

Case study

Empowering children with disabilities through government programmes- case studies

S RADHIKA¹ and M VIJAYA LAKSHMI²

¹Zilla Parishad High School, Koppaka, Mandal Pedavegi

²Bhavitha Centre, Mandal Pedavegi, Dist West Godavari 534003 Andhra Pradesh, India

Email for correspondence: drradhikasivvala@gmail.com

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ABSTRACT

Inclusive education policy has been introduced in India but the concept is in its infancy. The present study includes ten case studies of students with disabilities in West Godavari district of Andhra Pradesh. Special efforts were made to handle these students so that they could make their daily routine works in a normal way. The study reveals the changes occurred in the behavior of them after intervention.

Keywords: Children; disabilities; inclusive education; education policy

INTRODUCTION

Intellectual disability is a condition characterized by below average intellectual functioning (IQ <70) in conjunction with significant limitations in adaptive functioning. Intellectual disability may occur as an isolated phenomenon or accompanied with malformations, neurological signs, impairment of the special senses, seizures and behavioral disturbances (Srivastava and Schwartz 2014).

The National Education Policy 2020 is the first education policy of the 21st century and aims at addressing the many growing developmental imperatives of our country (Anon 2020). This policy proposes the revision and revamping of all aspects of the education structure including its regulation and governance to create a new system that is aligned with the aspirational goals of 21st century education including SDGs (sustainable development goals) while building upon India's traditions and value systems. The National Education Policy lays particular emphasis on the development of the creative potential of each individual. It is based on the principle that education must develop not only cognitive capacities- both the 'foundational capacities' of literacy and numeracy and 'higher order' cognitive capacities such as critical thinking and problem solving but also social, ethical and emotional capacities and dispositions.

Inclusion in education refers to a model wherein students with special needs spend most or all of their time with non-special (general education) needs students. It arises in the context of special education with an individualized education programme or 504 plan and is built on the notion that it is more effective for students with special needs to have said mixed experience for them to be more successful in social interactions leading to further success in life. Inclusion rejects but still provides the use of special schools or classrooms to separate students with disabilities from students without disabilities (<https://www.codemotion.com/magazine/Glossary/inclusion-education/>). Schools with inclusive classrooms do not believe in separate classrooms. They do not have their own separate world so they have to learn how to operate with students while being less focused on by teachers due to a higher student to teacher ratio [[https://en.wikipedia.org/wiki/Inclusion_\(education\)](https://en.wikipedia.org/wiki/Inclusion_(education))]. Implementation of these practices varies. Schools most frequently use the inclusion model for selected students with mild to moderate special needs. Fully inclusive schools, which are rare, do not separate 'general education' and 'special education' programmes; instead the school is restructured so that all students learn together.

Inclusive education differs from the 'integration' or 'mainstreaming' model of education

which tended to be concerned principally with disability and special educational needs and learners changing or becoming ‘ready for’ or deserving of accommodation by the mainstream. By contrast, inclusion is about the child’s right to participate and the school’s duty to accept the child [([https://en.wikipedia.org/wiki/Inclusion_\(education\)](https://en.wikipedia.org/wiki/Inclusion_(education)))].

The inclusion of the children with disabilities is about the child’s right to participate and also it is the duty of the school to accept the child. The inclusion of children with disabilities in regular schools is now one of the most significant issues facing the education community both nationally and internationally (Sharma et al 2008).

For promoting socialization between disabled and non-disabled children, inclusion is the best practice. An inclusive approach works towards eradication of stigmas, caters for individual learner’s rights, encourages staff teamwork and provides opportunities for special needs children to function in the real world to demonstrate their strengths. It is important to create an inclusive environment in the classroom for all children especially children with disabilities (Anon 2005).

It is noteworthy that those grade-level standards of children with ID (intellectual disabled) differ from their achieving grade level standards because of the discrepancy between the chronological age of intellectual disabled children and their mental age. Within this perspective, the specialists focus on the educational needs of those marginalized groups and use alternate and multisensory methods according to the alternate achievement standards of those students (Nyakudzuka and Barbra 2014, Miles and Singal 2010).

