

Inclusion Support Models: an Analysis of Options

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Abstract:

In recent times inclusion is the most acceptable mode of education for a special education. But due to variety of disabilities and further variations in a disability makes it extremely difficult to design format of inclusion. There is need to have different inclusion modalities which could be suited for special child varying in terms of type of disability, its severity and available support system. Inclusion need to be implemented at both macro as well as micro level. Present paper is about the latter aspect. Author explores inclusion in terms of direct and indirect form of inclusion support. Direct support amounts to providing help directly to the special child by all the persons involved in IEP. Further direct support could be in expert or collaborative format. In case of priority of life management we should go for expert model and collaborative model should be the preference when learning management is the priority. Collaborator format also could be implemented in the form of disability management and co teaching. In case of disability management format basically specialists are involved along with teacher where as in case of co teaching it is teacher and special educator's affair for handling learning issues. In conclusion paper attempts to analyze suitability of every model to broadly classified categories. Paper ends with the conclusion that inclusion can be a reality if applied appropriately by choosing the suitable format from the available choices. There can be much more refining in these choices in the coming times.

Key words: inclusion, inclusion support, inclusion model, special child, disability

Inclusion has become the most popular word in the twenty first century in context of almost areas of human existence. Inclusion is a neutral word used in many contexts like- social inclusion (including the disadvantage people in the mainstream), financial inclusion (including the economically disadvantaged in the mainstream), cultural inclusion (including the left out people in to the folds of popular culture) and finally disability inclusion (allowing the disabled to participate in all activities of life like normal people). More or less in education the inclusion means inclusion of disabled children in to normal schools like any other child. Inclusion is not simply allowing the child to enter in a normal school or a class; rather it is a complete process starting from planning to execution and finally ensuring success like any other child. It needs to be two prong strategies namely breaking the barriers and building the opportunities. Inclusion is a process to be taken at two levels namely- macro level and micro level. Macro level amounts to arrangements in terms of legal provisions, planning, making arrangement of disability support staff, infrastructure modifications etc. Micro level inclusion involves actual planning of inclusion in side class and inside school. Micro level inclusion essentially includes making of individualized education program (IEP), executing the program with the help of all stakeholders and finally looking for some learning outcomes. There can be number of variants in all the elements of inclusion depending on type and severity of disability. This paper is about micro level inclusion only. And it is about possible inclusion support for a special child. Various forms of inclusion support are possible as shown in figure 1.

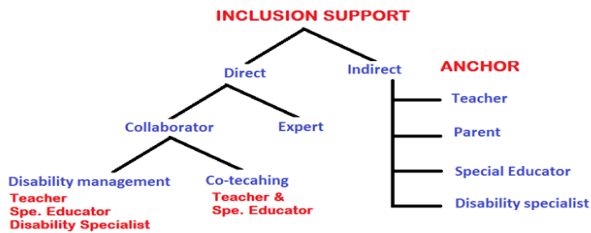


Fig. 1: Inclusion Support Models

Inclusion support can be direct or indirect in nature, direct implies support is directly given to the special child whereas indirect support means support is given to someone related to the child who then transfers the support to the child.

Direct Support

As described above in this format support is directly given to the special child, it can be inside or outside the classes (push-in or pull-out). All the support is in the form of consultation type and learner himself is responsible for coordinating with all forms of support. The model can be presented as in figure 2.

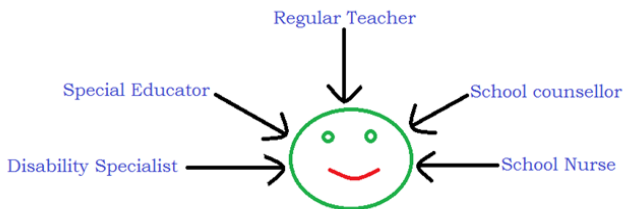


Figure 2: Direct Inclusion Support

All the staffers can interact with the special child, teacher for teaching, special educator for general help, school counsellor for behavioral management, school nurse for medical care and disability specialist for assisting with disability in particular. A paraeducator or even special educator may need to sit inside the class, in early stages at least; whereas disability specialist,

counsellor, school nurse will act when child is out or called out of the class. a disability specialist normally acts as itinerant consultant rather than a regular one, reason being his services may be utilized in more than one schools. Depending on severity of the disability learner may be part time or full time in the class and accordingly services are provided. For severe disability cases child is to be supported inside the class, but in case child can manage himself independently pull out format is good for his/her psychological wellbeing. Severe case of locomotor disability need assistance in the classroom where as sensory disability children can utilize resource room facility, behavioral disabilities need separated counselling sessions and brain related disability can mostly be handled by regular teacher or a special educator.

