

# [Overcoming barriers to inclusion for physically disabled](https://assignbuster.com/overcoming-barriers-to-inclusion-for-physically-disabled/)

Special Educational Needs (SEN) are learning differences, difficulties or disabilities that make it harder for a child to learn than other within their peer group. This could be behavioural difficulties, emotional, social and intellectual difficulties.

Defining inclusion refers to the process of educating students with disabilities along with their general peers. The general goal is to allow children with disabilities to be educated with their peers in the regular classroom to the maximum extent appropriate for the learning in the least restrictive environment. For some children this means being with typical peers all day and for others it may mean, mainstreaming. (www. amazon. co. uk 2009)

The inclusion process is dependent on the child individual needs; they use an Individual Education Plan (IEP) team for example parents, teachers and other school staff put strategies together for inclusion. The IEP is the basic right of any child with a disability. Physical educational can provide many positive benefits for pupils with or without disabilities. Physical Education (P. E) can provide the opportunity to socialise with peers and develop relationships has well as developing their motor skills. Many children with disabilities do not have the opportunity to socialise outside of school hours or participate in physical activities. They depend on this interaction to meet their social needs. (www. amazon. co. uk 2009)

Researchers found that for those who are fortunate to participate in an inclusive education do find themselves to have more self worth. On the downside, teachers’ attitudes to inclusion have a direct effect on inclusion working. If teachers are not open and tolerant to the child’s physical needs the child will not be has relaxing and benevolent. Teachers need to be patient with students who learn at a slower pace and accept the responsibilities of incorporating activities to suit regardless of ability level. It’s imperative that teachers sees the children first then recognise the disability.

Many disabled children were considered has ‘ in educable’ until 1970. Before 1970 children were segregated from their families and put into ‘ special’ hospitals or institutions. In 1978 the Warnock Report was the biggest ever investigation into SEN (Special Educational Needs), this report put the issues of integration of disabled children in mainstream schools for the first time. (inclusion. uwe. ac. uk)

Nearly 30 years after Baroness Mary Warnock ‘ inclusion’ into mainstream school, she acknowledges that ‘ inclusion’ had failed. Mary Warnock stated and admitted that ‘ schools did not always provide properly for children with disabilities and proposed a radical review of the system. (Guardian 2008)

Since the revision of the SEN code of practice there have been several changes for the better. SENCO, head teacher and governing body with other members of staff have an imperative responsibility in the role of providing an inclusive education for those with disabilities. SENCO welcomed the SEN code of practice but they were still concerned with some of the difficulties’ they were facing in implementing the code. The difficulties they were facing were the lack of resources, time constraints and low status. However the codes of practice have become more effective in their provision for pupils with disabilities by setting them new targets.

In recent years teaching assistance has been working alongside teachers to give extra support for children with SEN. Having the extra support in classrooms helps secure mainstream education for all instead of segregation into separate ‘ special schools’. John O’Brien an inclusion consultant say’s that adults have an important role in helping children to build responsible relationships with each other, especially when those relationships are across a social fracture line like race, gender and disabilities. Developing (inclusion. uwe. ac. uk 2009) inclusion means ending segregation, inclusion is a developing process and is concerned with breaking barriers to help learning increase.

During the 1980s and 1990s there was much investment in new special schools to meet the needs of children with learning and physical disabilities. The motivation for these separate schools was that mainstream education was unable to provide the additional support and care that was required.

Since the start of the 21st century there has been a political shift in thinking with many special schools closing or merging with their nearest primary or secondary school or college. The social aspect of education is crucial to all learners and that a person’s learning or physical difficulties are best met in an inclusive social environment. (www. pedagogy 2009)

There are a range of barriers that children face, the three I looked at were inclusion, barriers to inclusion and multi – agency working.

Inclusion came into force in 1990 and the purpose for this new legislation was to eradicate potential barriers. This was so children could benefit fully from an effectual inclusive education.

The belief behind the new legislation was to include all regardless of their impairment to a full time education and for them to grow to the best of their ability. Even though society has moved forward there is still some segregation. Current legislation should be seen in a chronological context as part of a slow process of change for the better.