As a result, the implementation of inclusive education (IE) of children with ID in general schools has been a goal in many countries. Inclusion provides equal access to all children on academic, social, psychological and physical environments irrespective of the race, gender, colour, severity or the type of the disability of the pupils.

Ensuring the inclusion and equal participation of children with disabilities in ECCE and the schooling system will also be accorded the highest priority. Children with disabilities will be enabled to fully participate in the regular schooling process from the

foundational stage to higher education. The Rights of Persons with Disabilities (RPWD) Act 2016 defines inclusive education as a system of education wherein students with and without disabilities learn together and the system of teaching and learning is suitably adapted to meet the learning needs of different types of students with disabilities. This policy is in complete consonance with the provisions of the RPWD Act 2016 and endorses all its recommendations with regard to school education. While preparing the national curriculum framework, NCERT will ensure that consultations are held with expert bodies such as national institutes of DEPWD.

To this end, schools/school complexes will be provided resources for the integration of children with disabilities, recruitment of special educators with cross-disability training and for the establishment of resource centres, wherever needed, especially for children with severe or multiple disabilities. Barrier free access for all children with disabilities will be enabled as per the RPWD Act (Anon 2020).

Different categories of children with disabilities have differing needs. Schools and school complexes will work and be supported for providing all children with disabilities accommodations and support mechanisms tailored to suit their needs and to ensure their full participation and inclusion in the classroom. In particular, assistive devices and appropriate technology-based tools as well as adequate and language-appropriate teaching-learning materials (eg textbooks in accessible formats such as large print and Braille) will be made available to help children with disabilities integrate more easily into classrooms and engage with teachers and their peers. This will apply to all school activities including arts, sports and vocational education. NIOS will develop high quality modules to teach Indian sign language and to teach other basic subjects using Indian sign language. Adequate attention will be paid to the safety and security of children with disabilities.

As per the RPWD Act 2016, children with benchmark disabilities shall have the choice of regular or special schooling. Resource centres in conjunction with special educators will support the rehabilitation and educational needs of learners with severe or multiple disabilities and assist parents/guardians in achieving high quality home schooling and skilling for such students as needed. Home-based education will

continue to be a choice available for children with severe and profound disabilities who are unable to go to schools. The children under home-based education must be treated as equal to any other child in the general system.

There shall be an audit of home-based education for its efficiency and effectiveness using the principle of equity and equality of opportunity. Guidelines and standards for home-based schooling shall be developed based on this audit in line with the RPWD Act 2016. While it is clear that the education of all children with disabilities is the responsibility of the State, technology-based solutions will be used for the orientation of parents/caregivers along with wide scale dissemination of learning materials to enable parents/caregivers to actively support their childrens' learning needs which will be accorded priority. Under IEDSS (Inclusive Education of the Disabled at Secondary Stage) scheme of government special education teachers were recruited in government of Andhra Pradesh.

Different rehabilitation programmes are being run by schools and Bavitha centers in AP government. Mandal level recourse centers called Bhavitha centers run by Samagra Shiksha project of government benefit the children with disabilities. In particular escort, transport and girl child scholarship also will be provided by government. Libraries and laboratories will be strengthened and adequate reading materials like books, journals etc and other teaching-learning materials will be made available.

The awareness and knowledge of how to teach children with specific disabilities (including learning disabilities) will be an integral part of all teacher education programmes along with gender sensitization and sensitization towards all underrepresented groups in order to reverse their underrepresentation.

Case study-1

An 11 year-old Prem Chand was indicated with mild intellectual disability. He was attractive, almost beautiful with thick dark hair and large brown eyes. He experienced frequent outbursts of anger and bite when he became upset. He was cognitively delayed and his reading and writing skills were poor and his grades were low because he failed to complete or turn up to his work. He was independently performing

activities of daily living such as bathing and eating. He exhibited stubbornness, impulsive and poor frustration tolerance causing aggression towards his parents and peer or classmates. Socialization skills were restricted and eye contact was poor. There was no history of consanguinity. No complications were reported during pregnancy or birth. Based on the case study description the special education teacher sat in the back of Prem Chand in the classroom and observed him for two hours in the morning the first day and an hour in the afternoon the following day. She completed running records of all of his activities. She tallied the number of times he left his seat. She tallied the number of times he engaged other students in conversation. She used a stopwatch to time how long he focused on his assignments before he became distracted and which conditions were influencing to becoming anger. She didn't stare at Chand but looked at the entire class so that he would not feel spied upon. Special education teacher discussed about Prem Chand's case with his parents and school management and she explained about adaptive class strategies to improve his emotional status and academic standards. After implementation of classroom plan, teacher had observed the Prem Chand's behavioural and academic performance. Now he was capable to copying of the English alphabets than before and was able to write few words, completing his homework on and off with the help of others. After intervention he was saying few words on repeated verbal prompts and was able to follow instructions better than before. Now he was more cooperative and friendly with his friends; his attention levels were improved.

