanding for people with cognitive impairments.

ii. Inflexible Curriculum: One of the most serious barriers to learning and development can be found within the curriculum itself and relates primarily to the inflexible nature of the curriculum which prevents it from meeting diverse needs among learners. When learners are unable to access the curriculum, learning breakdown occurs. The nature of the curriculum at all phases of education involves a number of components which are all critical in facilitating or undermining effective learning. Key components of the curriculum include the style and tempo of teaching and learning, what is taught, the way the classroom is managed and organised, as well as materials and equipment which are used in the learning and teaching process.

Sometimes educators, often through inadequate training, use teaching styles which may not meet the needs of some of the learners. Such barriers arise when sufficient attention is not given to balancing skills which prepare learners for work (vocational skills) and skills which prepare the learner for coping with life (life skills). Some learners are excluded from certain aspects of the curriculum as a result of ignorance or prejudice. For example, learners with physical disabilities are often prevented from playing sport or are not given the opportunity to do so. Similarly, male and female learners are encouraged or pressurised to take certain subjects at school or at tertiary level according to their gender because those subjects will equip them for jobs which stereotypically are undertaken by men or women. What is taught through the curriculum may often be inappropriate to the learner's life situation making learning extremely difficult and ultimately contributing to learning breakdown. For example, adults involved in literacy training may be taught with the use of examples which are unrelated to their particular life experience. Materials used for teaching and learning which constantly reflect only one culture or life experience, may lead to learners from other cultures and life experiences feeling excluded and marginalised.

One of the most serious ways in which learners are prevented from accessing the curriculum is through inadequate provision of materials or equipment they may need for learning to take place. Such barriers often affect learners with disabilities who do not receive the necessary assistive devices which would equip them to participate in the learning process. For example, blind learners are unable to access the curriculum effectively if appropriate Braille facilities and equipment are not available and if teachers are not skilled to teach Braille or use audio equipment. Lack of provision of assistive devices for learners who require them may impair not only the learning process but also their functional independence, preventing them from interacting with other learners and participating independently in the learning environment.

iii. Delivery of teaching and learning

The effects of a learner's mobility impairment - or the impact of the condition which causes the mobility impairment - may mean that s/he is unable to undertake a course of study or a placement on a full-time basis. Thus, it may be necessary to consider alternative part-time course or placement structures.

It is unlikely that a learner's mobility impairment will necessitate changes to the delivery of teaching. Learners may also have support workers who attend teaching sessions with them, and who may work in a number of roles, from providing them with mobility support to assist them in getting to such sessions to working as note-takers if the learner finds it difficult to keep detailed records of what is covered in classes. When undertaking lab work, field trips or placements, learners may require assistants to help them to conduct practical work - not only to make working in such an environment as easy as possible, but also as a way of ensuring that the learner can take part safely.

Learners with mobility impairments often experience fatigue when working, and they are commonly granted extra time and rest breaks in exams in order to minimise its effects. A learner may find the physical process of writing an exam exhausting and may therefore also benefit from having a scribe whom they can dictate their answers to.

Insufficient Equipment, technological aids and other devices: Obtaining appropriate equipment as needed for individual learners, from hearing and vision aids, to electronically adapted mobility devices, to walking frames for learners, is a continuing barrier to providing equal access for education providers

iv. Limited Curriculum:

Although much work has been and is being done to devise appropriate adaptations of educational curricula for a range of learners in a range of age groups with a range of capacities and abilities, this is one of the largest areas of difficulty for education providers and their learners. It is a huge field because of the individual nature of learners and of their requirements and levels of readiness to learn. There are areas where not enough has been done or curriculum needs and curriculum adaptation is too little understood. In most cases the curriculum followed is rather limited in scope and that acts as a barrier to learning.

v. Parent-teacher interaction barriers: A lack of communication between teachers and parents is a major barrier that prevents academic success of children.

vi. Challenging conditions and disabilities that are the most difficult for teachers to incorporate in the class: There is common agreement at all levels of the education spectrum that some disabilities are more challenging than others. These are: behaviour problems, including Hyperactivity/Attention Deficit Disorder, Autism, learning difficulties (which often are accompanied by frustration in the student leading to behaviour difficulties), Deafness (due to communication difficulties about the curriculum) and psychiatric problems. Some teachers find it challenging to incorporate learners with intellectual disability in a regular class, because of the scope and amount of curriculum adaptation needed in the one class.

