Inclusiveness

A Course for Higher Education of all Disciplines

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I. Course information

1.1. Course Title: Inclusiveness

1.2. Credit hours: 2 (4 ECTS)

1.3. Target group: Compulsory for all undergraduate students

1.4. Course code: SNIE 1012

1.5. Contact hours: 48 Hours

1.6. Course offering: A course should be offered only by certified Special Needs/Inclusive Education Professionals

1.7. Mode of delivery: Semester based/Parallel

Students work Load	Lectures	Tutorial	Library/ Group works	Assignment report	Home study	Total work Load
	48hrs	-	20hrs	17hrs	50hrs	135hrs

II. Course Description

Development efforts of any organization need to include and benefit people with various types of disabilities, people at risks of exclusion/discrimination and marginalization, through providing quality education and training, creating equity, accessibility, employability, promoting prosperity, reducing poverty and enhancing peace, stability and creating inclusive society. Unfortunately, this has not been the practice for the majority of people with disabilities and vulnerable groups, due to unfavorable attitude, negligence, inaccessibility and exclusion from all development endeavors. It is obvious that people with disabilities are the large stand most disadvantaged minority in the world. They are about 15 percent of the global population (about one billion people), and 17.6 million in Ethiopia, with most extended families including someone with a disability (World Health Organization and World Bank and 2011). An exclusion practice of this large number of persons with disabilities in Ethiopia is an indicator of violating fundamental human rights that undermines their potential/ability to contribute to poverty reduction and economic growth within their household, their community and the country. It is clear that it is not impairment, but, the exclusion practices that has contributed for insecurity (conflict), poverty aggravation for persons with disabilities and vulnerabilities, that has highly demanding inclusive practices. Exclusion practices of persons with disabilities have a long history, affecting the life of people with disabilities and the society at large. In the past and even today people have been discriminated due to their disabilities.

Inclusiveness promotes effective developments through full participation of all members of a population, people with disabilities and vulnerabilities, where all are equal contributors of development and equitable beneficiaries. Through inclusive practices, it is possible to identify and remove social and physical barriers so that people with disabilities and vulnerabilities can participate and benefit from all developments. Genuine inclusion of people with disabilities and vulnerabilities allow of them to actively participate in development processes and eliminate dependence syndrome, leads to broader benefits for families and communities, reduces the impacts of poverty, and positively contributes to a country's economic growth, development and ultimately create inclusive society. All stages of development processes of any organization should be inclusive through creating equal access to education, health care services, work and employment, social protection and all development center of human being.

Hence, in this course, the higher education students will learn how to assess, understand and address the needs of persons with disabilities and vulnerabilities; and provide relevant support or seek extra support from experts. He/she also learns how to adapt and implementing services for an inclusive environment that aimed to develop holistic development such as affective, cognitive and psychosocial skills of the population with disabilities and vulnerabilities. Identification and removal/management of environmental barriers would find a crucial place in the course. The students learn how to give more attention and support for persons with; hearing impairments, visual impairment, deaf-Blind, autism, physical and health impairments, intellectually challenged, emotional and behavior disorders, learning difficulty, communication disorders, vulnerable persons including gifted and talented, and those at risk due to different reason (persons who are environmentally and culturally deprived, abused, torched, abandoned, and orphaned..etc.). All University students should be given the chance to study the specific developmental characteristics of each group of persons with disabilities and vulnerabilities. Furth more, they also indentify the major environmental and social barriers that hinder the development of individuals; and come up with appropriate intervention strategies in inclusive settings of their respective professional environment and any development settings where all citizens are equally benefited.

III. Course objective and Expected Learning outcomes

The objective of this course is to develop knowledge, skill and attitude of the learners so that they can provide appropriate services, the tools and strategies that help to create a convenient inclusive environment. This course encourages learners exploring the benefits of collaborating with colleagues to design and implement inclusion an all sphere of life. It also guides the discovery of ways to modify environment as well as services and practices to meet the needs of all persons with disabilities and vulnerabilities in inclusive environment. As a result of reviewing various reading materials, completing the assignments, engaging in related discussions, and strongly workings on activities, towards the completion of the course, the students will be able to:

- Identify the needs and potentials of persons with disabilities and vulnerabilities.
- Identify environmental and social barriers that hinder the needs, potentials and full participations, in all aspects of life of persons disabilities and vulnerabilities
- Demonstrate desirable inclusive attitude towards all persons with disabilities and vulnerabilities in full participations
- Apply various assessment strategies for service provisions for evidence-based planning and implementation to meet the needs of persons with disabilities and vulnerabilities
- Adapt environments and services according to the need and potential of the persons with disabilities and vulnerabilities
- Utilize appropriate assistive technology and other support mechanisms that address the needs of persons with disabilities and vulnerabilities
- Respect and advocate for the right of persons with disabilities and vulnerabilities
- Collaboratively work with special needs experts and significant others for the life success of all persons with disabilities and vulnerabilities in every endeavors and in all environments.
- Create and maintain successful inclusive environment for persons with disabilities and vulnerabilities
- Promote the process of building inclusive society

Chapter 1: Understanding Disabilities and Vulnerabilities

Time allotted: 10 contact hours

Chapter objectives

At the end of completing this chapter, the students will be able to:

- Define disability and vulnerability
- List different types of disabilities and vulnerabilities
- Explain brief causes of disability and vulnerability
- Describe the brief historical movements from segregation to inclusion
- Describe the effect of attitude on the move towards inclusion
- Discuss models of disability

Chapter Contents

1.1 Definitions of disability and vulnerability

1.2 Types of disabilities and vulnerabilities

1.3 Causes of disability and vulnerability

1.4 Historical movements from segregation to inclusion

1.5 The effects of attitude on the move towards inclusion

1.6 Models of disability

Overview of the Chapter

This chapter discusses issues that help to understand about disabilities and vulnerabilities. It starts by defining terms and concepts as these are basics to understand the other chapters also. It then proceeds to present types/classifications or characteristics and causes of the disabilities and vulnerabilities to help the learners understand the disabilities as well as vulnerabilities and what causes them. The chapter then moves to trace historical movement from segregation to inclusion including the attitude issues. The major models of understanding disability were also discussed in this chapter.

Learning outcomes

At the end of completing this chapter, the students will be able to:

- Define disability and vulnerability
- List different types of disabilities and vulnerabilities
- Explain brief causes of disability and vulnerability
- Describe the brief historical movements from segregation to inclusion
- Describe the effect of attitude on the move towards inclusion

- Discuss models of disability

1.1 Definitions of Basic Terms (Impairment, Disability and Handicap)

Impairment

Impairment means a lack/abnormality of an anatomic, physiological or psychological structure or function or deviation on a person.

It refers to any loss or abnormality of physiological, psychological or anatomical structure or function. It is the absence of particular body part or organ. It could also a condition in which the body exists but doesn't function. Some children, for instance, have impairments such as eyes that do not see well, arms and legs that are deformed, or a brain not developing in a typical way etc.

Disability

The term disability is ambiguous as there is no single agreement on the concept (Mitra, 2006)

It is not synonymous with **AKAL-GUDATENGA**

(የአካል ጉዳተኛ) meaning impairment

The concept of disability is complex, dynamic, multidimensional, and contested (WHO and World Bank, 2011).

The full inclusion of people with impairments in society can be inhibited by:

1. Attitudinal (societal barriers, such as stigma)
2. Physical barriers (environmental barriers, such as absence of stairs), and
3. Policy barriers (systemic barriers),

Where all together can create a disabling effect and inhibit disability inclusive development.

They are disabling factors

If these problems addressed, impairment may not lead to disability

Where all together can create a disabling effect and inhibit disability inclusive development.

Societal, environmental, and systemic barriers are the most popular disabling factors:

- ✓ A disabled persons
- ✓ Persons with disability

What is disability?

1. Medical Approach

Disability is pathology (**physiological**, **biological** and **intellectual).** *Disability* means functional limitations due to physical, intellectual or psychic impairment, health or psychic disorders on a person (WHO,1996). The medical definition has given rise to the idea that

people are individual objects to be “treated”, “changed" or “improved" and made more “normal”. The medical definition views the disabled person as needing to “fit in ”rather than thinking about how society itself should change. This medical definition does not adequately explain the interaction between societal conditions or expectations and unique circumstances of an individual

The social definition of disability:

- Disability is a highly varied and complex condition with a range of implications for social identity and behavior.
- Disability largely depends on the context and is a consequence of discrimination, prejudice and exclusion.
- Emphasizes the shortcomings in the environment and in many organized activities in society, for example on information, communication and education, which prevent persons with disabilities from participating on equal terms.

Medical model:	**Social model:**
Child is faulty	Child is valued
Diagnosis and labeling	Strengths and needs identified
Impairment is focus of attention	Barriers identified and solutions developed
Medical model:	Social model:
Segregation and alternative services	Resources made available
Re-entry if normal enough or permanent exclusion	Diversity welcomed; child is welcomed
Society remains unchanged	Society evolves

Causes of disability

What do you think is the causes of disability?
Some people, especially in the past times, wrongly believe that disability is a punishment from God. There are some who still believe that disability is a form of personal punishment for individual with disability, a kind of karma for their past mistakes, which is totally unacceptable now days.

Disability can be caused by the following factors.

Genetic Causes

Abnormalities in genes and genetic inheritance can cause intellectual disability in children. In some countries, Down syndrome is the most common genetic condition. Sometimes,

diseases, illnesses, and over-exposure to x-rays can cause a genetic disorder.

Environmental

Poverty and malnutrition in pregnant mothers can cause a deficiency in vital minerals and result in deformation issues in the unborn child. After birth, poverty and malnutrition can also cause poor development of vital organs in the child, which can eventually lead to disability. The use of drugs, alcohol, tobacco, the exposure to certain toxic chemicals and illnesses, toxoplasmosis, cytomegalovirus, rubella and syphilis by a pregnant mother can cause intellectual disability to the child. Childhood diseases such as a whooping cough, measles, and chicken pox may lead to meningitis and encephalitis. This can cause damage to the brain of the child. Toxic material such as lead and mercury can damage the brain too. Unfortunate life events such as drowning, automobile accidents, falls and so on can result in people losing their sight, hearing, limbs and other vital parts of their body and cause disability.

Unknown Causes

The human body is a phenomenal thing. Scientists have still not figured out what and how some things in the body, cells, brain, and genes come about. Humans have still not found all the answers to all the defects in the human body .

Inaccessible environments

Sometimes society makes it difficult for people with some impairment to function freely. When society develops infrastructure such as houses, roads, parks and other public places without consideration to people with impairment, the basically make it impossible for them to take care of themselves. For example, if a school is built with a ramp in addition to stairs, it makes it easy for people with wheelchairs to move about freely. This way, their impairment is not made worse. Lack of education, support services, health and opportunities for people with impairment can cause additional disability to people with disabilities and even people with no disability.

Some type of disabilities: Some nine major disabilities are listed and briefly discussed in the coming pages below.

1.Visual impairment

Visual impairment in general designates two sub- classifications. These are blindness and low vision.

- **Blindness,** total or partial inability to see because of disease or disorder of the eye, optic nerve, or brain. The term blindness typically refers to vision loss that is not correctable with eyeglasses or contact lenses. Blindness may not mean a total absence

of sight, however. Some people who are considered blind may be able to perceive slowly moving lights or colors.

- The term low vision is used for moderately impaired vision. People with low vision may have a visual impairment that affects only central vision—the area directly in front of the eyes—or peripheral vision—the area to either side of and slightly behind the eyes.

Activities
1. How can we educate people with visual impairment? 2. What will be the consequences if we do not educate them? 3. What will be the consequences if ewe excludes them from all walks of life? 4. What support they demand for education, work and living daily life? 5. What is your role as an individual and group to create inclusiveness?

2. Hearing Impairment

Different people define the term hearing impairment differently. The definitions given to hearing impairment convey different meaning to different people. Different definitions and terminologies may be used in different countries for different purpose. Pasonella and Carat from legal point of view, define hearing impairment as a generic term indicating a continuum of hearing loss from mild to profound, which includes the sub-classifications of the hard of hearing and deaf.

- **Hard of Hearing:** "A hearing impairment, whether permanent of fluctuating, which adversely affects a child's educational performance but which is not included under the definition of 'deaf'." Whelan, R. J. (1988). This term can also be used to describe persons with enough (usually with hearing aids) as a primary modality of acquisition of language and in communication with others.
- **Deaf:** Those who have difficulty understanding speech, even with hearing aids but can successfully communicate in sign language. Cultural definitions of deafness, on the other hand, emphasize an individual's various abilities, use of sign language, and connections with the culturally deaf community.

Activities
1. How can we educate people with hearing impairment? 1. What will be the consequences if we do not educate them? 2. What will be the consequences if ewe excludes them from all walks of life? 3. What support they demand for education, work and living daily life? 4. What is your role as an individual and group to create inclusiveness?

3.Specific learning disability

Specific Learning Disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations.

The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include learning problems that are primarily the result of visual, hearing, or motor disabilities; of intellectual disability; of emotional disturbance; or of environmental, cultural, or economic disadvantage. Learning disabilities should not be confused with learning problems which are primarily the result of visual, hearing, or motor handicaps; of intellectual disability; of emotional disturbance; or of environmental, cultural or economic disadvantages.

Generally speaking, people with learning disabilities are of average or above average intelligence. There often appears to be a gap between the individual's potential and actual achievement. This is why learning disabilities are referred to as "hidden disabilities": the person looks perfectly "normal" and seems to be a very bright and intelligent person, yet may be unable to demonstrate the skill level expected from someone of a similar age. A learning disability cannot be cured or fixed; it is a lifelong challenge. However, with appropriate support and intervention, people with learning disabilities can achieve success in school, at work, in relationships, and in the community.

Types of Specific Learning Disabilities
Auditory Processing Disorder (APD)

Also known as Central Auditory Processing Disorder, this is a condition that adversely affects how sound that travels unimpeded through the ear is processed or interpreted by the brain. Individuals with APD do not recognize subtle differences between sounds in words, even when the sounds are loud and clear enough to be heard. They can also find it difficult to tell where sounds are coming from, to make sense of the order of sounds, or to block out competing background noises.

A. Dyscalculia

Dyscalculia is **a** specific learning disability that affects a person's ability to understand numbers and learn math. Individuals with this type of LD may also have poor comprehension of math symbols, may struggle with memorizing and organizing numbers, have difficulty telling time, or have trouble with counting.

B. Dysgraphia

Dyscalculia is a specific learning disability that affects a person's handwriting ability and fine motor skills. Problems may include illegible handwriting, inconsistent spacing, poor spatial planning on paper, poor spelling, and difficulty composing writing as well as thinking and writing at the same time.

C. Dyslexia

Dyslexia is a specific learning disability that affects reading and related language-based processing skills. The severity can differ in each individual but can affect reading fluency; decoding, reading comprehension, recall, writing, spelling, and sometimes speech and can exist along with other related disorders. Dyslexia is sometimes referred to as a Language-Based Learning Disability.

D. Language Processing Disorder

Language Processing Disorder is a specific type of Auditory Processing Disorder (APD) in which there is difficulty attaching meaning to sound groups that form words, sentences and stories. While an APD affects the interpretation of all sounds coming into the brain, a Language Processing Disorder (LPD) relates only to the processing of language. LPD can affect expressive language and/or receptive language.

E. Non-Verbal Learning Disabilities

Non-Verbal Learning Disabilities is a disorder which is usually characterized by a significant discrepancy between higher verbal skills and weaker motor, visual-spatial and social skills. Typically, an individual with NLD (or NVLD) has trouble interpreting nonverbal cues like facial expressions or body language, and may have poor coordination.

F. Visual Perceptual/Visual Motor Deficit

Visual Perceptual/Visual Motor Deficit is a disorder that affects the understanding of information that a person sees, or the ability to draw or copy. A characteristic seen in people with learning disabilities such as Dysgraphia or Non-verbal LD, it can result in missing subtle differences in shapes or printed letters, losing place frequently, struggles with cutting, holding pencil too tightly, or poor eye/hand coordination.

4.Speech and Language Impairments

Speech and language impairment means a communication disorder such as stuttering, impaired articulation, language impairment, or a voice impairment that adversely affects a child's educational performance. It is disorder that adversely affects the child's ability to talk, understand, read, and write. This disability category can be divided into two groups: speech impairments and language impairments.

Speech Impairments

There are three basic types of speech impairments: articulation disorders, fluency disorders, and voice disorders. Articulation disorders are errors in the production of speech sounds that may be related to anatomical or physiological limitations in the skeletal, muscular, or neuromuscular support for speech production. These disorders include:

- Omissions: (bo for boat)
- Substitutions: (wabbit for rabbit)
- Distortions: (shlip for sip)

Fluency disorders are difficulties with the rhythm and timing of speech characterized by hesitations, repetitions, or prolongations of sounds, syllables, words, or phrases. Common fluency disorders include:

- Stuttering: rapid-fire repetitions of consonant or vowel sounds especially at the beginning of words, prolongations, hesitations, interjections, and complete verbal blocks
- Cluttering: excessively fast and jerky speech

Voice disorders are problems with the quality or use of one's voice resulting from disorders in the larynx. Voice disorders are characterized by abnormal production and/or absences of vocal quality, pitch, loudness, resonance, and/or duration.

Language Impairments

There are five basic areas of language impairments: phonological disorders, morphological disorders, semantic disorders, syntactical deficits, and pragmatic difficulties. Phonological disorders are defined as the abnormal organization of the phonological system, or a

significant deficit in speech production or perception. A child with a phonological disorder may be described as hard to understand or as not saying the sounds correctly. Apraxia of speech is a specific phonological disorder where the student may want to speak but has difficulty planning what to say and the motor movements to use.

Morphological disorders are defined as difficulties with morphological inflections (inflections on nouns, verbs, and adjectives that signal different kinds of meanings).

Semantic disorders are characterized by poor vocabulary development, inappropriate use of word meanings, and/or inability to comprehend word meanings. These students will demonstrate restrictions in word meanings, difficulty with multiple word meanings, excessive use of nonspecific terms (e.g., thing and stuff), and indefinite references (e.g., that and there).

Syntactic deficits are characterized by difficulty in acquiring the rules that govern word order and others aspects of grammar such as subject-verb agreement. Typically, these students produce shorter and less elaborate sentences with fewer cohesive conjunctions than their peers.

Pragmatic difficulties are characterized as problems in understanding and using language in different social contexts. These students may lack an understanding of the rules for making eye contact, respecting personal space, requesting information, and introducing topics.

Inclusive life for persons with speech and language difficulties
1. How can schools create inclusive education for students with speech and language difficulties? Discuss 2. How persons with speech and language difficulties should be employed and live independent life? 3. How can persons with speech and language difficulties lead independent life in the community? 4. What kind of technology they require for speech and language communication and daily life activities?

5.Autism

Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three that adversely affects a child's educational performance. Other characteristics often associated with autism

are engaging in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term autism does not apply if the child's educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in #5 below. A child who shows the characteristics of autism after age 3 could be diagnosed as having autism if the criteria above are satisfied.

Autism is a neurodevelopment disorder defined by impairments in social and communication development, accompanied by stereotyped patterns of behavior and interest (Landa, 2007). Autism is pervasive developmental disorder characterized by lack of normal sociability, impaired communication and repetitive obsessive behavior such as politeness, turn-taking (Young & Nettlebeck , 2005). Linked to Profound Learning Disability (PLDs) are further impairments in the production of speech. Among these are (i) personal pronouns reversal for instance the use of "I" instead of "you" and vice-versa, (ii) the misuse of such prepositions as "in", "on", "under", "next to" (...), and (iii) the prevalence, in speech, of echolalia formal repetition of other's utterances (Arron and Gittens, 1999).

Children with autism vary literally in their use of words, (Rutter, 1966). Communication deficiencies may leave a lasting mark of social retardation on the child. The link, between social skills and language is made evident by the often spontaneous appearance of affectionate and dependent behavior in these children after they have been trained to speak (Churchill, 1966 & Hewett, 1965).

6. Emotional and Behavioral Disorders

According to Individuals with Disabilities Education Act (IDEA), the term Emotional and Behavioral Disorders means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects educational performance

1) An inability to learn that cannot be explained by intellectual, sensory, or health factors;
2) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
3) Inappropriate types of behavior or feelings under normal circumstances;
4) A general pervasive mood of unhappiness or depression; or

5) A tendency to develop physical symptoms or fears associated with personal or school problems.

Classification of behavioral and emotional disorders

An individual having behavioral or emotional disorders can exhibit widely varied types of behavior. Therefore, different classification systems of behavioral and emotional disorders can be used for special education. Different professionals have developed a classification system, which shows some promise for educational practice. These include:

- Conduct disorder: individuals may seek attention, are disruptive and act out. The disorder is classified by type: overt (with violence or tantrums) versus covert (with lying, stealing, and/or drug use).
- Socialized aggression: individuals join subculture group of peers who are openly disrespectful to their peers, teachers, and parents. Common are delinquency and dropping out of school.

  Early symptoms include stealing, running away from home, habitual lying, cruelty to animals, and fire setting.
- Attention problems- These individuals may have attention deficit, are easily destructible and have poor concentration. They are frequently impulsive and may not think the consequence of their actions.
- Anxiety/Withdrawn- These individuals are self-conscious, reserved, and unsure of themselves. They typically have low self-esteem and withdraw from immediate activities. They are also anxious and frequently depressed.
- Psychotic behavior: These individuals show more bizarre behavior. They may hallucinate, deal in a fantasy world and may even talk in gibberish.
- Motor excess: These students are hyperactive. They cannot sit nor listen to others nor keep their attention focused.

Kauffman (1993) conclude that emotion or behavioral disorders fall into two broad classifications:

1) Externalizing Behavior: also called under controlled disorder, include such problems disobedience, disruptiveness, fighting, tempers tantrums, irresponsibility, jealous, anger, attention seeking etc…
2) Internalizing Behavior: also known as over controlled disorders, include such problems anxiety, immaturity, shyness, social withdrawal, feeling of inadequacy (inferiority), guilt, depression and worries a great deal

Causes of behavioral and emotional disorders

Behavioral and emotion disorders result from many causes, these includes the following.

1. Biological- includes genetic disorders, brain damage, and malnutrition, allergies, temperament and damage to the central nervous system.
2. Family factors- include family interactions, family influence, child abuse, neglect, and poor disciplinary practices at home.
3. Cultural factors- include some traditional and cultural negative practices, for example watching violence and sexually oriented movies and TV programs.
4. Environmental factors- include peer pressure, living in impoverished areas, and schooling practices that are unresponsive to individual needs.

Inclusive life for persons with behavioral difficulties
1. Do you think it is right to dismiss students with behavioral disorder from schools? 2. How can schools create inclusive education for students with behavioral disorders? Discuss 3. How persons with behavioral disorder should employed and live independent life? 4. How can persons with behavioral disorder lead independent life in the community?

7.Intellectual Disability

Intellectual disability is a disability characterized by significant limitations in both intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills. This disability originates before the age of 18. An individual is considered to have an intellectual disability based on the following three criteria:

1. Sub average intellectual functioning: It refers to general mental capacity, such as learning, reasoning, problem solving, and so on. One way to measure intellectual functioning is an IQ test. Generally, an IQ test score of around 70 or as high as 75 indicates a limitation in intellectual functioning.

2. Significant limitations exist in two or more adaptive skill areas: It is the collection of conceptual, social, and practical skills that are learned and performed by people in their everyday lives.

- Conceptual skills—language and literacy; money, time, and number concepts; and self-direction.

- Social skills—interpersonal skills, social responsibility, self-esteem, gullibility, innocence (i.e., suspicion), social problem solving, and the ability to follow rules/obey laws and to avoid being victimized.
- Practical skills—activities of daily living (personal care), occupational skills, healthcare, travel/transportation, schedules/routines, safety, use of money, use of the telephone.

People with intellectual disabilities academic learning can be affected, as well as their ability to adapt to home, school, and community environments are presented under the following sub-headings:

General Cognition: People with intellectual disabilities vary physically and emotionally, as well as by personality, disposition, and beliefs. Their apparent slowness in learning may be related to the delayed rate of intellectual development (Wehman, 1997).

Learning and Memory: The learning and memory capabilities of people with intellectual disabilities are significantly below average in comparison to peers without disabilities. Children with intellectual disabilities may not spontaneously use appropriate learning or memory retention strategies and may have difficulty in realizing the conditions or actions that aid learning and memory. However, these strategies can be taught (Fletcher, Huffman, & Bray, 2003; Hunt & Marshall, 2002; Werts, Wolery, Holocombe, & Gast, 1995; Wolery & Schuster, 1997).

Attention: To acquire information, children must attend to the learning task for the required length of time and control distractions. Children with intellectual disabilities may have difficulty distinguishing and attending to relevant questions in both learning and social situations (Saunders, 2001). The problem is not that the student will not pay attention, but rather that the student does not understand or does not filter the information to get to the salient features (Hunt & Marshall, 2002; Meyen & Skrtic, 1988).

Adaptive Skills: The adaptive skills of people with intellectual disabilities are often not comparable to those of their peers without disabilities. A child with intellectual disabilities may have difficulty in both learning and applying skills for a number of reasons, including a higher level of distractibility, inattentiveness, failure to read social cues, and impulsive behavior (Hardman et al., 2008). The lack or underdevelopment of these skills notably affects

memory, rehearsal skills, organizational ability, and being in control of the process of learning (Erez & Peled, 2001; Hunt & Marshall, 2002).

Speech and Language: People with intellectual disabilities may have delayed speech, language comprehension and formulation difficulties. Language problems are generally associated with delays in language development rather than with a bizarre use of language (Beirne-Smith et al., 2006; Moore-Brown & Montgomery, 2006). People with intellectual disabilities may show delayed functioning on pragmatic aspects of language, such as turn taking, selecting acceptable topics for conversation, knowing when to speak knowing when to be silent, and similar contextual skills (Haring, McCormick, & Haring, 1994; Yoder, Retish, & Wade, 1996).

Motivation: People with intellectual disabilities are often described as lacking motivation, or outer-directed behavior. Past experiences of failure and the anxiety generated by those failures may make them appear to be fewer goals directed and lacking in motivation. The result of failure is often learned helplessness. The history of failure is likely to lead to dependence on external sources of reinforcement or reward rather than on internal sources of reward. They are less likely to self-starters motivated by self-approval (Beirne-Smith et al., 2002; Taylor et al., 2005).

Academic Achievement: The cognitive difficulties of children with mild to moderate intellectual disabilities lead to persistent problems in academic achievement (Hughes et al., 2002; Macmillan, Siperstein, & Gresham, 1996; Quenemoen, Thompson, & Thurlow, 2003; Turnbull et al., 2004), unless intensive and extensive supports are provided.

Physical characteristics: Children with intellectual disabilities with differing biological etiologies, may exhibit coexisting problems, such as physical, motor, orthopedic, visual and auditory impairments, and health problems (Hallahan & Kauffman, 2006). A relationship exists between the severity of the intellectual disabilities and the extent of physical differences for the individual (Drew & Hardman, 2007; Horvat, 2000). The majority of children with severe and profound intellectual disabilities have multiple disabilities that affect nearly every aspect of intellectual and physical development (Westling & Fox, 2004).

Levels of support for individuals with intellectual disabilities

Levels of support range from intermittent (just occasional or “as needed” for specific activities) to pervasive (continuous in all realms of living).

Levels and areas of support for intellectual disabilities				
Level of support	Duration of support	Frequency of support	Setting of support	Amount of professional assistance
Intermittent	Only as needed	Occasional or infrequent	Usually only one or two (e.g. 1–2 classes or activities)	Occasional consultation or monitoring by professional
Limited	As needed, but sometimes continuing	Regular, but frequency varies	Several settings, but not usually all	Occasional or regular contact with professionals
Extensive	Usually continuing	Regular, but frequency varies	Several settings, but not usually all	Regular contact with professionals at least once a week
Pervasive	May be lifelong	Frequent or continuous	Nearly all settings	Continuous contact and monitoring by professionals
Source: American Association on Mental Retardation, 2002: Schalock & Luckassen, 2004.				

Activities

Inclusive life for persons with intellectual disabilities
1. How can schools create inclusive education for students with intellectual disabilities? Discuss 2. How persons with intellectual disabilities should employed and live independent life? 3. What kind of employment opportunities you can create for persons with intellectual disabilities 4. How can persons with intellectual disabilities lead independent life in the community?

8. **Physical disability/Orthopedic Impairment and** Health impairment

Physical disability is a condition that interferes with the individual's ability to use his or her body. Many but not all, physical disabilities are orthopedic impairments. (The term orthopedic impairment generally refers to conditions of muscular or skeletal system and sometimes to physical disabling conditions of the nervous system).

Health impairment is a condition that requires ongoing medical attention. It includes asthma, heart defects, cancer, diabetes, hemophilia. HIV/AIDS, etc.

Classification and Characteristics

How can you classify physical impairment?

Physical disabilities:- based on the impact of physical disability on mobility and motor skills, it is divided into three. These are:-

A. Mild physical disability:- these individuals are able to walk without aids and may make normal developmental progress.

B. Moderate physical disability:- individuals can walk with braces and crutches and may have difficulty with fine-motor skills and speech production.

C. Severe physical disability:-these are individuals who are wheel-chair dependent and may need special help to achieve regular development.

The physical disability could be broadly classified in to two

I. The neurological system (the brain ,spinal cord & nerve) related problems.

II. Musculo skeletal system (the muscles, bones and joints) are deficient due to various causes.

I. Neurological system:-with a neurological condition like cerebral palsy or a traumatic brain injury, the brain either sends the wrong instructions or interprets feedback incorrectly. In both cases, the result is poorly coordinated movement. With the spinal cord injury or deformity, the path ways between the brain and the muscles are interrupted, so messages are transmitted but never received. The result is muscle paralysis and loss of sensation beyond the point where the spinal cord or the nerve is damaged. These individuals may have motor skill deficits that can range from mild in coordination to paralysis of the entire body. The most severely affected children are totally dependent on other people or sophisticated equipment to carry out academic and self-care task

Additional problems that can be associated with cerebral palsy include learning disabilities, mental retardation. Seizures, speech impairments, eating problems, sensory impairments, and joint and bone deformities such as spinal curvatures and contractures (permanently fixed, tight muscles and joints). Approximately 40 percent of those with cerebral palsy have normal intelligence; the remainders have from mild to severe retardation. This is an extremely heterogeneous group having unique abilities and needs.

Epilepsy:-is disorder that occurs when the brain cells are not working properly and is often called a seizure disorder.

- Some children and youth will epilepsy have only a momentary loss of attention (petit mal seizures); others fall to the floor and then move uncontrollably
- Fortunately, once epilepsy is diagnosed, it can usually be controlled with medication and does not interfere with performance in school. Most individuals with epilepsy have normal intelligence.
- Epilepsy is a condition that affects 1 to 2 percent of the population. It is characterized by recurring seizures, which are spontaneous abnormal discharge of electrical impulses of the brain.

Spinal bifida and spinal cord injury:- damage to the spinal cord leads to paralysis and loss of sensation in the affected areas of the body. The spinal blfida is a birth defect of the backbone (spinal column). The cause si unknown but it usually occurs in the first twenty-six days of pregnancy.

II. Musculoskeletal system: - it includes the muscles and their supporting framework and the skeleton.

2. Progressive muscle weakness (muscular dystrophy);
3. Inflammation of the joints (arthritis), or
4. Loss of various parts of the body (amputation)

The list of the impairment and associated with musculoskeletal malformation are the following:

A. **Muscular dystrophy**:- is an inherited condition accruing mainly in males, in which the muscles weaken and deteriorate. The weakness usually appears around 3 to 4 years of age and worsens progressively. By age 11 most victims can to longer walk. Death usually comes between the ages of 25 and 35 from respiratory failure or cardiac arrest.

B. **Arthritis**:-is an inflammation of the joints. Symptoms include swollen and stiff joints, fever, and pain in the joints during acute periods. Prolonged inflammation can lead joint deformities that can eventually affect mobility.

C. **Amputation:-** a small number of children have missing limbs because of congenital abnormalities or injuiry or disease (malignant bone tumors in the limbs). These children can use customized prosthetic devices (artificial hands, arms, or legs) to replace limp functions and increase independence in daily activities.

Other muscle-skeletal disorders are:-

D. Marfan syndrome is a genetic disorder in which the muscles are poorly developed and the spine is curved. Individuals with marfan syndrome may have either long, thin limbs, prominent shoulder blades, spinal curvature, flat feet, or long fingers & thumbs. The heart and blood vessels are usually affected. The greatest danger is damage to aorta, which can lead to heart failure. Individuals with marfan syndrome need to avoid heavy exercise and lifting heavy objects.

E. Achondroplasis:- is a genetic disorder that affects 1 in 10,000 births. Children with this disorder usually develop a normal torso but have a straight upper back and a curved lower back (sway back).

