

Mainstreaming Mentally Retarded Children Through Inclusive Education Under SSA - A Case Study

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Abstract—‘Sarva Shiksha Abhiyan’ is a national govt. scheme for primary education. Under this scheme, all physically & mentally challenged students of age gr. 6-14 were brought under inclusive education section. Access and retention in school was challenge for MR student. Parents were not ready to send them in school as it was meaningless for the children. But, schooling not only retained but developed them optimally through formal education and connected with society. A case study of girl child is presented here.

Keywords— *mentally retarded; children with special needs; mainstreaming; inclusive education.*

I. INTRODUCTION

According to the children with Disabilities Act; children with special needs have the right to be educated with nondisabled children of their own age.[1]

Intellectually disabled or mentally retarded children (MR) have below average intelligence or mental ability & a lack of skills necessary for day to day living. They can & do learn new skills, but more slowly.[2]

There are varying degrees of intellectual disability from mild to profound.

Sarva Shiksha Abhiyan(SSA) is an Indian Government Program aimed at the ‘Universalization of elementary education (UEE)’. It has been implemented in partnership with state govts. to cover the entire country. Maharashtra is one of the state implementing above scheme. To fulfill the objective of UEE, children with special needs (CWSN) were also included under the scheme. No CWSN child was expected to be

deprived of the right to education & taught in an environment, well suited to their learning needs. The major thrust was on mainstreaming CWSN into the fabric of formal elementary schooling.[3]

A representative case study of CWSN- MR child is presented here from state Maharashtra, dist.- Satara.

II. REVIEW OF LITERATURE

Mainstreaming is integration of children with special educational problems as a physical handicap in to conventional classes & school activities. (Dictionary .com, 2011). Mainstreaming in the context of Education is the practice of educating students with special needs in regular education classes during specific time periods based on their skills.[4]. A definition proposed by [5] incorporated 3 major components- integration, educational planning & programming processes & clarification of responsibilities among educational personnel.

Review of research on mainstreaming of mentally retarded children is based on –A. Evaluating effects of mainstreaming on the academic achievement & social adjustment of mentally retarded children. B. study of attitudes of professional school personnel, who play a critical role in implementing mainstreaming programs & C. major findings of research on these various aspects of mainstreaming.[6]. All the achievement studies are relevant to the effect of mainstreaming on achievement, the degree and the nature of mainstreaming differs from one study to another, since these investigators do not examine the same treatment, therefore the results are not consistent [6].

Mainstreaming tended to be concerned about “readiness” of all parties for the new coming together of students with significant needs. Integration & mainstreaming principally was concerned about disability & special educational needs. Integration & mainstreaming principally was concerned about disability & special educational needs & involved teachers, students, principals, administrators, school Boards & parents changing & becoming ready for [7] students who needed accommodation or new methods of curriculum & instruction (e.g. required federal IEPs – individualized education program.) [8][9] by the mainstream [10][11][12].

By the late 1960s, educators had assembled a large body of research to show that children with MR did indeed perform much better when schooled, at least part time, among the general student population. That research led to pass a 1975 law requiring a more inclusive environment for students with mental retardation. [13].

The concept of inclusion is based on the idea that students with disabilities should not be segregated but should be included in a classroom with their typically developing peers.

The concept of inclusive education grew out of the concept of mainstreaming. Both concepts have at their foundation the idea of providing access to general education for students with disabilities. Conceptually the terms may represent similar ideas, in practice they seen to have clear differences. [14]

Mainstreaming is primarily centered on altering the student to fit the environment. Inclusive practices are centered on altering the environment to fit the student’s needs. [14].

In inclusive education (IE) more emphasis is being placed on teaching the child, not the text. [13].

According to [15] inclusive education is a process of strengthening the capacity of the education system to reach out to all learners & can thus be understood as a key strategy to achieve EFA.

Inclusive education is the convergence of equity and quality as complementary access & promoting the mindset & holistic transformation of the education systems (from vision to practices [16].