vii. Lack of differentiated instruction due to high -teacher ratios: Unfortunately, with the learner-to-teacher ratio, the teachers have to take the middle- of-the-road approach. The learners have to walk that fence and can either walk on it or fall off on one side or

the other. It's unfortunate that often the teachers do not have time to stop and pick that child up. The learner lagging behind keeps receding further into oblivion and this is indeed a great learning barrier.

viii. Class Management barriers: The teachers' inability to discipline children is considered to be a barrier to academic success because misbehaviour disrupts learning: Special needs learners may be disruptive due lack of attention and related problems. On the other hand, regular kids may misbehave in class and do it over and over and over again, if they feel that there are no consequences. That's disruptive for every child in that class, especially for a challenged child who is really trying. Researches show such disruption can be enough to derail them. Again, incorrectly blaming special needs learners for misbehaviour, or the staff picking on a child, can create barriers to academic success.

ix. Instructional Technology barriers: Technology barriers occur when a device or technological platform is not accessible to its intended learners and cannot be used with an assistive device. Technology can enhance the learner experience, but it can also create unintentional barriers for some users. Technology barriers are often related to information and communications barriers. Examples of technology barriers include:

- ❖ Electronic documents without accessibility features, such as alternative text (Alt Text), that screen readers read to describe an image.
- ❖ Handouts or course material that is available only in hard copies.
- ❖ Requiring learners to use a website that does not meet accessibility standards.
- ❖ Learning Management Systems or course websites that cannot be accessed using screen-reading software. An educator has a significant amount of autonomy in deciding if and how he uses technology in his courses.
- ❖ There are a number of ways ones can help remove technology barriers:
- ❖ Select digital textbooks where appropriate.

- ❖ Create digital course packs in easily convertible electronic formats.
- ❖ Use captioned videos or provide transcripts for video and audio files
- ❖ To learn how to create accessible lectures and accessible documents.
(Nelson, 1995)

3.7 Institutional/Systemic Barriers

- ❖ Organizational or systemic barriers are policies, procedures, or practices that unfairly discriminate and can prevent individuals from participating fully in a situation. Organizational or systemic barriers are often put into place unintentionally. Common forms of organizational or systemic barriers include:
 - ❖ A program that requires learners to take a full course load.
 - ❖ Office hours conducted in person only, or not allowing learners to access their professors or administrators by phone, e-mail, or other means of communication.
 - ❖ Having poorly defined or unclear learning objectives for a course.
 - ❖ Requiring learners to express their understanding of course content in only one way.
 - ❖ As an educator, there are a number of ways you can help remove organizational or systemic barriers:
 - Identify and clearly express essential course content and provide flexibility so that learners can express their understanding of essential course content in multiple ways.
 - Encourage learners to speak to you about accessibility issues in the classroom or about your course.
 - If you are involved in designing or developing new or revised facilities, services, policies, processes, courses, or curricula, ensure that these are designed inclusively, with the needs of persons with disabilities in mind.

Policy Barriers: Policy barriers are frequently related to a lack of awareness or enforcement of existing laws and regulations that require programs and activities be accessible to people with disabilities. Examples of policy barriers include:

- i. Denying qualified individuals with disabilities the opportunity to participate in or benefit from federally funded programmes, services, or other benefits;
- ii. Denying individuals with disabilities access to programs, services, benefits, or opportunities to participate as a result of physical barriers; and
- iii. Denying reasonable accommodations to qualified individuals with disabilities, so they can perform the essential functions of the job for which they have applied or have been hired to perform.

(<http://unesdoc.unesco.org/images/0017/001778/177849e.pdf>)

Self-Assessment Question 2

1. Mention any two examples of communication barriers.

2. Name the different types of barriers.

3. What is Systemic Barrier?

❖ **Programmatic Barriers**

Programmatic barriers limit the effective delivery of a public health or healthcare program for people with different types of impairments. Examples of programmatic barriers include:

- i. Inconvenient scheduling;
- ii. Lack of accessible equipment (such as mammography screening equipment);
- iii. Insufficient time set aside for medical examination and procedures;
- iv. Little or no communication with patients or participants; and

v. Provider's attitudes, knowledge, and understanding of people with disabilities.