   These children are at risk of sudden death during sleep from compression of the spinal cord interfering with their breathing. The disability may be lessened through the use of the back braces or by surgery.

Polio:- is viral disease that invade the brain and cause severe paralysis of the total body system. In its mild form results in partial paralysis. Post polio muscles that were previously damaged weaken, and in some persons, other muscles that were not previously affected weaken as well.

Club foot:- is a major orthopedic problem affecting about 9,000 infants each year. This term is used to describe various ankle or foot deformities, i.e

- Twisting inward (equino varus), the most severe form
- Sharply angled at the heel (calcanel vaigus), most common
- The front part of the foot turned inward.

These conditions can be treated with physical therapy, and a cast on the foot can solve the problem in most instances. In more severe cases, surgery is necessary. With early treatment, most children can wear regular shoes and take part in all school activities.

Cleft lip and cleft palate:- are openings in the lip or roof of the mouth, respectively, that fail to close before birth, the cause is unknown. Most cleft problems can be repaired through surgery.

Health Impairments

What are the common health problems of students?

Any disease that interferes with learning can make students eligible for special services. These disease caused problems are as follow.

1. **Heart disease**:- this is common among young people. It is caused by improper circulation of blood by the heart some of the disorders are congenital)present at birth);others are the product of inflammatory heart disease. Some students have heart value disorders; others have disorders of the blood vessels. His time heart implantation helps children to get cured.
2. **Cystic fibrosis**:- is a hereditary disease that affects the lungs and pancreas. It leads to recurrent respiratory and digestive problems including abnormal amounts of thick mucus, sweet and saliva. The disease is so progressive and few who have it survive beyond age 20. Children with such disease often spend significant timeout of school.
3. **Acquired immune deficiency syndrome** (AIDS):- is a very severe disease caused by human immunodeficiency virus (HIV) infection and transmitted primarily through exchange of bodily fluids in transfusions or unprotected sex, and by contaminated needles in addictive drug use.

4. **Hemophilia**:- is a hereditary disease in which the blood clots very slowly or not all. The disorder is transmitted by sex-linked recessive gene and nearly always occurs in males.
5. **Asthma**: is a chronic respiratory condition characterized by repeared eplosde of breathing difficulties especially while exhaling.
6. **Diabetes**: Developmental or hereditary disorder characterized by inadequate secretion or use of insulin
7. Nephrosis & Nephritis Kidney disorders or diseases caused by infections, poisoning, burns, accidents or other diseases
8. Sickle-cell anemia Hereditary and chronic blood disease (occurring primarly in African Americans) characterized by red blood cells that are distored and that do not circulate properly
9. Leukemia: Disease characterized by excessive production of white blood Cells
10. Lead poisoning Disorder caused by ingesting lead-based paint chips or other substances containing lead
11. Rheumatic fever Disease characterized by painful swelling and inflammation of the joints that can spread to the hear and central nervous system.
12. Tuberculosis Infectious disease that commonly affects the lungs and may affect other tissues of the body.
13. Cancer Abnormal growth of cells that can affect any organ system

Activities

Inclusive life for persons with mobility difficulties and health impairments
1. How can schools create inclusive education for students with physical disabilities? Discuss 2. How persons with physical disabilities should employed and live independent life? 3. How can persons with physical disabilities lead independent life in the community? 4. What kind of technology they require for mobility and daily life activities?

9. Vulnerability

Vulnerable means being at risk of being harmed. Everyone can be harmed, so being vulnerable is part of being human. In principle, everyone is vulnerable to some adverse event or circumstance, but some people are more vulnerable than others. For instance, people with disabilities are more likely as a group to experience greater vulnerability. They are also often more severely affected by the vulnerability they experience. Based on the existing literature, vulnerability can be generally defined as a complex phenomenon that refers to the following dimensions:

1. Economic difficulties/lack of financial resources: poverty, low living standards, housing problems (e.g. too damp, too expensive, too cold or difficult to heat) etc.;
2. Social exclusion: limited access to facilities such as transporatation, schools, libraries or medical services;
3. Lack of social support from social networks: no assistance from family members, friends, neighbors or colleagues (referring to practical help as well as emotional support) like highly gifted individuals;
4. Stigmatization: being a victim of stereotypes, being devalued, confronted with disgraceful behavior because of belonging to a particular social or ethnic group;
5. Health difficulties: disadvantages resulting from poor mental health, physical health or disabilities;
6. Being a victim of crime: in family context especially of violence.

Causes of Vulnerability

Vulnerability may be causes by rapid population growth, poverty and hunger, poor health, low levels of education, gender inequality, fragile and hazardous location, and lack of access to resources and services, including knowledge and technological means, disintegration of social patterns (social vulnerability). Other causes includes; lack of access to information and knowledge, lack of public awareness, limited access to political power and representation (political vulnerability), (Aysan,1993). When people are socially disadvantaged or lack political voice, their vulnerability is exacerbated further. The economic vulnerability is related to a number of interacting elements, including its importance in the overall national economy, trade and foreign-exchange earnings, aid and investments, international prices of commodities and inputs, and production and consumption patterns. Environmental vulnerability concerns land degradation, earthquake, flood, hurricane, drought, storms (Monsoon rain, El Niño), water scarcity, deforestation, and the other threats to biodiversity.

Characteristics of Vulnerable People

The following are thought to be characteristics of vulnerable people (with examples of groups of potentially vulnerable people):

1. Less physically or mentally capable (infants, older adults, people with disabilities)
2. Fewer material and/or financial resources (low-income households, homeless)
3. Less knowledge or experience (children, illiterate, foreigners, tourists)
4. Restricted by society to grow and develop according to their needs and potentials

People who are helped by others (who are then restricted by commitments) are still vulnerable people, which includes the following extracted from various researches.

A. **Women:** particularly women in developing nations and those who are living in rural areas are vulnerable for many backward traditional practices. These women are oppressed by the culture and do not get access to education and employment (Comfort et al., 1999; Morrow, 1999; McEntire et al. (2002; Thomalla et al. (2006; Laukkonen et al. (2009; Rubin, 2010; GNCSODR, 2013; GP DRR, 2013).

B. **Children:** Significant number of children are vulnerable and at risk for development (Morrow, 1999; McEntire et al., 2002; Thomalla et al., 2006; Laukkonen et al., 2009 Dinh et al., 2012; Rubin, 2010; GP DRR, 2013; GNCSODR, 2013; Dinh et al. (2012). Children are vulnerable for psychological and physical abuse This include illegally working children, children who are pregnant or become mothers, children born out of marriage, children from a single-parent, delinquent children, homeless children, HIV-infected children, uneducated children, institutionalized children, married children, mentally ill children, migrant children, orphans, sexually exploited children, street children, war-affected children…etc.

C. **Minorities:** some people are vulnerable due to their minority background. Particularly, ethnic (cultural and linguistic minority), religious minority. These people are political and socially discriminated (Comfort et al., 1999; Cardona, 2003; Brooks, 2003; National Research Council, 2006; Cutter et al., 2010;).

D. **Poverty:** People are vulnerable for many undesirable phenomena due to poverty. This may be resulted in, poor households and large households, inequality, absences of access to health services, important resources for life, lack of access to education, information, financial and natural resources and lack of social networks (Morrow, 1999; McEntire et al., 2002; Brooks, 2003; Dwyer et al., 2004; Vincent, 2004; Leichenko et al., 2004; National ResearchCouncil, 2006; Naudé et al., 2007; Kahn and Salman, 2012; MacDonald, 2013).

E. **Disabilities:** People with disabilities very much vulnerable for many kind of risks. This includes abuses, poverty, illiteracy, health problems, psychological and social problems (Comfort et al., 1999; McEntire et al., 2002; Naudé et al., 2007; Cutter et al., 2010; Dinh et al., 2012; . Balica et al., 2012; GNCSODR, 2013).

F. **Age:** Old people or very young children are vulnerable for all kinds evils (Comfort et al., 1999; Morrow, 1999; McEntire et al. 2002; Cardona (2003; Vincent, 2004; Naudé et al., 2007; Dinh et al., 2012; Adikari et al., 2013; GNCSODR,2013).

G. **Illiteracy and less education:** People with high rates of illiteracy and lack quality educational opportunities are vulnerable for absence all kinds of developments (Cardona, 2003; Adger et al., 2004; Leichenko et al., 2004; Naudé et al., 2007; Kahn and Salman, 2012; Adikari et al., 2013).

H. **Sickness:** Uncured health problems for example people living with HIV/AIDS are much vulnerable for psychosocial problems, poverty and health (Vincent, 2004; Adger et al., 2004; Naudé et al., 2007).

I. **Gifted and Talentedness:** Gifted and talented children are vulnerable for socio-emotional developments. Due to lack of psychological support they may feel isolation as they are pulled from their regular classrooms and given instruction in separate settings and due to myths and expectations of themselves and the public (Shechtman & Silektor, 2012, p. 63; Schuler, 2000).

Activity
1. Persons with disabilities are highly excluded in Ethiopia from education, economic, psychological and political development? 2. The Natural rights of persons with disabilities are violated. Can you give some explanation on these points? 3. How can we make inclusion a reality for persons with disabilities in Ethiopia? 4. What can you do as an individual in your respective profusion?

Chapter Summary

Persons with disabilities, health impairments and vulnerable people are people who should be productive and able to live independent life. Their impairment is not something that has disabled them; rather, the social system is the major disabling factor. Disabilities do not only affect an impaired persons; it affect the whole nation, when this people are neglected from education and employment and when they are not actively participate in the social, political and economic activities. These situations make them to lead dependent lives which in turn affect the life of the nation. Hence, inclusiveness is an outlet for creating a society of productivity who leads independent life.

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Chapter 2: Concept of Inclusion

Chapter Overview

This chapter tries to introduce students with the concept inclusion. The specific contents addressed in the chapter Include: definition of inclusion, concept of inclusion, inclusion shift from special education and integrated education, rationale for inclusion, factors that influenced development of inclusion, benefits of inclusion to students, teachers' parents and society, inclusive school and classroom environment, strategies to implement inclusion in teaching and learning processes and barriers to inclusion.

Learning Objectives

After the students have studied this chapter, they will be able to:

- Define inclusion,
- Discuss the concept of inclusion in education,
- Identify reason regarding shift from special education and integrated education inclusion,
- Differentiate the major rationales for inclusion,
- List factors that influenced development of inclusion,
- Identify benefits of inclusion to students, teachers' parents and society,
- Name major characteristics of inclusive school and inclusive classroom environments,
- Point out strategies to implement inclusion in teaching and learning processes
- Differentiate the major barriers to inclusion.

2.1. Definition of Inclusion

Brainstorming Questions

- *What comes to your mind when you hear about the word inclusion?*
- *Do you know to whom inclusion is required? Why?*
- *Who do you think benefit from inclusion?*
- *Why inclusion has got the world wide attention?*
- *Where do you think inclusion originated from?*
- *How do you think inclusion can be implemented?*
- *What are the barriers to inclusion?*

Inclusion in education/service refers to "an ongoing process aimed at offering quality education/services for all while respecting diversity and the different needs and abilities, characteristics and learning expectations of the students and communities and eliminating all

forms of discrimination" (UNESCO, 2008, P.3, as cited in EADSNE, 2010, p.11). Inclusive services at any level are quality provisions without discrimination or partiality and meeting the diverse needs of people.

Inclusion is seen as a process of addressing and responding to the diversity of needs of all persons through increasing participation in learning, employment, services, cultures and communities, and reducing exclusion at all social contexts. It involves changes and modifications in content, approaches, structures and strategies, with a common vision which covers all people, a conviction that it is the responsibility of the social system to educate all children (UNESCO 2005), employ and provide social services. Besides, inclusion is defined as having a wide range of strategies, activities and processes that seek to make a reality of the universal right to quality, relevant and appropriate education and services. It acknowledges that learning begins at birth and continues throughout life, and includes learning in the home, the community, and in formal, informal and non-formal situations. It seeks to enable communities, systems and structures in all cultures and contexts to combat discrimination, celebrate diversity, promote participation and overcome barriers to learning and participation for all people. It is part of a wider strategy promoting inclusive development, with the goal of creating a world where there is peace, tolerance, and sustainable use of resources, social justice, and where the basic needs and rights of all are met. This definition has the following components:

1) Concepts about learners

- Education is a fundamental human right for all people
- Learning begins at birth and continues throughout life
- All children have a right to education within their own community
- Everyone can learn, and any child can experience difficulties in learning
- All learners need their learning supported child-focused teaching benefits all children.

2) Concepts about the education system and schools

- It is broader than formal schooling
- it is flexible, responsive educational systems
- It creates enabling and welcoming educational environments
- It promotes school improvement – makes effective schools
- It involves whole school approach and collaboration between partners.

3) Concepts about diversity and discrimination

- It promotes combating discrimination and exclusionary pressures at any social sectors

- It enables responding to/embracing diversity as a resource not as a problem
- It prepares learners for an inclusive society that respects and values difference.

4) Concepts about processes to promote inclusion

- It helps to identifying and overcoming barriers to participation and exclusionary pressures
- It increases real participation of all collaboration, partnership between all stakeholders
- It promotes participatory methodology, action research, collaborative enquiry and other related activities

5) Concepts about resources

- Promotes unlocking and fully using local resources redistributing existing resources
- It helps to perceive people (children, parents, teachers, members of marginalized groups, etc) as key resources
- It helps to use appropriate resources and support within schools and at local levels for the needs of different children, e.g. mother tongue tuition, Braille, assistive devices.

McLeskey and Waldron (2000) have identified inclusion and non-inclusive practices. According to them inclusion includes the following components:

- Students with disabilities and vulnerability attend their neighborhood schools
- Each student is in an age-appropriate general education classroom
- Every student is accepted and regarded as a full and valued member of the class and the school community.
- Special education supports are provided to each student with a disability within the context of the general education classroom.
- All students receive an education that addresses their individual needs
- No student is excluded based on type or degree of disability.
- All members of the school (e.g., administration, staff, students, and parents) promote cooperative/collaborative teaching arrangements
- There is school-based planning, problem-solving, and ownership of all students and programs
- Employed according to their capacities without discriminations

On the other hand, they argue that inclusion does not mean:

- Placing students with disabilities into general education classrooms without careful planning and adequate support.
- Reducing services or funding for special education services.
- Placing all students who have disabilities or who are at risk in one or a few designated classrooms.
- Teachers spending a disproportionate amount of time teaching or adapting the curriculum for students with disabilities.
- Isolating students with disabilities socially, physically, or academically within the general education school or classroom.
- Endangering the achievement of general education students through slower instruction or a less challenging curriculum.
- Relegating special education teachers to the role of assistants in the general education classroom.
- Requiring general and special education teachers to team together without careful planning and well-defined responsibilities.

2. Principles of Inclusion

The fundamental principle of inclusion is that all persons should learn, work and live together wherever possible, regardless of any difficulties or differences they may have. Inclusive education extends beyond special needs arising from disabilities, and includes consideration of other sources of disadvantage and marginalization, such as gender, poverty, language, ethnicity, and geographic isolation. The complex inter-relationships that exist among these factors and their interactions with disability must also be a focus of attention.

Besides, inclusion begins with the premise that all persons have unique characteristics, interests, abilities and particular learning needs and, further, that all persons have equal access education, employment and services. Inclusion implies transition from separate, segregated learning and working environments for persons with disabilities to community based systems. Moreover, effective transitions from segregated services to inclusive system requires careful planning and structural changes to ensure that persons with disabilities are provided with appropriate accommodation and supports that ensure an inclusive learning and

working environment. Furthermore, UNESCO (2005) has provided four major inclusion principles that support inclusive practice. These include:

1. Inclusion is a process. It has to be seen as a never-ending search to find better ways of responding to diversity. It is about learning how to live with difference and learning how to learn from difference. Differences come to be seen more positively as a stimulus for fostering learning amongst children and adults.
2. Inclusion is concerned with the identification and removal of barriers that hinders the development of persons with disabilities. It involves collecting, collating and evaluating information from a wide variety of sources in order to plan for improvements in policy and practice. It is about using evidence of various kinds to stimulate creativity and problem - solving.
3. Inclusion is about the presence, participation and achievement of all persons. 'Presence' is concerned with where persons are provided and how reliably and punctually they attend; 'participation' relates to the quality of their experiences and must incorporate the views of learners/and or workers and 'achievement' is about the outcomes of learning across the curriculum, not just test and exam results.
4. Inclusion invokes a particular emphasis on those who may be at risk of marginalization, exclusion or underachievement. This indicates the moral responsibility to ensure that those 'at risk' are carefully monitored, and that steps are taken to ensure their presence, participation and achievement.

2. Rationale for Inclusion

Reflection activities:

Dear students, why do you think inclusion in education is implemented in many countries of the world? Implementation of inclusion has number of rationales. The major ones include: educational, social, legal, economic and inclusive society building foundations

Rationales** for **Inclusion and Their Respective Descriptions

Educational Foundations

- Children do better academically, psychologically and socially in inclusive settings.
- A more efficient use of education resources.
- Decreases dropouts and repetitions
- Teachers competency(knowledge, skills, collaboration, satisfaction

Social Foundation

- Segregation teaches individuals to be fearful, ignorant and breeds prejudice.
- All individuals need an education that will help them develop relationships and prepare them for life in the wider community.

- Only inclusion has the potential to reduce fear and to build friendship, respect and understanding.

Legal Foundations

- All individuals have the right to learn and live together.
- Human being shouldn't be devalued or discriminated against by being excluded or sent away because of their disability.
- There are no legitimate reasons to separate children for their education

Economic Foundation

- Inclusive education has economic benefit, both for individual and for society.
- Inclusive education is more cost-effective than the creation of special schools across the country.
- Children with disabilities go to local schools
- Reduce wastage of repetition and dropout
- Children with disabilities live with their family use community infrastructure
- Better employment and job creation opportunities for people with disabilities

Foundations for Building Inclusive Society

- Formation of mutual understanding and appreciation of diversity
- Building up empathy, tolerance and cooperation
- Promotion of sustainable development

2.3. Factors that Influenced Development of Inclusion

Brainstorming questions:
Dear student:
1. As stated earlier, inclusive education has got priority as the main education policy in many countries of the world. Why do you think it has got the world's attention?
2. Is it possible to solve different crises that the world is acing these days by implementing inclusion philosophy? If your answer is "Yes," how it is possible? If your answer is "No," why it is not possible?
3. What do you think are the drivers of inclusion to be materialized in reality?

Inclusiveness originated from three major ideas. These include: inclusive education is a basic human right; quality education results from inclusion of students with diverse needs and ability differences, and there is no clear demarcation between the characteristics of students with and without disabilities and vulnerabilities. Therefore, separate provisions for such students cannot be justified. Moreover, inclusion has got the world's attention because it is supposed to solve the world's major problems occurring in social, economic, religious, educational and other areas of the world. For instance, it is supposed to : counteract-social, political, economical and educational challenges that happen due to globalization impact; enhance psychosocial, academic and other benefits to students with and without special needs education; help all citizens exercise educational and human rights; enhance quality education for all in regular class rooms through inclusion; create sustainable environmental development that is suitable for all human beings; create democratic and productive society

that promote sustainable development; build an attitude of respecting and valuing of differences in human beings; and ultimately build an inclusive society.

Inclusive education is facilitated by many influencing actors. Some of the major drivers include:

1. **Communities: pre-colonial and indigenous** approaches to education and community-based programs movement that favor inclusion of their community members.
2. **Activists and advocates**: the combined voices of primary stakeholders – representatives of groups of learners often excluded and marginalized from education (e.g. disabled activists; parents advocating for their children; child rights advocates; and those advocating for women/girls and minority ethnic groups).
3. **The quality education and school improvement movement**: in both North and South, the issues of quality, access and inclusion are strongly linked, and contribute to the understanding and practice of inclusive education as being the responsibility of education systems and schools.
4. **Special educational needs movement**: the 'new thinking' of the special needs education movement – as demonstrated in the Salamanca Statement – has been a positive influence on inclusive education, enabling schools and systems to really respond to a wide range of diversity.
5. **Involvement o**f **International agencies**: the UN is a major influence on the development of inclusive education policy and practice. Major donors have formed a partnership – the Fast Track Initiative – to speed progress towards the EFA goals. E.g. UNESCO, etc.
6. **Involvement o**f **NGOs movements, networks and campaigns**: a wide range of civil society initiatives, such as the Global Campaign for Education, seek to bring policy and practice together and involve all stakeholders based on different situations
7. **Other factors**: the current world situation and practical experiences in education**.** The current world situation presents challenges such as the spread of HIV/AIDS, political instability, trends in resource distribution, diversity of population, and social inclusion. This necessitates implementation of inclusion to solve the problems. On the other hand, practical experiences in education offers lessons learned from failure and success in mainstream, special and inclusive education. Moreover, practical demonstrations of successful inclusive education in different cultures and contexts are a strong influence on its development

Benefits of Inclusion

It is now understood that inclusion benefits communities, families, teachers, and students by ensuring that children with disabilities attend school with their peers and providing them with adequate support to succeed both academically and socially.

1. Benefits for Students with Special Needs Education

In inclusive settings people will develop:

- Appropriate models of behavior. They can observe and imitate socially acceptable behaviors of the students without special needs
- Improved friendships with the social environment

- Increased social initiations, interactions, relationships and networks
- Gain peer role models for academic, social and behavior skills
- Increased achievement of individualized educational program (IEP) goals
- Greater access to general curriculum
- Enhanced skill acquisition and generalization in their learning
- improved academic achievement which leads to quality education service s
- Attending inclusive schools increases the probability that students with SEN will continue to participate in a variety of integrated settings throughout their lives (increased inclusion in future environments that contribute building of inclusive society).
- Improved school staff collaboration to meet these students' needs and ability differences
- Increased parental participation to meet these students' needs and ability differences
- Enhanced families integration into the community

2. Benefits for persons without Special Needs Education

Students without special educational needs (SEN) will:

- Have a variety of opportunities for interacting with their age peers who experience SEN in inclusive school settings.
- serve as peer tutors during instructional activities
- Play the role of a special 'buddy' during lunch, in the bus or playground.
- Gain knowledge of a good deal about tolerance, individual difference, and human exceptionality.
- Learn that students with SEN have many positive characteristics and abilities.
- Have chance to learn about many of the human service profession such as special education, speech therapy, physical therapy, recreation therapy, and vocational rehabilitation. For some, exposure to these areas may lead to career choices.
- Have increased appreciation, acceptance and respect of individual differences among human beings that leads to increased understanding and acceptance of diversity
- Get greater opportunities to master activities by practicing and teaching others
- Have increased academic outcomes

- have opportunity to learn to communicate, and deal effectively with a wide range of individuals; this prepares them to fully participate in society when they are adults that make them build an inclusive society

3. Benefits for Teachers and Parents/Family

Brainstorming Questions

5. Dear student, do you think inclusive education is important for teachers of inclusive education and parents? If yes, give examples? If no, why not?

Inclusive education has benefit to teachers. The benefit includes: developing their knowledge and skills that meet diverse students' needs and ability differences to enhancing their skills to work with their stakeholders; and gaining satisfaction in their profession and other aspects.

Similarly, parents/family benefit from inclusive education. For example, parents benefit from implementation of inclusive education in developing their positive attitude towards their children's education, positive feeling toward their participation, and appreciation to differences among humankinds and so on. For detailed information, see the table below. when they participate in inclusive education of their children

Table 2.3. ***Benefits of inclusion for Teachers and Parents/Family***

Benefits for Teachers	**Benefits for Parents/Family**
• They have more opportunities to learn new ways to teach different kinds of students. • They gain new knowledge, such as the different ways children learn and can be taught. • They develop more positive attitudes and approaches towards different people with diverse needs. • They have greater opportunities to explore new ideas by communicating more often with others from within and outside their school, such as in school clusters or teacher networks, or with parents and community members. • They can encourage their students to be more interested, more creative and more attentive • They can experience greater job satisfaction and a higher sense of accomplishment when ALL children are succeeding in school to the best of their abilities. • They get opportunities to exchange information about instructional activities and teaching	They: • Learn more about how their children are being educated in schools with their peers in an inclusive environment • Become personally involved and feel a greater sense of accomplishment in helping their children to learn. • Feel valued and consider themselves as equal partners in providing quality learning opportunities for children. • Learn how to deal better with their children at home by using techniques that the teachers use in school. • Find out ways to interact with others in the community, as well as to understand and help solve each other's problems. • Know that their children—and ALL children—are receiving a quality education.

strategies, thus expanding the skills of both general and special educators

- They benefit from develop Developing teamwork and collaborative problem-solving skills to creatively address challenges regarding student learning

- Develop positive attitude that help them promoting the recognition and appreciation that all students have strengths and are contributing members of the school community as well as the society

- Experience positive attitude about themselves and their children by seeing their children accepted by others, successful in the inclusive setting, and belonging to the community where they live

Reflection

6. Dear student, can you briefly discuss how the teachers benefit from inclusion?

2.5. Benefits for Society

Inclusion goes beyond education and should involve consideration of employment, recreation, health and living conditions. It should therefore involve transformations across all government and other agencies at all levels of society.

When students with special needs and without special needs are educated through quality inclusive education, it not only benefits students, teachers and parents it also benefits the society. Some of the major benefits may include:

Introduction of students with disabilities and vulnerabilities into mainstream schools bring in the students into local communities and neighborhoods and helps break down barriers and prejudice that prevail in the society towards persons with disability.

Communities become more accepting of difference, and everyone benefits from a friendlier, open environment that values and appreciates differences in human beings.

Meaningful participation in the economic, social, political and cultural life of communities own cost effective non-segregated schooling system that services both students with and without special needs education.

Ultimate Goal of Inclusion

Brainstorming questions

1. ***Dear student, what do you think about the ultimate goal regarding the implementation*** of ***quality inclusive education?***

The goal of inclusive education is to create schools where everyone belongs. By creating inclusive schools, we ensure that there's a welcoming place in the community for everyone after their school year's end. Students educated together have a greater understanding of

difference and diversity. Students educated together have fewer fears about difference and disability. An inclusive school culture creates better long-term outcomes for all students. Typical students who are educated alongside peers with developmental disabilities understand more about the ways that they're all alike. These are the students who will be our children's peer group and friends. These students hold the promise of creating inclusive communities in the future for all our children. These students will be the teachers, principals, doctors, lawyers, and parents who build communities where everyone belongs.

Inclusive society is a necessary precondition for inclusive growth is a society which does not exclude or discriminate against its citizens on the basis of disability, caste, race, gender, family or community, a society which 'levels the playing field for investment' and leaves no one behind. Thus, Inclusive growth which is equitable that offers equality of opportunity to all as well as protection in market and employment transitions results from inclusive society.

Reflection

- *Dear student, can you explain the benefits o inclusive education or students, teachers, parents and society at large?*
- *What kink o society can be created when inclusive education is properly implemented?*

5. Features of Inclusive Environment

Brain storming questions:

Dear learners, what does inclusive environment mean?

Do you think it is possible to create an inclusive environment?

What could be the major components of inclusive environment interms of inclusive education?

An inclusive environment is one in which members feel respected by and connected to one another. An inclusive environment is an environment that welcomes all people, regardless of their disability and other vulnerabilities. It recognizes and uses their skills and strengthens their abilities. An inclusive service environment is respectful, supportive, and equalizing. An inclusive environment reaches out to and includes individuals with disabilities and vulnerabilities at all levels — from first time participants to board members.

It has the following major characteristics:

- it ensures the respect and dignity of individuals with disabilities
- it meets current accessibility standards to the greatest extent possible to all people with special needs
- provides accommodations willingly and proactively

Persons with disabilities are welcomed and are valued for their contributions as individuals.

2.6. Inclusive Environments

An inclusive environment is a place that is adjusted to individuals' needs and not vice versa – that individuals are adjusted to the environmental needs. It acknowledges that individual differences among individuals are a source of richness and diversity, and not a problem, and that various needs and the individual pace of learning and development can be met successfully with a wide range of flexible approaches. Besides, the environment should involve continuous process of changes directed towards strengthening and encouraging different ways of participation of all members of the community.

An inclusive environment is also directed towards developing culture, policy and practice which meet pupils' diversities, towards identifying and removing obstacles in learning and participating, towards developing a suitable provisions and supporting individuals.

Therefore, successful environment has the following characteristics:

- It develops whole-school/environment processes that promote inclusiveness and quality provisions and practice that are responsive to the individual needs and diversities
- It recognizes and responds to the diverse needs of their individuals and ensuring quality provisions for all through appropriate accommodations, organizational arrangements, resource use and partnerships with their community.
- It is committed to serve all individuals together regardless of differences. It is also deeply committed to the belief that all persons can learn, work and be productive.
- It involves restructuring environment, culture, policy, and practice.
- It promoting pro-social activities
- It makes provides services and facilities equally accessible to all people
- It involves mobilizing resources within the community
- It is alert to and uses a range of multi-skilled personnel to assist people in their learning and working environment.
- It strives to create strong links with, clinicians, caregivers, and staff in local schools, work place, disability services providers and relevant support agencies within the wider community.

- It develops social relationships as an equal member of the class. It is also the classroom responsive to the diversity of individuals' academic, social and personal learning needs.

Barriers to Inclusion

- Though many countries seem committed to inclusion their rhetoric, and even in their legislation and policies, practices often fall short. Reasons for the policy-practice gap in inclusion are diverse. The major barriers include:
- Problems related with societal values and beliefs- particularly the community and policy makers negative attitude towards students with disability and vulnerabilities. Inclusion cannot flourish in a society that has prejudice and negative attitude towards persons with disability.
- Economic factors- this is mainly related with poverty of family, community and society at large
- Lack of taking measures to ensure conformity of implementation of inclusion practice with policies
- Lack of stakeholders taking responsibility in their cooperation as well as collaboration for inclusion
- Conservative traditions among the community members about inclusion
- Lack of knowledge and skills among teachers regarding inclusive education
- Rigid curricula, teaching method and examination systems that do not consider students with dives needs and ability differences.
- Fragile democratic institutions that could not promote inclusion
- Inadequate resources and inaccessibility of social and physical environments
- Large class sizes that make teachers and stakeholders meet students' diverse needs
- Globalization and free market policy that make students engage in fierce completion, individualism and individuals' excellence rather than teaching through cooperation, collaboration and group excellence.
- Using inclusive models that may be imported from other countries.

Reflection questions

Think of Ethiopian socio-cultural, economic and political conditions and reflect on the following issues.

Do you think the country's socio-cultural, economic and political conditions suitable to implement inclusive education? What should be done to make conditions suitable to implement inclusion?

Due think the schools you leant in relation respecting students' rights to learn, addressing

the students' diverse needs and ability differences and promoting quality education for all students. Point out the strengths and weakness based on the inclusive education concepts and practices.

Chapter summary

Inclusion is defined from the concept of education process of education that is aimed at meeting students' diverse needs in regular classrooms. It focuses not only students with special educational needs but also students without special needs. It is based on the concept o respecting diversity and the different needs and abilities, characteristics and learning expectations of the students and communities and eliminating all forms of discrimination in educational, social, economic and other aspects o f life. The concept of inclusive education originated from three major ideas. These include: inclusive education is a basic human right; quality education results from inclusion of students with diverse needs and ability differences, and there is no clear demarcation between the characteristics of students with and without disabilities and vulnerabilities. Its philosophy centers on enabling communities, systems and structures in all cultures and contexts to fight discrimination, celebrate diversity, promote participation and overcome barriers to learning and participation for all people (persons with and without special educational needs). It is part of a wider strategy promoting inclusive development, with the goal of creating a world where there is peace, tolerance, and sustainable use of resources, social justice, and where the basic needs and rights of all persons are met.

Inclusion concept evolved from special and integrated education based on the notion that both special needs and integrated/mainstreaming education do not address unique needs, characteristics of students with in regular schools classrooms.

The concept of inclusion has a number of rationales: educational, social, economic, legal and foundations or inclusive society. Specifically, it has also benefits to students with and without special educational needs, parents, teachers and society at large. Inclusion is implemented as on its ultimate goal which is aimed building an inclusive society.

The concept of inclusion development is influenced by different factors: communities, activists and advocates, the quality education and school improvement movement, special educational needs movement, involvement of international agencies, involvement of NGOs movements, networks and campaigns, and other factors such as current world situation and demand or quality education.

Inclusive education implementation needs adjusting schools and classrooms environments to address unique needs of students with diverse needs and ability differences. These environments should be adjusted address factors that address the students' rights, respecting and valuing differences, foster team work, and improve academic achievement, promote healthy psychosocial development.

Implementation inclusion in education aces number of barriers. The barriers are related with lack of teachers knowledge and skills, their negative attitude; rigid curriculum and teaching and learning methods; lack of active participation of relevant stakeholders; lack of resources and facilities; globalization and free market economic policy; and lack of considering local indigenous values, ideologies and culture and other related factors.

