

## Learning Disabilities – Barriers for Inclusion

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### ABSTRACT

*The current trend in education of children with special needs is inclusive education under which children should study together, wherever possible, regardless of any problems or variations they may have. Children with learning disabilities constitute a separate section Among children with different abilities. This is because the field is least understood and with dis-agreements over the definition. Thirdly their invisibility due to defects in their assessment, identification and diagnostic processes confounds the provision of appropriate education to students with learning disabilities. With the efforts of Sarva Shiksha Abhiyaan inclusive education was started in India under which a large number of children with different abilities were enrolled in local schools, but the main issue seen was underachievement of children with different abilities including learning disabled children. This paper presents some key barriers in these three major aspects with a view that it would pave the way for improving educational provisions for students with learning disabilities in inclusive classrooms.*

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### 1. Introduction

Education of children with disabilities has progressed remarkably in the in India during the last two decades. The shift from “charity to right” has brought many children with disabilities to educational settings. 86th amendment of constitution of India has ensured Right to Education (Government of India 2002). Biwako Millennium framework (2003) to which India is a signatory aims at making barrier free, inclusive and right based society. Inclusive education is an approach to education of children with disabilities that has embedded in it certain key hallmark paradigm shifting ideas. These are the shift from (1) viewing individuals with disability as requiring charity to viewing them as human beings entitled to the rights as any other individual without disability; (2) seeing impairment causing conditions as differences rather than disability; (3) taking ownership to cater to individual differences and render educational services rather than expect children to adjust to a ‘one-size-fits-all’ educational service provision and (4) changes towards positive and open mindedness made in an individual’s attitude causes adaptations in educational services that not only benefit children with disabilities, but also those without disabilities. However, with the increasing international awareness, declarations and legislations towards ensuring disability rights. In this regard, inclusive education has become a more formal process. It is now written as the most potential strategy to achieve ‘education for all’ (Salamanca Statement, 1994). Nations, including India, who are a signatory to these international declarations promising right to education to children with disabilities to meet the goal of ‘education for all’ have made national policies and schemes to implement inclusive education in their schools. Efforts are ongoing to make inclusive education effective and a reality all over the country. Meaningful inclusion requires both access to all, and participation regardless of their differences, in a facility or service.

Children with learning disabilities, constitute a heterogeneous group of disorders which are often unseen and invisible. Due to the ‘inexpression’ of the impairment, and lack

of proficient experts learning disability often remains unknown and the needs of the persons with this disability are not addressed properly (Karande, 2007). The lack of knowledge about learning disabilities also causes significant academic difficulties for the child. Historically when we look on into 1940th century, it was seen that children having problems in learning were put into three major categories: (1) mentally retarded or intellectually disabled (2) those children who had emotional problems (3) those children who were socially and culturally disadvantaged. By the early 1940s, it was recognized that there was a fourth group of children with problems in learning and the reason was the way their nervous system functions. Initially, it was thought that the reason this group of children had trouble in functioning was because their brains were damaged. Yet, these children looked normal, so the term applied to this group was Minimal Brain Damage. It was supported by more and more evidences which proved that there is no damage to brain but it was because of faulty neural functioning thus the name changed from damage to dysfunction i.e. minimal brain dysfunction. Minimal Brain Dysfunction referred to a group of problems often found together, where the child had trouble in learning because of the way his or her nervous system is operated. Secondly, many children in this group were hyperactive and/or distractible. Third, many of them had emotional, social, and family problems. (National Institutes of Health united states, 1960s).

Research in the area of learning disability (LD) in India began only recently (Ramaa, 2000). The prevalence is limited due to lack of awareness of learning disability among general public, teachers, parents and educational superintendents.

### 2. Current issues and barriers in the field of learning disability

1. Crowded classrooms with a large number of students, that teacher are not able to focus on every student.
2. Disobedience to a consistent definition of learning disability that stresses its lifelong nature.

3. Lack of teacher training awareness programs in the field and insufficient competent professionals working in the field.
4. A common myth that underachievement is similar to specific learning disability.
5. Lack of assessment and diagnostic tools for learning disability.
6. Preference of parents to label their children as mentally retarded/ intellectually disabled in spite of learning disabled for the certification purpose to access reservation quota.
7. Lack of cooperation between professionals working as multidisciplinary team for the child.
8. Lack of awareness among parents, teachers and school administrators about learning disability, most often children are assessed and understood wrongly.
9. Lack of research development in the learning disability area.

### 3. Recommendations

As per "National Joint Committee on Learning Disabilities" (NJCLD) due to unsuitable and irrelevant diagnosis and practices in the field of learning disability misconceptions have been created. There are no appropriate incidence and prevalence rates available due to which classification of learning disability is mis led too. The committee addressed the need and importance of integration to be mandatory for assessment, diagnosis, and measures that lead to a proper diagnosis of learning disability and the required eligibility for attaining services. Policy makers, educational administrators, regular and special educators, related services personnel, parents, advocates, and others whom are identifying, doing proper assessment, diagnosis, and providing needed services to people with learning disabilities should find it pertinent and reliable.

1. Learning disabilities like other disabilities vary in appearances and are grouped as mild, moderate and severe learning disability. This disability can appear differently over time. Thus, proper procedures are to be used from initial stage that is from early childhood through adulthood to assess and identify persons suspected with learning disability. The Procedures for the assessment vary from one age group to another group.
2. To differentiate between learning disability and other disorders, syndromes, listening, speaking, reading, writing, reasoning, or mathematical abilities Differential Diagnosis is essential.

3. Comprehensive assessment including a diversity of activities like collection of information regarding family and personal history, observations to be made with appropriate systematic procedures in order to come with vital solutions for the person with learning disability. It should address the present and future individual needs of the person with learning disability. Comprehensive assessment must include the Domains like Mathematics, Listening, speaking, reading, writing, reasoning and other social skills.
4. Crowded class rooms should be divided into sections to reduce the number of students, on the basis of assessment. If the children are diagnosed as learning disabled proper assistance and support must be provided through a special educator. A resource room must be available for the promotion of intervention of these students.
5. Appointment of special educators and in-service training programs for regular general teachers.
6. Awareness programs for parents on large scale must be conducted by the school authorities on the concerned disability, there should be meetings between the parents, teachers and the professionals working as a multidisciplinary team.
7. Research in the field is utmost important to prepare the relevant assessment tools. The Standardized tests used must be reliable, valid, and have current normative data.

### 4. Conclusion

For an inclusive classroom which is fixed on the idea that every child regardless of disability must be treated commonly with respect to teaching strategies, curriculum content, participation etc. the idea of inclusion is great when we talk about social inclusion of children with different abilities but at the same time when we focus on the educational inclusion of children with different abilities we are coming across through a big problem i.e. individual difference which we are trying to ignore. Same is the case for learning disabled children which needs more attention, support and differential instruction. In reality it is not possible for a teacher to impart instruction in a common classroom using differential instructions within a fixed period of time and at a time to support the different needs of differently abled. These children are special in nature and must be treated specially. We should not ignore their needs for the name sake of inclusive education; if they are to be seated in an inclusive education set-up, they should get there every benefit there like resource room intervention, need based assessment, relevant testing, facilities and other required services.

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