Key themes linking inclusive education & EFA are -1.Emphasis on equity & quality as going hand in hand. 2. Long-term policy visions and objectives. 3. Support to international conventions. 4. Curricula seen as key tool for inclusion. 5. Greater focus on teacher’s

role, profile & competencies. 6. Glo- local approach. 7. New learning & teaching tools & strategies. [16].

In short, concept of inclusion as a response to students with special needs as cited by [17] is developed as,

- 1990- World conference on Education for all.
- 1993- Standard roles for Equalization.
- 1994- Salamanca statement & framework for action on special Needs Education.
- 2006- United Nations Convention on the rights of persons with Disabilities. (mainly article 24).
- 2009- Follow up conference of the Salamanca Statement.

In response to above commitments, in India, National focus group [18] cited the National Curriculum Framework for school Education (NCFSE 2000), brought out by the National Council of Educational Research & Training (NCERT), recommended inclusive schools for all without specific reference to pupils with Special Educational Needs (SEN) as a way of providing quality education to all learners.

Sarva Shiksha Abhiyan(SSA) which means in English the ‘Education for all movement’ is Government of India’s flagship program for achievement of Universalization of Elementary Education (UEE) in a time bound manner.

In order to bridge all gender & social category gaps at primary stage, as one of the objective of SSA, primary education of CWSN was covered under the scheme. Inclusion of CWSN was seen in terms of physical, social & quality access as the right in approach.

A Dilemmas for inclusive education in an Indian context was stated in [19] as SSA (2007) notes that it aims to achieve inclusive education & highlights 8 priority areas of intervention, namely -1. Survey for identification of CWSN, 2.Assessment of CWSN, 3.Providing assistive devices, 4. Networking with NGOs/ Govt. schemes, 5.Barrier free access, 6.Training of teachers on IE, 7.Appointment of Resource teachers, 8.Curricula adaptation/ textbooks/appropriate TLM (Teaching Learning Material). It is clearly evident that the majority of the areas listed are focused on issues of access & only the last 3 are associated with classroom based processes, which are in essence vital in determining the quality of the educational experiences.

Global studies cited in [20] about systemic barriers to IE concluded that, there is political vacuum of leadership & accountability for IE, without which education systems will not be reformed children with disabilities in many developing countries remain invisible to the education system- not registered at birth, not identified for ECCE & primary education & so not included.

For the most part, teachers lack the training, leadership, knowledge & supports to adapt curriculum & make inclusive classroom work. About India a new hope is expressed in the document.

This paper describes the steps undertaken by state government in order to fulfill the objective of equity and RTE by undertaking a particular case study.

III OBJECTIVES OF THE STUDY

The key objectives of SSA were Access, Retention & Quality. Therefore the objectives laid down were as follows.

1. To find out the enrolment & retention of disabled students by studying a particular case through school records, interviews of teachers & parateachers.
2. To examine the work procedure of normal teachers during the course of learning of a case under study.
3. To examine the work procedure of parateachers during the course of learning of a case under study.
4. To suggest necessary improvements if any, to facilitate the program further.
5. To study the learning of disabled students through the review of related literature available.

IV METHODOLOGY

The research method used is a case study. Case study researchers may focus on a program, event or activity involving individuals rather than a group per se. [21]. The 'case' may be a single individual, several individuals separately or in a group, a program, events or activities. [22]. The case "in effect, your unit of analysis." [23]. Even [a] single case [study] can enable [a researcher] to generalize to other cases that represent similar theoretical conditions. [24]. In the present paper a case is a single individual. The element of typicalness rather than uniqueness is the focus of attention for an emphasis on uniqueness would preclude scientific abstraction. [25].

The common pitfalls associated with case study is that, there is a tendency for researchers to attempt to answer a question that is too broad or a topic that has too many objectives for one study. [26]. So placing boundaries on a case is necessary, which ensures that the study is in reasonable scope.

The present case is studied in the year 2014-15 in Satara district, Maharashtra, India. It was unreasonable to look at all or sampled MR students, as a researcher wanted to know the effects of SSA on a particular child development thereby studying the inclusive education process. The selected case is not unusual but representative as picked up randomly.