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Chapter 3: Identification and Differentiated services

Chapter Overview

The onset of disability is accompanied by a complex series of shocks to the individual and to everyone around him. The impact of disability and vulnerability take many form. The immediate effects are often physical pain, limitation of mobility, disorientation, confusion, uncertainty and a disruption of roles and patterns of social interaction. Peoples with disabilities and vulnerabilities have survival (physiological), safety, social, esteem, and self-actualization (fulfillment) needs like persons without disabilities.

This chapter begins with the overview of the impacts of disability on daily life of peoples with disabilities and vulnerabilities and their needs for inclusive service provisions. It describes diverse needs of persons with disabilities and vulnerabilities followed by differentiated intervention and rehabilitation approaches. The chapter further discusses inclusiveness from different perspectives such as; health services provision, accessibility of technologies, employment and economic independence, disability and rural life and access to education for peoples with disabilities and vulnerabilities in brief.

Learning Outcomes

At the end of this chapter, you are expected to:

- Discuss the impact of disability and vulnerability on daily life of persons with disabilities and vulnerabilities.
- Depict needs of persons with disabilities and vulnerabilities
- describe the effects of environment on the life of persons with disabilities and vulnerabilities.
- Describe intervention and rehabilitation approaches for disabilities and vulnerabilities.
- depict barriers for inclusive services provisions in different sectors
- describe the role technologies in the life of persons with disabilities
- relate the concept of inclusiveness to their specific profession
- Evaluate inclusiveness of services provision in their specific fields of studies

Impact of Disability and Vulnerability on daily life

Brainstorming Question

Dear students,

- Can you list the impacts of disability on daily life of peoples with disabilities?
- Do you think that individuals with the same disabilities have the same needs? If your answer is Yes, how?/No, why?

Factors related to the person

People respond to disabilities in different ways. Some react negatively and thus their quality of life is negatively affected. Others choose to focus on their abilities as opposed to their disabilities and continue to live a productive life. There are several factors that affect the impact a disability has on an individual. The following are often considered the most significant factors in determining a disability's impact on an individual.

1. **The Nature of the Disability**: Disability can be acquired (a result of an accident, or acquired disease) or congenital (present at birth). If the disability is acquired, it is more likely to cause a negative reaction than a congenital disability. Congenital disabilities are disabilities that have always been present, thus requiring less of an adjustment than an acquired disability.
2. **The Individual's Personality** - the individual personality can be typically positive or negative, dependent or independent, goal-oriented or laissez-faire. Someone with a positive outlook is more likely to embrace a disability then someone with a negative outlook. Someone who is independent will continue to be independent and someone who is goal-oriented will continue to set and pursue goals.
3. **The Meaning of the Disability to the Individual** - Does the individual define himself/herself by his/her looks or physical characteristics? If so, he/she is more likely to feel defined by his/her disability and thus it will have a negative impact.
4. **The Individual's Current Life Circumstances** - The individual's independence or dependence on others (parents). The economic status of the individual or the individual's caregivers, the individual's education level. If the individual is happy with their current life circumstance, they are more likely to embrace their disability, whereas if they are not happy with their circumstances, they often blame their disability.
5. **The Individual's Support System** - The individual's support from family, a significant other, friends, or social groups. If so, he/she will have an easier time coping with a disability and thus will not be affected negatively by their disability.

Common effects of a disability may include but not limited to health conditions of the person; mental health issues including anxiety and depression; loss of freedom and independence; frustration and anger at having to rely on other people; practical problems including transport, choice of activities, accessing buildings; unemployment; problems with learning and academic study; loss of self-esteem and confidence, especially in social

situations. But all these negative effects are due to restricted environments, not due to impairments.

The disability experience resulting from the interaction of health conditions, personal factors, and environmental factors varies greatly. Persons with disabilities are diverse and heterogeneous, while stereotypical views of disability emphasize wheelchair users and a few other "classic" groups such as blind people and deaf people. Disability encompasses the child born with a congenital condition such as cerebral palsy or the young soldier who loses his leg to a land-mine, or the middle-aged woman with severe arthritis, or the older person with dementia, among many others. Health conditions can be visible or invisible; temporary or long term; static, episodic, or degenerating; painful or inconsequential. Note that many people with disabilities do not consider themselves to be unhealthy. Generalizations about "disability" or "people with disabilities" can mislead. Persons with disabilities have diverse personal factors with differences in gender, age, language, socioeconomic status, sexuality, ethnicity, or cultural heritage. Each has his or her personal preferences and responses to disability. Also while disability correlates with disadvantage, not all people with disabilities are equally disadvantaged. Women with disabilities experience the combined disadvantages associated with gender as well as disability, and may be less likely to marry than non-disabled women. People who experience mental health conditions or intellectual impairments appear to be more disadvantaged in many settings than those who experience physical or sensory impairments. People with more severe impairments often experience greater disadvantage. Conversely, wealth and status can help overcome activity limitations and participation restrictions.

Reflection

Dear students, in what ways do you think that disability restricts daily lives of persons with disabilities?
What are the disabling factors? Impairment or environment?

People with disabilities and vulnerabilities live with challenges that impact their abilities to conduct Activities of Daily Living (ADL). Disability and vulnerabilities can limit or restrict one or more ADLs, including moving from one place to another (e.g., navigation, locomotion, transfer), maintaining a position (e.g., standing, sitting, sleeping), interacting with the environment (e.g., controlling systems, gripping objects), communicating (e.g.,

speaking, writing, hand gestures), feeding (chewing, swallowing, etc.), and perceiving the external world (by movement of the eyes, the head, etc.), due to inaccessible environment. Many older persons face one or more impairments. Their situation is often similar to that of people with disabilities. Their needs are similar to those people with multiple disabilities with a decrease in the muscular, vision, hearing and cognitive capacities.

Economic Factors and Disability

There is clear evidence that people with few economic assets are more likely to acquire pathologies that may be disabling. This is true even in advanced economies and in economies with greater levels of income equality. The impact of absolute or relative economic deprivation on the onset of pathology crosscuts conditions with radically different etiologies, encompassing infectious diseases and most common chronic conditions. Similarly, economic status affects whether pathology will proceed to impairment. Examples include such phenomena as a complete lack of access to or a delay in presentation for medical care for treatable conditions (e.g., untreated breast cancer is more likely to require radical mastectomy) or inadequate access to state-of-the-art care (e.g., persons with rheumatoid arthritis may experience a worsened range of motion and joint function because disease-modifying drugs are not used by most primary care physicians). In turn, a lack of resources can adversely affect the ability of an individual to function with a disabling condition. For example, someone with an amputated leg who has little money or poor health insurance may not be able to obtain a proper prosthesis, in which case the absence of the limb may then force the individual to withdraw from jobs that require these capacities.

Similarly, economic resources can limit the options and abilities of someone who requires personal assistance services or certain physical accommodations. The individual also may not be able to access the appropriate rehabilitation services to reduce the degree of potential disability either because they cannot afford the services themselves or cannot afford the cost of specialized transportation services.

The economic status of the community may have a more profound impact than the status of the individual on the probability that disability will result from impairment or other disabling conditions. Research on employment among persons with disabilities indicates, for example, that such persons in communities undergoing rapid economic expansion will be much more likely to secure jobs than those in communities with depressed or contracting

labor markets. Similarly, wealthy communities are more able to provide environmental supports such as accessible public transportation and public buildings or support payments for personal assistance benefits.

Community can be defined in terms of the microsystem (the local area of the person with the disabling conditions), the mesosystem (the area beyond the immediate neighborhood, perhaps encompassing the town), and the macrosystem (a region or nation). Clearly, the economic status of the region or nation as a whole may play a more important role than the immediate microenvironment for certain kinds of disabling conditions. For example, access to employment among people with disabling conditions is determined by a combination of the national and regional labor markets, but the impact of differences across small neighborhoods is unlikely to be very great. In contrast, the economic status of a neighborhood will play a larger role in determining whether there are physical accommodations in the built environment that would facilitate mobility for people with impairments or functional limitations, or both.

Finally, economic factors also can affect disability by creating incentives to define oneself as disabled. For example, disability compensation programs often pay nearly as much as many of the jobs available to people with disabling conditions, especially given that such programs also provide health insurance and many lower-paying jobs do not. Moreover, disability compensation programs often make an attempt to return to work risky, since health insurance is withdrawn soon after earnings begin and procuring a job with good health insurance benefits is often difficult in the presence of disabling conditions. Thus, disability compensation programs are said to significantly reduce the number of people with impairments who work by creating incentives to leave the labor force and also creating disincentives to return to work.

Political Factors and Disability

The political system, through its role in designing public policy, can and does have a profound impact on the extent to which impairments and other potentially disabling conditions will result in disability. If the political system is well enforced it will profoundly improve the prospects of people with disabling conditions for achieving a much fuller participation in society, in effect reducing the font of disability in work and every other

domain of human activity. The extent to which the built environment impedes people with disabling conditions is a function of public funds spent to make buildings and transportation systems accessible and public laws requiring the private sector to make these accommodations in nonpublic buildings. The extent to which people with impairments and functional limitations will participate in the labor force is a function of the funds spent in training programs, in the way that health care is financed, and in the ways that job accommodations are mandated and paid for. Similarly, for those with severe disabling conditions, access to personal assistance services may be required for participation in almost all activities, and such access is dependent on the availability of funding for such services through either direct payment or tax credits. Thus, the potential mechanisms of public policy are diverse, ranging from the direct effects of funds from the public purse, to creating tax incentives so that private parties may finance efforts themselves, to the passage of civil rights legislation and providing adequate enforcement. The sum of the mechanisms used can and does have a profound impact on the functioning of people with disabling conditions.

Factors* Psychological *of Disability

This section focuses on the impact of psychological factors on how disability and disabling conditions are perceived and experienced. The argument in support of the influence of the psychological environment is congruent with the key assumption in this chapter that the physical and social environments are fundamentally important to the expression of disability.

Several constructs can be used to describe one's psychological environment, including personal resources, personality traits, and cognition. These constructs affect both the expression of disability and an individual's ability to adapt to and react to it. An exhaustive review of the literature on the impact of psychological factors on disability is beyond the scope of this chapter. However, for illustrative purposes four psychological constructs will be briefly discussed: three cognitive processes (self-efficacy beliefs, psychological control, and coping patterns) and one personality disposition (optimism). Each section provides examples illustrating the influence of these constructs on the experience of disability.

a) Social Cognitive Processes

Cognition consists of thoughts, feelings, beliefs, and ways of viewing the world, others, and ourselves. Three interrelated cognitive processes have been selected to illustrate the direct and interactive effects of cognition on disability. These are self-efficacy beliefs, psychological control, and coping patterns which all these are socially constructed.

b) Self-Efficacy Beliefs

Self-efficacy beliefs are concerned with whether or not a person believes that he or she can accomplish a desired outcome (Bandura, 1977, 1986). Beliefs about one's abilities affect what a person chooses to do, how much effort is put into a task, and how long an individual will endure when there are difficulties. Self-efficacy beliefs also affect the person's affective and emotional responses. Under conditions of high self-efficacy, a person's outlook and mental health status will remain positive even under stressful and aversive situations. Under conditions of low self-efficacy, mental health may suffer even when environmental conditions are favorable. The findings from several studies provide evidence of improved behavioral and functional outcomes under efficacious conditions for individuals with and without disabling conditions (Maddux, 1996). How do self-efficacy beliefs affect disability? Following a stroke, for example, an individual with high self-efficacy beliefs will be more likely to feel and subsequently exert effort toward reducing the disability that could accompany any stroke-related impairment or functional limitation. The highly self-efficacious individual would work harder at tasks (i.e., in physical or speech therapy), be less likely to give up when there is a relapse (i.e., continue therapy sessions even when there is no immediate improvement), and in general, feel more confident and optimistic about recovery and rehabilitation. These self-efficacy beliefs will thus mediate the relationship between impairment and disability such that the individual would experience better functional outcomes and less disability. The development of self-efficacy of the individual is much affected by the environmental factors.

c) Psychological Control

Psychological control, or control beliefs, is akin to self-efficacy beliefs in that they are thoughts, feelings, and beliefs regarding one's ability to exert control or change a situation. Self-generated feelings of control improve outcomes for diverse groups of individuals with physical disabilities and chronic illnesses. The onset of a disabling condition is often

followed by a loss or a potential loss of control. What is most critical for adaptive functioning is how a person responds to this and what efforts the person puts forth to regain control. Perceptions of control will influence whether disabling environmental conditions are seen as stressful and consequently whether it becomes disabling. The individuals control over themselves depends on the provision of the environments: accessibility or inaccessibility.

d) Coping Patterns

Coping patterns refer to behavioral and cognitive efforts to manage specific internal or external demands that tax or exceed a person's resources to adjust. Generally, coping has been studied within the context of stress. Having a disabling condition may create stress and demand additional efforts because of interpersonal or environmental conditions that are not supportive. Several coping strategies may be used when a person confronts a stressful situation. These strategies may include the following: seeking information, cognitive restructuring, emotional expression, catastrophizing, wish-fulfilling fantasizing, threat minimization, relaxation, distraction, and self-blame. The effects of certain coping efforts on adaptive and functional outcomes benefits individuals with disabling conditions. In general, among people with disabling conditions, there is evidence that passive, avoidant, emotion-focused cognitive strategies (e.g., catastrophizing and wishful thinking) are associated with poorer outcomes, whereas active, problem-focused attempts to redefine thoughts to become more positive are associated with favorable outcomes. An adaptive coping pattern would involve the use of primary and secondary control strategies. What seems useful is the flexibility to change strategies and to have several strategies available.

Active coping is a significant predictor of mental health and employment-related outcomes. Under conditions in which individuals with disabling conditions use active and problem-solving coping strategies to manage their life circumstances, there will be better functional outcomes across several dimensions (e.g., activities of daily living, and employment) than when passive coping strategies are used. An important component in the coping process is appraisal. Appraisals involve beliefs about one's ability to deal with a situation. Take, for example, two people with identical levels of impairment. The appraisal that the impairment is disabling will result in more disability than the appraisal that the impairment is not disabling, regardless of the objective type and level of impairment.

Appraisal is related to self-efficacy in the sense that one's thoughts and cognition control how one reacts to a potentially negative situation. When a person feels that he or she can execute a desired outcome (e.g., learn how to use crutches for mobility), the person is more likely to do just that. Similarly, under conditions in which an individual appraises his or her disabling conditions and other life circumstances as manageable, the person will use coping strategies that will lead to a manageable life (i.e., better functional outcomes).

e) Personality Disposition

Optimism is a personality disposition that is included in this chapter as an example of a personality disposition or trait that can mediate how disabling conditions are experienced. Several other interrelated personality factors could be discussed (e.g., self-esteem, hostility, and Type A personality). Optimism (in contrast to pessimism) is used for illustrative purposes because it relates to many other personality traits. Optimism is the general tendency to view the world, others, and oneself favorably. People with an optimistic orientation rather than a pessimistic orientation are far better across several dimensions. Optimists tend to have better self-esteem and less hostility toward others and tend to use more adaptive coping strategies than pessimists.

Optimism is a significant predictor of coping efforts and of recovery from surgery. Individuals with optimistic orientations have a faster rate of recovery during hospitalization and a faster rate of return to normal life activities after discharge. There was also a strong relationship between optimism and postsurgical quality of life, with optimists doing better than pessimists. Optimism may reduce symptoms and improve adjustment to illness, because it is associated with the use of effective coping strategies. This same analogy can be extended to impairment. Optimistic individuals are more likely to cope with impairment by using the active adaptive coping strategies discussed earlier. These in turn will lead to reduced disability.

The four constructs of the psychological environment (i.e., self-efficacy beliefs, psychological control, coping patterns, and optimism) were highlighted to illustrate the influence of these factors on disability and the enabling-disabling process. These psychological constructs are interrelated and are influenced to a large extent by the external social and physical environments. The reason for the inclusion of the psychological

environment in this topic is to assert that just as the physical and social environments can be changed to support people with disabling conditions, so can the psychological environment. Psychological interventions directed at altering cognition lead to improved outcomes (i.e., achievement, interpersonal relationships, work productivity, and health) across diverse populations and dimensions.

The Family and Disability

The family can be either an enabling or a disabling factor for a person with a disabling condition. Although most people have a wide network of friends, the networks of people with disabilities are more likely to be dominated by family members. Even among people with disabilities who maintain a large network of friends, family relationships often are most central and families often provide the main sources of support. This support may be instrumental (errand-running), informational (providing advice or referrals), or emotional (giving love and support).

Families can be enabling to people with functional limitations by providing such tangible services as housekeeping and transportation and by providing personal assistance in activities of daily living. Families can also provide economic support to help with the purchase of assistive technologies and to pay for personal assistance. Perhaps most importantly, they can provide emotional support. Emotional support is positively related to well-being across a number of conditions. In all of these areas, friends and neighbors can supplement the support provided by the family.

It is important to note, however, that families may also be disabling. Some families promote dependency. Others fatalistically accept functional limitations and conditions that are amenable to change with a supportive environment. In both of these situations, the person with the potentially disabling condition is not allowed to develop to his or her fullest potential. Families may also not provide needed environmental services and resources. For example, families of deaf children frequently do not learn to sign, in the process impeding their children's ability to communicate as effectively as possible. Similarly, some well-meaning families prematurely take over the household chores of people with angina, thereby limiting the opportunity for healthy exercise that can lead to recovery.

Needs of Persons with Disabilities and Vulnerabilities.

Needs of persons with disabilities and vulnerabilities depends on different factors.

Dear students,

- What needs do you think persons with disabilities may have?

People with disabilities do not all share a single experience, even of the same impairment; likewise, professionals in the same discipline (sector)do not follow a single approach or hold the same values. Exciting new directions will arise from individual professionals (sectors) working with persons with disabilities and vulnerabilities on particular briefs. This will produce different responses each time, complementary and even contradictory directions, but this richness is needed.

Analyzing the human beings, Maslow has identified five categories of needs, with different priority levels (Fig. 3.1), in the following order: survival (physiological), safety, social needs, esteem, and self-actualization (fulfillment). Maslow's model is also valid for persons with disabilities and vulnerabilities, whose needs are similar to those of ordinary persons. Nevertheless, many of these needs are not fulfilled, so disabilities and vulnerabilities seek to fulfill these needs and reach a state of wellbeing. Initially, disabilities and vulnerabilities attempt to fulfill the first level of needs (survival). The **survival needs** are formed by the physiological needs and include the biological requirements for feeding, performing hygiene, sleeping, ADL, and so on. When disabilities and vulnerabilities fulfill their survival needs, they will look for situations that keep them safe, before moving up the chain and fulfill their needs to be part of society and to achieve. As an example of needs in terms of safety, consider a person with visual impairment who wishes to cross the street safely. In contrast, for the elderly, at risk and street children safety might represent the ability to obtain emergency help after falling and not being able to stand again. **Social** need is a key element that disabilities and vulnerabilities would like to develop continuously. For example, a person with a hearing impairment suffers from a diminution of social contact, while someone with a motor disability feels excluded from social activities.

The third level of the pyramid relates to **esteem**, both self-esteem and being favorably recognized by others. Esteem is often related to the capability of achieving things, contributing to a work activity and being autonomous. In particular, disabilities and

vulnerabilities in a dependent situation feel the need for increased autonomy, as well as the opportunity to prove their worth to themselves and others through work or other activities.

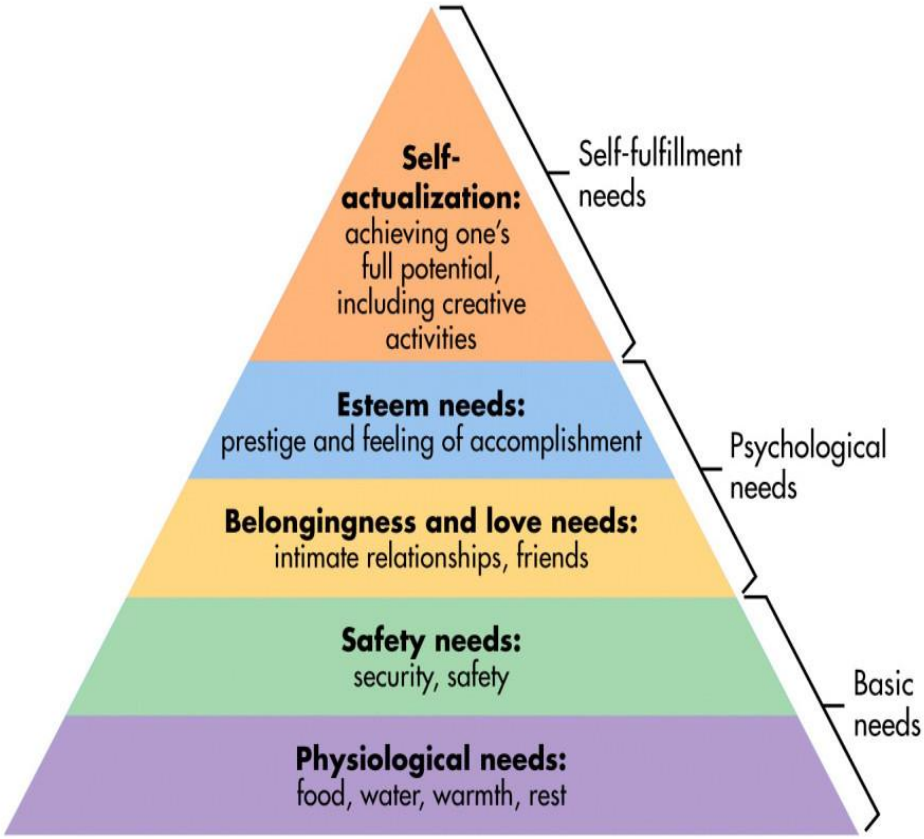

Fig.3.1 Abraham's Maslow Hierarchy

Persons with disabilities and vulnerabilities have socio-emotional, psychological, physical and social environmental and economic needs in general. The following list but not last are basic needs of persons with disabilities and vulnerabilities to ensure equality for all within our society.

Dear student, List the needs of a person with disability living in your neighbor as much as you can.

a) Full access to the Environment (towns, countryside & buildings)
b) An accessible Transport system
c) Technical aids and equipment
d) Accessible/adapted housing
e) Personal Assistance and support
f) Inclusive Education and Training

g) An adequate Income
h) Equal opportunities for Employment
i) Appropriate and accessible Information
j) Advocacy (towards self-advocacy)
k) Counseling
l) Appropriate and Accessible Health Care

Social Needs of Persons with Disabilities and Vulnerabilities

Social protection plays a key role in realizing the rights of persons with disabilities and vulnerabilities of all ages: providing them with an adequate standard of living, a basic level of income security; thus reducing levels of poverty and vulnerability. Moreover, mainstream and/or specific social protection schemes concerning persons with disabilities can have a major role in promoting their independence and inclusion by meeting their specific needs and supporting their social participation in a non-discriminatory manner. These social protection measures may include poverty reduction schemes; cash transfer programs, social and health insurance, public work programs, housing programs, disability pensions and mobility grants.

Social protection from a rights-based approach must accommodate the needs of persons with disabilities and vulnerabilities. Traditional disability-related social welfare schemes have mainly focused on poverty rather than taking into account specific challenges faced by persons with disabilities and vulnerabilities; particularly active participation in education, access to health and employment. Previous methods of addressing benefits for persons with disabilities have shown limited progress in overcoming the deeply-rooted social structures and practices that hinder opportunities for persons with disabilities. Consequently, social protection needs to move beyond traditional welfare approaches to intervention systems that promote active citizenship, social inclusion and community participation while avoiding paternalism and dependence.

The right of persons with disabilities to social protection is recognized by the 1948 Universal Declaration of Human Rights (UDHR), the 1966 International Covenant on Economic, Social and Cultural Rights (ICESCR) and, more specifically, the 2006 UN Convention on the Rights of Persons with Disabilities (CRPD). Article 28 of the CRPD in particular recognizes the right of persons with disabilities to an adequate standard of living and to social protection, ensuring the enjoyment of both rights without discrimination on the basis of ability. Therefore, States parties should take appropriate measures to ensure that they

receive equal access to mainstream social protection programs and services —including basic services, social security systems, poverty reduction programs and housing programs— but also specific programs and services for disability-related needs and expenses.

Furthermore, the Social Protection Floors Recommendation (No. 202) recognizes the importance of national social protection floors to provide basic social security guarantees to all persons, including persons with disabilities and vulnerabilities, across the life cycle (with priority given to poverty, vulnerability, and social exclusion).

Gender and disability

Dear students, what impact does rural living have on women with disabilities?

The importance of work and the daily activities required of living in the country are paramount in considering gender. For the male and female with disabilities and vulnerable groups, work is universally seen as important, whether paid work or voluntary. When the work interests of men with disabilities are similar to those of others around them, their identity as a 'man' becomes more valuable to the community. However, there are issues around how masculinity in rural areas is constituted. Finding ways to express this through involvement in common activities can be difficult. Many of male and females with disabilities have creativity and skill in finding ways to do things and consequently being able to build friendships with other men in their communities.

Work, particularly paid work, is also important for many of the female contributors. Sustaining this in the face of community views about disability is at times difficult, particularly when it is balanced with expectations of traditional women's roles of home making and childcare. Being excluded from these latter tasks because of others' protective or controlling views is particularly difficult for some women in asserting their identities as women and exploring these types of gendered practices.

Identity and disability

The relational nature of identity seems to be of central importance to people with disabilities and a rural environment in some instances provides a different way for people to be perceived by others and by themselves. People with disabilities are not primarily clients or service users but rather are known members of their communities with a shared and, at times,

intergenerational history. The formality of the service system is counterpointed by the relationships people formed with those who share a rural life.

Identity marked by disability is complex and multilayered; relationships, outside of paid, formalized service settings. Services are facilitators of a rural life, rather than the focus of rural life itself. New technologies, determination and interests shape differing identities for people who are active agents in their own lives.

This is not to argue that rural living is an idyll for people with disabilities. For some, their interests and aspirations are elsewhere and they may be constrained by the necessity of living rurally either because of the needed support from families or a personal need for the refuge of rural living in times of difficulty. Such difficulties are often generated by broader structural relations of being socially identified as 'disabled', such as with the onset of new austerity measures.

Disability as part of an individual's identity is seen by some as a struggle. This is often twofold: internally to individuals and their sense of self and, too often, in the way they are perceived and constructed by those around them. An acquired disability is experienced as challenging the nature of one's internal pre-established identity and as a struggle to change the perceptions and attitudes of others and the physical environment in which a person lives. Relations with family, friends and communities often provided a contradictory landscape, where a person has to negotiate his or her new disabled identity yet, at the same time, is able to draw upon previous shared experiences to become re-embedded in friendships and communities. Finding ways to gain 'value' in the local community with a disability is an ongoing and, too often, difficult journey. It is these very journeys that create one's identity and the relational nature of this identity to the rural landscape.

Belongingness and disability

Belonging is a complex concept involving an attachment to place, relationships with others, a sense of safety, common values and a shared and/or developing history. Belonging is also an internal sense of being at home in one's own body and mind. Persons with disabilities and vulnerable groups have struggled to come to terms with a body and mind which seem unfamiliar to them, in which they have to make adjustments or accommodations both for themselves and in terms of their relationships with others. This internal negotiation and navigation shape their engagement with their social worlds, particularly in rural communities.

Persons with disabilities in rural areas should have a strong attachment to place, somewhere familiar and known where they can feel safe, find their ways alone, exercise autonomy and express their embodied selves. The possibility of making change happen in an environment, where one's voice is heard, is also seen as a part of belonging in a community. While this is sometimes a struggle, there is a sense that people can use their personal contacts and friends to get change to happen when it is needed.

Family relationships as a means of connecting to community and being known by others, and knowing others outside the family are important. Different kinds of relationship contributed to this sense of belonging, ranging from the more superficial nodding acquaintances to specific informal support from known others, to the intimacy of close friends and kin.

Historically for people with disabilities, rurality was once the site of exclusion, rather than belonging, where identity and gender were disregarded in favor of ensuring protection of people with disabilities and of the society in which they lived. The idea of belonging in a rural landscape was promoted by people with a vested interest in segregation.

People with disabilities and marginalized groups feel isolated. Some persons with disabilities have actively sought to migrate to urban environments, to escape from the confines and constraints of small rural environments and to build broader social networks away from the farm.

3.2.1.4 Intersectionality

Social structures and norms surrounding age are particularly significant, shaping the kind of lives people have and their experience of gender and identity. They have particular implications for people's attachment to place and their aspirations and desires for the future. Age matters, too, in terms of the support that family and services can offer in a rural environment and the types of 'age-appropriate' opportunities that can be facilitated in the person's home, family and community. Being a particular 'age' in a rural landscape has implications for the types of social relationship that are openly facilitated and enabled.

The wider contextual values and economic and social changes have also impact on the life of persons with disabilities. Religious values that shape the way disability is constituted in some countries are a powerful influence on the way people with disabilities are able to live their lives. These values intersect with societal expectations of gender roles. Many peoples with disabilities are subjected to being viewed as objects of pity and prevailing

myths about their capacities, socially and individually. These social myths are key sites of struggle and, as suggested earlier, are deeply intertwined with a person's own subjective understandings of gendered identities and sense of belonging as a person with a disability.

Economic changes which have led to mass migration from the rural to the urban and increased the emphasis on citizens' economic contribution to society have also had an impact on rural living for some people. Further, structural changes, such as austerity and welfare retraction, in some countries have created unique pressures on some people with disabilities living in rural areas. These places may provide a space to 'hide', a place where one is known and familiar, and where one is sheltered from the negative attitudes that accompany government cutbacks. Such prevailing economic constraints also lead to new forms of isolation. The constant pressure to 'present' in an acceptable way to the people one knows and, at the same time, to continue to qualify for the benefits one needs has added a new form of stress to rural living not previously experienced by many people with disabilities. The experience of having a disability and not being on welfare is significantly different to that of people with disabilities whose economic security depends on what has become highly stigmatized support. The management of the self and of rural social relationships intersects deeply with these broader structural changes, and navigating such structural continuities and disruptions is a critical influence on the lives of people with disabilities.

Poverty has impact on living a decent life with a disability in a rural landscape, a life that they have defined and desired. In a number of cases this is centered on the need for paid work and the difficulties in finding it where employment is often scarce or highly exclusionary due to farming practices. Some contributors emphasize the importance of familial social networks and the additional support these provide, alongside belonging to a community where one is known, in enabling people with disabilities to counter the negative aspects of poverty. Given the changing welfare environment, including the growing insecurity of disability support landscapes, many of the contributors express fears of the future. Particular concerns are the very real possibility of a time when services or family support may not be available, alongside the impact of diminished access to social security with the onset of austerity.

The Health Care Needs of Persons with Disabilities and Vulnerabilities

People with disabilities report seeking more health care than people without disabilities and have greater unmet needs. For example, a recent survey of people with serious mental

disorders, showed that between 35% and 50% of people in developed countries, and between 76% and 85% in developing countries, received no treatment in the year prior to the study.

Health promotion and prevention activities seldom target people with disabilities. For example women with disabilities receive less screening for breast and cervical cancer than women without disabilities. People with intellectual impairments and diabetes are less likely to have their weight checked. Adolescents and adults with disabilities are more likely to be excluded from sex education programs.

Dear students, how are the lives of people with disabilities affected by lack of health care service?

People with disabilities are particularly vulnerable to deficiencies in health care services. Depending on the group and setting, persons with disabilities may experience greater vulnerability to secondary conditions, co-morbid conditions, age-related conditions, engaging in health risk behaviors and higher rates of premature death.

A) **Secondary conditions:** conditions occur in addition to (and are related to) a primary health condition, and are both predictable and therefore preventable. Examples include pressure ulcers, urinary tract infections, osteoporosis and pain.
B) **Co-morbid conditions:** conditions occur in addition to (and are unrelated to) a primary health condition associated with disability. For example the prevalence of diabetes in people with schizophrenia is around 15% compared to a rate of 2-3% for the general population.
C) **Age-related conditions:** The ageing process for some groups of people with disabilities begins earlier than usual. For example some people with developmental disabilities show signs of premature ageing in their 40s and 50s.
D) **Engaging in health risk behaviors:** Some studies have indicated that people with disabilities have higher rates of risky behaviors such as smoking, poor diet and physical inactivity.

Barriers to Health Care for Persons with Disabilities and Vulnerable Groups

People with disabilities encounter a range of barriers when they attempt to access health care including the following.

a) **Prohibitive costs:** Affordability of health services and transportation are two main reasons why people with disabilities do not receive needed health care in low-income countries - 32-33% of non-disabled people are unable to afford health care compared to 51-53% of people with disabilities.
b) **Limited availability of services:** The lack of appropriate services for people with disabilities is a significant barrier to health care. For example, studies indicate that the lack of services especially in the rural area is the second most significant barrier to using health facilities.
c) **Physical barriers:** Uneven access to buildings (hospitals, health centers), inaccessible medical equipment, poor signage, narrow doorways, internal steps, inadequate bathroom facilities, and inaccessible parking areas create barriers to health care facilities. For example, women with mobility difficulties are often unable to access breast and cervical cancer screening because examination tables are not height-adjustable and mammography equipment only accommodates women who are able to stand.
d) **Inadequate skills and knowledge of health workers:** People with disabilities were more than twice as likely to report finding health care provider skills inadequate to meet their needs, four times more likely to report being treated badly and nearly three times more likely to report being denied care.

