



## **BARRIER AND FACILITATORS TO PARTICIPATION OF CHILDENS AND ADOLESCENTS WITH DISABILITIES IN SPECIAL SCHOOLS IN INDIA**

**Sunil Kumar Ram,**

Lecturer at CRCSRE, Guwahati, Kamrup (M), Assam

---

### **ABSTRACT :**

*At the international level, education has been stated as a human right. Evidence suggests that it is a powerful means of reducing inequalities, fighting discrimination, promoting social justice and breaking the poverty cycle .Participation in school includes unstructured activities (e.g friendships, play), organized activities (e.g. sports, clubs, arts), classroom based activities (e.g. group work, study) and engagement in social roles. Children with disabilities are at significant risk for limited participation in school. Social exclusion, unequal educational and professional opportunities, as well as barriers posed by inadequate infrastructure and insufficient access to public information are the major challenges being faced by the differently abled childrens and adults in their daily lives. The levels of support and access to education, information, jobs, etc. vary from country to country, but are generally very low. This article contributes to advance knowledge to enhance the quality of education of students with disabilities that are educated in special schools. Interactive learning environments can be developed inspecial schools and create better learning opportunities for children with disabilities.*

**Keywords:** *Discrimination, Barrier, Facilitators, Stigma, Accommodation.*

---

### **I. Introduction:**

Disability is complex, dynamic, multidimensional, and contested. Over recent decades, the disabled people's movement together with numerous researchers from the social and health sciences (Mc Conachie et al) have identified the role of social and physical barriers in disability. The transition from an individual, medical perspective to a structural, social perspective has been described as the shift from a "medical model" to a "social model" in which people are viewed as being disabled by society rather than by their bodies.

The WHO estimates that 10% of the world's population has some form of disability. In contrast, the National Sample Survey Organization (NSSO, 2003) report and Census data of 2001 stated that its prevalence was as low as 2% in India. A recent community based study in India found the prevalence of all types of disability as 6.3% out of which mental disability was found to be the most common type of disability (36.7%). [Ganesh KS et al 2008]



All human beings are born free and equal in dignity and rights. Everyone is entitled to all rights and freedoms without distinction of any kind. All are equal before the law and are entitled, without any discrimination, to equal protection of the law. Everyone has the right to a standard of living adequate for health and well being, including the right to security in the event of disability because human beings are the centre of concern for sustainable development. But it's irony of fate that India being one of the longest continuous civilizations in the world is also home to one of the largest populations of persons with disabilities. As per Census 2011, in India, out of the 121 Cr population, about 2.68 Cr persons are 'disabled' which is 2.21% of the total population

### **Persons with Disabilities in India.**

According to the first World Report on Disability (WHO and World Bank, 2011), around 15% of the population of a country has some disabilities. Of them, on average, about 2.2% of persons have significant difficulties in functioning and require support.

### **Special schools**

A special school is a school catering for students who have special educational needs due to learning difficulties, physical disabilities or behavioral problems. Special schools may be specifically designed, staffed and resourced to provide appropriate special education for children with additional needs. Students attending special schools generally do not attend any classes in mainstream schools.

Special schools provide individualized education, addressing specific needs. Special schools will also have other facilities for children with special needs, such as soft play areas, sensory rooms, which are necessary for treating students with certain conditions.

### **Special Education**

Special education (also known as special needs education, aided education, exceptional education, special ed.) is the practice of educating students in a way that addresses their individual differences and special needs. Ideally, this process involves the individually planned and systematically monitored arrangement of teaching procedures, adapted equipment and materials, and accessible settings. These interventions are designed to help individuals with special needs achieve a higher level of personal self sufficiency and success in school and in their community which may not be available if the student were only given access to a typical classroom education.

For special education, some special infrastructure is needed. Also it can be included in mainstream education with some special facilities for it. Special education requires following three elements: Trained professionals including teachers, educationists, physiotherapists. Special curriculum made for students with different disabilities. Infrastructure facilities like building features, study places, material and equipments.

Some children are easily identified as candidates for special needs due to their medical history. For example, they may have been diagnosed with a genetic condition that is associated



with intellectual disability, may have various forms of brain damage, may have a developmental disorder, may have visual or hearing disabilities, or other disabilities.