A hallmark of case study research is the use of multiple data sources, a strategy which also enhances data credibility. [27]. Data from primary as well as secondary sources were used. Interviews of normal teacher, Block Resource Center (BRC -IEDs who worked initially as a para teacher, teaching and non-teaching members of Special MR school nearby, group interview of para teachers. Direct classroom observation of inclusive class & observation of case files, school record.

In case study, data from these multiple sources are then converged in the analysis process rather than handled individually. -----This convergence adds strength to the findings as the various strands of data are be aided together to promote a greater understanding of the case.[28]. Data analysis made by transcription by which recurring themes, patterns & categories become evident. Validity of this analysis, was made by methodological triangulation, to verify findings. Member checking done at the interpretation & conclusion stage.

A detailed description of case, incorporating quotes from subject herself and reporting the researcher's interpretation led to reflect the process undergone under SSA.

V FINDINGS

The findings are derived from the analysis of Educational development in MR child under study with respect to the SSA implementation of scheme.

A. *Context of the case*

The context of the case under study is as follows.

Name - Akanksha Shankar Devrukhe.

Class - VII

School - Z.P.Primary School Dabewadi
District - Satara, Maharashtra (India)
Birth date-15/05/1999 Age-14 years
Identity card- Travel concession Pass/card

Father -Shankar Sampat Devrukhe
Age - 40 years
Education - Xth Pass
Profession – Farming

Mother - Savita Shankar Devrukhe
Age - 35 Years
Education - VIIth
Work - house keeping

i) Birth history

Akanksha's birth was a premature delivery. Mother tells that it was her first pregnancy after completion of 8 months. Baby did not cry at all. It has not got pink color.

ii) Case observation

Akanksha is mild mentally retarded girl. It has been determined by psychological testing done by expert psychologist. She can understand oral instructions. She likes to sit on the same seat for the full school time. She bores to get up from that seat. She has got proportionate height to her age. She has got 53 kg wt. which is higher than normal.

She is quiet in class. Generally does not speak with her classmates, speaks with only selective classmates. When she looks *para teacher* she becomes very happy. She tells it to her friends & teacher. Her face shines with certain grace of happiness. She utters 'Teacher has come, my Teacher has come!' but if any time missed, she asks normal teacher "When shall my teacher will come?" Every time she is eager to meet *para teacher*. She responds *para teacher*, her instructions. When joins her, She interacts with teacher & associates with her. On asking 5-6 easy questions, e.g. Taken bath today? What has she worked at home? Menu in lunch? etc. She answers about 1-2. Her physical movements are less. She likes entertainment than learning.

B. Barriers to work with Akanksha

i) Emotional problems

Akanksha was seeking *para teacher's* attention towards herself. She was eager to see the objects brought by *para teacher*. She wants to talk with her preferably, to observe her study, to praise her. She brings a blank slate to teacher frequently. When teacher did not attend her or shout on her, becomes mute.

ii) Physical problems

She sits on same seat all the time. If asked to get up, she becomes nervous. She dislikes to stand up, to go here & there. She handles the things carefully. She likes drawing. She draws a picture & colors it.

iii) Educational problems

She doesn't like to learn. But *para teacher* facilitates to learn her. Teacher takes help from her parents, headmaster wherever necessary. Started writing skill from her name 'Akanksha'. The name is somewhat difficult to write in local language script. She was repeatedly committing mistakes in writing her name. Teacher prepared card sheets of each letter, practiced to match with her name, asked to overwriting each letter and then copy it. She has to give step by step oral instructions and physical support.

iv) Parental problems

Parents are literate. Understand child's problems. Co-operate teachers. But to spare more time for her is difficult for them. Having two more normal kids, weak social support, emotional stress, worries about future of Akanksha are their problems. Periodical Family counseling was found to be effective for overcoming worries about the child and getting cooperation.