Addressing for Inclusive Barriers to Health Care

Governments and professionals can improve health outcomes for people with disabilities by improving access to quality, affordable health care services, which make the best use of available resources. As several factors interact to inhibit access to health care, reforms in all the interacting components of the health care system are required.

a) **Policy and legislation:** Assess existing policies and services, identify priorities to reduce health inequalities and plan improvements for access and inclusion. Make changes to comply with the CRPD. Establish health care standards related to care of persons with disabilities with enforcement mechanisms.
b) **Financing:** Where private health insurance dominates health care financing, ensure that people with disabilities are covered and consider measures to make the premiums affordable. Ensure that people with disabilities benefit equally from public health care

programs. Use financial incentives to encourage health-care providers to make services accessible and provide comprehensive assessments, treatment, and follow-ups. Consider options for reducing or removing out-of-pocket payments for people with disabilities who do not have other means of financing health care services.

c) **Service delivery:** Provide a broad range of modifications and adjustments (reasonable accommodation) to facilitate access to health care services. For example changing the physical layout of clinics to provide access for people with mobility difficulties or communicating health information in accessible formats such as Braille. Empower people with disabilities to maximize their health by providing information, training, and peer support. Promote community-based rehabilitation (CBR) to facilitate access for disabled people to existing services. Identify groups that require alternative service delivery models, for example, targeted services or care coordination to improve access to health care.

d) **Human resources:** Integrate disability inclusion education into undergraduate and continuing education for all health-care professionals. Train community workers so that they can play a role in preventive health care services. Provide evidence-based guidelines for assessment and treatment.

Disability, vulnerability and the Environment

Dear students,

- How specific nature of environment increases or decreases the degree of disability?
- How society's attitudes affect the services provision for persons with disabilities?
- How can you decrease the impact of disability in your specific profession to make the life of persons with disabilities simple?

The prevailing understanding about the cause of disability has undergone profound change worldwide. Previous models of absolute determinism that viewed pathology and disability interchangeably and that excluded consideration of the environment have been replaced by models in which disability is seen to result from the interaction between the characteristics of individuals with disabilities and the characteristics of their environment. Cultural norms affect the way that the physical and social environments of the individual are constituted and then focus on a few—but not all—of the elements of the environment to provide examples of

how the environment affects the degree of disability. The amount of disability is not determined by levels of pathologies, impairments, or functional limitations, but instead is a function of the kind of services provided to people with disabling conditions and the extent to which the physical, built environment is accommodating or not accommodating to the particular disabling condition. Because societies differ in their willingness to provide the available technology and, indeed, their willingness to provide the resources to improve that technology, disability ultimately must been seen as a function of society, not of a physical or medical process.

Disability is not inherent in an individual but is, rather, a relational concept—a function of the interaction of the person with the social and physical environments. The amount of disability that a person experiences, depends on both the existence of a potentially disabling condition (or limitation) and the environment in which the person lives. For any given limitation (i.e., potential disability), the amount of actual disability experienced by a person will depend on the nature of the environment, that is, whether the environment is positive and enabling (and serves to compensate for the condition, ameliorate the limitation, or facilitate one's functional activities) or negative and disabling (and serves to worsen the condition, enhance the limitation, or restrict one's functional activities). Human competencies interact with the environment in a dynamic reciprocal relationship that shapes performance. When functional limitations exist, social participation is possible only when environmental support is present. If there is no environmental support, the distance between what the people can do and what the environment affords creates a barrier that limits social participation.

The physical and social environments comprise factors external to the individual, including family, institutions, community, geography, and the political climate. Added to this conceptualization of environment is one's intrapersonal or psychological environment, which includes internal states, beliefs, cognition, expectancies and other mental states. Thus, environmental factors must be seen to include the natural environment, the human made environment, culture, the economic system, the political system, and psychological factors.

Dear students, list some of disabling and enabling environment as much as you can?

Some Enabling and Disabling Factors in the Physical Environment

Type of Factor	Type of Environment	
	Natural Environment	**Built Environment**
Enabling	Dry climate	Ramps
	Flat terrain	Adequate lighting
	Clear paths	Braille signage
Disabling	Snow	Steps
	Rocky terrain	Low-wattage lighting
	High humidity	Absence of flashing light alerting systems

Reflection

Dear students, What do you understand when we say physical, social and psychological environment? And how it affects life of persons with disabilities?

The environmental mat may be conceived of as having two major parts: the physical environment and the social and psychological environments. The physical environment may be further subdivided conceptually into the natural environment and the built environment. Both affect the extent to which a disabling condition will be experienced by the person as a disability.

Three types of attributes of the physical environment need to be in place to support human performance. The **first** attribute is **object availability**. Objects must be in a location that is useful, at a level where they can be retrieved, and must be organized to support the performance of the activity. Neither a sink that is too high for a wheelchair user nor a telecommunications device for the deaf (TDD) that is kept at a hotel reception desk is available. The **second** attribute is **accessibility**. Accessibility is related to the ability of people to get to a place or to use a device. Accessibility permits a wheelchair user to ride a bus or a Braille user to read a document. The **third** attribute is the **availability of sensory stimulation** regarding the environment. Sensory stimulation, which can include visual, tactile, or auditory cues, serves as a signal to promote responses. Examples of such cues could include beeping microwaves, which elicit responses from people without hearing impairments, or bumpy surfaces on subway platforms, which tell users with visual impairments to change their location.

A) *The Natural Environment*

The natural environment may have a major impact on whether a limitation is disabling. For example, a person who has severe allergies to ragweed or mold, which can trigger disabling asthma, can be free of that condition in climates where those substances do not grow. The physical conditions still exist, but in one environment they may become disabling and in another environment they might not. Another example might be that a person who has limited walking ability will be less disabled in a flat geographical location than he disabled in both places during the winter than during the summer. Thus, the natural environment, including topography and climate, affect whether or to what degree a functional limitation will be disabling.

B) *The human made Environment*

The physical environment is a complex interaction of built-in objects. Built objects are created and constructed by humans and vary widely in terms of their complexity, size, and purpose. Built objects are created for utilitarian reasons and also for an outlet for creativity. For instance, built objects such as dishwashers and computers have the potential to enhance human performance or to create barriers.

Rural environment, Disability and Vulnerability

Dear students;

What does rural living mean for people with disabilities?

How far does living rurally facilitate or create barriers to people with disabilities belonging in their community?

Dear students, this topic focus on rural environment and life of persons with disabilities, vulnerabilities and marginalized groups, how rural landscapes, infrastructure and communities shaped social understandings of disability, and how these understandings might uniquely shape opportunities a better life of this group of people. People with disabilities, vulnerabilities and marginalized groups have no voices about their lives and what rural living means to them. Physical landscapes are infused with social meaning and that the feelings we have for particular places are built up through an accumulation of experiences that invoke strong emotional responses. Rurality must be considered as more than an issue of context or setting. Instead, rurality professionals in rural should prioritize the voices and experiences of

those who live rurally, and that the specific characteristics or aspects of the particular rural communities to which they belong.

Since larger population of Ethiopia (more than 85%) are agricultural community, life and aspirations of disabilities and vulnerable groups highlight both the pull and the push of rural living without appropriate services and supports.

Persons with disabilities, vulnerable and marginalized groups living in rural areas have double disadvantaged due to their impairments and vulnerabilities and unfavorable physical and social environment. Professional who are working in rural areas should work in collaboration accordingly. More specifically, these group of people have been excluded from agricultural works (productivity) due its nature high demand to labour and lack of technologies and well organized support from professional.

Creating Welcoming (Inclusive) Environment

External environmental modifications can take many forms. These can include assistive devices, alterations of a physical structure, object modification, and task modification. The role of environmental modification as a prevention strategy has not been systematically evaluated, and its role in preventing secondary conditions and disability that accompany a poor fit between human abilities and the environment should be studied. Environmental strategies may ease the burden of care experienced by a family member who has the responsibility of providing the day-to-day support for an individual who does not have the capacity for social participation and independent living in the community. These environmental modifications may well be an effort at primary prevention because the equipment may provide a safety net and prevent disabling conditions that can occur through lifting and transfer of individuals who may not be able to do it by themselves.

Rehabilitation must place emphasis on addressing the environmental needs of people with disabling conditions. Environmental strategies can be effective in helping people function independently and not be limited in their social participation, in work, leisure or social interactions as a *spouse*, parent, friend, or coworker.

Examples of Environmental Modification

1. **Mobility aids**

- Hand Orthosis
- Mouth stick
- Prosthetic limb
- Wheelchair (manual and/or motorized)
- Canes
- Crutches
- Braces

2. Communication aids

- Telephone amplifier or TDD
- Voice-activated computer
- Closed or real-time captioning
- Computer-assisted note taker
- Print enlarger
- Reading machines
- Books on tape
- Sign language or oral interpreters
- Braille writer
- Cochlear implant
- Communication boards FM, audio-induction loop, or infrared systems

3. Accessible structural elements

- Ramps Elevators
- Wide doors
- Safety bars
- Nonskid floors
- Sound-reflective building materials
- Enhanced lighting
- Electrical sockets that meet appropriate reach ranges
- Hardwired flashing alerting systems Increased textural contrast

4. Accessible features

- Built up handles
- Voice-activated computer
- Automobile hand controls

5. Job accommodations

- Simplification of task
- Flexible work hours
- Rest breaks
- Splitting job into parts
- Relegate nonessential functions to others

6. Differential use of personnel

- Personal care assistants
- Note takers
- Secretaries Editors
- Sign language interpreters

3.3.1.1.1 Impact of the Social and Psychological Environments on the Enabling-Disabling Process

The social environment is conceptualized to include cultural, political, and economic factors. The psychological environment is the intrapersonal environment. This section examines how both affect the disabling process.

Culture and the Disabling Process

Culture affects the enabling-disabling process at each stage; it also affects the transition from one stage to another. This section defines culture and then considers the ways in which it affects each stage of the process.

Definition of Culture

Definition of culture includes both material culture (things and the rules for producing them) and nonmaterial culture (norms or rules, values, symbols, language, ideational systems such as science or religion, and arts such as dance, crafts, and humor). Nonmaterial culture is so comprehensive that it includes everything from conceptions of how many days a week has or how one should react to pain to when one should seek medical care or whether a hermaphroditic person is an abomination, a saint, or a mistake. Cultures also specify punishments for rule-breaking, exceptions to rules, and occasions when exceptions are

permitted. The role of nonmaterial culture for humans has been compared to the role of instincts for animals or to the role of a road map for a traveler. It provides the knowledge that permits people to be able to function in both old and new situations.

Both the material and nonmaterial aspects of cultures and subcultures are relevant to the enabling-disabling process. However, for our purpose we will focus primarily on the role of nonmaterial culture in that process. Cultures have an impact on the types of pathologies that will occur as well as on their recognition as pathologies.

Dear students Discuss the relationship between culture, social structure, and the types of disabilities that arise from the types of pathologies in your community and howit affects persons with disabilities in their daily life.

However, if a pathology is not recognized by the culture (in medical terms, diagnosed), the person does not begin to progress toward disability (or cure).

Enabling and Disabling Factors

Type of Factor	**Element of Social and Psychological Environment**			
	Culture	**Psychological**	**Political**	**Economic**
Enabling	Expecting people with disabling conditions to be productive	Having an active coping strategy	Mandating relay systems in all states	Tax credits to hire people with disabling conditions
	Expecting everyone to know sign language	Cognitive restructuring	Banning discrimination against people who can perform the essential functions of the job	Targeted earned income tax credits
Disabling	Stigmatizing people with disabling conditions	Catastrophizing	Segregating children with mobility impairments in schools	Economic disincentives to get off Social Security Disability Income benefits
	Valuing physical beauty	Denial	Voting against paratransit system	No subsidies or tax credits for purchasing assistive technology

Pathway from Pathology to Impairment to Functional Limitation

Culture can affect the likelihood of the transition from pathology to impairment. A subculture, such as that of well-educated society, in which health advice is valued, in which breast cancer screening timetables are followed, and in which early detection is likely, is one

in which breast tumors are less likely to move from pathology to impairments. In a subculture in which this is not true, one would likely see more impairments arising from the pathologies.

Cultures can also speed up or slow down the movement from pathology to impairment, either for the whole culture or for subgroups for whom the pathway is more or less likely to be used. For example, some religions, women are less likely to seek health care because it means a man must be available to escort them in public, which is unlikely if the males are breadwinners and must give up income to escort them, and women are also less likely to seek health care if the provider is male. Thus, their culture lessens the likelihood that their pathology will be cured and therefore increases the likelihood that the pathology will become impairment.

Culture clearly has an impact on whether a particular impairment will become a functional limitation. Impairments do not become limiting automatically. Rather, cultures affect the perception that the impairment is in fact the cause of the limitation, and they affect the perception that the impairment is in fact limiting.

If a society believes that witchcraft is the reason that a woman cannot have children, medical facts about her body become irrelevant. She may in fact have fibroids, but if that culture sees limitation as coming from the actions of a person, there is no recognition of a linkage between the impairment and the functional limitation. Rather, any enabling-disabling process must go through culturally prescribed processes relating to witches; medically or technologically based enabling-disabling processes will not be acceptable.

If the culture does not recognize that impairment is limiting, then it is not. For example, hearing losses were not equivalent to functional limitations in Martha's Vineyard, because "everyone there knew sign language". Or, if everyone has a backache, it is not defined by the culture as limiting. There are many cross-cultural examples. In a culture in which nose piercing is considered necessary for beauty, possible breathing problems resulting from that pathology and impairment would be unlikely to be recognized as being limiting. Or, in a perhaps more extreme case, female circumcision is an impairment that could lead to functional limitation (inability to experience orgasm), but if the whole point is to prevent female sexual arousal and orgasm, then the functional limitation will not be

recognized within that culture but will only be recognized by those who come from other cultures. In all these examples, if the culture does not recognize the impairment, the rehabilitation process is irrelevant—there is no need to rehabilitate a physical impairment if there is no recognized functional limitation associated with it.

Pathway from Functional Limitation to Disability

Here, the most important consideration is the ways in which the transition from functional limitation to disability is affected by culture. A condition that is limiting must be defined as problematic—by the person and by the culture—for it to become a disability. Whether a functional limitation is seen as being disabling will depend on the culture. The culture defines the roles to be played and the actions and capacities necessary to satisfy that role. If certain actions are not necessary for a role, then the person who is limited in ability to perform those actions does not have a disability. For example, a professor who has arthritis in her hands but who primarily lectures in the classroom, dictates material for a secretary to type, and manages research assistants may not be disabled in her work role by the arthritis. In this case, the functional limitation would not become a disability. For a secretary who would be unable to type, on the other hand, the functional limitation would become a disability in the work sphere.

A disability can exist without functional limitation, as in the case of a person with a facial disfigurement living in cultures such as that in the United States, whose standards of beauty cannot encompass such physical anomalies. Culture is thus relevant to the existence of disabilities: it defines what is considered disabling. Additionally, culture determines in which roles a person might be disabled by a particular functional limitation. For example, a farmer in a small village may have no disability in work roles caused by a hearing loss; however, that person may experience disabilities in family or other personal relationships. On the other hand, a profoundly deaf, signing person married to another profoundly deaf, signing person may have no disability in family-related areas, although there may be a disability in work-related areas. Thus, culture affects not just *whether* there is a disability caused by the functional limitation but also *where* in the person's life the disability will occur. Culture is therefore part of the mat; as such, it can protect a person from the disabling process and can slow it down or speed it up. Culture, however, has a second function in the disabling process.

Although there is a direct path from culture to disability, there is an also indirect path. The indirect function acts by influencing other aspects of personal and social organization in a society. That is, the culture of a society or a subculture influences the types of personality or intrapsychic processes that are acceptable and influences the institutions that make up the social organization of a society. These institutions include the economic system, the family system, the educational system, the health care system, and the political system. In all these areas, culture sets the boundaries for what is debatable or negotiable and what is not. Each of these societal institutions also affects the degree to which functional limitations will be experienced by individuals as disabling.

All of the ways in which intrapsychic processes or societal institutions affect the enabling-disabling process cannot be considered here. However, the remainder of this section presents some examples of how the enabling-disabling process can be affected by three factors: economic, political, and psychological.

Disability Inclusive Intervention and Rehabilitation Services

A *'One-size-fits-all'* approach to provide services for persons with disabilities and vulnerability groups is no longer enough.

Dear students,

- What do we mean intervention and rehabilitation?
- How one can make services inclusive in your sector?

Including people with disabilities in everyday activities and encouraging them to have roles similar to peoples who do not have a disability is *disability inclusion.* This involves more than simply encouraging people; it requires making sure that adequate policies and practices are in effect in a community or organization. Inclusion should lead to increased participation in socially expected life roles and activities—such as being a student, worker, friend, community member, patient, spouse, partner, or parent. Disability inclusion means provision of differentiated services for persons with disabilities and vulnerabilities. Differentiated service means a multiple service delivery model that can satisfy the most needs of persons with disabilities and vulnerabilities. Socially expected activities may also include engaging in social activities, using public resources such as transportation and libraries, moving about within communities, receiving adequate health care, having relationships, and enjoying other

day-to-day activities. To reach ambitious targets for the general population, as well as targeted care for persons with disabilities and vulnerable groups, we need differentiated service delivery.

Persons with disabilities and vulnerabilities are often excluded (either directly or indirectly) from development processes and humanitarian action because of physical, attitudinal and institutional barriers. The effects of this exclusion are increased inequality, discrimination and marginalization. To change this, a disability inclusion approach must be implemented. The twin-track approach involves: (1) ensuring all mainstream programs and services are inclusive and accessible to persons with disabilities, while at the same time (2) providing targeted disability-specific support to persons with disabilities.

The two tracks reinforce each other. When mainstream programs and services, such as health and education services, are disability-inclusive and aware, this can help facilitate both prevention of impairments, as well as early identification of children and persons with disabilities who can then be referred to disability-specific services. And the provision of disability-specific supports, such as assistive devices, can help facilitate more effective inclusion of persons with disabilities in mainstream services.

Strategies to Disability inclusive intervention and rehabilitation

Prevention

Prevention of conditions associated with disability and vulnerability is a development issue. Attention to environmental factors – including nutrition, preventable diseases, safe water and sanitation, safety on roads and in workplaces – can greatly reduce the incidence of health conditions leading to disability. A public health approach distinguishes:

i) **Primary prevention** – actions to avoid or remove the cause of a health problem in an individual or a population before it arises. It includes health promotion and specific protection (for example, HIV education).

ii) **Secondary prevention (early intervention)** – actions to detect a health and disabling conditions at an early stage in an individual or a population, facilitating cure, or reducing or preventing spread, or reducing or preventing its long-term effects (for example, supporting women with intellectual disability to access breast cancer screening).

iii) **Tertiary prevention (rehabilitation)** – actions to reduce the impact of an already established disease by restoring function and reducing diseaserelated complications (for example, rehabilitation for children with musculoskeletal impairment).

Primary prevention issues are consider as crucial to improved overall health of countries' populations. Viewing disability as a human rights issue is not incompatible with prevention of health conditions as long as prevention respects the rights and dignity of people with disabilities, for example, in the use of language and imagery. Preventing disability and vulnerability should be regarded as a multidimensional strategy that includes prevention of disabling barriers as well as prevention and treatment of underlying health conditions.

Implementing the Twin-track Approach

Implementing the twin-track approach involves: **Track 1: Mainstreaming disability as a cross-cutting issu**e within all key programs and services (education, health, relief and social services, microfinance, infrastructure and camp improvement, protection, and emergency response) to ensure these programs and services are inclusive, equitable, non-discriminatory, and do not create or reinforce barriers.

This is done by: gathering information on the diverse needs of persons with disabilities during the assessment stage; considering disability inclusion during the planning stage; making adaptations in the implementation stage; and gathering the perspectives of persons with disabilities in the reporting and evaluation stage.

Track 2: Supporting the specific needs of vulnerable groups with disabilities to ensure they have equal opportunities to participate in society. This is done by strengthening referral to both internal and external pathways and ensuring that sector programs to provide rehabilitation, assistive devices and other disability-specific services are accessible to persons with disabilities and vulnerable groups and adhere to protection standards and inclusion principles. A Sector's organizational structures and human resources on disability inclusion should aim to reflect this twin-track approach. In particular, each sector should have disability program officers in all fields working to implement disability-specific support activities.

Implement Disability Inclusive Project/ Program

As a direct service provider, consultant and materials and equipment producers concerned with realizing equity, quality services and protecting human rights, all sectorial strategies, program, projects and services must be disability-inclusive. The sectors operations should be largely framed within broad programs, making it very important to ensure that disability

inclusion is reflected in program strategies and design documents. This in turn will help to subsequently ensure disability is also incorporated into the projects that are designed to contribute to the overall program objectives. However, persons with disabilities are often not considered in crucial stages of most sectorial and developmental program and projects because of lack of awareness about the characteristics of people with disabilities, vulnerability groups and disability inclusion in practice.

The following tips will help to overcome the challenges as a key considerations for including persons with disabilities in all program and project cycle management stages of Assessment, Planning, Implementation and Monitoring, and Reporting/Evaluation.

A) **Education and vocational training** –Inclusive Educationrealize the universal right to education for all, meaning all mainstream education services need to be supporting children and persons with disabilities.

B) **Health** – vulnerable groups and persons with disabilities have the same health-care needs as all other peoples and health sector services can also play an important prevention and early identification role to ensure children and persons with impairments have timely access to health services and referral rehabilitation support.

C) **Relief and social services** – the two-way link between poverty and disability means that vulnerable group and peoples with disabilities and their families need to be able to access relief support.

D) **Infrastructure and camp improvement**, **shelter, water and sanitation and environmental health** – universal design concepts must be considered in all infrastructure and construction programs and projects.

E) **Livelihoods, employment and microfinance** – vulnerable groups and people with disabilities face numerous barriers to achieving an independent livelihood, it is crucial that specific sectors responsible for livelihood programs and projects to make accessible to all vulnerable and people with disabilities.

F) **Protection** – marginalized groups and people with disabilities may face risks and vulnerabilities to experiencing violence, exploitation, abuse, neglect and violation of rights and therefore need to be specifically considered and included in protection programs and projects.

G) **Humanitarian and emergency response** – the disproportionate effect of emergency and humanitarian situations on vulnerable groups and people with disabilities should be reflected in the design and implementation of the humanitarian projects.

Implement effective Intervention and Rehabilitation

Dear students,

What do you understand about the terms intervention and rehabilitation?

Rehabilitation interventions promote a comprehensive process to facilitate attainment of the optimal physical, psychological, cognitive, behavioral, social, vocational, avocational, and educational status within the capacity allowed by the anatomic or physiologic impairment, personal desires and life plans, and environmental (dis)advantages for a person with a disability.

Consumers/patients, families, and professionals work together as a team to identify realistic goals and develop strategies to achieve the highest possible functional outcome, in some cases in the face of a permanent disability, impairment, or pathologic process. Although rehabilitation interventions are developed within medical and health care models, treatments are not typically curative. Professionals have the knowledge and background to anticipate outcomes from the interventions, with a certain degree of both optimism and cynicism, drawn from past experiences.

Rehabilitation requires goal-based activities and, more recently, measurement of outcomes. The professionals, usually with the patient/ consumer and/or family, develop goals of the interventions to help mark progress or identify the need to reassess the treatment plan. Broad goals and anticipated outcomes should include increased independence, prevention of further functional losses or additional medical conditions when possible, improved quality of life, and effective and efficient use of health care systems. Consideration of accessibility of environments and social participation can, and increasingly should, be included within the scope of outcomes and goals for independence. A broad range of measurement tools have been developed for use within rehabilitation, and these standardized tools, along with objective measures of performance (e.g., distance walked, ability to perform a task independently), are typically documented throughout the course of the intervention. There are general underlying concepts and theories of rehabilitation interventions. Examples of these theories and concepts include movement and motor control, human occupation models, education and learning, health promotion and prevention of additional and secondary health conditions, neural control and central nervous system plasticity, pain modulation, development and maturation, coping and adjustment, biomechanics, linguistics and pragmatics, resiliency and self-reliance, auditory processing, and behavior modification.

These concepts, alone or in combination, form the basis for interventions and treatment plans.

Advances in medical research now support or explain some of the theories or concepts. It has been demonstrated, for example, that retraining reorganizes neural networks and circuits, that skill retraining must be task specific and maintaining a skill is use-dependent, that central nervous system cells and chemical messengers may be replaced, that neural circuits and connections can be regrown, and that all muscles can be strengthened.

Medical rehabilitation is often considered separately, and is focused on recognition, diagnosis, and treatment of health conditions (e.g., medication for treatment of fatigue in multiple sclerosis, botulinum injections for spasticity management in brain injury); on reducing further impairment (e.g., treatment of ongoing shoulder adhesive capsulitis in stroke, management of osteoarthritis of the remaining knee in above-knee amputation); and on preventing or treating associated, secondary, or complicating conditions (e.g., neurogenic bladder management with intermittent catheterization in spinal cord injury, diagnosis of cervical spinal stenosis in an adult with cerebral palsy). Although medical rehabilitation does use rehabilitation interventions and espouses the principles of rehabilitation, medical aspects are additive to rehabilitation interventions and principles, with common goals of improved function and outcomes.

There is convincing evidence that the rehabilitation process and interventions improve the functional outcomes of people with a variety of injuries, medical conditions, and disabilities. Assistive technology is often used in conjunction with rehabilitation interventions; this topic is covered in the *Assistive Technology and Science* volume in this series. Rehabilitation interventions are associated with social participation (e.g., access to education using rehabilitation interventions) and career planning and employment (e.g., long-term goal of rehabilitation interventions). These topics are covered in the *Education* and *Employment and Work* volumes. There are additional efforts not covered in this volume that may also be a part of rehabilitation interventions and processes, which include the discrete areas of mental health and addiction rehabilitation. These are important areas that have crossover with rehabilitation interventions, have defined sets of standards and regulation, and have robust histories of development.

Rehabilitation was conceived within the more traditional model of medical care, but it is increasingly obvious that disability issues are more than medically driven. The social justice and civil rights model of disability is important to understand, and elements must be

incorporated into rehabilitation interventions, especially as they relate to accessibility of environments and services. Of all the medical specialties and programs, rehabilitation is the one most based on quality of life and functioning within the community. Inequalities and differences must be addressed within the structures of funding and spheres of influence. Increasingly, insurance plans determine the availability of rehabilitation services, equipment and assistive devices, and community-based resources; government funding is more limited for education, especially for those with special needs; and businesses and workers' compensation programs are more restrictive with flexibility and coverage policies.

Components of Rehabilitation Interventions

Rehabilitation is a process designed to optimize function and improve the quality of life of those with disabilities. Consequently, it is not a simple process. It involves multiple participants, and it can take on many forms. The following is a description of the individual components that, when combined, comprise the process and activity of rehabilitation.

Multiple Disciplines

Rehabilitation interventions usually involve multiple disciplines. Although some focused interventions may be identified by a single service—such as cognitive retraining by a psychologist or speech pathologist, and audiologic rehabilitation through hearing-aid evaluation and dispensing—sole service does not engender the rehabilitation concept of a team approach, and it is often differentiated as therapy or medical service rather than rehabilitation. There are a variety of professionals who participate in and contribute to the rehabilitation process within a team approach. The list is long, and it includes (although is not limited to) such professionals as the following:

Physicians

The physician's role is to manage the medical and health conditions of the patient/consumer within the rehabilitation process, providing diagnosis, treatment, or management of disability-specific issues. Often, the physician leads the rehabilitation team, although other team members can assume the leadership role depending on the targeted goal or predominant intervention. Because of the depth and breadth of their knowledge and training, certified rehabilitation physicians or physiatrists usually are the best qualified to anticipate outcomes from rehabilitation interventions and the process of rehabilitation. They also can provide the diagnosis and treatment of additional medical conditions related to the specific disability or underlying pathology, which will have an influence on performance and outcome.

Occupational Therapists

Occupational therapists (OTs) typically work with patients/consumers through functional activities in order to increase their ability to participate in activities of daily living (ADLs) and instrumental activities of daily living (IADLs), in school and work environments, using a variety of techniques. Typical techniques include functional training, exercise, splinting, cognitive strategies, vision activities, computer programs and activities, recommendation of specially designed or commercially available adaptive equipment, and home/education/work site assessments and recommendations.

Physical Therapists

Physical therapists (PTs) assess movement dysfunction and use treatment interventions such as exercise, functional training, manual therapy techniques, gait and balance training, assistive and adaptive devices and equipment, and physical agents, including electrotherapy, massage, and manual traction. The outcome focus of interventions is improved mobility, decreased pain, and reduced physical disability.

Speech and Language Therapist

Speech and language therapist assess, treat, and help to prevent disorders related to speech, language, cognition, voice, communication, swallowing, and fluency. Rehabilitation interventions involve more than the spoken word, including the cognitive aspects of communication and oral-motor function with swallowing. Assistive technology using augmentative or alternative communication (AAC) devices (e.g., BIGmack switch-activation devices, DynaVox dynamic display and digitized voice devices) is another focus area of speech pathologists.

Audiologists

Audiologists identify, assess, manage, and interpret test results related to disorders of hearing, balance, and other systems related to hearing. Hearing screens and more technologically advanced testing systems fall under the areas of practice. Audiologic rehabilitation interventions include developing auditory and central processing skills, evaluating and fitting for a variety of hearing aids and supports, training for use of hearing prosthetics, including cochlear implants, and counseling for adjustment to hearing loss or newly acquired hearing.

Although sign language is a technique used to assist with communication for those with hearing impairments, competency is not required foraudiologists.

Rehabilitation Nurses

The rehabilitation nurse usually takes the role of educator and taskmaster throughout rehabilitation, but these professionals have most prominence within inpatient rehabilitation programs. They are expert at bladder management, bowel management, and skin care, and they provide education to patients and families about these important areas and also medications to be used at home after discharge. Activities developed within the active therapeutic rehabilitation programs are routinely used and practiced, such as dressing, bathing, feeding, toileting, transfers to and from wheelchairs, and mobility.

Social Workers

Social workers in health settings may provide case management or coordination for persons with complex medical conditions and needs; help patients navigate the paths between different levels of care; refer patients to legal, financial, housing, or employment services; assist patients with access to entitlement benefits, transportation assistance, or community-based services; identify, assess, refer, or offer treatment for such problems as depression, anxiety, or substance abuse; or provide education or support programming for health or related social problems. Social workers work not only with the individual receiving rehabilitation services, but with family members, to assist both the individual and family in reaching decisions and making emotional or other adjustments.

Case Managers

Case management is a relatively new concept that has come about with the survival of patients/consumers with complex medical problems and disabilities, and with the development of a more complex health care system. Case managers possess skills and credentials within other health professions, such as nursing, counseling, or therapies, although they usually have a nursing background. These professionals collaborate with all service providers and link the needs and values of the patient/consumer with appropriate services and providers within the continuum of health care. This process requires communication with the patient/consumer and his or her family, the service providers, and the insurance companies.

Within the rehabilitation environment, case managers ensure that ongoing care is at an optimal level and covered by insurance or other payer programs, during and following inpatient rehabilitation or throughout an outpatient rehabilitation process. Coordination of services following the inpatient admission can be the most difficult task. A hospital, rehabilitation program, or insurance company may employ case managers.

Rehabilitation Psychologists

Rehabilitation psychology is a specialized area of psychology that assists the individual (and family) with *any* injury, illness, or disability that may be chronic, traumatic, and/or congenital in achieving optimal physical, psychological, and interpersonal functioning (Scherer et al.,2004). This profession is an integral part of rehabilitation, and it involves assessment and intervention that is tailored to the person's level of impairment and is set within an interdisciplinary framework.

Neuropsychologists

Neuropsychology is another specialized area within psychology, and it is of particular importance in the care of individuals who have sustained brain injuries. These professionals possess specialized skills in testing procedures and methods that assess various aspects of cognition (e.g., memory, attention, language), emotions, behaviors, personality, effort, motivation, and symptom validity. With this testing, the neuropsychologist can determine whether the level and pattern of performance is consistent with the clinical history, behavioral observations, and known or suspected neuropathology, and the degree to which the test performance deviates from expected norms. Additional contexts encountered in brain injury survivors can complicate the clinical presentation and impact neuropsychological test performance. The neuropsychologist can identify emotional states arising from changing life circumstances (e.g., depression, anxiety), medical co-morbidities (e.g., substance abuse, heart disease), and social-contextual factors (e.g., litigation, financial distress), and can then explain their potential influence to the injured person, family members, and other health care providers.

