

# A Review on Inclusive Education: Educational Models for Children with Disabilities

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**Abstract**

*In a developing nation as diverse as India, promoting and ensuring inclusive education for children propels progress for the nation's future. "UNICEF(2023), Children with disabilities refer to individuals with long-term physical, mental, intellectual, or sensory impairments that may hinder their participation in society due to interactions with various barriers". Inclusive education is a teaching approach that ensures all students have equal opportunities and promotes a sense of belonging in all students including the ones living with a disability. The review analyzes the existing educational models along with government initiatives in India, highlighting their effectiveness and limitations. It attempts to refine inclusive education in India by providing suggestions and modifications to the current educational models and government initiatives based on efficient systems functioning in other countries.*

**Keywords: Children with Disabilities, India, Inclusive Education, Educational Models, Government Initiatives**

**People with Disability**

According to WHO(2023), 1.3 billion people are identified to have significant disability worldwide. According to UNICEF, at present there are nearly 240 million children with disabilities, globally. Out of which 28.9 million are children aged 0-4 years, and 207.4 million are 5-17 years. In India, 4.52% of the population are identified as having disabilities, and 26.92 % that is 7,65,602 children of age 0 - 14 years have disabilities.

"CDC(2024), a disability is any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions)". Disabilities among children are broadly classified into two types: psychological and physiological disabilities.

## **Psychological Disabilities in Children**

(As per DSM-V, The Diagnostic and Statistical Manual of Mental Disorders, fifth edition)

### **Autism Spectrum Disorder(ASD)**

A neurological condition that generally occurs in the first few years of life, is also a developmental disorder. This disorder affects the way of communication of individuals with others, how they behave and their learning abilities. This is termed as a “spectrum disorder” as it is a condition with varying levels of severity of symptoms based on people's experiences. Individuals with ASD tend to show restrictive and repetitive interests and behaviours along with issues in sleep and irritability. Diagnosis can be done by cross checking the symptoms of ASD according to DSM-V. If only lack or low social interaction symptom is present, then the individual will be diagnosed with social communication disorder.

### **Attention Deficit/ Hyperactivity Disorder(ADHD)**

A neuro developmental disorder in which a continuous pattern in impairing levels of inattention, disorganization and/or hyperactivity or impulsivity is exhibited. This occurs in the developmental stage of the individual and affects their functioning. To diagnose an individual with ADHD, eighteen symptoms are checked. Diagnosis criteria is six or more than six symptoms must persist for six months or more for each inattention and hyperactivity/impulsivity domain with the level of development having negative impacts on academic and social or occupational activities. Minimum of five symptoms are required for individuals aged 17 and older to get diagnosed.

### **Intellectual Disability**

Also known as intellectual development disorder. This mental disorder begins in the developmental stage showing deficits in cognitive capacity. To diagnose an individual with intellectual disability, both clinical assessments and standardized intelligence testing are checked. Along with standardized IQ tests scores, DSM-5 focuses on the individuals' overall ability by checking their adaptive functioning to understand the severity of impairment. This is done by assessing intelligence across conceptual, social and practical domains.

### **Speech or Communication Disorder**

These disorders hinder the ability of an individual to talk or communicate. These include fluency disorders like stuttering that is atypical rhythm in speech, articulation disorder dealing with difficulty in atypical production of speech sounds, voice disorders include abnormal pitch, resonance, expressive and mixed receptive-expressive language disorder, phonological disorder and social communication disorder hampers the social interaction, understanding and language processing of the individual. Social communication disorder cannot be diagnosed if restricted repetitive behavior is shown along with low social interaction by the individual as they will be diagnosed with ASD.

### **Learning Disability**

A range of conditions affecting an individual's ability to learn and process information. Reading disorders like dyslexia, language disorder like aphasia, math disorder like dyscalculia and writing disorder like dysgraphia are some of the learning disorders. Specific learning disorders are diagnosed through standard assessments and evaluations conducted by educational professionals.

### **Bipolar Disorder**

Diagnosis of Bipolar I disorder, manic and hypomanic episodes includes changes in activity, mood and energy. Instead of checking mixed episodes, individuals must meet all the criteria of

both mania and major depressive episodes, a new “with mixed features” is checked which can be entered for both mania or hypomania in the presence of depressive features. In the second condition, Bipolar II syndrome includes the individual having a past history of major depressive disorder meeting every criterion of hypomania along with the “at least 4 consecutive days” duration criterion.