- ❖ **Lack of available options:** There are not enough services available to learners with disability to match the requirements. In early education, a mix of services is often required. In schools, physical access limits choice, as does provision of support services and a selection of schools prepared to provide full access to the curriculum. Rural, regional and isolated areas provide minimal option.
- ❖ **Inconsistency (lack of equivalence) between various education providers and sectors:** In many instances, the move from one educational sector to the next reveals significant gaps in level of service. Moving a young child with disability from early childhood services to primary school is frequently a transition in which the programs and supports are not replicated in the new setting.
- ❖ **Unsatisfactory Co-ordination between services, departments and ancillary staff:** The need for collaborative service provision is great in supporting learners with disability. In many cities, towns, areas and regions, the needed coordination between education, health and community services is disorganised or non-existent. Ancillary staff of the most necessary disciplines of speech therapy, occupational therapy and physiotherapy are often not easily accessible to education authorities for their learners.
- ❖ **Insufficient funding for learner disability support:** Insufficient provision of funds is the biggest issue in providing equal access to education for learners with disability.
- ❖ **Lack of information to families about procedures (applications for funding, expectations of school's management of their child's education process):** Many parents have no information about procedures for funding or personal support and do not know what pre-schools, schools or any of the post-school services will arrange for the learner. Many do not have information about planning the learner's educational goals and how these are established, or what an Aide's role is, or whether

equipment can be obtained to assist in accessing the curriculum. They do not know how personal care or health care can be arranged.

Inadequate teacher training and support and integration aide training and support: Probably it is the biggest issue of all in the whole spectrum of barriers to access to education for learners with disability, along with the issue of insufficient funding infrastructure. In many countries there is still very little scope for adequate training and development of the teachers in a systematic and meaningful manner.

- ❖ **Cost of Access to buildings:** Many buildings used for child care and pre-school, schools, and premises used by adult and community education providers are not physically accessible. Many of these do not lend themselves to modification, or modification would necessitate enormous expenditure. Fund allocation is often insufficient and organizational policy frequently overlooks this need, granting this the lowest priority.
- ❖ **Inadequate Transitional programmes and procedures:** There is a very great need for clear policies, and more comprehensive and appropriate services, to assist learners with disability in three main phases of moving from one level of education to the next. The first transitional phase is from early childhood services/pre-school into primary school. This phase can make or break the young child's early entry into the formal school system. The second, a difficulty for all learners, is the progression from primary school to High School. The third, a very vital stage, is the transition from school to work, training, pre-employment training, vocational education, academic course, or adult and community education. There is little planning and procedural clarity regarding this need for more services in this area, to enable people with disability to either obtain the means to earning a living, or providing meaningful activity to the extent appropriate.

Anticipating and Dealing with the Barriers

Common modes of addressing the various barriers to learning discussed above are -

- ❖ **Balance** -It must be ensured that teaching and planning incorporates a range of learning and teaching styles and that there are activities that can accommodate to visual, auditory, kinaesthetic and tactile learners. It is also important to identify different areas of the classroom that can accommodate to the different learning preferences of the learners. This is particularly important for learners with dyslexia as often they are not as flexible or versatile as some other learners and may need to use their preferred learning style more often, particularly with new learning.
- ❖ **Planning** - Meeting the needs and dealing with the barriers need to be identified at the planning stage. Planning should not take place in isolation but needs to be contextualised to the learning environment, the anticipated learning experience and the actual learner. It is important therefore to have pre-knowledge of the individual learner. This can also be achieved through developing an observation schedule or framework that can help to inform both planning and teaching.
- ❖ **Differentiation** - Differentiation signifies effective teaching and advanced planning. If the curriculum is effectively differentiated to take account of the task, the input, output and the resources that are to be used then it is likely that all learners will be catered for in some way. Differentiation is about supporting the learner and guiding him/her from where they are now to where they should be. It is about helping to make all curricular materials accessible. It is also important to look at the assessment materials. Differentiation therefore needs to consider the learner, the task and the outcome as well as the resources.
- ❖ **Learner awareness/ learning style** - It is worthwhile to spend time with the learners to be aware of their own learning preferences. It will be useful to help them understand that there are advantages and disadvantages to every learning style and help them to identify their own particular style of learning and how they can use that style effectively.
- ❖ **Acknowledging creativity** -While a number of learners with special needs have natural creative abilities this will not apply to all. At the same time, it is important

that every learner is provided with opportunities and support to develop and utilise creativity and individual ways of using information.