Therapeutic Recreation Specialists

Recreational therapists, also referred to as therapeutic recreation specialists, provide treatment services and recreation activities for individuals with disabilities or illnesses. They use a variety of techniques to improve and maintain the physical, mental, and emotional well-being of their clients, with the typical broad goals of greater independence and integration into the community. Therapists promote community-based leisure activities as a complement to other therapeutic interventions, and as a means to practice those clinic- or hospital-based activities within a real-world context.

Rehabilitation Counselors

Rehabilitation counselors (previously known as vocational counselors) assist persons with both physical and mental disabilities, and cover the vocational, psychological, social, and

medical aspects of disability, through a partnership with the individuals served. Rehabilitation counselors can evaluate and coordinate the services needed, provide counseling to assist people in coping with limitations caused by the disability, assist with exploration of future life activities and return-to-work plans, and provide advocacy for needs.

Orthotists and Prosthetists

These professionals practice within a unique area of rehabilitation, combining technical and some clinical skills. The orthotist fabricates and designs custom braces or orthotics to improve the function of those with neuromuscular or musculoskeletal impairments, or to stabilize an injury or impairment through the healing process. The prosthetist works with individuals with partial or total limb absence or amputation to enhance their function by use of a prosthesis (i.e., artificial limb, prosthetic device). The orthotist/prosthetist usually works with a physician, therapist, or other member of the rehabilitation team to ensure an effective design to meet the needs of the individual, especially regarding the ability to maneuver within the built environment and be socially active.

Additional Rehabilitation Professionals

Other rehabilitation professionals who might be considered members of the team include nutritionist, spiritual care, rehabilitation engineer, music therapist, dance therapist, child-life specialist, hospital-based school teacher, massage therapist, kinesiologist, and trainer, among others.

Person with the Disability and His or Her Family

The person with the disability and his or her family members are partners in this team process. In fact, they are key members of the team. Personal and family/support system goals, family/friend support, and community resources are driving forces regarding goals and discharge planning within the rehabilitation process. The process involves the best strategies of interventions based on standards of care, the evidence base regarding outcomes related to interventions, the experience of the practitioners, and the personal and family needs and contexts of the person with the disability. Professionals should be skillful in their communication to consumers about anticipated outcomes and effectiveness of interventions.

Community-Based Rehabilitation

CBR was originally designed for developing countries where disability estimates were very high and the countries were under severe economic constraints. It promotes collaboration among community leaders, peoples with disabilities and their families and other concerned

citizens to provide equal opportunities for all peoples with disabilities in the community and to strengthen the role of their organization.

According to the view of World Health Organization (WHO) and United Nations Education, Scientific and Cultural Organization (UNESCO), CBR is a strategy that can address the need of peoples with disabilities within their community which can be implemented through the combined efforts of peoples with disabilities themselves, their families, organizations and communities, governmental and non-governmental organizations, health, education, vocational, social and other services. Community based rehabilitation is a combination of two important words; community and rehabilitation. Thus in order to get clear concept about the definition of CBR, let us first define the two terms separately.

Community-consists of people living together in some form of social organization sharing political, economic, social and cultural characteristics in varying degrees.

Rehabilitation-includes all measures aimed at reducing the impact of disability for an individual enabling him or her to achieve independence, social integration, a better quality of life and self actualization or refers to measures which aim to enable persons with disabilities to attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life.

If you give a person a fish,
He/she will eat for a day;
If you teach him/her to fish,
He/she eat for a lifetime."

Based on the above definition of key words, CBR is therefore, a systematized approach within general community development whereby Persons with Disabilities are enabled to live a fulfilling life within their own community, making maximum use of local resources and helping the community become aware of its responsibility in ensuring the inclusion and equal participation of "Persons with Disabilities" (PWDs). In the process, PWDs are also made aware of their own role and responsibility, as they are part of the community.

The idea of CBR is that people with disabilities should have the right to a good life. The help they need should be available to them, at a low cost. It should be offered to them and their family in a way that suits their usual way of living, whether in a village, a town or a

city. They should have education like everybody else. They should be able to take up jobs and earn their living. They should be able to take a full part in all the activities of their village, or town or city.

The idea of CBR is that, even if people learn very slowly, or has problems seeing or hearing, or finds it hard to move about, they should still be respected for being men and women, girls and boys. Nobody should be looked down on or treated badly just because they have a disability. Houses, shops and schools should be built in such a way that everyone can easily go in and out and make use of them. Information should be given to people in a way they understand, not only in writing, which is hard for people who cannot read or see it. Information should be given in spoken forms as well, so that everyone has a fair chance to use it. To do all this would mean a lot of changes. But they would be good changes, because everyone could live a better life, helping each other and respecting one another. In addition, for the purpose of our discussion two important definitions will be given:

1. Community based rehabilitation is a strategy that can address the needs of peoples with disabilities with in their communities (WHO, UNESCO, 2004).

2.Community based rehabilitation is a common sense strategy for enhancing the quality of life of peoples with disabilities by improving services delivery in order to reach all in need by providing more equitable opportunities and by promoting and protecting their rights .

3. The joint position paper by WHO, ILO, UNICEF and UNESCO of the 2004 define CBR in a rather flexible and broad manner in the following way: Community based rehabilitation is a strategy within general community development for rehabilitation, equalization of opportunities and social inclusion of all children and adults with disabilities. It is implemented through the combined efforts of people with disabilities themselves, their families and communities, and the appropriate health, education, vocational and social services.

This definition particularly advocates a broad approach for developing programs that involves the following elements:

A. The participation of people with disabilities and their representatives at all stages of the development of the program

B. The formulation and implementation of national policies to support the equal participation of people with disabilities

C. The establishment of a system for program management

D. The multi-sectoral collaboration of governmental and nongovernmental sectors to support communities as they assume responsibility for the inclusion of their members who experience disabilities.

E. CBR focuses on strengthening the capacity of peoples with disabilities, and their families.

F. CBR focuses on challenging negative views and barriers in society to enable equal rights and opportunities.

Currently, three main meanings are attached to the notion of CBR: People taking care of themselves, a concept and an ideology and community based rehabilitation wich will be described below.

1. People Taking Care of Themselves

Services for people with disabilities in most regions in developing countries are still limited to what people can do for themselves. This is the "real" CBR: all the activities that people with disability, their family members and other community members do in their own community for persons with disability, such as general care, accommodating each other's needs {i.e.. family members adapting themselves to the situation of the individual with disability, and vice-versa), education and health, using whatever they know, whatever they have, in whatever daily circumstances they exist.

2. A Concept and an Ideology. As a concept and an ideology, it promotes a decentralized approach to rehabilitation service-delivery, whereby, it is assumed that community members are willing and able to mobilize local resources and to provide appropriate services to people with disabilities. This concept has been 'fled out in many CBR programs in the developing world, by the use of government staff and facilities, but has in most cases proved to be unrealistic.

3. **Community Based Rehabilitation:** is mostly in a form of Non-Governmental Organizations (NGOs). Recognizing the human and material limitations of people with disabilities, their family members and other community members, CBR program tries to promote and facilitate community based rehabilitation. Unfortunately, such CBR programs often consider 'local culture' as an obstacle, rather than as a condition towards progress.

Major Objectives of Community Based Rehabilitation

The major objective of community based rehabilitation is to ensure that people with disabilities are empowered to maximize their physical and mental abilities, have access to regular services and opportunities and become active, contributing members of their communities and then societies. Thus, community based rehabilitation promotes the human rights of people with disabilities through attitude changes within the community. Community based rehabilitation aims to include people who have disabilities from all types of impairments, including difficulty hearing, speaking, moving, learning or behaving. Community based rehabilitation also includes all age groups: children, youth, adults and older people.

Implement Technologies for Disability Inclusion

Inclusiveness and Information Technology (ICT)

Inclusiveness and Information Technology examines the extent to which regulatory frameworks for information and communication technologies (ICTs) safeguard the rights of persons with disabilities and vulnerabilities as citizenship rights. Effective access to information is crucial in facilitating the participation of citizens in civil society. Accessibility concerns in the information and communications technologies (ICTs) sector have become particularly important, given the increased role played by ICTs in everyday life. For persons with disabilities and vulnerabilities, technological developments such as the proliferation of the Internet and the provision of services for accessing digital television such as audio description (video description), closed signing, and the availability of subtitles (captions) in live broadcasts enabled by speech-to text technologies can make an important contribution to facilitating independent living. Unfortunately, persons with disabilities and vulnerabilities still face significant barriers in accessing ICTs. These barriers include, inter alia, poorly designed Web sites (e.g., with graphics not readable by computerized screen readers, with information that can be accessed only by the use of the mouse rather than the keyboard), limited availability of subtitles on webcasts, the use of multiple remote controls for digital television, and difficult to navigate on-screen displays.

These access barriers have the potential to affect persons with disabilities, including persons with sensory disabilities (visual and/ or hearing), mobility disabilities, or cognitive disabilities. The objective to ensure equal access to information should play a central role in any regulatory framework for the ICT sector. Nevertheless, despite the potential of technology to empower the public as citizens, the regulatory framework for the ICT sector

has been criticized for its overall perception of the public as economic actors and for the insufficient level of protection conferred to citizenship values such as equality and dignity.

Inclusiveness and Assistive Technology

Dear students, explain how assistive technologies enhance inclusiveness.

Worldwide the number of persons with disabilities, vulnerabilities and marginalized groups is increasing alarmingly because of population aging, accident, global warming and climate change, medical advancement, humanitarian crises, natural disaster, conflict and increases in chronic health conditions, among other causes. Over a billion people, about 15% of the world's population, have some form of disability. Between 110 million and 190 million adults have significant difficulties in functioning. Technologies promote independence for people with disabilities and vulnerability. The use of devices, computers, robots, and other established assistive technology (AT) can potentially increase the autonomy of people with disabilities and vulnerability, by compensating for physical limitations and circumventing difficulties with normal activities of daily living (ADL).

Vulnerability and disability have adverse impact on quality life of these groups. Vulnerable people and those living with disabilities are losing their independence and overall wellbeing. The growing number of persons with disabilities and vulnerabilities is too large to be cared for through traditional government programs. The cost associated with such programs and the lack of a skilled caregiver workforce makes it very difficult to meet the needs of this segment of the population. It is therefore inevitable that we resort to technology in our search for solutions to the costly and challenging problems facing persons with disabilities and vulnerabilities.

Wellbeing or quality of life is an important concern for persons with disabilities, vulnerabilities and marginalized groups, who, like every person, is seeking to be well, happy, healthy, and prosperous. Persons with disabilities, vulnerabilities and marginalized groups have several important components of wellbeing. A key activity is independent living with convenient access to goods and services, as well as being socially active and enjoying self-esteem and dignity. In modern societies, persons with disabilities, vulnerabilities and marginalized groups can attain some components of wellbeing such as access to services using assistive technology (AT). Other components, such as freedom of navigation and travel, are much more difficult because of environmental obstacles encountered by the disabled.

Assistive Technologies (AT)

Dear students, describe the role of AT in daily life of persons with disabilities?

Surgery, generic therapy, rehabilitation, human assistance, and the use of assistive technology (AT) help disabled people cope with their disabilities. *Surgery* (medical intervention) helps decrease deficiency and, in some cases, restores capability. *Genetic therapy* attempts to remediate genes responsible for a given disease or disorder. Although promising in concept, genetic therapy is in its infancy and, as yet, has no broad application. *Rehabilitation* develops and adapts residual capabilities, while *human assistance* aids Persons with disabilities and vulnerabilities in their daily living activities. Unfortunately, such assistance is not always available and not necessarily cost-effective. AT can increase the autonomy, independence, and quality of life for Persons with disabilities and vulnerabilities and can also enable the integration of social, professional, and environmental aspects of life for Persons with disabilities and vulnerabilities populations.

AT and Daily Living of Persons with disabilities and Vulnerabilities

Assistive technology affords Persons with disabilities and vulnerabilities greater equality of opportunity, by enhancing and expanding their communication, learning, participation, and achievement with higher levels of independence, wellbeing, and quality of life. Such assistive technologies are essential for helping Persons with disabilities and vulnerabilities with severe physical, sensorial, or mental limitations to become more independent, and to improve their quality of life. Typically, AT works by compensating for absent or nonfunctional skills, by maintaining or enhancing existing abilities. Persons with disabilities and vulnerabilities utilize AT to enhance the performance of their daily living tasks, including communication, vision, hearing, recreation, movement, seating and mobility, reading, learning, writing, and studying, as well as controlling and accessing their environment.

Assistive Technology varies from low-tech devices such as a cane or adapted loop, to high-tech systems such as assistive robotics or smart spaces. Currently, most popular technologies for Persons with disabilities and Vulnerabilities are simple; or examples of mobility-enhancing equipment include wheelchairs, communication via mobile telephones and computers, and voice-activated smart devices to enhance environmental control.

Advances in communication and information technologies further support the development of new, more complex technologies such as utilization of smart wheelchairs, assistive robots, and smart spaces.

AT Definitions

Assistive technology encompasses all systems that are designed for Persons with disabilities and Vulnerabilities, and that attempt to compensate the handicapped. This includes robotic tele manipulators, wheelchairs, or navigation systems for the blind. AT also includes systems that restore personal functionality, such as external prostheses and ortheses. There are various organizational definitions for assistive technology: The international standard ISO 9999 defines AT (refering to AT as "technical aid") as "any product, instrument, equipment or technical system used by a disabled person, especially produced or generally available, preventing, compensating, monitoring, relieving or neutralizing the impairment, disability or handicap" . In the United States, the Technology Act and Assistive Technology Act define an AT device as "any item, piece of equipment or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities." These Acts also define an *assistive technology service* as "any service that directly assists an individual with a disability in the selection, acquisition, or use, of an assistive technology device."

The Older Americans Act defines AT as "technology, engineering methodologies, or scientific principles appropriate to meet the needs of, and address the barriers confronted by, older individuals with functional limitations."

In Europe, the European Commission (EC) defines AT as "products, devices or equipment that is used to maintain, increase or improve the functional capabilities of people with disabilities". The World Health Organization (WHO) defines an Assistive Device as "Equipment that enables an individual who requires assistance to perform the daily activities essential to maintain health and autonomy and to live as full a life as possible. Such equipment may include, for example, motorized scooters, walkers, walking sticks, grab rails and tilt-and-lift chairs" WHO also defines assistive technology as "An umbrella term for any device or system that allows individuals to perform tasks they would otherwise be unable to do or increases the ease and safety with which tasks can be performed".

AT and User Needs: A Classification Scheme

Examples of AT user needs and classification

A. People with Communication Disabilities refers to be multiple difficulties including: Speech mechanism problem, Language processing, Hearing, Vision, Motor skills

Needs & Barriers: Safety Technologies, Self-care and medication management, social needs socialization, access to information technology, communication and interaction with environment, access to public administration and facilities (authorities, banks, public services), shopping recreation and leisure problems with speech, writing, esteem independence and employment.

Assistive technologies: Mobile systems [phones, wearable electronics, computers, augmentative and alliterative communication (including I/O interfaces) (adaptable/configurable interfaces, tactile interfaces), vibrotactile displays reading screen, speech technologies, augmentative–alliterative communication. Socialization and entertainment tools (special games, virtual companion's videoconferences). Medication organizers (medication reminder/management). Speech technology (audio technology for I/O interfaces and control, writing translators, text–speech translators, transportation (public transportation facilities, smart environments home control, pervasive computing, context awareness, middleware) Shopping tools (Internet access) and education tools

B. People with Cognitive Disabilities: The impairments may include: Cognition, memory loss and forgetfulness

Needs & Barriers are survival, hygiene (toileting, bathing, laundry); feeding (food preparation, eating, drinking), remembering, housekeeping—home cleaning, safety, safety technologies, safety of environment, self-care and medication **m**anagement, social needs, socialization, navigation, access to information technology, education, communication and interaction with environment, shopping, esteem, independence, employment, recreation and leisure

Assistive technologies may include Mobile systems (phones, wearable electronics, and computers), socialization and entertainment tools (special games, virtual companions, videoconferences), augmentative and alliterative communication (including I/O interfaces), adaptable/configurable interfaces, organizer and reminder assistants for timekeeping), medications, (appointments, hygiene, etc., electronic organizers, medication reminder/management, procedure assistants, transportation public transportation facilities) Communication aids (communicators, multimedia procedure, assistants, large-screen programmable phones, electronic information organizers, electronic mail)

C. People with Motor Disabilities impairment include Upper-limbs difficulties/ dexterity, lower-limb deficiencies

Needs & Barriers are the need for mobility, working in the inaccessible environment

Assistive technologies may include orthotics (cognitive orthotics), smart environments, home control, shopping tools (internet access) and education tools

AT and the Marketplace

Markets for assistive technologies follow the general marketing rule that products introduced into a market influence the demand and growth of markets for such products. In practice, AT products can either represent a barrier to demand or become an engine of demand. This relationship between Persons with disabilities and Vulnerabilities and AT in the marketplace follows one of two strategies: (1) trivialization or (2) specialization, which are discussed as follows:

Specialization is based on the development of products or services that are adapted for Persons with disabilities. In practice, the AT industry considers Persons with disability populations as solvent autonomous markets. Developed products are adapted for Persons with disabilities needs, so the satisfaction of each target population or subpopulation is good, thereby supporting further product development or adaptation. Nonetheless, the market for such AT is not growing quickly, owing to (1) development costs, (2) high price of the final product, and (3) generally low income of people with disabilities. The exceptionto this rule is products for elderly retired people, which have significantly higher incomes and a much larger market.

Trivialization considers Persons with disabilities as an augmentation of the market for devices used by people without disabilities. In this strategy, industry does not target Persons with disabilities and Vulnerabilities populations directly. Instead, the products for Persons with disabilities and Vulnerabilities are of standardized type, that is, generic with multipurpose capabilities. Given requirements for safety and comfort, these products and services are designed to be modified or adapted to meet Persons with disabilities and Vulnerabilities needs. This strategy targets a much larger market but does not consider user satisfaction among Persons with disabilities and Vulnerabilities.

AT and Design Methods

Given the requirements of functionality, safety, and comfort, the design of AT for Persons with disabilities and Vulnerabilities requires both excellent engineering capacities and relevant knowledge about Persons with disabilities and Vulnerabilities characteristics. Product developers must be fully aware of needs, wants, and capabilities of Persons with disabilities and Vulnerabilities populations, as well as limitations associated with each handicap. Numerous design methods have been suggested to assist in the process of AT development. Most widely known are user centered design and universal design, which are discussed as follows:

User-centered design is a set of techniques and processes that enable developers to focus on users, within the design process. In practice, users are involved in the development process, depending on their skills and experience, and their interaction is facilitated by a domain expert. The intensity of this involvement varies with the stage of research and product development. Often, the developed AT meets persons with disabilities satisfaction. However, this design method is expensive in terms of resources and time expended by engineers and domain experts. It is also difficult to recruit potential end users and to interact with them, especially when these end users are older people, or people with disabilities (see also Chapter 34).

Universal design (also called *design for all)* is the design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. Here, the design process is guided and constrained by a number of objectives: accessibility, adaptability, transgenerational applicability, and/or universal applicability or appeal. Universal design does not emphasize differences among persons with disabilities, or between persons with disabilities and the general population.
Instead, the ideas of adapting products, services, or the environment are extended to users at large. In practice, products are developed to meet the needs of average users. If a user is different, significantly, from the average population, (e.g., a person with a significant handicap), then, the product will provide poor user satisfaction.

Universal Design

It is frequently the case that the built environment can be modified permanently so that functional limitations become less disabling and personal or temporary assistive technologies are not needed. For example, the presence of ramps increases the ability of wheelchair users to get around and thus decreases the degree to which the condition that led to their use of a wheelchair is disabling. The presence of ramps will increase frequency of trips out of the house and into the community for wheelchair users when ramps are installed in their houses. Wider doors, lower bathroom sinks, and grab bars are other examples of modifications to build environments that decrease the degree to which a building itself may be disabling. Lighting patterns and the materials used for walls and ceilings affect the visual ability of all people, even though the largest impact may be on improving the ability of the person who is hard of hearing to hear in a particular room or the ability of a person who is deaf to see an interpreter or other signers.

Universal design is based on the principle that the built environments and instruments used for everyday living can be ergonomically designed so that everyone can use them. Traditionally, architecture and everyday products have been designed for market appeal, with a **greater focus on fashion rather than function**. However, as the population of older adults and people with disabling conditions increases, there has been a greater trend toward universal design.

Today, with the influence of consumer demand and through thoughtful disability policy, greater emphasis is placed on the development of built materials that are ergonomically friendly to users, regardless of their abilities. Universal design is an enabling factor in the environment that allows the user with a functional limitation to become more independent, yet without an additional cost or stigma attached to the particular product. For example, people who were deaf previously had to purchase an expensive closed-captioning unit to attach to their television sets to view closed-captioned programs. Today, as a result of new federal legislation, all new television sets are manufactured with a closed-captioning microchip that allows any user access to broadcast closed captioning. Thus, it is useful not only for deaf users but also for other vulnerable groups, such as older individuals who are starting to lose their audio acuity, or a person watching a late-night talk show in the bedroom who does not want to wake his or her partner.

In all of these ways, the environment affects the degree to which a functional limitation is disabling for a person. However, decisions about the use of technology or built environments are social decisions. The next major section considers the effects of the social and psychological environments on the extent to which a particular functional limitation will be disabling or not.

Implement Inclusive Job Opportunities and Employment

The right to work is fundamental to being a full and equal member of society, and it applies to all persons, regardless of whether or not they have a disability. A decent job in the open labor market is a key bulwark against poverty. It also enables people to build self-esteem, form social relationships, and to gain skills and knowledge. Moreover, a productive workforce is essential for overall economic growth. Barriers to employment thus not only affect individuals' lives, but the entire economy. Despite the fact that the majority of jobs can be performed by individuals with disabilities, the pathways to their employment are often

strewn with barriers. An OECD study of its members showed that persons without disabilities were nearly three times more likely than persons with disabilities to participate in the labor market.2 Evidence suggests the same is true for countries in the Asia and Pacific region, although data to illustrate the full extent of this trend is scarce. The employment gaps suggested above are likely to understate the divergent work experiences of persons with and without disabilities, since they do not factor in differences in type of employment. Persons with disabilities and vulnerabilities are more likely to be own-account workers and occupy jobs in the informal sector, often without the security offered by work contracts, salaries, pension schemes, health insurance and other benefits. Even when persons with disabilities are formally employed, they are more likely to be in low-paid, low-level positions with poor prospects for career development. Simple comparisons of the employment rates for persons with and without disabilities can therefore be misleading.

The recently adopted 2030 Agenda for Sustainable Development calls on governments around the world to promote full employment and decent work for all, including persons with disabilities and vulnerabilities. Besides directly targeting employment, the 2030 Agenda and the accompanying SDGs also emphasize the need to guarantee the rights of persons with disabilities and vulnerabilities to equal and accessible education; social, economic and political inclusion, and access to cities, transport systems and public space.

Barriers of employment

Dear students, what are barriers for employment and job opportunities for persons with disabilities and vulnerable groups?

Barriers to the employment of persons with disabilities take many forms and operate at many levels, both within and beyond the workplace itself. Persons with disabilities may be prevented from working due to inaccessible transportation services; the lack of accessible information and communications services; the preference of employers for candidates without disabilities; legal stipulations that prevent individuals with particular impairments from working in certain fields; or the discouragement of family and community members. Whilst these obstacles are often interconnected, and act collectively to limit employment opportunities for persons with disabilities, it is essential to distinguish between different barriers in order to develop effective policy responses. The major types of barriers are described below.

A) Attitudes and Discrimination

Employers may be reluctant to hire persons with disabilities based on the perception that they are less productive or less capable of carrying out their jobs than others. Colleagues of persons with disabilities may also hold prejudicial attitudes. At a wider level, social attitudes that cast persons with disabilities as objects of pity and need perpetuate the assumption that they should not work. In some cultures, people view disabilities as being indicative of wrongdoing in a past life, or are simply uncomfortable around people who seem different. Persons with disabilities may also be discouraged from working by their families, often out of a sense of shame or a well-intentioned but stifling desire not to impose additional burden on their family members.

Though there are laws and regulations in some sectors, majority of social and economic sectors in Ethiopian do not yet have anti-discrimination legislation that specifically targets the employment of persons with disabilities. Discrimination is a major barrier faced by persons with disabilities in their efforts to find employment in the labour market. Clearly, there needs to be greater awareness about the need to break down barriers faced by persons with disabilities — be it lack of accessibility features in public services or of laws that protect persons with disabilities from discrimination by employers.

B) Accessibility

The accessibility of the following areas are crucial to the employment of persons with disabilities: the physical environment; transportation; information and communications; and other facilities open to the public. In the workplace itself, a lack of physical features such as ramps and elevators can prevent persons with mobility disabilities from being able to work. Similarly, the lack of accessible information and communication infrastructure in workplaces such as clear signage, computers equipped with software such as screen-readers, and devices such as Braille displays can prevent persons with print and intellectual disabilities from being able to gain employment. Lack of access to sign language interpretation or captioning services can inhibit the employment of deaf people. In addition to the informational and physical design of the workplace itself, the broader inaccessibility of public environments and crucially, transport, can prevent persons with disabilities from being able to travel to work, receive information about job opportunities, and communicate with employers.

C) Education and Training

Persons with disabilities have disproportionately restricted access to education and training. This severely limits their job opportunities due to a lack of skills and knowledge that are

relevant to find or retain a job. Children with disabilities are less likely to attend school, and when they do they are less likely to stay in school.18 In Indonesia, children with disabilities are one third less likely to complete their primary education as those without a disability. In India in 2007, close to 40 per cent of children with disabilities were not enrolled in school, compared to only between 8 and 10 per cent of children in scheduled tribes or castes — groups that also face high levels of discrimination and poorer socio-economic outcomes. Notwithstanding the numerous other barriers they face, persons with disabilities are thus often prevented from being able to acquire the human capital necessary to effectively compete for jobs. In addition, young persons with disabilities who have attended school may not get the support they need when transitioning from school to work.

D) Social Networks

Another barrier to employment for persons with disabilities can be their more limited social networks. Social networks greatly aid the process of searching for work, the lack of which is likely to limit options for persons with disabilities. As part of their broader exclusion from many important social activities, persons with disabilities often therefore lack the opportunity to build social relationships with those who may be in a position to offer suggestions for potential work opportunities. These limited networks are part of the broader cultural and attitudinal barriers that inhibit participation in social, leisure, civic, and religious activities. A key benefit brought by employment itself is the building of social relationships with colleagues, clients and business partners. As a result of the barriers they face in entering and retaining work, many persons with disabilities are also denied the possibility of expanding their networks at the workplace itself.

E) Women Disabilities

In many developing countries including Ethiopia, as a result of continued prejudices both towards women and surrounding disability, women with disabilities are doubly discriminated against in the labor market. Study found that in many developing countries, women with disabilities are only half as likely as men with disabilities to have a job. Moreover, when they are employed, women with disabilities encounter worse working conditions and lower pay as compared with other women, as well as men with disabilities. Women with disabilities are also less likely to receive education and vocational training, and those women who do access education and attain a degree of financial stability are more likely to have done so before acquiring their disability. However, it remains difficult to quantify these trends as a result of the limited availability of reliable data that is disaggregated by both sex and disability. Not

only the particular difficulties faced by women with disabilities as they search for work, but also the significance of social networks in sharing potential employment opportunities. The governments and NGOs must ultimately step up to improve the precarious economic situation many women with disabilities find themselves in.

F) Legal Barriers

As a result of discriminatory attitudes about the perceived capabilities of persons with disabilities, some countries impose legal restrictions on their participation in certain types of employment or processes. In some countries, people must be considered 'physically and mentally healthy' or 'sound' to represent oneself in a court of law, to occupy official positions, or to use certain public services.25 Such laws effectively rule out large numbers of persons with disabilities from accessing employment, based on the blanket assumption that they are incapable of doing particular jobs effectively. Japan is one country that previously had such laws, but has taken action to rectify them.

G) Inflexible Work Arrangements

Another common obstacle to the employment of persons with disabilities is the inflexibility of work arrangements. In some cases, persons with disabilities might prove to be competent and productive employees, but are nonetheless unable to perform certain tasks. The same is true for scheduling the work day. Persons with disabilities may have particular transportation issues or other needs that require a slightly different work day. An employer's willingness to rearrange the responsibilities and schedules associated with a particular job can mean the difference between employment and unemployment for many persons with disabilities. Indeed, a greater degree of flexibility of working arrangements can boost the morale and productivity of any employee, regardless of whether or not they have a disability.

H)Dismissal on the Basis of Disability

Workers who are injured and acquire a disability on the job may face unaccommodating policies and a lack of rehabilitative services, which limit their ability to return to work. The absence of anti-discrimination legislation in the majority of countries in the region thus allows employers to dismiss staff on the basis of disability with impunity. Several countries, such as Iran, offer rehabilitation programs and services to help dismissed workers to find new employment. Ultimately though, legislation which protects the rights of workers from dismissal on the basis of disability is also needed to more comprehensively tackle the problem

I) The Benefit Trap

Another obstacle to the employment of persons with disabilities can ironically be imposed by social protection schemes ultimately designed to support them. These schemes can encourage individuals to stay out of the labor force if they are structured in such a way as to make the receipt of benefits contingent on the inability to work. Therefore, even if persons with disabilities believe that they can work, they may choose not to in order to continue receiving disability benefits. Even if working could offer them a higher level of income, persons with disabilities may still choose to receive benefits because of the risk of attempting to hold down a job that does not provide adequate support, or is not flexible towards their needs. It is important to stress that this 'benefit trap' is mainly relevant to more developed countries with more generous benefit schemes. The situation in most of the region's middle-to-low income countries is entirely different. However, it is vital for governments to avoid creating strong work disincentives.

Strategies to Improve Employment for Persons with Disabilities and Vulnerabilities

Dear students, describe strategies to improve employment and job opportunities for persons with disabilities and vulnerabilities.

There a number of strategies that is available to governments in respective sector as they work to improve the employment prospects of persons with disabilities, vulnerable and marginalized groups. In addition, private sector initiatives that have been demonstrated to improve the employment experiences of persons with in these groups are also discussed below.

A) Anti-Discrimination Legislation

These laws make it illegal to discriminate against an individual on the basis of disability in a range of areas including: employment; education; access to public buildings; the provision of goods and services, and political processes. With regard to employment, anti-discrimination laws protect persons with disabilities from discriminatory actions in hiring and termination of contracts and affirm the right of persons with disabilities to access employment on an equal basis with others. Anti-discrimination laws challenge collectively held discriminatory attitudes against persons with disabilities by influencing 'the nexus between law, norms and social mores'.26 Anti-discrimination laws can be made stronger when they include mandates for reasonable accommodations that remove additional barriers to employment for persons with disabilities. Crucially, however, these laws must outline clear enforcement mechanisms.

When penalties are neither stipulated nor enforced, employers are left free to discriminate with impunity.

B) Vocational Education And Training

Technical vocational education and training (TVET) programs can help to ensure that the workforce has the skills and knowledge necessary to obtain and retain a job, while also driving productivity and economic growth.27 As discussed in Chapter 2, persons with disabilities often have limited opportunities to build skills and knowledge that are relevant to the labor market. A vital first step in improving access to employment for persons with disabilities is therefore to ensure that employment support and vocational programs are as inclusive as possible. Such programs should also be held in accessible locations, and reasonable accommodations should be made to improve the access of persons with disabilities. Some persons with disabilities may not be able to attend mainstream training programs. In such situations, to allow them to participate, programs targeted at persons with disabilities may be required. It is crucial; however, that the content of such training programs is geared to labor market demands, and not determined by prior beliefs about what persons with disabilities should do or are capable of doing.

C) Wage Subsidies

Wage subsidies cover a portion of employees' wages, usually for a limited period of time, as a way to lessen the risk perceived by employers of hiring persons with disabilities. Since wage subsidies directly target the recruitment process of private firms, they enable employers to overcome their reservations about hiring employees with disabilities. It is vital that care is taken in determining the eligibility, amount and duration of subsidies, to avoid the subsidies exceeding the actual gap in productivity between persons with and without disabilities. Studies on the impact of subsides show mixed results on employment rates. Most studies suggest, however, that both workers and employers are satisfied with wage subsidy schemes.

D) Supported Employment

These programs integrate persons with disabilities into the open labor market by providing direct, on-the-job support to employees with disabilities. Supports are usually offered for a limited period of time. One common type of support is a job coach. Job coaches provide on-site, individually tailored assistance to help persons with disabilities perform their jobs. Coaches also help persons with disabilities adjust to their working environment, and assist in determining which accessibility accommodations are necessary. Supported employment has been shown to be particularly cost-effective for people with intellectual and psychosocial

disabilities, in terms of productivity and health related costs. Supported employment requires employers to be open to having such services on site, and to be willing to work cooperatively with job coaches and other service providers. Employment support services and job coaches require special training.