### **Behavioural Disorders**

These disorders are characterized by difficulty in controlling impulses, aggressive behaviours and self-control which are considered to be a threat to societal norms and others’ safety. Oppositional defiant disorder, antisocial personality disorder, intermittent explosive disorder, pyromania and kleptomania are some behavioural disorders. Diagnosis is done by diagnostic tests, evaluation tests followed by medical and mental health history.

### **Trauma and Stress-related disorders**

These disorders are not considered as a disability but has the potential to negatively affect children in their learning journey due to its commonality. Reactive attachment disorder, acute stress disorder, Posttraumatic Stress Disorder (PTSD), adjustment disorder and disinhibited social engagement disorder are some of the trauma and stress-related disorders. Diagnosis is done by conducting psychosocial assessments and checking the symptoms, medical and mental health history.

### **Physiological Disabilities in Children**

#### **Physical Disabilities**

According to ICD 10, physical disabilities are categorized as “Activity and Participation”. Individuals having physical disabilities face difficulties in performing everyday activities or participating in society. Range of physical disabilities are classified into- impairments of movements like paralysis, hemiparesis and ataxia, sensory impairments like blindness, deafness and sensory neuropathy, pain conditions, cognitive impairments which hinders body functions, daily activities and participation. The diagnosis includes identifying the underlying condition(s) causing the physical disability. This is done by checking the clinical history, physical exams, diagnostic tests and evaluative tests conducted by a doctor.

#### **Motor Disorder**

These disorders are characterized by impairments in motor functions. Developmental motor disorders such as Tourette’s syndrome, stereotypic movement disorder, persistent and chronic motor tic disorder, provisional tic disorder and acquired motor disorders, neurological disorders like Parkinson’s disease, stroke, cerebral palsy, muscular dystrophy, Huntington’s disease, and spinal cord injuries. “O’Shea (2008), in clinical practice, the diagnosis of disorders like cerebral palsy is typically based on observations or parent reports of attained motor milestones, such as sitting, pulling to stand, and walking, and evaluation of posture, deep tendon reflexes, and muscle tone”.

Multiple disabilities refers to the occurrence of two or more disabilities simultaneously in an individual, which affects their learning ability and ability to perform daily life activities- for instance, deafness and blindness, Tourette’s syndrome and deafness.

### **Education and Children with Disabilities**

“Today’s youth are tomorrow’s leaders” said by Smita Guha emphasises the importance of youth in the future of a country and how parents, teachers, caregivers, educators, and administrators encourage learning.

Education being one of the fundamental human rights, it is vital for all children, regardless of their abilities to be able to access education. “World Bank (2003), India’s education system, with 108 million school-going children in the 6 to 10 age group, is the second largest in the world after China”. “Singal (2006), Education comprises a diverse group of citizens in terms of linguistic, social, economic, and cultural backgrounds”. Thus, it is crucial to ensure access to quality education for children with disabilities both for their emotional, social, and economic development and for the future of the country. The United Nations had recognized the importance of quality education and hence made it one of the seventeen sustainable development goals in 2015.

It is thus vital to demonstrate inclusion, equality, empowerment, independence, equal economic opportunities, and social integration for children with disabilities. This can be done by addressing the challenges and working towards inclusive education, a more inclusive society will be created where children have the opportunity to reach their full potential and give back to the country.

## **Method**

### **Search Approach**

Review began with thorough search of articles and journals published. The approach uses search terms ‘inclusive education’, ‘inclusive education for children with disabilities’, ‘inclusive education for children with disability in India’, ‘educational models in India’. Electronic databases PubMed, Shodganga, Taylor & Francis, Google Scholar & ScienceDirect and the websites such as UNICEF, WHO, and APA were explored for all articles and journals published, specifically associated with inclusive education, educational models for children with disabilities from the past 10 years (2014 - 2024). All 443 articles were critically assessed for consideration, finally nine articles met the inclusion criteria.. Articles on people with disabilities, teachers’ disability, special education (segregated/ separated education system) were excluded. The review selection process and inclusion and exclusion criteria are stated in Figure 1. All nine articles were evaluatory studies with five qualitative research and the rest meta-analysis articles.