Case study-2

Vishnu was a 14 year-old student identified with intellectual disability. Academically he had maintained Cs and Bs in 2nd and 3rd grade. Vishnu also had a moderate hearing loss that required him to wear a hearing aid. His speech was intelligible to others despite his hearing impairment but typically he communicated with others by lip reading and responding verbally. Vishnu exhibited behavioral outbursts including mood swings, inattention, yelling and cursing loudly when things didn't go his way in the classroom and at the school. During interview, teacher found that he was facing difficulty to make friends with the non-disabled peers because they were making fun of him and teacher found that he was more anxious/stressed when trying new tasks, concerned with making a mistake and looked for assistance before trying. After observing Vishnu' case history based on his case

description, special education teacher interacted with school teachers and parents to reduce his behavioral outburst like impulsive and aggression and improved his attention span and mood swings. Special educator teacher implemented adaptive classroom strategies to enhance his attention span, mood swings and was able to modify his negative thoughts to positive thoughts. Behavioral interventions included systematic desensitization, graded task assignments, activity scheduling and breathing and relaxation training intervention.

Case study-3

Nandu was a 15-year-old student with a mild cognitive disability. He was studying in 5th standard in government school. Nandu would not engage in conversation with his family and friends at school but he was rather quiet at academic works. He lived with his mother, father and younger brother. He was impaired in social interactions like he didn't respond to being introduced to others; he felt hesitation to join a conversation with his friends or peer and also was unable to compromise with his classmates. The teacher found that Nandu had so little confidence in his abilities that most of the time he refused to try the simplest tasks. School teacher and his parents trained him in getting ready independently for his day the each morning. As a result, Nandu was able to effectively shower and brush his teeth with little assistance. After observing Nandu's case, special education teacher implemented social skills strategies like effective relationship, social cooperation, making friendship etc. These skills were implemented through story telling and modelling. Parents and school teachers also participated in this programme. After intervention programme, Nandu showed good improvement in social interactions. Nandu's parents and teachers expressed that now he was more confident to ask questions and joining in conversations with his friends. Now he was polite with his teachers and peer group.

Case study-4

Anusha was a 11 year-old girl. She was not attending school because she had multiple disabilities including intellectual disability and speech impairment that made her speech mostly unintelligible to people who were not familiar with her. She could not independently perform activities of daily living such as bathing and eating. Attempts at toilet training were unsuccessful. Socialization skills were restricted and eye contact was poor. Special education teacher noted

that Anusha was intellectually impaired, hyperactive and had poor eye contact and displayed repetitive behaviour like flipping her hands and running circles. After observing the Anusha's case, special educator teacher based on her requirements, planned the strategies to improve her daily living activities and focused on her social interactions and language development. Intervention strategies were toilet training physical demonstration (being placed on the potty at regular times), rewards and physical closeness with child. These practices helped her to be independent in toilet training. Special educator teacher implemented strategies to improve her speech using speech intervention strategies like interacting through talking, playing, using picture cards and story books etc. Anusha's speech was intelligible and was easily understood by others and there was little improvement in the ability to understand and express thoughts, ideas and feelings.