E) Workplace Accommodation Schemes

These schemes reduce the costs to employers of making workplaces more accessible to persons with disabilities. In so doing, workplace accommodation schemes seek to minimize employer reluctance to hire persons with disabilities. There are two ways Government programs can decrease or even eliminate those costs. The first is by **offering tax breaks or tax credits** for expenditures undertaken to make such adjustments. This strategy may, however, be less effective for small businesses with cash flow issues or limited tax liability.

Another strategy is to **provide full or partial funds for reasonable accommodations for employees with disabilities**. Such funding can be provided in various ways, either through employment agencies, using fines from quota systems, or by offering grants to employers from separate Government agencies. Investment in assistive equipment for employees returned costs by about eight times through increased productivity and reduced absenteeism.

F) Workers' Compensation

These programs are designed to address the issue of occupational injuries and illnesses. They provide cash and medical benefits to employees whose disability is acquired in the workplace. Generally, workers' compensation operates through insurance programs - either through public insurance programs, or private or even self-insurance at large firms. Because employer premiums are experience rated, they are higher for firms with more accidents. Thus, the approach incentivizes workplace safety and encourages employers to support employees who acquire disabilities at work to be able to return to their jobs. In many countries, employers are legally mandated to establish workers' compensation programs.

G) Quota Systems

Quota systems mandate that firms hire at minimum a certain percentage of persons with disabilities. Typically, quotas apply only to large employers. Empirical data points to only small net employment gains of persons with disabilities. In addition, quotas can prove difficult to both monitor and enforce. Moreover, by obliging employers to hire a specific number of persons with disabilities, quota systems perpetuate the prejudice that persons with disabilities are not really equivalent to others in their capacity to be productive.

H) Sheltered Workshops

These programs only hire persons with disabilities, and structure jobs around the perceived abilities of each employee. Sometimes the stated goal of sheltered workshops is to serve as a training ground for the eventual transition of employees to the open labor market. In reality, however, employees with disabilities are rarely supported to make this transition. Employees are generally paid poorly, and the workshops in which they work are seen as charitable enterprises and are funded as such, with revenues being a function not of sales but of the number of employees. Rather than promoting sheltered workshops, governments can serve their citizens with disabilities better by removing barriers towards their employment in the open labor market. Persons with severe disabilities may find it difficult to enter the open labor market, even if other barriers to their employment are removed. In certain cases therefore, programs that create non-competitive job opportunities may be necessary. Government and public agencies should be mandated by law to preferentially procure certain products from such workshops in order to guarantee a stable income for their employees with severe disabilities.

I) Private Sector Initiatives

In addition to government-driven strategies, a number of private-sector initiatives also serve to illustrate the need for action to be taken not only by governments, but by employers themselves.

J) Employer Networks

A number of networks of private companies around the world have initiated their own programs to promote the employment of persons with disabilities. Sometimes these organizations are established in response to the creation of a quota policy, sometimes out of a sense of corporate social responsibility, and sometimes because of a compelling business case for being more inclusive.

The main activities of employer organizations include:

- Raising awareness and building capacity on disability inclusion;
- Providing information and tools on disability and employment;
- Influencing policy on the employment and training of persons with disabilities;
- Providing career development opportunities and organizing vocational training;
- Linking jobseekers with disabilities and employers;

K) Support Disability-Inclusive Business

Private employers can play an important role in developing policies and programs to boost employment for persons with disabilities, as well as their own bottom line. It is recommended that governments:

a) Introduce programs to raise awareness among private employers of the business case for hiring persons with disabilities.
b) Support employers' organizations and networks to share inclusion practices and build their capacities to harness the potential of employees with disabilities.

Disability-Inclusive Business—a number of large employers should be proactive in promoting disability inclusion within their businesses. Many of these businesses draw on their positive experiences of hiring persons with disabilities to demonstrate the business case for inclusive employment, citing that persons with disabilities:

- Have higher retention and lower accident rates than employees without disabilities, and comparable productivity;
- Represent an untapped source of skills and talent and transferable problem-solving skills developed in daily life;
- Often have valuable skills and experiences learned on the job prior to having a disability;
- Can provide unique insights to help firms to develop their products or services to customers and clients with disabilities;
- Can improve the company's image, increasing morale, creating links to the community, and appealing to potential customers who have a disability or whose family members have a disability.

L) Social Enterprises

Social enterprises are businesses that seek to advance a social cause whilst being financially self-sustainable. Rather than being driven solely by the desire to make profits, these businesses also aim to maximize social impact. Social enterprises that consciously seek to hire persons with disabilities, or address issues and barriers affecting the lives of persons with disabilities can therefore help to boost the employment of persons with disabilities, and also influence wider social change. Box 10 shows an example of a disability-inclusive social enterprise.

M) Support Persons with Disabilities in the Workplace

Governments can enhance the working experiences of persons with disabilities firstly by leading by example in terms of public sector employment practices, and secondly by

establishing programs and services that support persons with disabilities to do their jobs effectively. It is therefore recommended that governments:

a) Promote flexible working arrangements to ensure that qualified, productive individuals are not unnecessarily prevented from doing certain jobs.

b) Provide funding support and tax incentives to start ups and social enterprise initiatives that aim to hire persons with disabilities or address specific needs of persons with disabilities.

c) Provide subsidies or tax incentives that support the inclusion of persons with disabilities in the workplace.

d) Develop job coach accreditation and training standards and provide job coaching services to enable persons with disabilities to do their jobs effectively and productively.

N) Building a More Inclusive Society

By creating more accessible physical environments, public transport and knowledge, information and communication services, governments can facilitate opportunities for persons with disabilities to work, as well as society at large. It is recommended that governments:

a) Develop and implement accessibility standards for the physical environment in line with universal design, including public buildings and transport services, to ensure that individuals with mobility disabilities are not denied employment opportunities.

b) Promote and provide knowledge, information and communication services in accessible formats, in line with universal design, to meet the needs of persons with sensory, intellectual and psychosocial disabilities to apply for and retain a job.

c) Foster greater social inclusion by establishing links with disabled persons' organizations, including groups of women with disabilities, and working to promote employment opportunities.

O) Boost Education and Training Opportunities

Education and training is vital for all individuals to develop their human capital, and to acquire skills and knowledge relevant to the labor market. Governments must therefore ensure that persons with disabilities are able to access education and training on an equal basis with others. It is recommended that governments:

a) Make education systems more inclusive, both to make schools more accessible to children with disabilities, and to modify instruction to meet the needs of all children.

b) Mainstream disability inclusion into technical vocational education and training (TVET) programs, to support persons with disabilities to acquire knowledge and skills necessary to find and retain decent work.

P) Break Down Attitudinal Barriers and Challenge Discrimination

Dear students, what are the attitudinal barriers and how can we overcome the challenges?

Discriminatory attitudes towards persons with disabilities inform and produce other barriers to the full and equal participation of persons with disabilities in society, including in employment. For governments to better understand and challenge attitudinal barriers, it is essential to:

a) Undertake research to examine the causes and manifestations of discriminatory attitudes towards persons with disabilities across society.
b) Launch public awareness campaigns and programs to promote the rights of persons with disabilities and to challenge discriminatory attitudes surrounding disability.
c) Conduct disability awareness training such as Disability Equality Training for public employees at the national and local levels.

Q) Improve Data Collection on Disability and Employment

Designing, monitoring and evaluating policies to promote decent work for persons with disabilities requires timely and high quality information. It is recommended that governments:

a) Include the six core Washington Group questions on disability in labor force surveys so that reliable, internationally comparable indicators on employment and disability can be generated on a regular basis.
b) Conduct disability-dedicated surveys to improve the quality of data and understanding on barriers to employment and in turn develop more responsive policies.
c) Take a consistent approach to disability identification so that multiple data sources can be used in conjunction to get a more complete picture of the experiences of persons with disabilities.

Chapter Summary

- Persons with disabilities and vulnerable groups have diverse needs such as; social-emotional, psychological, physical and economic.

- Factors affecting the needs of persons with disabilities vary depending on the nature of disability, personality trait of the person, the meaning the that person gives for the disability, the individual's current life condition, type of support provided, the family, community and society, political and economic system of the country at large.
- The basic needs of persons with disabilities and vulnerabilities to ensure equality for all within our society are: full access to the environment (towns, countryside & buildings). an accessible transport system, technical aids and equipment, accessible/adapted housing, personal assistance and support, inclusive education and training, an adequate income, equal opportunities for employment, appropriate and accessible information, advocacy (towards self-advocacy), counselling,, appropriate and accessible health care
- Social protection plays a key role in realizing the rights of persons with disabilities and vulnerabilities of all ages: providing them with an adequate standard of living, a basic level of income security; thus reducing levels of poverty and vulnerability
- Health outcomes for people with disabilities should be access to quality, affordable health care services, which make the best use of available resources.
- As several factors interact to inhibit access to health care, reforms in all the interacting components of the health care system such as policy and legislations, financing, services delivery and human resources training in line with inclusiveness perspectives.
- Disability is the result of the interaction between the characteristics of individuals with disabilities and the characteristics of their environment.
- The amount of disability is not determined by levels of pathologies, impairments, or functional limitations, but instead is a **function of the kind of services provided** to people with disabling conditions and **the extent to which the physical, built environment is accommodating** or not accommodating to the particular disabling condition.
- Human competencies interact with the environment in a dynamic reciprocal relationship that shapes performance.
- The physical and social environments comprise factors external to the individual, including family, institutions, community, geography, and the political climate

- Environmental factors must be seen to include the natural environment, the human made environment, culture, the economic system, the political system, and psychological factors.
- Persons with disabilities, vulnerable and marginalized groups living in rural areas have double disadvantaged due to their impairments and vulnerabilities and unfavorable physical and social environment.
- Environmental strategies can be effective in helping people function independently and not be limited in their social participation, in work, leisure or social interactions as a *spouse,* parent, friend, or coworker.
- The culture of a society or a subculture influences the types of personality or intrapsychic processes that are acceptable and influences the institutions that make up the social organization of a society.
- Multi-sectorial and multi-disciplinary approach to prevention, intervention and rehabilitation strategies are effective in building process of disability inclusive society.
- Inclusiveness promote equity, respect, peace, democracy, and inclusive development.

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Chapter 4: Promoting Inclusive Culture

Time allotted: 5 hours

Chapter Overview

An inclusive culture starts from the premise that everyone in the school, industry, community and society should feel that they belong, realize their potential, and contribute to the life of people with disability and vulnerabilities. An inclusive culture involves the full and successful integration of diverse people into a workplace or industry. While an inclusive culture certainly encompasses a commitment to workplace diversity, it is not limited simply to basic representation; it indicates a climate in which respect, equity, and positive recognition of differences are all cultivated, and the social and institutional response to disability poses no barrier to a positive employment experience. In this chapter, we will learn how we can promote inclusive culture. The specific contents addressed in the chapter are definition of inclusive culture , dimensions of inclusive culture, policy related to inclusive culture , building inclusive community , means of establish inclusive culture , inclusive values and indigenous inclusive values and practices.

Chapter Objectives:

Dear learners, after the successful completion of this chapter, you will be able to:

- Define Inclusive Culture
- Discus the dimensions of Inclusive culture
- Evaluate policy related to Inclusive Culture
- Explain the process of building community for inclusive culture
- Discus approaches of establishing inclusive culture
- Discuss inclusive values
- Explore and discuss indigenous inclusive values
- Evaluate existing inclusive practices

Definition of Inclusive Culture

Activity

Dear student, do you have a prior awareness of inclusive culture? If so, how do you understand inclusive culture?

Inclusion is a sense of belonging, connection and community at work. And inclusive organizations help people feel welcomed, known, valued and encouraged to bring their whole, unique selves to work.

Culture is "the ideas, customs, and social behavior of a particular people or society." An organization's culture is the culmination of the priorities, values and behaviors, which support their employees in how they work singularly, in teams and with clients. Culture plays a huge role in shifting the diversity needle and forming truly inclusive environments. Hence,

An inclusive culture involves the full and successful integration of diverse people into a workplace or industry. Additionally, inclusive cultures extend beyond basic or token presence of workers who have disabilities. They encompass both formal and informal policies and practices, and involve several core values:

- **Representation:** The presence of people with disabilities across a range of employee roles and leadership positions
- **Receptivity:** Respect for differences in working styles and flexibility in tailoring positions to the strengths and abilities of employees and
- **Fairness:** Equitable access to all resources, opportunities, networks and decision making processes.

Reflection

- Dear student, how did you compare the meaning of inclusive culture above with your previous conception?

Dimensions of Inclusive culture

Activity

Dear student, can you briefly discuss the possible dimensions of inclusive culture please?

There are three dimensions/ elements of an inclusive culture:

1. Universal Design
2. Recruitment, Training and Advancement Opportunities
3. Workplace Accommodations and Accessibility: Policy & Practice

1. Universal Design

One of the most heralded concepts in disability advocacy and cultures in the last decade is the concept of *"universal design"*.

Universal design refers to the construction of structures, spaces, services, communications and resources that are organically accessible to a range of people with and without disabilities, without further need for modification or accommodation.

While accommodations procedures remain a needed function of most contemporary institutions and industries, forward-thinking approaches to disability inclusion will frequently involve developing sites and resources that require no accommodation to be fully usable and receptive to people with disabilities.

A few examples of ways universal design practices may apply in the workplace include:

- Routinely providing manuals, materials and forms to all employees in a variety of digital formats that are as readily accessible to people who use adaptive computer technologies as to other employees.
- Building workspaces accessible to people who use wheelchairs or other assistive devices, as well as to all other employees.
- Providing employees with a variety of flexible schedule and work options. This allows employees who have energy or functionality limitations to organize their time and strengths, and all employees are better able to manage time and life/work balance.

2. Recruitment, Training, & Advancement Opportunities

A. Recruitment:

Effective recruitment of people with disabilities involves two components:

1. *Accessible outreach and hiring practices and*
2. *Targeted recruitment of workers with disabilities.*

Accessible outreach and hiring practices essentially entail making sure that outreach materials, networking and recruitment sites, communications, and application processes all include a range of accessible options, or are free of barriers that might inhibit people with disabilities from participating. Wherever possible, outreach and hiring resources generally should be equally accessible to workers with and without disabilities.

For example, making recruitment literature and job applications readily available in digital and large-print formats, or holding outreach events in spaces without stairs or other barriers and with accessible communications technology, helps to ensure that people with disabilities will be included in recruitment practices.

Targeted recruitment involves specific outreach to people with disabilities. Although making general recruitment practices more accessible goes a long way towards building an inclusive hiring structure, individual employers are not always able to overcome existing barriers for instance, when recruiting via externally sponsored job fairs that are not accessible. Therefore, targeted recruitment enables employers to reach and interview qualified people with disabilities.

In turn, having accessible recruitment practices relative to hiring, materials and communications helps to ensure that targeted recruitment will be successful not just in identifying qualified candidates, but by making sure there are no barriers to effective outreach and eventual employment.

B. Training: Training plays a dual role in the creation of inclusive workplace culture. The first consideration involves the degree to which people with disabilities have equitable access to training sites, events, and materials.

The second concern relates to the training of managers, particularly middle management, and human resources staff, to work effectively with all people, including those with disabilities.

The consequences of inadequate training are substantial, in reducing job satisfaction, with corresponding negative consequences for productivity and retention. In turn, companies favored by employees with disabilities make a concerted effort to create equitable and accessible training resources.

C. Advancement: Research demonstrates that in order to have equitable opportunities for promotion and professional development, like most employees, workers with disabilities typically require access to mentoring.

As with recruitment, mentoring and coaching involves a dual dynamic in which:

- Existing mentoring programs are advertised, implemented and maintained with attention to inclusion of workers with disabilities, and
- Targeted mentoring and coaching programs specifically assist employees with disabilities. These may include the creation of explicit disability affirmative action policies related to promotion, targeted professional networking opportunities, and the establishment of disability affinity networks and related supports to encourage full integration into the workplace culture.

3. **Workplace Accommodations and Accessibility: Policy & Practice**

Policy plays a critical role in generating meaningful inclusion of people with disabilities. In addition to recruitment, training and advancement, workplace policies need to carefully plan for the provision of reasonable accommodations.

When assessing the effectiveness of existing accommodations policies, employee experiences can be described based on two measures of equity.

The first indicator of an inclusive workplace culture involves the perception of "procedural justice", meaning that employees with disabilities perceive the accommodations policy as fair, accessible and functional.

The practice of negotiating and providing accommodations constitutes an additional opportunity for generating an experience of "interactional justice". *Interactional justice* refers to the experience of feeling that the managers or colleagues with whom one is interacting are behaving fairly, reasonably and respectfully.

Experiential and Bottom Line Outcomes: The Benefits of Inclusive cultures are specifically beneficial for employees with disabilities, but also have positive results for all employees, as they include a number of elements of a healthy work environment.

Specific positive outcomes include:

- Reduced expenses corresponding to reduced employee turn-over
- Increased worker commitment to and identification with organizational success
- Improved employee health and well-being
- Improved productivity
- Increased employee investment in work performance
- Reduced perception of discrimination and inequity
- Improved cooperation and collaboration between co-workers, and between employees and management.

Creating an inclusive organizational culture is challenging but extremely advantageous. Here's why and how, however, the business benefits and the outcomes of an inclusive organization fairness and respect, value and belonging, safe and open, and empowerment and growth should be compelling enough to push forward.

These are some of the benefits of an Inclusive organization that needs to be considered:

- Higher Job Satisfaction
- Lower Turnover.
- Higher Productivity
- Higher Employee Morale

- Improved Creativity and Innovation
- Improved Problem-Solving
- Increased Organizational Flexibility.

Inclusive education, when practiced well, is very important because all children are able to be part of their community and develop a sense of belonging and become better prepared for life in the community as children and adults. It provides all children with opportunities to develop friendships with one another.

Reflection

- Dear student can explain the three major dimensions of an inclusive culture, please?

4.3 Building inclusive community

Activity

- Dear student, what an inclusive community is? And why is building an inclusive community important?

What is an inclusive community?

An inclusive community:

- Does everything that it can to respect all its citizens, gives them full access to resources, and promotes equal treatment and opportunity.
- Works to eliminate all forms of discrimination.
- Engages all its citizens in decision-making processes that affect their lives.
- Values diversity and
- Responds quickly to racist and other discriminating incidents.

An inclusive society aims at empowering and promoting the social, economic, and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion, economic, or other status. It is a society that leaves no one behind. We work to ensure that societies are open and inclusive to all.

Here are things an organization can do to create a more inclusive workplace and, therefore, a more appealing place to work:

- Appropriately Connect with Employees
- Interact with Different People
- Create Employee Resource Groups
- Place Importance on Inclusion

- Hold Better Meetings
- Invest in Diversity Training
- People have opportunities to experience a variety of social roles that include friendships, contributing to the community and gaining new skills. Some of the benefits of inclusion to the person are: Improved feelings of well-being and self-esteem.

Why is building an inclusive community important?

- Acts of exclusion and injustice based on group identity and other factors should not be allowed to occur and/or continue.
- All people have the right to be part of decisions that affect their lives and the groups they belong to and
- Diversity enriches our lives, so it is worth our while to value our community's diversity.

An inclusive community can be built at any time. The need to have an inclusive community, however, is most obvious when there has been a decision or an incident that caused harm to a particular group of people.

It is important to consider the motivation behind an individual, a group, or a community's desire to build an inclusive community because the motivation affects the following:

Types and sequence of strategies selected: if there were a crisis, you might have to start with a strategy that transforms the conflict. If there were no crisis, but rather the vision of a community leader that sparked the effort, you might consider starting with a public education campaign.

Resources available: more resources could be mobilized if the motivation came from a large institution or a local foundation.

Amount of support and obstruction: if the dominant group in the community is just as motivated as any other group, there is likely to be more support. If, however, the dominant group has no interest in changing the status quo, there are likely to be more barriers.

Rate of progress: if the major leaders and groups support the effort, progress is likely to be faster.

Expected outcomes: if the goal is to raise awareness, everyone involved is likely to be satisfied if they learned new things about other groups. If the goal is to promote fair treatment of every group, everyone involved is more likely to be satisfied by policy change.

➢ ***Characteristics of an Inclusive Community***

Inclusive communities do have the following set of characteristics:

Integrative and cooperative: inclusive communities bring people together and are places where people and organizations work together.

Interactive: inclusive communities have accessible community spaces and open public places as well as groups and organizations that support social interaction and community activity, including celebrating community life.

Invested: inclusive communities are places where both the public and private sectors commit resources for the social and economic health and well-being of the whole community.

Diverse: inclusive communities welcome and incorporate diverse people and cultures into the structures, processes and functions of daily community life.

Equitable: inclusive communities make sure that everyone has the means to live in decent conditions (i.e. income supports, employment, good housing) and the opportunity to develop one's capacities and to participate actively in community life.

Accessible and Sensitive: inclusive communities have an array of readily available and accessible supports and services for the social, health, and developmental needs of their populations and provide such supports in culturally sensitive and appropriate ways /essential services identified include good schools, recreation, childcare, libraries, public transit, affordable housing and supportive housing, home care, crisis and emergency supports, well coordinated and comprehensive settlement supports/.

Participatory: inclusive communities encourage and support the involvement of all their members in the planning and decision-making that affects community conditions and development, including having an effective voice with senior levels of government and

Safe: inclusive communities ensure both individual and broad community safety and security so that no one feels at risk in their homes or moving around the neighborhood and city.

Reflection

- Dear student, can you explain the process of building community for inclusive culture?

Means of establish inclusive culture

Activity

- Dear student, what benefits of establishing inclusive culture in an organization do you thinks of?

An organization is inclusive when everyone has a sense of belonging; feels respected, valued and seen for who they are as individuals; and feels a level of supportive energy and commitment from leaders, colleagues and others so that all people, individually and collectively can do their best work.

To create an inclusive culture in which everyone feels they belong and is comfortable expressing their uniqueness,

There are four key *inclusive leadership behaviors*:

Empowerment: Enable team members to grow and excel by encouraging them to solve problems, come up with new ideas and develop new skills.

Accountability: Show confidence in team members by holding them responsible for aspects of their performance that are within their control.

Courage: Stand up for what you believe is right, even when it means taking a risk.

Humility: Admit mistakes, learn from criticism and different points of view, and overcome your limitations by seeking contributions from team members.

How inclusive culture establish?

There are five stages in establishing inclusive culture:

1. Consider what you want to achieve and what the benefits will be.

This first stage of the process involves looking at your organization: its size, the type of work it does, where it is located, who it employs, who uses its services, and what its goals are; and thinking about how it could become more inclusive.

2. Undertake an inclusion review of your workplace

When reviewing inclusion and equality in your organization, you should consider the following areas:

- *The demographics of your organization and customer base.*

All organizations are different, so the first thing you will need to do is examine what the demographic make-up of your workplace is. Compiling and analyzing data on your staff by age, gender, ethnic group, religion or belief, sexual orientation and disability, and noting where in the organization's structure employees belonging to different groups work, will help you to identify any under- represented groups and areas of occupational segregation. You

should check employees' salaries according to membership of different groups, and check rates of progression within and through the grades. It is also useful to look at retention and exit rates by these groups.

If possible, you should also collect information on the make-up of your customers. Finding out who uses your services and what their needs are is important if you are to ensure you have the right people, skills and approaches to meet these needs.

- *Your formal policies and procedures.*

The formal policies and practices of your organization can tell you a lot about how much you have previously thought about inclusion, human rights and equality. *When reviewing these policies, you will find it helpful to look at:*

- Policies to deal with discrimination, bullying and harassment
- Procedures to deal with tensions and difference between groups
- Informal or unwritten working practices and
- Arrangements for staff consultation and participation

3. Decide where work is needed and create an action plan.

Having reviewed your workplace in terms of equality and inclusion, the next stage is to decide upon the action you will take. Set out the key changes you would like to make as a result of your review. Prioritize these changes to help you decide where to start. Some measures you may wish to consider as part of your action plan are:

Actively involve all employees

- Consultation and participation
- Encourage employees to take part in monitoring, and promote the reasons for doing so.
- Extra measures and adjustments

Build a culture of inclusion and respect

- Ensure the organization's core values include a commitment to equality, human rights and inclusive working.
- Create, extend or improve policies on equality and human rights and make sure other policies are equality proofed.
- Take immediate action to address and tackle discrimination, harassment and bullying.
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- Create, extend or improve policies on equality and human rights and make sure other policies are equality proofed.

- Take immediate action to address and tackle discrimination, harassment and bullying.
- Training for all staff on inclusive working, human rights and equality.
- Make inclusion a key management approach.
- Encourage and appoint equality and human rights champions.
- Encourage employee networks and forums.
- Promote culture-changing initiatives.

Take an inclusive approach to recruitment, promotion and development

- Make equality, diversity, human rights and inclusive working part of job descriptions.
- Monitor applicants and staff at different levels within the organization.
- Equality and human rights training for all staff involved in recruitment and a fair and transparent selection process.
- Attract candidates from the widest pool available.
- Reward talent and achievement rather than stereotypical indicators of success.
- Value skills achieved outside the workplace.
- Encourage and enable development for all.
- Offer mentoring opportunities to junior and new staff.
- Offer work placements
- Conduct exit interviews

Encourage engagement with the local community

- Employer assisted volunteering.4.

4. Communicate the plan with staff and put the plan into action.

- *Actively involve all groups of employees*

In order to create a working culture of inclusion, respect and opportunity for all, it is essential that everyone in the organization, from senior management to the most junior staff, is engaged with and involved in the process of creating this culture, and feels that their opinions and experiences are valued. Measures to promote inclusive working need to be thought of positively among employees, not as something that is 'done' to them. There are several things to think about in this respect.

Participation and consultation

Before drawing up a plan of action it is essential to involve and consult employees to find out about their experiences, what they feel are the key issues affecting them and what action they would like to see taken to address these issues. Staff and any unions or other employee representatives should also be consulted at different stages in the plan's implementation, in

order to get their feedback on the progress being made. The action plan should be a living document, capable of being adapted and developed over time.

There are many different ways that you can consult and involve employees and their representatives. Some examples are:

Staff surveys can be used to gather information on a range of subjects, including the make-up of the workforce, responses and attitudes towards equality and human rights issues, and levels of job satisfaction among employees. Surveys can be designed so that responses can be analyzed according to membership of equality group or other relevant factors. Confidential surveys will attract a higher response rate.

Focus groups provide more opportunity for in-depth consultation and debate with a smaller number of employees. They could be a useful forum in which to collect feedback on draft policies and action plans, and can be an indicator of wider staff attitudes.

Engagement with employee networks and forums can utilize an important representative voice of staff from minority groups and can provide useful input into policies and action plans.

5. ***Review, monitor and evaluate the plan's impact and use what you find to plan future action***

Ten Characteristics of an Inclusive Organization

1. It accepts diversity and inclusion as a way of life.

In an inclusive organization, one sees diversity at every level within the institution. Many cultures, traditions, beliefs, languages, and lifestyles are prevalent in both the workforce as well as the customer populations, and are respected without judgment. People are viewed as individuals who have come together to coordinate action towards the achievement of common goals.

2. It evaluates individual and group performance on the basis of observable and measurable behaviors and competencies.

Employees have a clear understanding of their roles and responsibilities. They are evaluated based upon their actions, not the opinions of others. Goals and expectations are achievable.

3. It operates under transparent policies and procedures.

There are no hidden rules of behavior that may be apparent to some groups and unknown to others.

4. It is consistent in its interactions with everyone.

There is no double standard. Rules are applied appropriately and regularly throughout the institution. No one group is favored over another.

5. It creates and maintains a learning culture.

Career development is encouraged and supported for all employees by management. Mentoring programs are robust, and include both formal and informal systems that meet the individual learning needs of all employees. Mistakes are recognized, and their consequences addressed, but they are viewed as learning opportunities rather than character flaws.

6. It has a comprehensive and easily accessible system of conflict resolution at all levels.

It recognizes that conflict is inevitable in a complex multicultural organization, and it has systems in place to address conflict in a non-confrontational manner that respects the dignity and confidentiality of all parties.

7. It recognizes that it is part of the community that it serves.

Employees, managers, and customers all come from the community. An inclusive organization is an active participant in community activities, and plays a vital role in addressing its needs.

8. It lives its mission and core values.

People work for an organization because they believe in its purpose and goals.

An organization that promises one thing and delivers other risks losing the trust and confidence of its workforce as well as its customers.

9. It values earned privilege over unearned privilege.

Employees are recognized for their actions and accomplishments, not simply because of their titles or degrees. Customers are treated with respect regardless of their socioeconomic status or class.

10. It accepts and embraces change.

Change is inevitable. An inclusive organization recognizes that current and past practices must constantly be reviewed and updated to meet the changing demands and needs of the industry, workforce, and customers.

Reflection

- Dear student, can you discus approaches of establishing inclusive culture?

Inclusive values

Activity

- Dear student, list the values of inclusive culture and discuss about them with the student beside you?

Inclusion is most importantly seen as putting inclusive values into action. It is a commitment to particular values which accounts for a wish to overcome exclusion and promote participation.

The seven Pillars of Inclusion:

Access: Access explores the importance of a welcoming environment and the habits that create it.

Attitude: Attitude looks at how willing people are to embrace inclusion and diversity and to take meaningful action.

Choice, partnership, communication, policy and opportunity

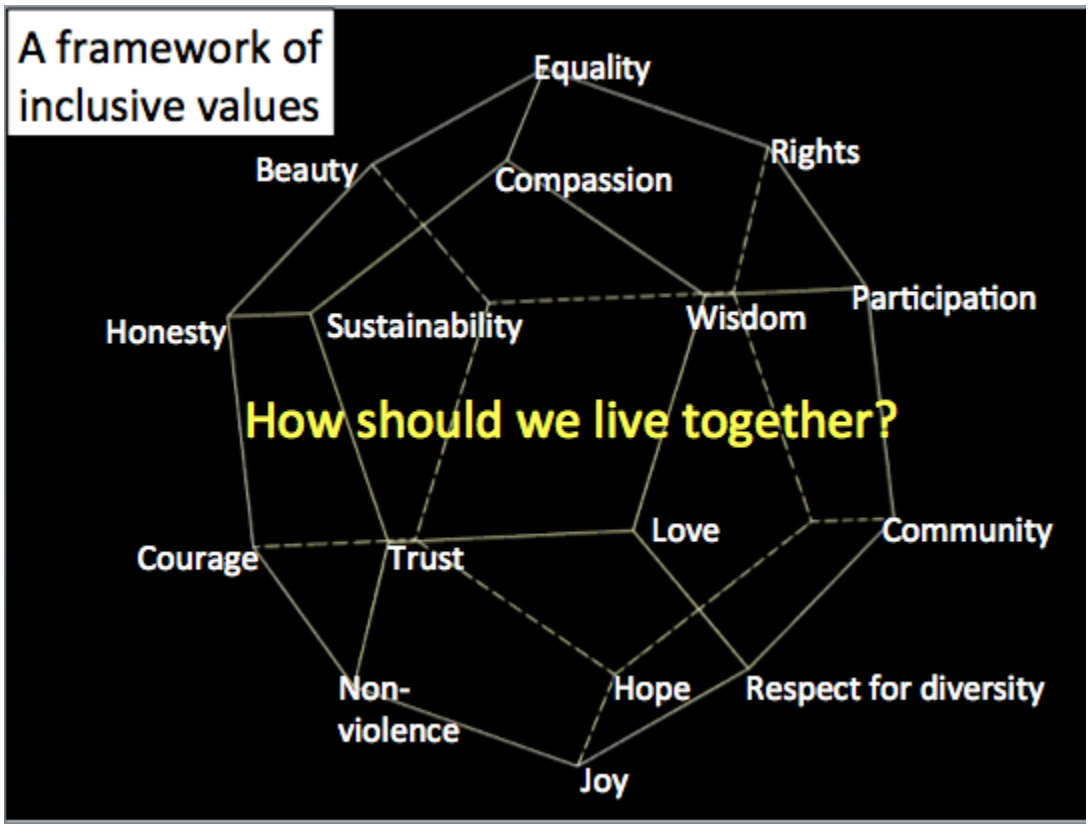
Values are fundamental guides and prompts to action. They spur us forward, give us a sense of direction and define a destination. We know that we are doing, or have done, the right thing through understanding the relationship between our actions and our values. For all actions affecting others are underpinned by values. Every such action becomes a moral argument whether or not we are aware of it. It is a way of saying 'this is the right thing to do'.

Hence, **inclusive values** are appreciating diversity, equality and equity, cooperativeness, participation, community, and sustainability are examples of inclusive values that are fundamental for successful inclusive education.