The education system is characterized by lack of facilities, overcrowded classrooms and paucity of trained teachers that hinder quality. Exogenous factors include security concerns, cost of education for families and contribution to farming, other work or household chores. Furthermore, national security constitutes a priority over education budgets, which result in low pay for teachers, poor infrastructure, and limited resources. This in turn reduces quality of education received. resources are scarce and often insufficient to achieve goals of universal quality education. Finally, existing beliefs such as the idea that children with disabilities need special schools to learn and cannot be included in mainstreaming schools must be overcome.

Factors that facilitated availability were dependent on careful planning specific to children and adolescents with disabilities (Columna et al. 2015; Conchar et al. 2016). For example, practical support in the care of children from sources outside of the family made it possible for the children and adolescents to participate in school (Nelson et al. 2017). The photographic scheduler and the teaching process were effective in improving the activity skills of the children and adolescents (Cuhadar & Diken 2011). Team sports with the option to work in groups facilitated participation for children and adolescents with disabilities (Bantjes et al. 2015a).

### **Barriers to participation for children and adolescents with disabilities**

**Personal barriers:** Personal barriers included the children's and the adolescents' perceptions of their ability, the children and adolescents experienced limitation in body function hindering their involvement in different activities. The children and adolescents also described fear of getting injured when participating in different activities (Bantjes et al. 2015b; Columna et al. 2015; Conchar et al. 2016; Frantz et al. 2011). The children and adolescents experienced negative emotions with regard to the physical limitations of their bodies, feeling uncomfortable and vulnerable; lacking in sporting spirit. Some children and adolescents did not want to be watched by others whilst participating in physical activities (Conchar et al. 2016).

**Social barriers:** Social barriers were described as hindrances in the children's and adolescents' social lives that prevented them from participating in everyday life.

**Environmental barrier:** A barrier for children and adolescents with disabilities was that the environment was not adapted to the children's and adolescents' needs: for example, an uneven playground (Conchar et al. 2016). Environmental barriers were described as the lack of opportunities and resources within the environment, or the lack of activities for children and adolescents with disabilities to choose from. For example, it could be physical activities that were not adapted to take into account persons with disabilities. The studies also described a lack of teachers' knowledge; they did not have any special training in taking care of children and adolescents with disabilities and therefore, many of the school activities were not available to children and adolescents with disabilities (Mizunoya et al. 2018).

### **Environmental Factor-**



Education is all about creating enabling environments and opportunities to learn. To have a clear understanding of environmental facilitators and barriers is therefore most important. The International Classification of Functioning provides a list of environmental factors from which relevant content can be drawn to describe different situations where barriers impact on the overall participation in education. Such barriers may not only be found in the immediate school settings, but also at home or on the way to school. Inadequate food and clothing, unavailability of assistive devices, long distances between school and home, school fees and other factors may prevent the family from sending a child to school. A barrier for children and adolescents with disabilities was that the environment was not adapted to the children's and adolescents' needs: for example, an uneven playground (Conchar et al. 2016).

**Financial burdens:** Financial burden for the family were a constraint as they needed to care for the children and adolescents at home who were unable to earn money (Hansen et al. 2014). It was also expensive to care for a child or adolescent with a disability, and the families often lacked resources to buy proper equipment and hire specialized staff (Bantjes et al. 2015b; Columna et al. 2015). It could also be a financial burden on the family to send the children or adolescents to school, as they could not pay school fees (Memari et al. 2015).

Poverty plays a major role in determining their access to health care, and can be viewed as an overarching phenomenon in exploring barriers and facilitating factors in the rehab seeking process. A vicious cycle of disability and poverty has been described by Yeo and Moore and illustrates how these two aspects influence each other reciprocally, and how disabilities affect the economic and social lives of people (Ingstad & Grut, 2007; Bonnel, 2004).

Many parents indicated that due to financial constraint they could not avail rehabilitation services for their disable childrens and this was supported by studies where Financial burdens for the family were a constraint as they needed to care for the children and adolescents at home who were unable to earn money (Hansen et al. 2014). It was also expensive to care for a child or adolescent with a disability, and the families often lacked resources to buy proper equipment and hire specialized staff (Bantjes et al. 2015b; Columna et al. 2015). It could also be a financial burden on the family to send the children or adolescents to school, as they could not pay school fees (Memari et al. 2015).