## **Results**

### **Legislative Frameworks and Government Initiatives**

#### **The Rights of Persons of Disabilities Act, 2016**

This Act lists and elaborates on the various rights and accommodations made for people with disabilities. The aim is to provide access free, inclusive, and quality elementary and secondary education at par with others in their society. It also provides access to self-employment and vocational training for disabled persons. This mandates educational institutes to provide reasonable facilities and support to PWD in order to foster their effective education.

#### **The Right To Free and Compulsory Education Act (RTE Act), 2009**

This legislation of India speaks on children having the fundamental right to education especially during 6 to 14 years of age. Children must have access to free education, which is achieved by creating a reservation quota (25%) in all private schools. A legal framework facilitating making education inclusive especially for children with special needs.

#### **National Educational Policy (NEP), 2020**

The NEP 2020 emphasizes the importance of inclusive education, aiming to ensure equal access to quality education for all children, particularly those with disabilities. NEP underscores that inclusive education is about recognizing and valuing the unique capacities of each student - fostering holistic development. It also contains specific provisions for children with disabilities,

which include the introduction of options such as special schools, home-based systems, and neighborhood schools.

### **Samagra Shiksha Scheme**

An educational programme for children present from pre-nursery to senior-secondary. It primarily aims in enhancing the effectiveness of institutions through their provision of equal opportunities, ensuring access to educational resources for marginalized groups. It focuses on promoting inclusive education and bettering teacher training programs. It has three sub-schemes, Teacher education (TE), Rashtriya Madhyamik Shiksha Abhiyan (RMSA) and Sarva Shiksha Abhiyan (SSA).

### **Discussion & Conclusion**

#### **Suggestions for Promoting Inclusive Education**

The Inclusive Education Module (UNICEF, June 2024): IEM is a tool used to analyze the educational experience of all children, under the categorization status of having a disability status. It was developed by UNICEF and the Washington Group on Disability Statistics, which assesses the environmental factors related to school participation. IEM aims to inform about the policies that promote the implementation of inclusive education for every child. IEM is to be combined with the Child Functioning Module (CFM), which provides population-level estimates of children with functional difficulties. Together, these tools will help countries identify facilitators and barriers to school participation and inform policy to improve inclusion in education.

**Presence of Special Educators and Mental-health Counselors:** It is important to have a trained professional in the field of child disabilities, present in a classroom setting to supervise and take immediate action during emergencies. This would also help in improving the effectiveness of inclusive as well as integrated educational models present in India.

**Experiential learning and Interactive Teaching:** Children with psychological disabilities have many individual differences and require child-specific learning strategies and teaching styles. Teaching strategies and activities can be diversified to help a variety of learners by incorporating the various strategies based on learning styles of students. The teachers for effective, engaging, and inclusive learning for all students. Children with psychological disabilities can learn through experiential sessions/classes such as Kinesthetic learning, Auditory-Visual learning, listening, reading, writing etc.

**Modification in School Infrastructure:** The schools can make the internal commutes, such as from the entrance to different blocks and classrooms more accessible and disability friendly. Especially for physically challenged students, ramps, railings, wheelchairs, walkers, elevators can be put up or present in the school setting to facilitate these daily-life tasks. Providing assistive technologies like providing hearing aids, adaptive keyboards and magnifiers, sensory-friendly areas and activities, seating arrangement such that every child gets a clear vision of the teacher and activities conducted in the classroom. Include all types of activities and decor in the classroom and school setting like big characters on the board and wall with various colours and illustrations for visual seekers, play soft music in the classroom breaks for auditory seekers etc.

**Implementation Of Education and Counseling Sessions:** The educational and counseling sessions on psychological and psychological disabilities, brings to light the daily life struggles of a disabled person, helps increase the awareness among young minds that support their peers and loved ones. These sessions also aim to promote physical activity and reduce the use and abuse of drugs among children, conduct regular and yearly check-ups for general health (blood pressure and cholesterol levels) and screening for severe diseases (cancer, heart disease) for all children including ones with

disabilities. These acts help reduce the barriers in participation of disabled students in the school settings by a sense of belonging and the society in general.

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