C. Educational Arrangement

Individualized Education Program (IEP) [27]

STEPS FOLLOWED

1. Identification of a student as cwsn

It was done with the help of experts from rehabilitation field. Akanksha was identified as MR

2. Medical assessment camp

The expert team assessed and recommended various support services to identify CWSN according to disabilities. The educational, vocational and other rehabilitation options were decided at the camp. Akanksha was assessed as mild MR. The educational,

vocational and other rehabilitation options were decided at the camp.

3. Corrective surgery

CWSN having problems in muscles, joint deformities, squint, were referred for surgery.

For Akanksha as per need occupational therapy(OT), Speech therapy (ST), Physiology therapy (PT), Behavior modification (BM) given at camp.

4. Transition from home base to regular school

During educational assessment & field visits, needs of student were identified with special need to occupy in regular school with the help of care giver. Akanksha was not needed this service, as she could go at her own.

5. Capacity building through multi category training

There has been a substantial expansion of variety of activities for bringing the children in elementary education. As well as there were remains a lot challenges of providing quality education. The challenge has different dimensions like effective onsite support, evaluation process and availability of existing infrastructure, right kind of learning materials how to be used for students in stipulated time.

Under inclusive education, Akanksha was attending school with normal students. A para teacher was visiting weekly to MR students. She was giving educational activities as per need of Akanksha.

Curriculum – Curriculum for MR students is not definite. It is need based. According to the pace of learning of a student. As Akanksha is mild MR student the curriculum was decided by using check lists prepared by special teachers.

Steps followed in Teaching – Learning

1. Oral Instructions
2. Skill analyzing Technique, chain technique
3. Demonstration of skill by teacher
4. Imitating sub skills
5. Praise technique
6. Teacher physical support, support by gestures

Evaluation tools

1) Check list –Check list used for evaluation was prepared by experts of special schools. It helps to decide which skill can be developed in student. In this

case language skill, conversation skill, Gross motor skill, Fine motor skill, Self-Help skill were decided to develop. Same check lists were used for entry level and final level.

2) Observation – Through frequent observation teacher evaluates about communication skills, likes dislikes, behavioral skills. MR student can take uncertain time to respond. With close support response was achieved.

3) Oral test – Oral questions were asked based on individual identification, objects in school and home base surrounding, selected letters, numbers and picture.

4) School records – Case papers, health reports, Physical movement forms, cumulative records, physiotherapy management records, Early Intervention Service forms

5) Parent Interviews – Overt behaviors at home, improvements in certain skills, dependency level were evaluated with the discussions.

PRESENT STATUS

Now Akanksha is in VII class of normal school. She happily comes to school regularly. Completes the targets. Barriers encountered initially are minimized.

Through psychological support by para teachers at initial stage to MR child, required therapy support and parental counselling about the government scheme mainstreaming was possible for MR students.

The general development of a disabled child took place in this way under SSA. Along with the case development, other findings were as follows-

1. Disabled children integrated, mainstreamed but not included in classrooms.
2. Normal teachers & Para teachers work separately with disabled students. Normal teachers work better with normal students while para teachers with handicapped. Either of them are not mastered in working with able and disabled students in same inclusive class. This may lead to drop out of CWSN.
3. Neither Teachers nor para teachers know about curriculum adaptation in inclusive classroom.
4. A lack of Glo-local approach to inclusive education.

VI CONCLUSIONS

SSA was helpful in improving enrolment of disabled students in normal schools & to some extent for their retention.

Normal teachers and para teachers assisted in preparing IEPs according to the needs of learners. Still they should be prepared for understanding ‘Inclusion’ at cognitive, affective and functional level. This can be achieved through quality trainings of in-service teachers and para teachers. This supports findings observed in review of inclusive education.[14], [15],[16],[17],[18],[19],[20].

Open discussion on determining the policy consistency with Glo- local approach would be useful to make the system user friendly and then developing the program accordingly.

Orientation of all the functionaries in the system to facilitate the program as a part of their personal beliefs and values.

Monitoring with caring and supportive guidance would be helpful to improve the process on the spot.

Research based on process evaluation would be useful to overcome the barriers immediately and improve the system instantly.

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