## Stigma

In a study conducted by Green to investigate the effects of perceived stigma on social and emotional outcomes of mothers and children, it was revealed that the mother's perceptions and internalization of stigmatizing beliefs about children, as well as the objective burden of caring for such a child, increased her stress. Further, the children of mothers with higher feelings of stigma have less interaction with their peers in an informal environment at home and with neighbors. Perceived stigma in mothers with disabled children affects both subjective and objective aspect of stress. [Green SE, 2007]

Among Muslim families, it is generally recognized that Allah puts an autistic child under their care not only because of fate or reincarnation, but also because Allah wants to test that particular family to see if they can care for the child. This concept, quite simply, prohibits any inhumane treatment or immoral behavior towards children with ASD. Some families,



on The other hand, embrace the child's disabilities as qadar/kismat (fate), [Hasnain, R et al, 2008]

A study (Bardalai, 2008) showed some common challenges in different parts of the North East including a lack of awareness of disability laws and schemes displayed by decision makers in the health and education services as well as by other government officials. (Mobility india, 2016)

### **Attitude**

Negative attitudes towards disability can result in negative treatment of people with disabilities, for example: children bullying other children with disabilities in schools bus drivers failing to support access needs of passengers with disabilities employers discriminating against people with disabilities strangers mocking people with disabilities. Negative attitudes and behaviors have an adverse effect on children and adults with disabilities, leading to negative consequences such as low self esteem and reduced participation (Thornicroft G,Rose D,Kassam ).

Children and adolescents reported lacking bonds of friendship in their peer networks and were sometimes bullied or were targets of verbal insults in place of friendship. Some children and adolescents were also harassed by others when participating in physical activities . On a more general level, some felt that they were regarded as slow and incompetent, and other people made decisions on what they as persons with disabilities should do (Mc Conkey et al. 2013)

### **Overburdened Facilities**

Long queues and waiting times in overburdened health and rehabilitation facilities at govt.institution , Often these are due to the high demand for rehabilitation services .However, the long waiting times or overload place an undueburden on patients with disabilities seeking care. For certain types of disabilities, the overload can lead to inadequate care that is not only detrimental to the individual's health, but also to the overall health system.

### **Lack of Human Resources**

Lack of health professionals trained in specialized skills relating to health-related rehabilitation was identified as a large barrier. Due to lack of insufficient rehab professionals the childrens with disabilities could not get quality therapy services or special education as per the need of the child for the sufficient time and few parent were quite annoyed because of the less time of therapy session or special education services.

### **Lack of Information**

Lack of education among disabled is an important barrier for effective delivery of services and 54.7% of disabled belonged to illiterate category according to NSSO 2002 survey findings. lack of awareness about health and rehabilitation services is a key reason that they are underutilized by parents of children with disabilities. ·

### **Accessibility Issue**



Many rehabilitation centre in kamrup metro are scattered and people have to walk long distances to avail these services . Long distances prohibited many parents from seeking rehabilitation services at the center, and were described as a major barrier. This is supported by several other studies from Zambia (Diop, 1988; Hjortsberg, 2002; Van Dijk et al., 2009). Barrier mentioned by the parents was a lack of transportation, and in the event of transport being available, it was often not accessible due to financial constraints. Transport is limited, and the cost of transport high, particularly when compared to the resources available within their households.

### **Infrastructure**

Physical infrastructure of health facilities was also a barrier. Many health facilities were described as being old and out of line with universal design and accessibility. Newer buildings also did not always meet international accessibility standards. This was interpreted as a form of discrimination against persons with disabilities in the health service. Another example of physical infrastructure adaptations for persons with disabilities that were missing included signage. For example, tactile or color coded markings or navigation systems would make health facilities accessible for persons with visual impairments.

### **Communication Barriers**

A general lack of awareness about how to interact with persons with disabilities or incorrect assumptions made the provision of healthcare inaccessible or inadequate for persons with disabilities.

There are certainly many challenging aspects in parenting children with special needs. Honestly, there are challenges in parenting, period. It isn't easy. Each child is so unique, regardless of their needs. Another major challenge is communication between us and the boys. Because of their special needs they aren't always able to communicate their wants and needs to us. That often results in tantrums and frustration. We have had to learn to think outside the box and come up with new ways to communicate with them.

Need of Special education: To fulfil needs of exceptional children for education. To help exceptional children for self sufficiency, occupation etc. To help them for better life. To cater their daily needs. They need to be educated in order to get acquainted with surrounding happenings.