Some barriers children also face are the lack of motivation due to it being painful and tiring for them. However for sensory and learning disabilities the world may seem disorganised and baffling because of their impairment.

Another barrier children also face is over protective parents, treating their children childlike and unable. Therefore it is often a great concern for parents when their disabled child starts to express and assert themselves. For many disabled children it is important part of their life to express their identity and feeling (inclusion. uwe. ac. uk 2009). The aims of the Multi Agency Services are to work for disabled children. The services are to provide families with an effective team of supporters to help families in managing their disabled children’s complex health care needs at home. The multi agency is working and making a significant difference to children and their families. However a number of social and emotional barriers for families still remain. (pg 78 making a difference). Mainly families still struggle with daily routines (such as sleep deprivation) to trying to sort out social activities for themselves and their disabled child. The multi agency service had enabled families to short breaks and day trips to elevate some of the pressure of being their child’s twenty four hour carer. There are also some families with a disabled child or children who receive no support with help in calming benefits despite being on a low income. Some families felt that there was a lack of co-ordination and flexible support from the multi agency services thus leaving them to suffer emotional pressure.

Even though Multi Agency Services had helped some children they are still faced with a multiple of barriers. The barriers they face where exercising their basic human rights, this included feelings that they could not have the rights to communicate, the rights to be independent, the rights to develop friendships and relationships, and to participate in ordinary leisure and recreational activities and the right to be consulted and informed about their care and support. (pg 78 Making a Difference). Although there is still room for improvement within the multi agency service, Overall families that have been involved with the agency have reported that they felt their quality of life had improved.

The models of disability provides a framework for understanding the way in which people with impairments experience disability, This helps society to understand the impact society has on impairments. There are two main models which are the social and medical model.

The social model has been designed by disabled people. People with a disability say’s that barriers exist within society and the way society is organised. Before the social model had been developed disabled people felt that they had to voice their opinions because society would discriminate and exclude them from society. The aim for the social model is to remove barriers so that a disabled person can have the same opportunities has everyone else. Society has started to change because a person with impairment can use public transport and gain full access to building thus making them no different to an able bodied person.

Under the medical model disabled people are defined by their illness or medical condition. Disabled people are often seen as the problem in society and that it’s them who should learn to adapt to society and not society to them. The medical model view that disabled people need to be cured or cared for and professional justify that its acceptable for a disabled person to go into a specialised school or being isolated at home where only their basic needs are met. The professionals determine which school the child will attends and the sort of education supplied. The professional are the ones creating some barriers has it will limit their opportunities, thus creating stereotypes who will pity, fear and patronise them instead of working together for a inclusive environment. (www. fepdfscotland

In conclusion barriers are starting to be knocked down and people with impairments are starting to be heard. Disabled children want to be respected and listened to and to be able to play with friends, to feel safe and be comfortable. Some other potential barriers were that children faced were feelings of segregation has they would be left out of day to day activities. Some people take for granted that having a disability would prevent the children from having fun thus resulting in isolation. Some families also reported that they did not know where and how to get help and the other barriers they face were actually persuading someone that help was needed. Their Families also found that the provisions they were finally provided with was too little and too late to make the best possible improvement to the quality of their everyday life. For the disabled child parents they found that they miss out on full entitlements to benefits because some services tended not pass on the proper information needed. Some other potential barriers families have faced were the very long waiting list for intervention, equipment and adaption’s which meant the loss of integration for children and their needs. Families with disabled children have a real struggle with finding the right services and information to suit their child’s needs and when they do finally get the right sort of help they always have to repeat their painful stories to different members of staff. Some services tend to work towards their own priorities rather than what best for the child, this is a particular issue in the transition from childhood to adulthood where they need to consider options of accommodation and employment depending on the person individual needs. Families also found it harder to contribute to everyday life in ways where non-disabled families took for granted. At worst, this can result in social exclusion for all the family. (www. audit-commission 2009) restricted access, service gaps or bullying culture put pressure on the whole family. For many children and families there tends to be at least one outstanding member of staff that will give the family support, empathy and expertise. Having such expertise has given the families of disable children the support required which have helped make a difference in a small way. Other staffs as demonstrated a child- centred approach and motivation to work beyond their strictly defined role.