Case study-5

Sri Lakshmi was a 16 year-old student studying in 6th standard in government school. Sri Lakshmi was assessed with mild intellectual disability and some behavioral problems like impulsive inability to cope up with the routine of daily tasks and also having emotional problems like negative self-concepts and low self-esteem. She tended to be fairly quiet when she was in new situations and was around people she didn't know. Teacher noted that she struggled with oral reading comprehension and written expression. The case of Sri Lakshmi provided a description of a student who had been diagnosed with mild intellectual disability and behavior disorder. Special educator teacher interacted with her parents and regular classroom teachers made them to understand and provided favorable environment to the student. The special education teacher first attempted to use behavioristic techniques with rewards and privileges to shape her behaviour to more positive outcomes. Behaviour management technique has been the mainstay of special education and can demonstrate fast results. Intervention programme strategies helped her to cope up with daily tasks and made her able to control her emotions. After intervention programme, Lakshmi was able to copy English and Telegu words, writing numbers and reading few sentences orally.

Case study-6

Akhila was a 10 year-old girl with intellectual disability along with cerebral palsy. She was not attending school as she couldn't sit for long hours. She

exhibited poor skills in day-to-day activities like sitting, walking, toileting etc. Special educator noted that Akhila's social skills were poor. After observing her, special educator helped her to put a request letter to government of AP which under ADIP scheme provided a wheelchair to her and special educator implemented strategies to enhance her personal care activities like sitting, walking, playing, dressing, toileting etc. She focused on her movement training and equipment such as walking frames, wheelchairs, supportive seating and footwear. After few days the wheelchair was broken and she was not able to sit in an ordinary chair. Again, one more wheel chair was donated by special education teacher's friend who was a special educator at US. After this, home-based intervention helped her to strengthen the social skills and quality life of her.

Case study-7

Mounika was a 11 year-old girl with intellectual disability along with cerebral palsy. She was taking home-based intervention programme. She was poor in physical movements and posture causing her frustration, helplessness in daily life activities and was showing aggression towards her parents. She was provided with posterior walker by government of AP. After observing Mounika's case, special educator planned appropriate strategies which helped her to improve the physical movements, reduce the aggression and negative emotions like helplessness, frustration etc. These home-based intervention strategies fostered in her fitness and independent activities like nutritious food, sitting, walking, bathing, toileting etc.

Case study-8

Lohitsai was a 11 year-old boy with intellectual disability. He was studying in 3rd standard in government school. His academic status was poor because he exhibited learning disabilities and had difficulty in copying and identifying alphabets. Also, he didn't complete his homework but he was capable of identifying familiar objects. During classroom observation, special educator noted that he showed stubborn behavior; he used to beat others and run out of classroom frequently as he couldn't sit for long hours. Due to this behavior, his socialization skills were poor. Based on his case description, special educator planned special strategies like modeling, role play and behaviour modification techniques allowing the child to interact in his environment and gain control over his emotions.

After implementing inclusive education, he was able to identify 5 alphabets, copying all alphabets with more accuracy than before, speaking sentences when creating a situation to make him speak and following instructions in better way. His general comprehension was little improved.

Case study-9

Pavan Kumar was 14 year-old student with mild intellectual disability. He was studying in 5th standard in government school. He was pre-mature child born at 7 months. Special educator teacher noted that he had poor socialization skills like difficulty to interact with others, interpersonal conflicts and hard to adjust in simple situations. After observing his case history, special educator planned appropriate intervention strategies to help him improve the quality of life. Role play, modeling and reinforcement of positive interaction strategies were used in social skill trainings. Pavan's parents and class teachers also expressed their positive feeling towards intervention programme. After intervention programme, his interactions were effective with others; he recognized and responded to social cues, applied appropriate responses in specific situations, avoided interpersonal conflicts and adjusted to simple and complex situations.

Case study-10

Usha Rani was 14 years-old student studying in 4th standard. She had mild intellectual disability and had very poor personal hygienic skills. Her parents and classmates also taught personal skills at home and school but they were unsuccessful. Usha Rani's mother also attended intervention programme because she was her primary caretaker at home. After observing the Usha Rani's case description, special educator used the audio-visual methods to improve her personal hygiene activities. These audio-visual aids consisted of watching videos containing sound and movement in practicing personal hygiene activities. This visual media displayed still images such as film strips, photo slides, pictures or paintings and prints. There were also visual media that showed moving images or symbols such as silent films and cartoon films. At the end of the programme and again 3 months later, the personal hygiene habits were significantly improved compared to before the training programme. Now she was able to wash her hands/face/hair/body, keep oral hygiene, brush her teeth, keep clothing hygiene and also maintain menstrual hygiene.

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