### **Facilitators to Participation in special school.**

#### **Instructional strategy**

The student can be taught in either a classroom or outside environment. Both environments can be interactive for the student to engage better with the subject. Different instructional techniques are used for some students with special educational needs. Instructional strategies are classified as being either accommodations or modifications.

#### **Accommodation**

An accommodation is a reasonable adjustment to teaching practices so that the student learns the same material, but in a format that is more accessible to the student. Accommodations may be



classified by whether they change the presentation, response, setting, or scheduling of lessons [Busutti 2012] For example, the school may accommodate a student with visual impairments by providing a large print textbook. This is a presentation accommodation.

### **Modification**

A modification changes or adapts the material to make it simpler. Modifications may change what is learned, how difficult the material is, what level of mastery the student is expected to achieve, whether or how the student is assessed, or any other aspect of the curriculum. [Thorson 1995] For example, the school may modify a reading assignment for a student with reading difficulties by substituting a shorter, easier book. A student may receive both accommodations and modifications.

### **Examples of modifications**

**Skipping subjects:** Students may be taught less information than typical students, skipping over material that the school deems inappropriate for the student's abilities or less important than other subjects. For example, students with poor fine motor skills may be taught to print block letters, but not cursive handwriting.

**Simplified assignments:** Students may read the same literature as their peers but have a simpler version, such as Shakespeare with both the original text and a modern paraphrase available.

**Shorter assignments:** Students may do shorter homework assignments or take shorter, more concentrated tests.

**Extra aids:** If students have deficiencies in working memory, a list of vocabulary words, called a word bank, can be provided during tests, to reduce lack of recall and increase chances of comprehension. Students might use a calculator when other students do not.

**Extended time:** Students with a slower processing speed may benefit from extended time for assignments and/or tests in order to have more time to comprehend questions, recall information, and synthesize knowledge. Students can be offered a flexible setting in which to take tests. These settings can be a new location to provide for minimal distractions.

Specific measure to promote and facilitate education for childrens with disabilities as per RPWD Act 2016 in India

The appropriate Government and the local authorities shall endeavor that all educational institutions funded or recognized by them provide inclusive education to the children with disabilities and towards that end shall admit them without discrimination and provide education and opportunities for sports and recreation activities equally with others; make building, campus and various facilities accessible; provide reasonable accommodation according to the individual's requirements; provide necessary support individualized or otherwise in environments that maximize academic and social development consistent with the goal of full inclusion; ensure that the education to persons who are blind or deaf or both is imparted in the most appropriate languages and modes and means of communication; detect specific learning disabilities in children at the earliest and take suitable pedagogical and other measures to



overcome them; monitor participation, progress in terms of attainment levels and completion of education in respect of every student with disability; provide transportation facilities to the children with disabilities and also the attendant of the children with disabilities having high support needs.

Equality and non discrimination.—(1) The appropriate Government shall ensure that the persons with disabilities enjoy the right to equality, life with dignity and respect for his or her integrity equally with others.

No person with disability shall be discriminated on the ground of disability, unless it is shown that the impugned act or omission is a proportionate means of achieving a legitimate aim.

No person shall be deprived of his or her personal liberty only on the ground of disability. The appropriate Government shall take necessary steps to ensure reasonable accommodation for persons with disabilities.

Free education for children with benchmark disabilities. Notwithstanding anything contained in the Rights of Children to Free and Compulsory Education Act, 2009 (35 of 2009), every child with benchmark disability between the age of six to eighteen years shall have the right to free education in a neighborhood school, or in a special school, of his choice.

The appropriate Government and local authorities shall ensure that every child with benchmark disability has access to free education in an appropriate environment till he attains the age of eighteen years.

## **II. Conclusion:**

All the children away from education will be benefitted from education. Disabled or challenged students may get a support and help from normal students. All the students excluded from school because of some reason may get a chance to enjoy school life with normal students. Disabled or challenged students get motivated for learning.

Creating or amending national plans on rehabilitation, and establishing infrastructure and capacity to implement the plan are critical to improving access to rehabilitation. Plans should be based on analysis of the current situation, consider the main aspects of rehabilitation provision – leadership, financing, information, service delivery, products and technologies, and the rehabilitation workforce [Mock C et al,2010]

Coordination is required to ensure the continuity of care when more than one provider is involved in rehabilitation. The aim of coordinated rehabilitation is to improve functional outcomes and reduce costs. Evidence has shown that the provision of coordinated, multidisciplinary rehabilitation services can be effective and efficient.