Direct inclusion support has some advantages-

- Every helper has direct access and feel of the disable and disability and can judge the progress of the rehabilitation program.
- Every helper is independent from other one so remain responsible for his/her own role as per the IEP.
- Child remains controller of the rehabilitation program and can discuss his/her problems with appropriate person. For instance private and personal problems could only be discussed with a counsellor rather than a teacher or a disability specialist; same is true for other persons involved.
- Speech and language problems can only be addressed if there is direct contact between specialist and the special child.
- Direct inclusion guarantees 'right to transparency and hence privacy' for a special child.

Direct support can be given in two operational formats-Expert and Collaborator.

Expert direct support

In case of expert direct support it is assumed that expert knows much better than the normal person, even a teacher or parents. It is something a ration like in case of a patient and a doctor. Doctor possesses specialized knowledge and patient or his/her parents know little about the disease or the treatment. It is assumed involvement of patient or disable child in diagnosis or taking decision on the treatment options is waste of time. Doctor simply orders what is to be done by the patient or relatives in the form of support in the treatment, without asking why it is necessary. It is like strict disciplined directions to be followed without question. It is also done in case of inclusion effort where child has severe disability and that too for which teacher and special educator has little knowledge. A child suffering from Muscular dystrophy or cerebral palsy or multiple disability need to be attended by disability specialists and special child, teacher, special educator and parents have little role to play in the management of the child. In this case disable management and life saving is the bigger issue than learning. But at the same time if his brain has no problem as in case of muscular dystrophy or physical handicapping condition s/he must be included for learning and education. Expert direct support is also essential for cases where psychological issues are involved; it may be speech & language disability, autism, severe learning disability, emotional deviant. Expert direct support is mainly in push out format where therapy or behavioral management or counselling sessions are to be conducted.

Expert collaborative support for disability management

Expert collaborative model works well in case of special children suffering from mild to moderate disability. The collaborative model is distinct from expert model in terms of degree of involvement of disability specialists and other stakeholders. Situation is different from expert model as in this case both disability specialist as well as other stakeholders

holds the important information that is useful in designing and executing the IEP for the special child. If disability specialist knows about the causes and remission possibility of disability, special educator knows the possible strategies to be implemented for education, regular teacher can give feedback on behavioral and feedback aspects of the treatment, therapist can help in implementing rehabilitation process and counsellor can help on behavioral issues. But each one can get help from information provided by other and can help other expert by offering information one has gathered. Disability specialist leads the team collaborates with other stakeholders wherever he feels necessary. In other words he acts as manager of the IEP and decides the role of the other stakeholders. Remember he does this behind the scene as we know in this model special child remains the coordinator and remains in control on the scene. All the stakeholders are considered as expert in their own sense and interact with the child while mode and role is known to everybody else involved in the rehabilitation process and IEP implementation. This turns the inclusion comprehensive and multidimensional which helps the child to see his existence a reality.

Expert collaboration for teaching/learning

In inclusion besides disable management learning is an integral part which also needs to be taken care off. Learning can also be collaborated between regular teacher and special educator and even disability expert in the form of an itinerant consultant or the like. This form of teaching set up is called as co-teaching or blended teaching. Friend et al, (2010) explains, “Co-teaching seems to be a vehicle through which legislative expectations can be met while students with disabilities at the same time can receive the specially designed instruction and other supports to which they are entitled.” Keefe and Moore (2004) reported that outcomes in result of co teaching for students has been generally found to be positive and included fewer stigmas for students with disabilities and more individualized attention for

other students. It is evident that it is mainly push in arrangement where special teacher or para-educator is actually inside the class besides regular teacher. This co-teaching varies in structure depending on how operation of teaching is executed. There can be following possibilities-

Complementary teaching: while regular teacher assumes responsibility for teaching, special educator assumes responsibilities for preparing the child for specific needs to accomplish the learning task. For instance in a drawing class while regular teacher will teach the skill as per the target objective (say drawing a figure) where as special educator will arrange special chair and modified equipment for a cerebral palsied child. Regular teacher and special educator coordinate for maintaining the matching pace of the two groups. This format helps in keeping focus on the welfare of special child.