- ❖ **Knowledge of the child's strengths and difficulties** - This is essential particularly since not all children with special needs will display the same profile. This is therefore the best starting point as often strengths can be used to help deal with the weaknesses. For example, dyslexic children often have a preference for visual and kinaesthetic learning and a difficulty with auditory learning. Therefore, phonics which relies heavily on sounds, and therefore the auditory modality, needs to be introduced together with visual and experiential forms of learning. The tactile modality involving touch and feeling the shape of letters that make specific should also be utilised, as well as the visual symbol of these letters and letter/sound combinations.
- ❖ **Consultation** - The responsibility for dealing with children with special needs within the classroom should not solely rest with the class teacher. Ideally it should be seen as a whole school responsibility. Consultation with school management and other colleagues is important, and equally it is important that time is allocated for this. Information from previous teachers, support staff, school management and parents are all important and such joint liaison can help to ensure the necessary collaboration to provide support for the class teacher. Importantly this should be built into the school procedures and not be a reaction to a problem that has occurred. Such collaboration can therefore be seen as preventative and proactive.
- ❖ **Current level of literacy acquisition** - An accurate and full assessment of the child's current level of attainments is necessary in order to effectively plan a programme of learning. The assessment should include listening comprehension as well as reading accuracy and fluency. Information on the level of attainments will be an instrumental factor in planning for learning.
- ❖ **Cultural factors** - Cultural factors are important as these can influence the selection of books and whether some of the concepts in the text need to be singled out for

additional and differentiated explanation. In order for a teaching approach with bilingual students to be fully effective it has to be comprehensive which means that it needs to incorporate the views of parents and the community. This requires considerable preparation and pre-planning, as well as consultation with parents and community organisations.

- ❖ **Developing Learning skills** - Learning is a developmental process that takes place over time. There is evidence that learners with special needs do need more time to consolidate new learning. Bransford, Brown and Cocking (2000) suggest that the word 'development' needs to be more firmly understood in educational terms. They maintain this term is critical to the understanding the changes to children's conceptual growth. This implies that cognitive development does not result from the gathering of knowledge, but from the processes involved in cognitive reorganisation. They suggest that children can develop metacognitive skills very early on and are able to plan and monitor their success and correct errors when necessary. These abilities however need to be nurtured and are dependent on mediation from the teacher. This is important in relation to overcoming various barriers to learning. The role of the teacher in promoting and developing metacognitive learning is crucial. Often competence in learning can only have be fully acquired when learners are able to transfer what they have learned to new situations. In order to facilitate transfer of learning students need to monitor their own learning and actively consider how they are progressing with the task, and the strategies they are using. Brown & Campione (1994) highlight this when discussing the key principles of effective teaching and learning. They suggest that students should be encouraged to be self-reflective. The environment they argue should be designed to foster intentional learning to encourage student reflection and should focus on the students' ability to discover and use knowledge. This means that every learning situation is in fact a new one. This can cause fatigue and certainly necessitates additional time to be spent on the new learning.

3.8 Let Us Sum Up

D. S. Lean & V. A. Colucci (2010) defines barriers to learning as a temporary or permanent "factor, condition, or situation that obstructs or impedes academic progress," resulting in mild to severe effects. Some barriers include ineffective communication and information difficulties; failure to recognize similar or identical situations that happen elsewhere, maladaptation, cognitive narrowing and event fixation; centrality of expertise, denial and disregard of outsiders; lack of corporate responsibility; and communication processes.

There are also other barriers that result from a range of social, political and psychological factors. When identifying the barriers to learning it is important to look at students' holistic needs and different learning styles. This would include: cognitive (learning skills) environmental (learning experience) and progress in basic attainments (literacy acquisition).

Each learning type responds best to a different method of teaching.

Barriers can be located within the learner, the education system and within the broader social, economic, political and cultural context. The World Health Organization (WHO) describes barriers as being more than just physical obstacles.

Factors in a person's environment that, through their absence or presence, limit functioning and create disability may be:

- ❖ a physical environment that is not accessible,
- ❖ lack of relevant assistive technology (assistive, adaptive, and rehabilitative devices),
- ❖ negative attitudes of people towards disability,
- ❖ services, systems and policies that are either non-existent or that hinder the involvement of all people with a health condition in all areas of life."

Here are the five most common barriers. Often, more than one barrier may occur at a time.

- ❖ Physical Barriers

- ❖ Psychological Barriers
- ❖ Socio-cultural Barriers
- ❖ Instructional Barriers
- ❖ Institutional/Systemic Barriers

3.9 Answer to Self-Assessment Question (SAQ)

Self-Assessment Question 1

As most of the cases a negative aspect or disability is picked for labelling a learner it creates a significant barrier to learning by forcing the learner into a repeated reminder of a particular inability which results in loss of confidence and motivation.