Appreciating diversity, equality and equity, cooperativeness, participation, community, and sustainability are examples of inclusive values that are fundamental for successful inclusive education.

A careful piecing together of a framework of values has resulted in a list of headings concerned with equality, rights, participation, community, respect for diversity, sustainability, non-violence, trust, compassion, honesty, courage, joy, love, hope/optimism, and beauty.

A values framework can be considered as a universe of interconnected meanings.



Reflection

- Dear student, can you discuss policies inclusive values?

4.7Indigenous inclusive values and practices

Activity

- Dear student, what indigenous inclusion mean? And state features of an endogenous inclusion?

The term ***"Indigenous***" refers to a better understanding of, and respect for, indigenous cultures develops an enriched appreciation of the existing cultural heritage.

Indigenous ways of knowing were often discounted and discredited as non-scientific because they were rooted in the story of the people, their language, culture, art, mythology and spirituality. It was important to recognize the right of indigenous peoples to land, resources and sacred sites.

Incorporating Indigenous ways of learning into educational practices has potential to benefit both Indigenous and non-Indigenous learners. The 21st century skills needed in modern curriculum include: collaboration, creativity, innovation, problem-solving, inquiry, multicultural literacy, etc.

What is indigenous inclusion?

Indigenous inclusion defined as an organizational state that is embraced as a cultural norm, with enterprise-wide workplace strategies as well as a culture which invites the full participation of indigenous people into all aspects of business operations.

It is where leadership and employees are welcoming of indigenous people, their experience and outlooks, where diversity is valued, the spirit of reconciliation has been embraced and calls to action have been acted on in meaningful ways.

Features of an indigenous inclusion:

1. Inclusion has been embraced as a core competency and embedded into the organizational culture;
2. Companies share their organization's experience and achievements with inclusion and explain how it has helped their performance;
3. Human rights and responsibilities are promoted and respected. Employees are free of concerns related to basic equity issues;
4. Comprehensive Indigenous procurement, recruitment and corporate social responsibility strategies have been developed as part of an enterprise-wide coordinated approach;
5. Indigenous people are employed and retained in all areas of the organization including the senior leadership and executive positions;
6. There are significant revenues and jobs gained by Indigenous people and businesses through the organization's supply chain;
7. Indigenes community sustainable gains have been realized as a result of the relationships built between the company and the community;
8. High levels of Indigenous employee engagement are seen and experienced in the organization;
9. Leadership has put into place the resources needed to sustain its Indigenous inclusion strategy and it may have introduced an inclusion policy framework or statement;
10. Indigenous inclusion is integral to the mission and vision of the organization.

A seven stage model to indigenous inclusion:

Indigenous Works has developed a 7-stage workplace model of Indigenous inclusion which is called the ***Inclusion Continuum***.

The model depicts the roadmap that organizations follow to become more inclusive, gradually enabling more effective workplace and employment strategies to be developed. The Continuum describes the organizational features and competencies needed at each stage

to achieve elevated levels of performance in Indigenous employment, business development, community relations, etc. Movement along the continuum depends on companies developing their cultural competencies, improving their understanding of Indigenous people, their history and culture. Companies' position on the Inclusion Continuum can be measured from year to year to track and assess progress.

Types of indigenous inclusion policies

There are quite a range of Indigenous inclusion policies in use by companies and organizations throughout Ontario and Canada. The diagram below illustrates how some of those policies align with workplace needs. Some inclusion policies have a targeted application to specific areas of the workplace such as employment, Indigenous community relations, Indigenous business development or procurement. Other inclusion policies strike across the organization, providing an 'enterprise-wide' approach to inclusion.

What are inclusive practices?

Inclusive practice is an approach to teaching that recognizes the diversity of students, enabling all students to access course content, fully participate in learning activities and demonstrate their knowledge and strengths at assessment.

The aim of inclusion is to embrace all people irrespective of race, gender, disability, medical or other need. It is about giving equal access and opportunities and getting rid of discrimination and intolerance (removal of barriers). It affects all aspects of public life.

Inclusive practice is about the attitudes, approaches strategies talent to ensure that people are not excluded or isolated. It means supporting diversity by accepting welcoming people's differences, promoting equality by equal opportunities for all. In addition inclusive practice involves having an understanding of the impact that discrimination, inequality, social exclusion can have on an individual. Having an understanding of this ensures appropriate personalized care, support can be given. This enables the individual to develop self-respect, self-worth, also to maintain a valued role in society, the environment surrounding them.

When we compare inclusive practice with practice which excludes an individual, inclusive practice gives an individual more confidence in the care that they were receiving, it gives them the option to have an input with the care they are having as they are being given the opportunity to do so. In the long run, this could improve the service user's health as they still have confidence in the careers. Practice that excludes the service user could have consequences on their own health, for example if they spoke English and were provided with a care worker that spoke and understood poor English could result in them not being able to

communicate, from that they would like for dinner to whether they are feeling ill and may need to see a doctor meaning that their health could deteriorate

Inclusive practices in education are based on seven principles:

- Diversity enriches and strengthens all communities
- All learners' different learning styles and achievements are equally valued, respected and celebrated by society
- All learners are enabled to fulfill their potential by taking into account individual requirements and needs
- Support is guaranteed and fully resourced across the whole learning experience
- All learners need friendship and support from people of their own age
- All children and young people are educated together as equals in their local communities

Inclusive teaching strategies refer to any number of teaching approaches that address the needs of students with a variety of backgrounds, learning modalities, and abilities. These strategies contribute to an overall inclusive learning environment in which students feel equally valued.

Benefits of Inclusive practices

The benefits of inclusive practices are numerous for both students with and without disabilities.

Benefits of Inclusion for Students with Disabilities

- Friendships
- Increased social initiations, relationships and networks
- Peer role models for academic, social and behavior skills
- Increased achievement of Individual Educational Plan goals
- Greater access to general curriculum
- Enhanced skill acquisition and generalization
- Increased inclusion in future environments
- Greater opportunities for interactions
- Higher expectations
- Increased school staff collaboration
- Increased parent participation
- Families are more integrated into community

Reflection

- Dear student, can you evaluate the existing inclusive practices?

Chapter Summary

- An inclusive culture involves the full and successful integration of diverse people into a workplace or industry. Additionally, inclusive cultures extend beyond basic or token presence of workers who have disabilities.
- There are three dimensions/ elements of an inclusive culture: these are Universal Design, Recruitment, Training and Advancement Opportunities and Workplace Accommodations and Accessibility: Policy & Practice
- Inclusion has been directly advocated since the Universal Declaration of Human Rights in 1948 and has been acted at all phases in a number of key UN declarations and conventions.
- An inclusive society aims at empowering and promoting the social, economic, and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion, economic, or other status. It is a society that leaves no one behind. We work to ensure that societies are open and inclusive to all.
- An inclusive community can be built at any time. The need to have an inclusive community, however, is most obvious when there has been a decision or an incident that caused harm to a particular group of people.
- Major Characteristics of Inclusive communities are Integrative and cooperative, Interactive, Invested, Diverse, Equitable, Accessible and Sensitive, Participatory and Safe
- An organization is inclusive when everyone has a sense of belonging; feels respected, valued and seen for who they are as individuals; and feels a level of supportive energy and commitment from leaders, colleagues and others so that all people, individually and collectively can do their best work.
- There are four key inclusive leadership behaviors: (i.e., Empowerment, Accountability, Courage and Humility)
- Inclusive values are appreciating diversity, equality and equity, cooperativeness, participation, community, and sustainability are examples of inclusive values that are fundamental for successful inclusive education.

- Appreciating diversity, equality and equity, cooperativeness, participation, community, and sustainability are examples of inclusive values that are fundamental for successful inclusive education.
- Indigenous inclusion defined as an organizational state that is embraced as a cultural norm, with enterprise-wide workplace strategies as well as a culture which invites the full participation of indigenous people into all aspects of business operations.
- Inclusive practice is an approach to teaching that recognizes the diversity of students, enabling all students to access course content, fully participate in learning activities and demonstrate their knowledge and strengths at assessment.
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Chapter 5: Inclusion for Peace, Democracy and Development

Chapter overview

Inclusive education is at the heart of any strategy for peace-building, democracy and development. It is through inclusive educational that **values, skills and knowledge** which form the **basis of respect for human rights and democratic principles can be developed.** It is through Inclusive education that the **rejection of violence, and a spirit of tolerance, understanding and mutual appreciation among individuals, groups and nations** can be enhanced. As a result, inclusiveness should be the first phase towards increasing participation and fight for social justice for people with disabilities, vulnerable and general populations. Inclusive education provides individuals for these populations, skills, experience and empowerment that help them to vocalize for themselves and for others' right. Inclusive education develops inclusive development in all sectors. In general, inclusive developments in all sectors encourage greater acceptance of diversity of gender, culture, language, economy and politics; and the formation of more tolerant, equitable and cohesive societies; simply put, creates inclusive society.

Chapter Objectives

Dear learners, after the successful completion of this chapter, you will be able to:

- Define Peace, Democracy and Development
- Identify sources of exclusionary practices
- Discuss exclusionary practices in the community
- Discuss respecting divers needs, culture, values, demands and ideas
- Discus conflict emanated from exclusion
- Explain means and benefits of participation of the marginalized group of people
- Discuss the democratic principles for inclusive practices
- Explain the importance of inclusion for psychosocial development
- Elaborate the importance of inclusion for economic development
- Discus the importance of inclusion for peace

Definition of Peace, Democracy and Development

Activity
1. Dear student, how do you locally define peace, democracy and development?

Inclusion for Peace

Definition

Peace can be defined in several ways. However, for the purpose of this module peace is defined as creating mutual understanding, positive relationship between individuals and groups. These groups may include culturally, linguistically, economically and biologically heterogeneous groups. These groups are living side by side in a harmony with reciprocated respect or create societal friendship with all the diversities without conflict. This means developed interpersonal peace through deep respect for other persons, justice, tolerance and cooperation. This means peace has a notion of societies' completeness, fulfillment, wholeness, harmony, feeling of security and well being of an individual, a community or a society. Human being is interconnected and should be free from negative force, fear, hatred, anger, tension, violence stress, anxiety and any kind of destructions. Peace make the mind quiet and calm prevents anxieties, worries, stress and fears, and awakens inner strength and confidence, develop freedom, happiness, love, joy, justice and gratitude. Peace can be achieved through formal and informal inclusive education.

Activity
1. Dear student, why education is crucial for creating conflict free society? 2. What kind of Education could make peace in the society??

Inclusive education is a foundation for inclusiveness in all aspects of life. It creates equality and equity among divers population. Diversity refers to in terms of language, religion, socio-economic status, culture and psychology. Equal (sameness and nondiscrimination) and/or equitable (social justice and fairness) distribution of resources within the system; equal and/or equitable both in terms of locations and numbers, in relation to resources such as money, trained and qualified professionals, teaching and learning materials, school buildings, and school furniture. It is important to realize inclusive education to create a society that is peaceful, democratize and developed. Hence inclusive education is crucial for:

- Fostering education that promotes the values, attitudes and behavior inherent in a culture of peace, including conflict prevention and resolution, dialogue, consensus-building and active non-violence;
- Promoting sustainable economic and social development by targeting the eradication of poverty and social inequalities;
- Promoting respect for the Universal Declaration of Human Rights at all levels;

- Promoting gender equality in economic, social and political decision-making;
- Fostering democratic participation and citizenship and supporting processes that promote and sustain democracy;
- Advancing understanding, respect for cultural diversity, and human solidarity by promoting a dialogue among societies;
- Supporting participatory communication and the free flow and sharing of information and knowledge in the promotion of a culture of peace;
- Promoting international peace and security through action such as the promotion of general and complete disarmament.

Activity
1. Dear student, can we solve the Ethiopian divers' problems that create conflict through inclusiveness? How? 2. Do you think exclusion create chaos in the nation? How? 3. What are other sources of conflicts? 4. How can we overcome all sources of conflicts?

Contrary to the important of inclusive education exclusion in education create undesirable result for a nation:

- Educational exclusion cut people off from full involvement in the economic and social life of their countries
- As an experience of deprivation, social exclusion is often the consequence of severe horizontal inequalities, and as such it can underpin grievances that can mobilize groups for conflict
- Exclusion through horizontal inequalities undermines social cohesion
- Build shared values;
- Reduce disparities in wealth and income;
- Difficult to enable people to have a sense that they are engaged in a common enterprise, facing shared challenges, and that they are members of the same community;
- Educational inequalities reflect social inequalities more broadly;
- Dominant ethnic groups control state resources and may discriminate against minority groups in terms of access to social resources, such as education, and employment opportunities;
- Large horizontal inequalities may instead increase group cohesion among those who are marginalized, facilitating mobilization for conflict;

- Factors that increase the risk of the outbreak of conflict could be due to discrimination on the basis of: gender. Age, class, religion, disability, poverty, geographical location..etc.
- These may be equally important in mobilizing individuals to participate in conflict.
- Exclusion and inequalities may furthermore be political, social, or economic in nature, or a combination of the three

Sources of Conflict

- Spiritual sources of conflict
- Result of original ancestor's separation from God and negative influence from evil spiritual forces
- Individual sources of conflict
- Disunity within the individual and confusion of values
- Family sources of conflict
- Family dysfunctions affect succeeding generations.
- National/international sources of conflict
- National policies affect future generations and can lead to conflict within or between nations

Historical Sources of Conflict

- National crimes burden future generations
- Ethnic/religious resentments accumulate
- Individual Choice: To resolve or repeat past conflicts- rethinking the past and the future

In the absence of inclusiveness selfishness (living only for oneself), lust- envy, exploitation- taking advantage over others, prejudice- partiality, reed- Self-indulgence, vengeance- retaliation, arrogance- self-importance those are the basis of conflicts are in the minds of human being. Conflict Begins within the Individual. Since wars begin in the minds of men, it is in the minds of men that the defenses of peace must be constructed, which is inclusive education. Inclusive education is the basis for harmony. If we develop true and practical inclusive education we can create citizens those are unselfishness and living for the wellbeing of others, develop self-control, give genuine service, be fair, generous, attitude of forgiveness, humility and honesty. If someone is not changed can create conflict and have no positive impact on society. Hence, healing all the evils of today is possible only through

inclusive education. Create access to quality education; focus on shaping social skills, behavior, attitudes, beliefs, values and positive human relations to build sustainable peace.

Activity
7. How can we sustain peace? Discus broadly in your group and report

Sustaining Peace

It is important to expand formal and informal inclusive education with the aim of creating inclusive society with the following competencies in young and adult populations:

- Skills of sifting the truth from propaganda or bias that surrounds them in every culture
- Respect for the wise use of resources and appreciation for more than just the materialistic aspects of quality of life
- Respect for different points of view and the ability to see the world through the eyes of others
- Skills to resolve conflict in non-violent ways
- The desire and ability to participate in shaping society, in their own community, their nation and the world.

Activity
5. Do hat rate and fight resolve conflict bring peace or aggravate? Discus this point and deliver for the classroom students

- Building of peace requires taking the following steps:
- Fostering inclusion, ensuring access to justice, strengthening the social fabric and delivering good governance have repeatedly been shown to be essential to achieving development outcomes.
- Reaffirm a commitment to human rights, the foundation for human dignity and just societies. Human rights, including economic, social and cultural rights, are the foundation of a world order based on equality and inclusion.
- Foster social resilience by strengthening inclusion and addressing inequality: Peace issues are core to the discussion of resilience. Resilient societies are those where the social fabric is strong. They are just and inclusive, where the relationships between individuals, their communities and the state are based on trust and the respect, protection and fulfillment of everyone's human rights, and where there are robust mechanisms for addressing inequalities, difference and grievance. Fostering resilience

is the foundation of long-term preventive efforts, from preventing conflict to reducing the impact of internal and external crises, natural and man-made, and requires action both to accompany local efforts and also to provide a supportive international environment.

- Think local and act global: recommit to multilateralism as a safeguard for the most vulnerable
- National implementation alone will not suffice to achieve the SDGs: 40% of the Fostering the external drivers of peace, justice and inclusion requires concerted action by states, as duty holders, to support responsible trade, reduce arms flows, promote constructive financial, tax and investment practices, and to strengthen a rules-based system that creates a more effective enabling environment that privileges the long-term peace, development and human rights needs of all people and communities.
- Protect and support civil society in fostering sustainable peace: Social, political and economic changes that contribute to increasing peace are more robust if they are owned, implemented and sustained by local actors, including youth and women. Nevertheless, civil society inclusion continues to be under threat around the world, with onerous restrictions imposed on the ability of civil society groups to be effective, speak out and access funding. We call on Member States to recommit their support for and partnership with local and community actors, and for the UN system to model inclusion in all its local and global processes

Reflections Some Quotes on making of peace. Discus each of the following quotes broadly and present them in the class
1. Hate rate and fighting cannot bring peace. "*We never get rid of an enemy by meeting hate with hate; we get rid of an enemy by getting rid of enmity." Dr. Martin Luther King Jr.* 2. *"When I despair, I remember that all through history the ways of truth and love have always won." Mahatma Gandhi* 3. *"Any life that is lost in war is a human life, be it that of an Arab or Israeli. Innocent children who are deprived of the care and compassion of their parents are ours. They are ours, be they living on Arab or Israeli land."* Anwar Sadat 4. *"The reason why God does not punish an enemy is that He is thinking of the enemy's parents, wife and children who all love him. When you understand that heart of God, could you take revenge on your enemy?" Rev. Sun Myung*

Inclusion for Democracy

Activities
I. Discus the meaning of democracy? **II.** Explain the characteristics of democratic society **III.** How can we achieve democracy? **IV.** Does inclusive education contribute for the development of democracy?

Definition

Democracy is a great philosophy of inclusion that born and grown in inclusive schools. It means the rule of the people, by the people, for the people; and where "people" is to mean all human being, regardless of the diversities.

Democratic schools are an educational ideal in which democracy is both a goal and a method of instruction. It brings democratic values to education and can include self-determination within a community of equals, as well as such values as justice, respect and trust of diversities

Inclusion Education for Democracy

Inclusive education for democracy has not been established as a central purpose for schooling in Ethiopia. Schools are the ideal place to promote democracy. One of the most important tasks of schools should be helping students to realize the values of democracy. The democratic values include is to enhance protected right, independent quality life for all, freedom, pursuit of happiness, justice, the common good, truth, respect and tolerance for diversity and partisanship. The most important function of democratic education is to make the democracy natural attitude and way of thinking of man by developing the thought of democracy in human mind. In democratic classroom teachers treat all students equally, provide them support according to the needs and potentials, share power with students and supporting them in managing their own behaviors. Teachers provide us with as much knowledge as possible. Teachers should promote engagement in a democracy, by teaching students how democracy works and how important their role is in it. Students who have no understanding of how the democracy functions are unlikely to become engaged citizens who vote.

Inclusive education sees young people not as passive recipients of knowledge, but rather as active co-creators of their own learning that help to exercise democracy. Inclusive education aims to develop real democracy through active participation by all divers learners involved in classrooms and educational institutions. If these are in their places, everyone receives the things they need in order to develop in an orderly, sequential way into members

of society. Inclusive education instills the values of cooperation, fairness and justice into the hearts of our students.

In democratic education students have the power to make decisions about their learning, because power is shared rather than appropriated in advance by a minority of people. **Inclusive** education (when practiced well) is very important because: All children are able to be part of their community and develop a sense of belonging and become better prepared for life in the community today as children and tomorrow as adults. It provides better opportunities for learning. In the absence of democracy, exclusion is prone to be exercised, today in the school and tomorrow in the society. Hence, democracy is one of the principles of inclusiveness in the process of building inclusive society that begun in schools.

Democratic principles for inclusive practices

Inclusive education is based on seven principles:

- Diversity enriches and strengthens all communities.
- All persons with disabilities different in their needs, potentials, learning and working styles;
- Their achievements according to their potentials are equally valued, respected and celebrated by society
- All learners are enabled to fulfill their potential by taking into account individual requirements and needs.

Inclusion for Development

Definition

The word development is widely used to refer to a specified state of advancement or growth a new and advanced idea, profession, physical, mental, product; or an event that constitutes a new stage under changing circumstances. Development is a positive growth or change in economical, social and political aspects of a country. Any kind of development should be inclusive. Some scholars define inclusive development as a “process that occurs when social and material benefits are equitably distributed across divides in society” (Hikey, 2015), others focus on the “voice and power to the concerns and aspirations of otherwise excluded groups” (Johnson and Anderson 2012). Inclusive development also has an “integral focus on the achievement of equity and the rights of citizenship” (Hickey, 2013).

Inclusive education for Development

Activities
1. Discus the meaning of development? 2. Explain the characteristics of development 3. How can we achieve development? 4. Does inclusive education contribute for the development?

The meaning of development for an individual is that which tends towards a person realizing his or her full potential as a human being through inclusive education and then inclusive society; to expand the range of choices for every human being without discrimination.

Inclusive development consists of ensuring that all marginalized and excluded groups are stakeholders in development processes. It is obvious that many groups are excluded from social and economic development because of their gender, ethnicity, age, religion, disability or poverty. If there is no inclusiveness in all walks of life, development cannot be sustainable. Inclusive and sustainable development is crucial to reduce poverty in all its dimensions so that all members of the society are benefitted. The goal of inclusiveness is to prevent social exclusion and creating more social inclusion that aim at including all members of society in the growth process.

Social inclusion is an integral part of inclusive development. Social inclusion enhances capabilities, broadens social ties of respect and recognition, and at the collective level, enhances social bonds, cohesion, integration and solidarity (UNDP, 2015) among human race. The initial emphasis of inclusion has been on economic inclusion through poverty reduction, social protection and employment creation. However, it has become increasingly clear that inclusion also has social and political dimensions (Abbot et al, 2016). Some scholars have thus argues that social inclusion is a “membership of society- with citizenship as the basis for participating in the social, economic, political and cultural institutions of a society (Levitas 1998).

Social inclusion ought to be based on “the recognition of rights and responsibilities, accountability and judgment and of the fundamental equality of all and on the provision of life chances for all members of society to participate in the activities of society” (Silver, 2015). Social inclusion is thus also inherently political, and it is crucial for inclusive development to address social inclusion considering the various dimensions and its effect on dimensions of well-being. Development efforts of any organization need to include and

benefit people with disabilities and all marginalized groups through providing education, creating employability, promoting prosperity, reducing poverty and enhancing stability. It is obvious that people with disabilities and marginalized population are large and most disadvantaged minority in the world. Without creating inclusiveness for these populations we cannot realize peace, democracy and development.

Importance of Inclusion

1. It is **important** to support people learn, productive, successful and live independently, be successful without helping them too much.
2. **Inclusiveness** when practiced well is very **important** because: All people are able to be part of their community and develop a sense of belonging and become better prepared for life in the community as children and adults. It provides better opportunities for **learning**.
3. **Inclusion** values diversity and the unique contributions, where everybody brings to the milieu. In a truly **inclusive** setting, every individual feels safe and has a sense of belonging. **A person who** participates in setting life goals and take part in decisions that affects them.
4. the opportunity to participate in the typical experiences in life; to be with other people and form friendships and develop other social skills; for natural lifelong learning in real situations and access to inclusion models
5. The **inclusion** model is also beneficial because it prepares individuals today and in the future

Respecting divers needs, culture, values, demands and ideas

Activities
1. Why we have to respect diversity? 2. What diversities are available in our environment? 3. How can we create inclusiveness with all these diversities? 4. What are the advantages of diversity?

These include race, ethnicity, age, ability, language, nationality, socioeconomic status, gender, religion, or sexual orientation. The group is diverse if a wide variety of groups are represented. Cultural diversity has become a hot-button issue when applied to the workplace. For this reason, we've created a list of the biggest diversity issues in the workplace.

- Acceptance and Respect
- Accommodation of Beliefs
- Ethnic and Cultural Differences

- Gender Equality
- Physical and Mental Disabilities
- Generation Gaps
- Language and Communication

Diversity may happen in the Workplace

- Ethnicity (language and cultural differences)
- Age and Generation differences
- Gender and Gender Identity
- Religious and Spiritual Beliefs
- Disability and Ability
- Socioeconomic Status and Background
    - Poor and rich
    - Educated and uneducated
    - Highly educated and less educated
    - Rural vs. urban history
    - Married and unmarried
    - Hard worker and non hard worker
    - Mental health problems…etc

Valuing diversity

Recognizes differences between people and acknowledges that these differences are a valued asset. Multicultural education is an important component of **valuing diversity**. It respects **diversity** while teaching all children and youth to become effective and participating members of a democracy.

Diversity in the workplace is vital for employees because it manifests itself in building a great reputation for the company, leading to increased profitability and opportunities for workers quality services. **Workplace diversity** is **important** within the organization as well as outside.

It is **important to value diversity** because; people build a stronger sense of identity and wellbeing, and have better education and career outcomes when their **diverse** strengths, abilities, interests and perspectives are understood and supported. It helps dispel negative stereotypes and personal biases about different groups. In addition, cultural **diversity** helps us **recognize** and respect "ways of being" that are not necessarily our own; so that as we interact with others, we can build bridges to trust, respect, and understanding across cultures.

Cultural Diversity

In relation to human diversity, so many questions may be raised, such as what language someone speak, religion, holidays celebrated, ethnic identity, culture and the like. Our culture is what shapes us; it shapes our behavior and our identity. Culture is our way of living, it refers to the shared language, beliefs, values, norms, behaviors, and material objects that are passed down from one generation to the next. Cultural diversity in the world is divers and a blessing gift for development; but become sources of conflict. Why?

The term "culturally diverse" is often used interchangeably with the concept of "multiculturalism." Recognition of the abundant diversity of cultures; respect for the differences; acknowledging the validity of different cultural expressions and contributions; valuing what other cultures offer; encouraging the contribution of diverse groups; empowering people to strengthen themselves and others to achieve their maximum potential by being critical of their own biases; and celebrating rather than just tolerating the differences in order to bring about unity through diversity are important elements in defining and describing multiculturalism

The multicultural person, therefore, is not simply the one who is sensitive to many different cultures. Rather, this person is always in the process of becoming a part of and apart from a given cultural context. He or she is a formative being, resilient, changing, and evolutionary. Cultural diversity is when population differences are well represented within a community. These include race, ethnicity, age, ability, language, nationality, socioeconomic status, gender, religion and geographical area. Here we will discuss the following diversities:

Ethnic diversity

Activities
1. What do we mean by ethnic diversity? 2. What are the strengths and weakness of ethnic diversity? 3. Why are the causes of ethnic conflict? 4. What could be the mitigation for ethnic conflict?

The diversity of something is the fact that it contains many very different elements. The terms "race" and "ethnicity" used interchangeably, but, generally speaking, the meanings are distinct. Race is usually seen as biological, referring to the physical characteristics of a person, while ethnicity is viewed as a social science construct that describes a person's cultural identity. It is including nationality, regional culture, ancestry, and language.

An example of race is brown, white, or black skin (all from various parts of the world), while an example of ethnicity is German or Spanish ancestry (regardless of race) or Han Chinese. Cultural diversity is important; because our country, workplaces, and schools increasingly consist of various cultural, racial, and ethnic groups; so that as we interact with others we can build bridges to trust, respect, and understanding across cultures.

We can learn from one another, but first, we must have a level of understanding about each other. Learning about other cultures helps us understand different perspectives within the world in which we live. It helps dispel negative stereotypes and personal biases about different groups. Cultural diversity helps us recognize and respect "ways of being" that are not necessarily our own; so that as we interact with others we can build bridges to trust, respect, and understanding across cultures. Furthermore, this diversity makes our country a more interesting place to live. As people from diverse cultures contribute language skills, new ways of thinking, new knowledge, and different experiences are learned and developed.

In uneducated or poorly educated nations, the negative effect of ethnic diversity on economic performance is that more ethnically diverse societies suffer more serious internal conflicts; because quality education teaches tolerance. Inequality among the ethnic groups, when the majority dominates the minority, creates conflict.

Ethiopia is made up of people of different ethnic origin. Despite the popular belief that Ethiopia is just one big country of a single ethnic group, there are over 83 different ethnic groups speaking more than 83 different languages and 200 dialects. Ethnicity is more than just language, song, and dance. It is the embodiment of values, institutions, and patterns of behavior, a composite whole representing a people's historical experience, aspirations and a world view. If the majority deprive minority people of their ethnicity, and their culture, this situation deprive them of their sense of direction, purpose and eventually their identity, so that conflict can be created. Such conditions can create conflicts with so much hatred, genocides may be committed and all types of crimes against humanity can be carried out. In Rwanda the Tutsis and the Hutus fought each other in a genocide in 1994 that claimed the lives of approximately 800 000 lives. This culture of ethnic groups has not stopped but has reared its ugly head in recent years taking the form of Xenophobia in particular South Africa. Brother has arisen against brother, to the extent of burning the other alive. Listening to reasons offered by those committing these heinous crimes leaves a lot to be desired. There is

a lot of hate being passed around, with South African nationals chanting that foreigners are denying them opportunities in their own land and such should go back to their country of origin. It is sad to note that with the advent of globalization, people have been travelling to various countries, some to acquire business opportunities, some to offer a particular skill set required. And these nationals contribute economically to the success of host countries. As such it is clear testimony that is ethnic groups is able to see past their ethnic divide, they have the potential to make Ethiopia great and the world at large.

Activities
1. Who is the winner in ethnic conflict? 2. What do we learn from Rwanda? 3. What is expected from Ethiopians to enhance peace among all ethnic groups? 4. How can we create inclusive society?

Benefits of Cultural Diversity

There are many **advantages of a diverse in schools and workplaces**. Organizations can **benefit** from employees who bring language skills, cultural experience, and creativity to the table. An organizations success can be dependent upon its ability to embrace a **diverse** staff. The following are some of the benefit of cultural diversities

- Increased productivity
- Improved creativity
- Increased profits
- Improved employee engagement
- Reduced employee turnover
- Improved company reputation
- Wider range of skills
- Improves cultural insights
- Reduced Fear, Improved Performance
- Put a variety of world views into one room, and you'll come out the other side with better ideas
- Boost Your Brand's Reputation
- Global Impact
- In the same vein, workplace diversity boosts creativity
- Schools' cultural **diversity** enriches the educational experience
- Through culturally **diverse** classroom and in a cooperative learning, students have the opportunity to **learn** from people with different backgrounds and upbringings, leading to increased innovation and collaboration
- It helps dispel negative stereotypes and personal biases about different groups.

- In addition, **cultural diversity** helps us recognize and respect "ways of being" that are not necessarily our own; so that as we interact with others we can build bridges to trust, respect, and understanding across **cultures; inclusiveness**.

Religious diversity

Activities
1. Why religion is the causes of hate rate and conflict? 2. What are the causes of conflicts? 3. Who benefit from conflict? 4. Can we create win-win through conflict? 5. How can we create win-win scenarios?

What causes workplace conflict?

A **religious** conflict is a conflict primarily caused or justified by differences in **religion**. In the modern period, debates are common over the extent to which **religious**, economic, or ethnic aspects of a **conflict** predominate in a given conflict.

- Lack of values for differences and poor management of religious institutions
- Disrespect and unfair treatment other religions
- Unclear roles as followers of a given religion
- Inadequate spiritual education and training or ill thought
- Poor communication with each other
- Lack of collaboration and poor living environment
- Partiality or lack of equal treatment from political leaders
- Bullying and harassment of other religion

Religious diversity is the fact that there are significant differences in religious belief and practice. It has always been recognized by people outside the smallest and most isolated communities. Roughly, pluralistic approaches to religious diversity say that, within bounds, one religion is as good as any other. Religious pluralism is an attitude or policy regarding the diversity of religious belief systems co-existing in society; harmonious co-existence between adherents of different religions or religious denominations. To be multipath is to feel an affinity with aspects of more than one religion, philosophy or world-view, and perhaps to believe that no one is superior to the others. This term should not be confused with interfaith, which concerns the communication between different religions. Activities related to social hostility like violence, terrorism, harassment over dressing because of religious cause and religion abuse has increased

How to Resolve Conflict

1.Agree on a mutually acceptable time and place to discuss the conflict
2.State the problem as you see it and list your concerns
3.Let the other person have his/her say
4.Listen and ask questions
5.Stick to one conflict at a time — to the issue at hand
6. Seek common ground

7. Seek for win-win approaches. The win-win approach sees conflict resolution as an opportunity to come to a mutually beneficial result. It includes identifying your opponent's underlying concerns and finding an alternative which meets each party's concerns.

Gender differences

In general terms, "sex" refers to the biological differences between males and females, such as the genitalia and genetic differences. "Gender" can refer to the role of a male or female in society, known as a gender role, or an individual's concept of themselves, or gender identity. either of the two sexes (male and female), especially when considered with reference to social and cultural differences rather than biological ones. The term is also used more broadly to denote a range of identities that do not correspond to established ideas of male and female. "a condition that affects people of both genders" Or in the other way, sex refers to biological differences between males and females. For example, chromosomes (female XX, male XY), reproductive organs (ovaries, testes), hormones (oestrogen, testosterone) and gender is the cultural differences expected (by society / culture) of men and women according to their sex.