Alternative teaching: in this format regular teacher and special educator actually make a team we may call them as partner and teaching as partner teaching. Both regular teacher and special educator teach lessons on alternative basis. In a way special teacher is also a teacher of all the children including special child. Both know the subject and learners equally well. Special educator trains the regular teacher for handling the special child, same way regular teacher may help the special educator in teaching methodologies. This does not mean that special educator turns to be a non professional regular teacher. He rather becomes an insider who can also sensitize the normal children towards disable and disability for making inclusion a reality.

Re-teaching: it is an arrangement where special educator repeats the taught content once again. The basic idea behind re-teaching is that content is to be taught in alternative medium i.e. a partially blind is taught with brail and hearing impaired by using sign language and autistic child with new

technologies which improve concentration and focus. It is not repeating full lesson and need not be done every day, special child may move to resource room for availing such service.

Supportive teaching: regular teacher takes responsibility of teaching and special educator supports it by performing other tasks necessary for accomplishing learning tasks. For instance if a child suffers from cerebral palsy or muscular dystrophy need to be supported for even handling the pen or copy or providing alternative medium of expression like laptop etc. this support work is done by special educator. If there are more than one special child in the class special educator's work becomes worth for time and money spent on him/her. Special teacher may consult disability specialist for dealing with different issues including handling of crisis situation. He needs to possess all sort of information of the special child including- parental contact, medicines child takes, doctor's phone number, referral possibilities and the like.

Parallel teaching: whatever is taught by regular teacher to the normal children, same is taught to the special child by special educator in same or alternative medium of learning and expression. Parallel teaching may be thought of as partial inclusion in the form of special class in normal school. However with lot of effort and infra structural modification it may be practiced in a normal class as well.

Pre or post teaching: special educator may teach the lesson in advance or after the lesson is delivered in the class as per the suitability to the special child. This may be termed as compensation teaching. People oppose such arrangement as it calls for more number of hours of teaching already troubled child. But it has been found that it consumes time and energy in the beginning but becomes easier and easier as the child progresses with time.

Indirect inclusion support

Indirect inclusion support model is when support extended is to the one of the close associate of the child who may be regular teacher, parent, special educator, disability specialist; para educator etc. One of the stakeholders is made coordinator for rehabilitation process and/or IEP, who arranges and monitor the help as per requirement. This is a consultation form of format for inclusion support, which is indirect delivered to the coordinator rather than directly to the special child. The simplest form of model is presented in figure 3 which depict regular teacher as coordinator.

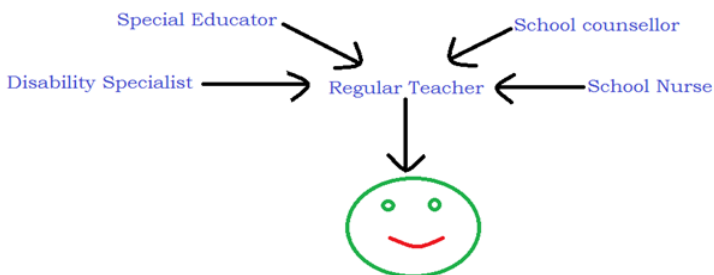


Figure 3: Indirect Inclusion support

There is justification for this format as –

- Special child may not be able to coordinate effectively with all the staffers responsible for implementing IEP or rehabilitation program.
- In case of moderate disability or a manageable disability this model works very well as coordinator just need guidance to handle the situation.
- In case of severe disability also child won't be able to understand and coordinate with all help staff; rather it is better to change the coordinator as it could be disability specialist instead of a regular teacher.
- Indirect support helps the child psychologically well as interacting with too many people makes him skeptical of his wellbeing.

- There is difficult to arrange people and time for multiple contacts with special child.

Different coordinators in indirect inclusion

Regular teacher: regular teacher can be good choice when disability is mild to moderate, disability mainly affects learning tasks, disable child himself can manage ordinary affairs, if lesser number of specialists are to be involved, when inclusion is full and learning is the real issue at hand. When teacher is coordinator there are advantages-

- Teacher remains with child for longest duration of the day.
- Teacher is expected to take maximum responsibility of inclusion.
- Teacher can help other learners to be sensitive for disable child.
- Teacher can do the job as a routine matter, so avoids creating any fuss.