Self-Assessment Question 2

1. no caption in videos and using small print
2. Physical Barriers, Psychological Barriers, Socio-cultural Barriers, Instructional Barriers, Institutional/Systemic Barriers
3. Refer to section 3.7

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3.11 Unit End Exercise

1. What do you understand by barriers to learning? What are the different types of barriers to effective learning?
2. What do you understand by Physical Barriers? Discuss the various types with examples.
3. What do you understand by Psychological Barriers? Discuss the various types with examples.
4. What do you understand by Socio-cultural Barriers? Discuss the various types with examples.
5. What do you understand by Instructional Barriers? Discuss the various types in brief.
6. What do you understand by Institutional/Systemic Barriers? Discuss the various types with examples.

Reflective Exercise

1. Develop a report on the nature of barriers observed in any classroom of a school of your locality and the way in which the barriers may be minimized.
2. Prepare a seminar presentation on the socio-cultural barriers to inclusion and the ways the barriers may be minimized in a school.

3. Group discussion on Psychological barriers to inclusion and possible ways of minimizing the barriers in school settings.
4. Develop suitable LTM for minimizing any two kinds of barriers in a school subject of your choice and prepare a manual on the use of the same with detailed explanations of the uses of the LTM developed.

UNIT - 4: LEARNER SUPPORT SERVICES IN SCHOOL

Structure

- 4.0. Introduction
- 4.1. Objectives
- 4.2. Need for Support Services
 - 4.2.1. Concept of Support Services
 - 4.2.2. Types of Support Services
 - 4.2.3. Roles and Responsibilities of Stake holders towards Support Services
- 4.3. Individualized Educational Program (IEP) Services
 - 4.3.1. Role of teacher and inclusion specialist
 - 4.3.2. Planning and Implementation IEP and Student Support in Learning
 - 4.3.3. Monitoring of Adaptation & Accommodation Plan
 - 4.3.4. Use of Assistive Technology in Classroom
 - 4.3.5. Support to Parents
- 4.4. Specialized Services
 - 4.4.1. Disability Specific Multi-Disciplinary Services
 - 4.4.2. Adaptive Physical Education and Sports
 - 4.4.3. Promoting Braille for Learner with Visual Impairment
 - 4.4.4. Promoting Communication of Learner with Hearing Impairment
- 4.5. Let us sum up
- 4.6. Answers to self-assessment questions (SAQ)
- 4.7. References
- 4.8. Unit End Exercises

4.0. Introduction

An activity required for successful execution of a product or program or process is known as support service. The support services are managed by a separate department for any organization. Support services play an important role in augmenting the impact level of the basic services being provided to learners or in this case, the stake holders of inclusive education.

4.1 Objectives

Upon completion of the unit, the learner will be able to:

- ❖ identify the stakeholders and their responsibilities;
- ❖ describe the process of Individualized Educational Plan (IEP) in identifying instructional needs, personal difficulties for counselling and planning adaptation and accommodation strategies; and
- ❖ explain how learner support program can be planned for health and hygiene, sports & other life-skills.

4.2 Need for Support Services

Apart from curricular transaction in the class room by means of various accommodation, adaptation and modification, diverse learners also require support services. These support services are all inclusive of various physical, medical spiritual, moral and cognitive as per the need based facilities of the diverse learners, (NCSE, 2014).

4.2.1.-Concept of Support Services

Support in the present case denotes an inclusive education system that enables children with special educational needs to realise their potential. According to National Council for Special Education,2013,there are six types of principal requirement needed for support services of the learner. These are:

- i. All children with special educational needs are welcome and are able to enrol in their local schools
- ii. All educational supports are allocated equitably to schools in line with the educational needs of Learner.
- iii. All Learners with special educational needs have access to available educational supports in line with their needs.
- iv. Learner with special educational needs have an individualised assessment which informs teaching and learning, and forms one part of an ongoing and cyclical process of assessment, intervention and review of outcomes.
- v. Available resources are used to maximum effect to derive improved outcomes for children; State services work together to achieve this.
- vi. Parents' role as the natural and primary educators of the child is respected.