Special educator/Paraeducator: special educator can do the job well if disability is moderate to severe, disability mainly affects learning tasks, there is occasional need of alternative medium of learning, if other specialists are needed at limited scale, when inclusion is full or partial and learning and learner management are the issues at hand. When special educator is coordinator there are advantages-

- Special child will get a professional help.
- Special educator can understand other experts very well.
- Special child will be more comfortable with special educator.
- Special educator can assist the regular teacher very well.

Disability specialist: disability special should take the charge of the child if disability is severe, disability mainly affects

learner rather than learning, there is frequent need of physical maintenance of the child, if other specialists are needed frequently, when inclusion is to give meaning to the life of the child. When disability specialist is coordinator there are advantages-

- Special child will get a professional help.
- Special educator can understand other experts very well.
- Special child will be more comfortable with special educator.
- Special educator can assist the regular teacher very well.

School counsellor: school counsellor is needed to be coordinator of IEP team if disability is mainly behavioral, other specialists are required less frequently, parents are less confident in handling the child, inclusion is at least in academic sense, learning and behavioral management are needed to go hand in hand. When counsellor is coordinator there are advantages-

- IEP does not look too specialized a program.
- Counsellor is a school staffer who can be in touch for longer hours.
- Counsellor can handle instructions of other specialists very well.
- Special child can be quite comfortable at emotional level with counsellor.

Parent: parent is best fit for being coordinator when disability is too much demanding for personal care, health parameters are unstable, when inclusion is partial or home based, life saving is priority rather than learning tasks. When parent is coordinator there are advantages-

- Special child will have emotional comfort all the time.
- Parent can give maximum time as required, especially if parent is mother.

- Special child will accept all the help through a known person.
- Sometimes de- professionalism helps more in inclusion than professionalism of the IEP team.

Triadic collaborative model: Dettmer et al (2009) observed two people must collaborate on behalf of the third-the child, to be called as triadic collaborative support. Figure 3 reflects triadic nature of inclusion support which essentially focuses on collaboration as a dynamic process where child, coordinator as well as consultant remain in contact with each other for implementing IEP as well as rehabilitation process.

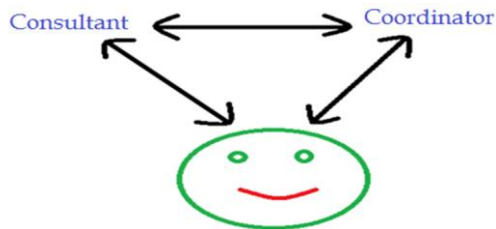


Figure 4: Triadic Collaborative Model

Coordinator can be regular teacher, or a special educator, or a paraeducator, or a disability specialist or school counsellor or parent. Whereas consultant can be a disability specialist, or a therapist or a special educator etc. This model has some advantages—

- Sometime coordinator cannot substitute role of a specialist as in case of a speech language pathologist or an occupational therapist and the like. Thus it is better to allow the specialist to interact with the special child.
- Coordinator and special child must also know what a specialist is doing with the IEP. This also helps in understanding role of coordinator as well as child in the IEP.
- Heron & Harris (2001) emphasized effective consultation must be reciprocal and collaborative. Collaboration between the three (may be more in

case of more than one consultants are involved) is essential for dealing with children with severe disability.

Concluding remarks:

Inclusion is a reality now both for developed and developing societies, as it benefits both. In case of developed societies it helps in delivering social justice where as in poor countries it is also economical viable. People may differ on the acceptability of different formats of inclusion but all formats are beneficial in one or other situation. Direct inclusion support suits to children suffering from severe disability or multiple disabilities, whereas indirect inclusion support better suits to special children suffering from behavioral or even sensory disabilities. In direct inclusion support expert or collaborative format could be decided on the basis of priority of inclusion- life management or learning management. Obviously when priority is life management direct expert format should be preferred where as in case priority is learning management collaboration model should be the preference. In case of indirect inclusion support it needs to be executed through a coordinator which should be decided on the basis of type of disability and severity of the disability. Here also a triadic model could be utilized which necessitate collaboration between coordinator, child as well as the consultant. The major outcome of this discussion would be a guidance which could be utilized to decide the mode of inclusion support we can provide to the special child to make inclusion as a reality in deed.

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