4.2.2. Types of Support Services

According to Government of Newfoundland and Labrador Department of Education (2001), there are different types of support services in this related area, which ought to be made available. These are Health Service, Early Intervention, Speech and Language Therapy Service, Occupational Therapy Service, Psychology Counselling, Physiotherapist, Child Protection and Welfare Social Work Service, Teacher, Special Educator and Dental Service.

Self-Assessment Question -1

Answer the following Questions each within 40 words.

- i. What are the Support Services?
- ii. Mention any two points from the check list of Support Services

Please Check your answers with the answers given at the end of this unit

4.2.3. Role and Responsibilities of stake holders towards Support Services

The most important work of a stakeholder towards learner support services is to carry out tasks at various levels. If you are successful, the system is going to be successful. Let us understand the role of stake holders in the process. According to Lantz,(2001). there are:

- i. To develop the Personal Care of the learner's stake holders should be developing and mobilized about learner's daily activity skills, mobility support, medical procedures, healthy/safe environment and lastly, independence/self- management skills.
- ii. To develop the Social Skill of the learner's stake holders should be developing and mobilized about learner's self-esteem, self-control, self-reliance and self-advocacy skills.
- iii. To develop the Behaviour Skill of the learner's stake holders should be developing and mobilized about learner's appropriate alternatives to undesirable behaviour ie, replacement behaviour and non-violent and
- iv. To develop the Cognitive Skill of the learner's stake holders should be developing and mobilized about learner's age appropriate strategies and equipment which will achieve the learner about their optimum cognitive functioning and level of independence

4.3. Individualized Educational Program (IEP) Services

IEP means "a written statement for a child with a disability that is developed by a team of persons for better understanding of how and what a learner needs to succeed in his/her education (Ontario Ministry of Education,2004).

4.3.1. Role of teacher and inclusion specialist

As adapted from Ontario Ministry of Education (2004), the roles teacher and inclusion specialist are:

- i. A general teacher must be included where the learners are participating in the regular education environment where as inclusion specialist contributes to the development of the IEP as per learners needs to succeed in his/her education
- ii. A general teacher must be contributing to the first-hand knowledge of the learner’s strengths, needs and interests, whereas inclusion specialist must contribute diagnostic assessments to determine the learners learning strengths and needs.
- iii. A general teacher must be fulfilling the role of the key curriculum expert on how the IEP can be developed to help the learner progress whereas inclusion specialist provide support to the learner’s classroom teachers by generating ideas and suggestions for developing modified expectations, alternative programs or accommodations and
- iv. A general teacher must implement the teaching strategies that will help the learners achieve his or her learning expectations whereas inclusion specialist must provide materials, resources and develop any modified or alterative learning expectation.

4.3.2. Learning, Planning and Implementation (LPE)

LPE and Student Support in Learning Planning and Implementation is the most important part of IEP. So Planning and Implementation includes:

Table-1: Planning & Implementation guidelines

<i>Planning</i>	<i>Implementation</i>
<ol style="list-style-type: none"> i. It should include essential demographic information about the learner like medical history, social background, economic status and the present levels of educational performance. ii. It should include of assessment criteria for measuring achievement of progress toward objectives and ii. It should include adaptations and accommodations. 	<ol style="list-style-type: none"> i. For the effective implementation of a learners IEP, provide opportunities, ongoing assessment, Identification and review and revision of the daily plan. ii. Establish and implement a daily plan. It should be instructional, effectiveness of materials, communication among team members and accountability and ii. Effective daily plan should include learner’s environment, team member responsibilities and evaluation criteria

Source: Inclusion Support services, 2016

4.3.3. Monitoring of Adaptation and Accommodation Plan

According to accommodations and adaptations, 2008 for students with disabilities in an inclusive setting and meeting the needs of English language learners program guidelines Commonwealth of Pennsylvania Department of Education (2008) Monitoring of adaptation and accommodation plan depends on:

- i. Understanding the types of disabilities and implications for learning. These are ability to plan for types, characteristics of different types of disabilities, legal rights, practices and adaptations.
- ii. Specify the experiences children need from birth to age eight to prepare them to learn, read, and succeed in school.
- iii. For the development of cognitive skill about the learner, it should be design learning environments for improvement of memory, attention, perception, action and problem solving skill and
- iv. Understanding the plan of instruction regarding the types of assessment. These are: Authentic, Screening, Diagnostic, Formative and Summative Evaluation.

4.3.4. Use of Assistive Technology in Classroom

It has been thoroughly discussed in Block IV, Unit II.

4.3.5. Support to Parents

When parents learn that their child has a disability or a chronic illness, they begin a journey that takes them into a life that is often filled with strong emotion, difficult choices, interactions with many different professionals and specialists, and an ongoing need for information and services. Support is a variety of service options and assistance to parents provides them with "whatever it takes" for them to live as much like other parents as possible and enables them to stay together.

According to the "In their own words (n.d.), the supports are -

- i. Parents should be provided the opportunities about their children.

- ii. Parents should be disability conscious about children regarding any additional disabilities. Such as visual, motor, cognitive, attention/behaviour, other condition and demographic factors.
- iii. Parents should help to make their child acquire moral development.
- iv. Parents should be provided with the knowledge of how people keep link with each other.
- v. Availability of best educational options in mainstream support services also self-contained classroom and work schedules.
- vi. Knowing about the expectations regarding benefits of assistive devices.

4.4. Specialized Services:

Specialized Services seek to provide learner with special needs the opportunity to participate fully in the educational programs and benefit from all aspects of life through the use of reasonable and appropriate accommodations and support services. This enhances the achievement of the learner as a whole, (Woods, 2017)

4.4.1. Disability Specific Multi-disciplinary services

According to A guide to services for children with disabilities(n.d.) the services will provide equipment and modification service assessors, assessment, intervention and management services to promote rehabilitation / habitation outcomes for children who suffer with different disabilities. So the types of services are specific disability related services. They are:

- i. physiotherapy,
- ii. occupational therapy,
- iii. seating and mobility,
- iv. clinical gait analysis (study of how a child walks),
- v. speech and language therapy,
- vi. nutrition and dietetics,
- vii. nursing,

- viii. educational technology,
- ix. assistive technology,
- x. social work,
- xi. psychology,
- xii. medical and orthopaedic services,
- xiii. home respite services, and
- xiv. clinical feeding and swallowing assessments.

Adapted from **A guide to services for children with disabilities(n.d.) p-33**

4.4.2. Adaptive Physical Education (APE) & Sports

According to Guideline for Adapted Physical Education, (n.d.) adapted physical education is an individualized program of instruction created for learner with disabilities that enables success in physical education. In the given context, to "adapt" means the ability "to adjust" or "to fit" modifications to meet the needs of learner. APE is a sub discipline of physical education and encompasses the same components associated with physical education, providing safe, personally satisfying and successful experiences for learner of varying abilities.

Physical activity is one of the few areas that allows for the development of all three domains that are so important to growth and development. The following table summarizes its essence:

Table- 2: Effect of Physical activities in the three domains: In a nutshell

Psychomotor Domain	Cognitive Domain	Affective(Social/Emotional)
i. Balance, coordination, eye-hand coordination, etc. ii. Gross motor	i. Development of learning styles: musical/rhythmic, verbal/spatial, auditory/verbal, naturalist, &mathematical/logical.	i. Non-competitive ii. Non-aggressive ii. Non-violent v. Gender equal v. All-age inclusive

development	ii. Number awareness & math concepts.	vi. Culturally adaptive
ii. Development of body/ kinaesthetic/tactile and spatial learning styles	iii. Vocabulary, literacy, and reading skill development.	ii. Work alone, with a partner, or in a small Group
v. Cardiovascular fitness	iv. Learning and following directions	ii. Development of intra- and interpersonal learning styles
v. Muscular strength and endurance	v. Following auditory cues or visual cues	
vi. Flexibility	vi. Sequencing skills	
	vii. Problem solving	

Adapted from Davis (2012).

4.4.3. Promoting Braille for Learner with Visual Impairment

National Braille Press (n.d.), Braille is technically defined as a tactile writing system used by the blind and visually impaired persons to improve their means of communication. Braille was named after its creator, Frenchman Louis Braille, who lost his eyesight due to a childhood accident. Braille characters are small rectangular blocks called cells that contain tiny palpable bumps called raised dots. To aid in describing these characters by their dot or dots, the six dots of the cell are numbered 1, 2, 3, downward on the left, and 4, 5, 6, downward on the right".

This system consists of two columns of three points with three different levels of encoding. These are:

- i. A letter-by-letter transcription used for basic literacy.
- ii. An addition of abbreviations and contractions.
- iii. Various non-standardized personal shorthand.

4.4.4. Promoting Communication of Learner with Hearing Impairment

Speech is an oral and verbal manifestation of language. Speech refers to the actual production of sounds making words. These sounds are produced by the coordination of facial muscles and the flow of air through the human voice box (larynx). Language refers to our complex system of symbol used to communicate. Moreover, the spoken word is the foundation of all languages. While comparing the various aspect of language, one can conclude that ear language (spoken/oral aspect) and another is eye language (writing language). Ear language (spoken aspect) or oral language is the means of human linguistic communication among people and it is used in daily life because it is the medium for conversation. So human linguistic communication depends on four modes.

These are

- i. Aural/Oral (Listening/Speaking)
- ii. Visual/Graphical (Reading/Writing)
- iii. Visual/Manual (Sign Language)
- iv. Speech reading

and three methods,

- i. Oralism
- ii. Total Communication
- iii. Education Bilingualism

Adapted from: NSOU, B.Ed. Spl.Edu. SLM, B-7, (2016)

But unfortunate deaf student cannot perceive the sound about nature with the help of ear that's why they are already delayed to ear language which is oral language in spoken aspect. In this view, Promoting Communication of Learner with Hearing Impairment depends on the degree of loss and type of hearing loss.

dB level	Type of Impairment	Promoting Communication
-0 to 25 dB HL	Normal Hearing	Speech and language normal and normal pattern of development with good auditory perceptive skills.
26-40 dB HL	Mild Hearing Loss	Speech and language developments are within normal limits. May exhibit occasional auditory perception problems some educational retardation likely.
41-55 dB HL	Moderate Hearing Loss	Language development and speech are mildly affected. Difficulty with rarely used words, minor differences in meaning of words and idioms, defective articulation but still intelligible speech loss quality and inflection almost normal. Reading and writing delayed. Vocabulary training, reading and writing to be special attended train addition to schooling.
56-70 dB HL	Moderate-Severe Hearing	Grammar, vocabulary, articulation and voice are affected understand in loud speech. Early speech is unintelligible. Even with hearing aids show difficulty in understanding. Reading and writing need special assistance.
71-90 dB HL	Severe Hearing Loss	Speech and language do not develop spontaneously. Sound produced very loudly at a distance of 1ft. and near the ear. The voice will be high-pitched and articulation distorted.
>90 dB HL	Profound Hearing Loss	They do not rely on hearing for their communication. Language and speech develop only by training and they are educationally deaf.

		Communicate mostly through gestures, voice, inflection, articulation greatly affected. Required regular speech and language training regarding subject's expert.
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Source: NSOU, B.Ed. Spl.Edu. SLM, B-7, (2016)

4.5 Let us sum up

This unit deals with various support services apart from curricular transaction. Support in the present unit delineates an inclusive basket of various physical, medical etc. as per need facilities of the diverse learners. The various roles & responsibilities of the stake holder's functionaries are dealt with precision. Also, all educational supports are allocated equitably in tandem with the educational and physical education needs of the diverse learners.

4.6. Answers to self-assessment questions (SAQ)

Answers to self-assessment question-1

- i. Support services are an essential part of CWSN, with the help of which a child can optimise the impact of education and thereby achieve more in life. It is fostered by the school and other professionals who work with CWSN.
 - ❖ Use your own knowledge of your child's learning and social needs.
 - ❖ Collect information on all the educational options that may be accessible to your child.

Answers to self-assessment question-2

- i. Screening assessments are used to determine which learners may be at risk. It identifies those learners needing additional in-depth assessment of strengths and weakness.
- ii. Two characteristics of APE are:
 - ❖ It is an individualized programme of instruction created for learners with disabilities
 - ❖ It provides successful experiences for learner of varying abilities.

4.7. References

NSOU, B.Ed. SLM, B-7, Introduction to Sensory Disability (2016) Isted pp-77, 84-85 and 97-98

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4.8. Unit End Exercises

- i. What are the role of Speech and Language Therapist?
- ii. What is the role of Physiotherapist?
- iii. What is a Disability Specific Multi-disciplinary service?

- iv. How many domains are there for growth and development?
- v. What is Braille? Who invented the Braille system and how many dots are there in the Braille System?
- vi. What do mean by Eye Language and Ear Language?
- vii. How many modes of linguistic communication are there?
- viii. List the methods of linguistic communication?

Reflective Exercises

1. 1.Point out three special needs of children and indicate the required support services for them.
2. 2.Mention three activities to bring up a change favourable towards special need learner of your community.
3. 3.Does your school provide any nutrition services to the learners? How far are parents open to accepting this?



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