Activities
1. Are there differences in abilities between man and woman? How? 2. Why females are not equally valued with male? 3. Why male oppress female while female have irreversible biological and cultural role ? 4. Why female are thought to be weak in math and science? 5. What are the consequences of not equally considering female in developments?

Mental abilities

Women are generally better at language tasks. And men on average are a little bit better at organizing things in space. But really there's much more variability within the women, or within men, than there is difference between the woman and men. There are genius male female and less geniuses in both cases. Both Male and female can be gifted in math and science, engineering or any other discipline. In the past there was a claim that boys are out performing in math and science than girls. But, some reports are showing that girls are much better than boys in academic achievements

Undeniable elements are the differences and physical abilities and behavior. Men are, in general, more muscular than women. Women are just over half as strong as men in their upper bodies, and about two-thirds as strong in their lower bodies.

There are also behavioral differences between men and female. Most studies have also found testosterone to be associated with behaviors or personality traits linked with criminality such as antisocial behavior and alcoholism. In species that have high levels of male physical competition and aggression over females, males tend to be larger and stronger than females.

Stereotype thinking against woman

In his Politics, Aristotle saw women as subject to men, but as higher than slaves, and lacking authority; he believed the husband should exert political rule over the wife. Among women's differences from men were that they were, in his view, more impulsive, more compassionate, more complaining, and more deceptive. He gave the same weight to women's happiness as to men's, and in his Rhetoric stated that society could not be happy unless women were happy too. Whereas Plato was open to the potential equality of men and women, stating both that women were not equal to men in terms of strength and virtue, but were equal to men in terms of rational and occupational capacity, and hence in the ideal Republic should be educated and allowed to work alongside men without differentiation, Aristotle appears to have disagreed.

In his theory of inheritance, Aristotle considered the mother to provide a passive material element to the child, while the father provided an active, ensouling element with the form of the human species

In Ethiopia, discriminatory attitudes and social norms are major drivers of gender-based violence where women are victims and the perpetrators are men. Factors associated with men's use of violence include rigid gender attitudes, abuses and harassments

Woman's participations in developments

Activities
1. Are there relationships between poverty and participation of women? 2. Compare Africa and Europe in the level of women's participation and development

What is expected from society to equally treat of female?

- Our priorities are winning economic equality and securing equal rights for women;
- Reproductive freedom and other women's health issues;
- An equitable distribution of life's opportunities and resources between women and men, and/or the equal representation of women and men
- Every woman and girl is entitled to live in dignity and in freedom, without any fear.
- Caring practices for female, not violence
- Equal opportunity for education and employment

- Gender Justice is indispensable for development, poverty reduction, and is crucial to achieving human progress

Marginalized group of people

Marginalization is a process that includes many external forces. People may be marginalized on the basis of the social, gender, cultural, ethnic, economic, social order, beliefs and other factors. Marginal groups can always be identified by members of dominant society, and will face irrevocable discrimination. Marginalized groups exist nearly everywhere. They are people who, for whatever reason, are denied involvement in mainstream economic, political, cultural and social activities.

Targeting or ignoring one group can ultimately affect the whole society in all aspects of development. Marginalization comprises those processes by which individuals and groups are ignored or relegated to the sidelines of political debate, social negotiation, and economic bargaining and kept there. Neoclassical economists trace marginalization to individual character flaws or to cultural resistance to individualism. Marginalization is the result of systemic actions that the "in group" takes, whether consciously or unconsciously, to alienate or disenfranchise a specific person or groups of people by sidelining them from the group's main activities and contributions

Creating friendly environments for marginalized people

1. Tolerate for the differences opinions and attitudes
2. Seek out marginalized voices and perspectives and provide support
3. Confront your own racist thought and try to be inclusive of all the differences
4. Use your privilege to support marginalized people’s movements
5. Give your time and money, if possible for the success of inclusive development
6. Be proactive about inclusion in your daily life
7. Avoid segregation
8. Do the work that help to promote inclusiveness

The most vulnerable are women, children, aged, those living with HIV/AIDS, mental illness, minority people with language and cultural diversity, disability and the like. Girls and women from the marginalized groups are more vulnerable to violence. The dropout, illiteracy, un-employability and poverty rates among them are also high.

Chapter summary

Inclusiveness is standing against exclusion and marginalization; and the move towards peace, democracy and development. It is important to help people to become independent, develop a belief in themselves (confidence) so that they become successful without further helping

them too much. Provide opportunities for children and women to have sustained social interactions and participate fully in the program. Inclusiveness values all kinds of diversities and the unique contributions of each student bring to the classroom and adults to the work and social environments. In a truly inclusive setting, every person feels safe and has a sense of belonging. Students and their parents participate in setting learning goals and take part in decisions that affect them. Finally, inclusive education creates inclusive society.

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Chapter 6: Legal frame work

Chapter Overview

In this chapter students will learn concept o legal framework, its uses and impact on inclusive education development. Moreover, the students will learn international and national (Ethiopian legal frameworks that promote inclusion philosophy development. In addition the students read and understand and conceptualize parts of legal frameworks that may incorporate: legislations, conventions, policies and related legal frameworks.

Activities
Discuss over the following concepts:
Every child has a right to learn in a natural environment with their peers
There is legitimate background to teach students in segregated settings (for example, special and regular schools).
Every child should get quality education that helps his/her holistic development.

Chapter Objectives

After completing the study of this chapter, the students will be able to:

- ✓ Discuss the concept of legal framework
- ✓ Identify international and national legal frameworks in relation to inclusiveness
- ✓ Discuss legal frameworks and their implementation
- ✓ Explore gaps in implementation of legal frameworks to implement inclusion

General Overview of Legal frameworks

Braining storming questions
1. Do you think legal framework is necessary to implement inclusion? If your answer is "yes," explain reasons or your answer. If your answer is "no," please try to give reason(s).
2. Do you think that inclusion in Ethiopia is supported by legal frameworks? If your answer is "no," please try to give reason(s).

Discrimination against persons with disabilities has a long history and persons with disabilities are regularly excluded from participation in society and denied their human rights. Discrimination against the disabled can take many forms, ranging from limited educational opportunities to more subtle forms, such as segregation and isolation because of physical and social barriers. The effects of discrimination are most clearly felt in the sphere of economic, social and cultural rights, in the fields of, for instance, housing, employment, transport, cultural life and access to public services. The obstacles the disabled face in enjoying their human rights are often the result of exclusion, restriction, or preference, and, for instance, when the disabled do not have access to reasonable accommodation on the basis

of their limitations, their enjoyment or exercise of human rights may be severely restricted. In order for disabled persons to freely enjoy their fundamental human rights, numerous cultural and social barriers have to be overcome; changes in values and increased understanding at all levels of society has to be promoted, and those social and cultural norms that perpetuate myths about disability have to be put to rest.

According to the Universal Declaration of Human Rights, "All human beings are born free and equal in dignity and rights." However, this is far from being a reality for persons with disability around the world. This is because people with disabilities' living conditions are always worse than those of other citizens. They are very often excluded and marginalized different areas o life such as participation in education, social activities, economy, and politics and so on.

The rights of persons with disability have increasingly been recognized by international and national law. For example, The Declaration on the Rights of Mentally Retarded Persons (1971) and the Declaration on the Rights of Disabled Persons (1975) both establish the principle of equality of the rights of persons with disability. The Declaration on the Rights of Deaf-Blind Persons (1979) adopted by the Economic and Social Council provides universal rights.

The above legislations and other which were enacted after the above declarations prompted people with disabilities addresses all aspects of disabled persons' lives, such as equal opportunities, physical environment, services, education, employment, and social welfare. Using legal frameworks regarding persons with disability suggests some measures governments should take in order to ensure that persons with disability become fully equal citizens. The rules also act as an international instrument and as a mechanism of control to guarantee the effective application of the stated rights. However, it is not possible to force governments to apply them, and the rules require a concrete commitment from governments in order to transform equal opportunities for disabled persons into reality—a commitment which is often lacking.

Legal Frameworks Regarding Inclusion

They also have right to use public services (civil right), membership of any associations and organization, participation in different activities like voting. Children and youth with disabilities have moral, civil, parental, ethical and legal rights (right to learn with non-disabled children).They should not be treated as marginal, rather they must involve in different community activities. They must be consulted and be involved in decision making

processes. Inclusive in education is the most effective means of combating discriminatory Attitudes, creating welcoming community and building an inclusive society. They are essential to the enjoyment and exercise of human right. Thus, the right to an inclusive education for persons with disabilities is a fundamental human right. It emerged first in general guarantees set forth in the Universal Declaration on Human Rights and then in more detailed expression in the International Covenant on Economic and Cultural Rights (ICESCR). Other international instruments express the link between the right to education and the needs of persons with disabilities.

In addition, states have specific obligations under international law to respect, protect and fulfill the right to inclusive education for persons with disabilities. The obligation to respect requires States to refrain from denying or limiting equal access to inclusive education for persons with disabilities. This right should be guaranteed by law.

International and National Legal Frameworks

International Legal Framework

Group activities

1. Do you know that people with disabilities are full members of the community with the same rights as everyone else?

2. What different international conventions and declarations protecting the rights of people with disabilities do you know? Would you list them as many as you can?

3. Discuss how each of the international conventions and declarations protecting the rights of people with disabilities.

4. How do you think these international conventions and declarations promote inclusive education?

There have been international efforts to address equal opportunity of PWDs in employment to address such challenges primarily from ILO a specialized agency of UN and the General Assembly of the UN itself. Most of the endeavors resulted in the adoption of resolutions and recommendations as well as conventions featuring different legal effect. While conventions produce a binding legal effect, resolutions, declarations and recommendation, which are referred as soft laws, do not create binding legal effect. However, it does not mean that they are adopted for no purpose since they can have a role to play in awareness raising, influencing future development and encourage national policy initiatives.

International human rights instruments protect the rights of persons with disabilities through the principles of equality and non-discrimination. There are a number of international legal frameworks regarding people with disability that are aimed at protecting the rights of persons with disabilities through the principles of equality and non-discrimination. The table below indicates the major types of international legal frameworks.

Key International Instruments and other Documents that Promote Inclusion

- 1948 Universal Declaration of Human Rights – Article 26
- 1960 UNESCO Convention against Discrimination in Education – Articles 1, 3 and 4
- 1965 International Convention on the Elimination of All Forms of Racial Discrimination – Article 5
- 1966 International Covenant on Economic, Social and Cultural Rights – Article 13
- 1966 International Covenant on Civil and Political Rights – Articles 18 and 19
- 1973 ILO Convention on the Minimum Age for Employment – Article 7
- 1979 Convention on the Elimination of All Forms of Discrimination Against Women – Article 10
- 1982 World Program of Action Concerning Disabled Persons proposals for implementation, national action, part 2
- 1989 Convention on the Rights of the Child – Articles 23, 28 and 29
- 1989 ILO Convention Concerning Indigenous and Tribal Peoples – Articles 26, 27, 28, 29, 30 and 31
- 1990 The World Declaration on Education for All, Jomtien
- 1993 The Standard Rules on the Equalization of Opportunities for Persons with Disabilities
- 1994 The Salamanca Statement and Framework for Action on Special Needs Education
- 1999 ILO Convention on the Worst Forms of Child Labor – Article 7
- 1999 Salamanca Five Years On Review
- 2000 World Education Forum Framework for Action, Dakar
- 2000 Millennium Development Goals focusing on Poverty Reduction and Development
- 2002 EFA Global Monitoring Report: EFA
- 2004 EFA Global Monitoring Report: Gender and Education for All – the leap to quality
- 2005 EFA Global Monitoring Report: Education for All – the quality imperative
- 2006 EFA Global Monitoring Report: Literacy for Life
- 2006 Convention on the Rights of Persons with Disabilities
- 2007 EFA Global Monitoring Report: Strong Foundations – early childhood care and education
- 2008 EFA Global Monitoring Report: Education for All by 2015

The following are some of the major international legal frameworks that support inclusion of people with disabilities and vulnerabilities.

A) 1948 Universal Declaration of Human Rights – Article 26

(1) Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory. Technical and professional education shall be made generally available and higher education shall be equally accessible to all on the basis of merit.

(2) Education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms. It shall promote understanding, tolerance and friendship among all nations, racial or religious groups, and shall further the activities of the United Nations for the maintenance of peace.

(3) Parents have a prior right to choose the kind of education that shall be given to their children.

B) The UN Convention on the Rights of the Child, 1989 Extracts from Articles, 2, 23, 28 and 29

Article 2

States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, color, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

Article 23

1. States Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance, and facilitate the child's active participation in the community.

2. Recognize the right of the child to special care.....subject to available resources.

3. Recognizing the special needs of a disabled child...taking into account the financial resources of the parents or others caring for the child... ensure that the disabled child has access to and receives education, training, health care services, rehabilitation services, pre-parathion for employment and recreation opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development, including his or her cultural and spiritual development

Article 28

1. States Parties recognize the right of the child to education and with a view to achieving this right progressively and on the basis of equal opportunity, they shall, in particular: (a) Make primary education compulsory and available free to all; (b) Encourage the development of different forms of secondary education, including general and vocational education, make them available and accessible to every child;(c) Make higher education accessible to all;(d) Make educational and vocational information and guidance available and accessible to all children; (e) Take measures to encourage regular attendance at schools and the reduction of drop-out rates.

Article 29

1. States Parties agree that the education of the child shall be directed to: (a) The development of the child's personality, talents and mental and physical abilities to their fullest potential; (b) The development of respect for human rights and fundamental freedoms; (c) The development of respect for the child's parents, his or her own cultural identity,

language and values, for the national values of the country in which the child is living, the country from which he or she may originate, and for civilizations different from his or her own;

120 (d) the preparation of the child for responsible life in a free society; (e) The development of respect for the natural environment." Article 23 focuses specifically on children with disabilities and positively affirms their right to a "full and decent life". However, it has weaknesses because it makes the rights of children with disabilities "subject to available resources" and focuses on "special needs" without defining this. This article needs to be considered in the context of the underpinning principles of the UNCRC, plus Articles 28 and 29 on education that apply to all children.

C) World Conference on Education for All, Jomtien, and 1990 World Declaration on Education for All: Meeting Basic Learning Needs

It acknowledged that educational disparities existed and that many different particular groups were vulnerable to discrimination and exclusion. These included girls, the poor, street and working children, rural and remote populations, minority ethnic groups and other groups, with particular mention made of people with disabilities. Jomtien also catalyzed a move away from a rigid, prescriptive education system towards a flexible system that would be tailor-made, adapted to the needs, cultures and circumstances of learners.

Article III – Universalizing access and promoting equity

1. "Basic education should be provided to all children, youth and adults. To this end, basic education services of quality should be expanded and consistent measures must be taken to reduce disparities.

2. For basic education to be equitable, all children, youth and adults must be given the opportunity to achieve and maintain an acceptable level of learning.

3. The most urgent priority is to ensure access to, and improve the quality of, education for girls and women, and to remove every obstacle that hampers their active participation. All gender stereotyping in education should be eliminated.

4. An active commitment must be made to removing educational disparities. Underserved groups: the poor; street and working children; rural and remote populations; nomads and migrant workers; indigenous peoples; ethnic, racial, and linguistic minorities; refugees; those displaced by war; and people under occupation, should not suffer any discrimination in access to learning opportunities.

5. The learning needs of the disabled demand special attention. Steps need to be taken to provide equal access to education to every category of disabled persons as an integral part of the education system."

D) The World Programmed of Action, 1982 and the Standard Rules, 1993 the World Programmed of Action Concerning Persons with Disability

This originated from the International Year of Disabled Persons in 1981, a landmark period in the history of disability rights. The World Program of Action laid the foundations for inclusive education by stating that:

- The education of disabled persons should as far as possible take place in the general school system.
- Responsibility for their education should be placed upon the educational authorities. (Note, in many countries the education of disabled children was under the authority of other ministries such as health or social welfare, or none at all)
- Laws regarding compulsory education should include children with all ranges of disabilities, including the most severely disabled
- Educational services for disabled children should be individualized, locally accessible and comprehensive.

E) The Standard Rules on the Equalization of Opportunities for Persons with Disabilities - Rule 6

This consists of rules governing all aspects of the rights of people with disabilities. Rule 6 focuses on education and agrees with Jomtien that people with disabilities should be educated as "an integral part of the educational system", and that States should have responsibility for the education of people with disabilities. Too often, education for people with disabilities was provided by non-government agencies, letting governments 'off the hook'. Key points include:

- The State should take responsibility for the education of people with disabilities, and should a) have a clear policy b) have a flexible curriculum c) provide quality materials, and on-going teacher training and support.
- Integration in mainstream schools is promoted with some key conditions; it should be properly resourced and of high quality – it should not be seen as a cheap option.
- Special attention should be given to very young and pre-school children, and to women with disabilities
- Community-based program are seen as complementary to 'integrated' education
- Special education is not ruled out where the mainstream system is inadequate, and for deaf and deaf/blind students

- Rule 6 States should ensure that the education of persons with disabilities is "an integral part of the educational system"
- Para 1: general education authorities are responsible for the education of people with disabilities
- Para2: education in mainstream schools presupposes provision of appropriate support services
- Para 6: states the need to a) have a clear policy, b) have a flexible curriculum, c) provide quality materials, and on-going teacher training and support
- Para 7: community-based programs should be seen as complementary to integrated education
- Para 8: in cases where the general school system does not adequately meet the needs of all disabled persons, special education may be considered in some instances special education may currently be the most appropriate form of education for some students
- Para 9: deaf and deaf/blind students may receive more appropriate education in separate schools, special classes or units

F) The Salamanca Statement and Framework for Action on Special Needs Education, 1994

The **Framework** gave rise to the thinking and practice from a different perspective – not from disabled activists, but from the professionals working in schools, trying to find ways to enable all children to learn together. A key difference is that, rather than talking about a particular group (for example children with disabilities or girls) and their rights, in Salamanca the focus was on diversity of children's characteristics and educational needs. It marked a big shift away from the dominant paradigm in special needs education, which was strongly supportive of segregated special schools. It reflected the 'new thinking' in special needs education and promoted the concept of the fully inclusive school. The Salamanca Statement and Framework for Action is still a key international document on the principles and practice of inclusive education. It brings together very eloquently several pioneering and fundamental principles of inclusion, some of which had not been discussed in earlier documents.

Article 2: "Education systems should take into account the wide diversity of children's different characteristics and needs regular schools with this inclusive orientation are the most effective means of combating discriminatory attitudes, creating welcoming

communities, building an inclusive society and achieving education for all; moreover, they provide an effective education to the majority of children and improve the efficiency and ultimately the cost-effectiveness of the entire education system."

Article 3: Governments should "adopt as a matter of law or policy the principle of inclusive education... unless there are compelling reasons for doing otherwise". This Article "The guiding principle of this Framework is that schools should accommodate all children. This should include disabled and gifted children, street and working children, children from remote or nomadic populations, children from linguistic, ethnic or cultural minorities and children from other disadvantaged or marginalized areas or groups. The challenge confronting the inclusive school is that of developing a child-centered pedagogy capable of educating all children.

Article 4: "human differences are normal and learning must be adapted to the needs of the child rather than the child fitted to preordained assumptions, a child-centered pedagogy is beneficial to all students, and as a consequence, to society as a whole... it can substantially reduce drop-out and repetition while ensuring higher average levels of achievement. Child-centered schools are, moreover, the training ground for a people-orientated society that respects both the differences and dignity of all human beings."

Article 6: "Inclusion and participation are essential to human dignity and to the enjoyment and exercise of human rights."

Article 7: "The fundamental principle of the inclusive school is that all children should learn together, wherever possible, regardless of any difficulties or differences they may have. Inclusive schools must recognize and respond to the diverse needs of their students, accommodating both different styles and rates of learning..."

Article 10: "Experience suggests that inclusive schools, serving all of the children in a community, are most successful in eliciting community support and in finding imaginative and innovative ways of using the limited resources that are available."

Article 18: "Educational polices at all levels, from the national to the local, should stipulate that a child with a disability should attend the neighborhood school that is, the school that would be attended if the child did not have a disability."

G) Convention on the Rights of Persons with Disabilities, 2006

Article 24 – Education

1. States Parties recognize the right of persons with disabilities to education. With a view to realizing this right without discrimination and on the basis of equal

opportunity, States Parties shall ensure an inclusive education system at all levels and lifelong learning directed to:

(a) The full development of human potential and sense of dignity and self-worth, and the strengthening of respect for human rights, fundamental freedoms and human diversity;

(b) The development by persons with disabilities of their personality, talents and creativity, as well as their mental and physical abilities, to their fullest potential;

(c) Enabling persons with disabilities to participate effectively in a free society.

2.In realizing this right, States Parties shall ensure that:

(a) Persons with disabilities are not excluded from the general education system on the basis of disability, and that children with disabilities are not excluded from free and compulsory primary education, or from secondary education, on the basis of disability;

(b) Persons with disabilities can access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live;

(c) Reasonable accommodation of the individual's requirements is provided;

(d) Persons with disabilities receive the support required, within the general education system, to facilitate their effective education;

(e) Effective individualized support measures are provided in environments that maximize academic and social development, consistent with the goal of full inclusion.

3. States Parties shall enable persons with disabilities to learn life and social development skills to facilitate their full and equal participation in education and as members of the community. To this end, States Parties shall take appropriate measures, including:

(a) Facilitating the learning of Braille, alternative script, augmentative and alternative modes, means and formats of communication and orientation and mobility skills, and facilitating peer support and mentoring;

(b) Facilitating the learning of sign language and the promotion of the linguistic identity of the deaf community;

(c) Ensuring that the education of persons, and in particular children, who are blind, deaf or deaf blind, is delivered in the most appropriate languages and modes and means of communication for the individual, and in environments which maximize academic and social development.

4. In order to help ensure the realization of this right, States Parties shall take appropriate measures to employ teachers, including teachers with disabilities, who are qualified in sign language and/or Braille, and to train professionals and staff who work at all levels of education. Such training shall incorporate disability awareness and the use of appropriate augmentative and alternative modes, means and formats of communication, educational techniques and materials to support persons with disabilities.

5. States Parties shall ensure that persons with disabilities are able to access general tertiary education, vocational training, adult education and lifelong learning without discrimination and on an equal basis with others. To this end, States Parties shall ensure that reasonable accommodation is provided to persons with disabilities

H) World Education Forum, Dakar, 2000

In April 2000, more than 1,100 participants from 164 countries gathered in Dakar, Senegal, for the World Education Forum. Ranging from teachers to prime ministers, academics to policy-makers, non-governmental bodies to the heads of major international organizations, they adopted the 2,000-word Dakar Framework for Action – Education for All: Meeting Our Collective Commitments.

Education For All: Meeting Our Collective Commitments-this was the text adopted by the World Education Forum Dakar, Senegal, 26-28 April 2000 7. "We hereby collectively commit ourselves to the attainment of the following goals:

i) expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children;

ii) ensuring that by 2015 all children, particularly girls, children in difficult circumstances and those belonging to ethnic minorities, have access to and complete free and compulsory primary education of good quality;

iii) ensuring that the learning needs of all young people and adults are met through equitable access to appropriate learning and life skills programs;

iv) achieving a 50 per cent improvement in levels of adult literacy by 2015, especially for women, and equitable access to basic and continuing education for all adults;

v) eliminating gender disparities in primary and secondary education by 2005, and achieving gender equality in education by 2015, with a focus on ensuring girls' full and equal access to and achievement in basic education of good quality; and

vi) improving all aspects of the quality of education and ensuring excellence of all so that recognized and measurable learning outcomes are achieved by all, especially in literacy, numeracy and essential life skills."

I) 1960 UNESCO Convention against Discrimination in Education – Articles 1, 3 and 4
Article 1

1. For the purposes of this Convention, the term `discrimination' includes any distinction, exclusion, limitation or preference which, being based on race, color, sex, language, religion, political or other opinion, national or social origin, economic condition or birth, has the purpose or effect of nullifying or impairing equality of treatment in education and in particular:

a. Of depriving any person or group of persons of access to education of any type or at any level;

b. Of limiting any person or group of persons to education of an inferior standard;

c. Subject to the provisions of Article 2 of this Convention, of establishing or maintaining separate educational systems or institutions for persons or groups of persons; or

d. Of inflicting on any person or group of persons conditions which are in-compatible with the dignity of man.

2. For the purposes of this Convention, the term `education' refers to all types and levels of education, and includes access to education, the standard and quality of education, and the conditions under which it is given.

Article 3

In order to eliminate and prevent discrimination within the meaning of this Convention, the States Parties thereto undertake:

(a) To abrogate any statutory provisions and any administrative instructions and to discontinue any administrative practices which involve discrimination in education;

(b) To ensure, by legislation where necessary, that there is no discrimination in the admission of pupils to educational institutions;

(c) Not to allow any differences of treatment by the public authorities between nationals,

except on the basis of merit or need, in the matter of school fees and the grant of scholarships or other forms of assistance to pupils and necessary permits and facilities for the pursuit of studies in foreign countries ;

(d) Not to allow, in any form of assistance granted by the public authorities to educational institutions, any restrictions or preference based solely on the ground that pupils belong to a particular group;

(e) To give foreign nationals resident within their territory the same access to education as that given to their own nationals.

Article 4

The States Parties to this Convention undertake furthermore to formulate, develop and apply a national policy which, by methods appropriate to the circumstances and to national usage, will tend to promote equality of opportunity and of treatment in the matter of education and in particular:

(a) To make primary education free and compulsory; make secondary education in its different forms generally available and accessible to all; make higher education equally accessible to all on the basis of individual capacity; assure compliance by all with the obligation to attend school prescribed by law;

(b) To ensure that the standards of education are equivalent in all public educational institutions of the same level, and that the conditions relating to the quality of the education provided are also equivalent;

(c) To encourage and intensify by appropriate methods the education of persons who have not received any primary education or who have not completed the entire primary education course and the continuation of their education on the basis of individual capacity;

(d) To provide training for the teaching profession without discrimination.

Reflection Exercise

1. Have you read the above legal frameworks carefully? Well, most of them have overlapping concepts. Please find out the main overlapping ideas tell them to one of your course mates.

2. Which of the international legal frameworks are directly related to inclusive education of persons with disabilities and vulnerabilities? Discuss them with your classmates.

National Laws and Policy Frameworks

Brain storming questions

1. Why do you think countries enact national laws and policy frameworks regarding issues o the persons with disability and vulnerability?

2. What national laws and policy frameworks do you know? List and discuss in relation to how they protect rights of persons with disabilities in various areas of life.

If we talk about Ethiopia's legal and policy documents, he/she finds no disability related instrument until 1971 of the imperial order to provide for the establishment the rehabilitation agency. Hence, it is possible to speak confidently that 'disability was not a matter of law and policy before 1991'. This is because of the fact that Ethiopia's serious policy and legal regard towards the right of PWDS had begun after the introduction of a new constitutional order in the country.

Ethiopia has signed most of the international conventions and declarations protecting the rights of persons with disabilities. There are also national policies on the rights of persons with disabilities. These different national and international policies, conventions and declarations are presented in various international and local policy documents. The table below is about major national legal frameworks that are related with protecting persons with disabilities rights in participating different areas of life.

National Laws and Policy Frameworks Related With Rights of People with Disabilities Equal Participation in Education, Social, Economic, Apolitical and Other Aspect of Life

1. Constitution of the Federal Democratic Republic of Ethiopia-1995: Article 41(5) of the Constitution sets out the State's responsibility for the provision of necessary rehabilitation and support services for people with disabilities. This provision, which is found in the socio-economic rights of citizens, does not ensure the equal employment opportunity of PWDs. Rather, it conveys a message that PWDs are among those who deserve assistance since they are incapable of engaging in productive life.

2. Labor Proclamation, No. 377/2003, amended by Labor Proclamation No. 494/2006: It states that it is unlawful for an employer to discriminate against workers on the basis of nationality, sex, religion, political outlook or on any other conditions.

3. The Federal Civil Servant Proclamation- No. 515/2007: It offers for special preference in the recruitment, promotion, and deployment, among others, of qualified candidates with disabilities. This provision is applicable to government offices only.

4. Proclamation concerning the Rights to Employment for Persons with Disabilities- No. 568/2008: The proclamation makes null and void any law, practice, custom, attitude and other discriminatory situations that limit equal opportunities for persons with disabilities. It also requires employers to provide appropriate working and training conditions; take all reasonable accommodation measures and affirm active actions, particularly when

employing women with disabilities; and assign an assistant to enable a person with disability to perform their work or follow training.

5. Framework Document- 2009: provides for Special Needs Education (SNE) in Technical and Vocational Education and Training (TVET).

6. Building Proclamation- No. 624/2009: provides for accessibility in the design and construction of any building to ensure suitability for physically impaired persons.

7. Proclamation on Definition of Powers of Duties of the Executive Organs of the Federal Democratic Republic of Ethiopia, No. 691/2010: This provides for conditions of equal opportunities and full participation of persons with disabilities and those living with HIV/AIDS.

8. Growth and Transformation Plan (GTP) 2010-2015: It focuses on establishing disability as a cross cutting sector of development where focus is given to preventing disability and to providing education and training, rehabilitation and equal access and opportunities to persons with disabilities.

9. National Plan of Action of Persons with Disabilities -(2012-2021): The documents aim at making Ethiopia an inclusive society. It addresses the needs of persons with disabilities in Ethiopia for comprehensive Rehabilitation services, equal opportunities for education, skills training and work, as well as full participation in the life of their families, communities and the nation.

10. Proclamation concerning the Rights of Disabled Persons to Employment-No.101/1994: This document was the only legislation in Ethiopia which specifically provides for the employment of disabled persons. The Proclamation aims to protect and promote the rights of disabled persons to appropriate training, employment opportunities and salary, and to prevent any workplace discrimination. Sections 3 and 4 refer to the promotion of employment opportunities for disabled persons in the open labor market

11. The Federal Civil Servant Proclamation (Proclamation -No 1064/2017: Article 13/2 of proclamation no 1064/2017 recognizes that:' There shall be no discrimination among job seekers or civil servants in filling vacancies because of their ethnic origin, sex, religion, political outlook, disability, HIV/AIDS or any other ground.' Therefore, there can be no discrimination against persons with disabilities during job recruitment on the basis of their disability. Moreover, Article 49 of the same proclamation provides for the applicable conditions of work for workers with disabilities as follows: 1) Persons with disabilities shall be entitled to affirmative action in recruitment, promotion, transfer, redeployment, education and training; 2) Any government institution shall ensure that its working environment is conducive to civil servants with disabilities, provide them with the necessary tools and materials and train them how to use such

tools and materials; 3) Any government institution shall have the responsibility to assign a person who shall provide proper assistant for those civil servants with disability that requires assistance; and 4) Privileges prescribed by other laws to persons with disabilities shall be applicable for the implementation of this Proclamation.

12. Labor Proclamation-1156/2019: This proclamation controls the private sector employment relationship. Article 15 of the proclamation outlaws discrimination on the basis of disablement. It provides: discrimination any distinction, exclusion or preference made on the basis of nation, race, color, sex, religion, political opinion, national extraction, social origin, HIV/AIDS status, disablement and others which has the effect of nullifying or impairing equality of opportunity or treatment in employment or occupation.

13. Organization of Civil Society Proclamation -No. 1113/2019: This proclamation is a newly enacted legislation replacing its predecessor proclamation 621/2009. It regulates issues concerning formation, registration, activities and dissolution of civil society organization. Agency for civil society organization has been also established to facilitate and monitor the activities of civil society organization. Article 11 of this proclamation expressly provides that persons with disabilities should be included as a member to enhance and strengthen benefit and involvement of part of the society with disability. Furthermore, article 62/9 of the same proclamation orders those civil society organizations working on the benefit of the general public to take into account the issue of persons with disabilities. It is established for the benefit of the general public or third parties shall ensure that its activities take into account the interests of women, Children, persons with disabilities, the elderly and others exposed to threat or vulnerable groups of the society.

14. The Revised higher institutions proclamation- No. 1152/2019: This proclamation has been enacted in replacement of its predecessor proclamation 650/2009. This proclamation has incorporated some rights entitling students with disabilities. According to article 51 of such proclamation. accordingly the institutions shall: make, to the extent possible, their facilities and programs amenable to use with relative ease for students with physical disabilities; shall, to the extent that situations and resources permit, relocate classes, develop alternative testing procedures, and provide different educational auxiliary aids in the interest of students with physical disabilities and learning disabilities; consider building designs, campus physical landscape, computers and other infrastructures of institutions shall take into account the interests of physically disabled students; shall ensure that students with physical challenges get academic assistance, including tutorial sessions, exam time and submission date deadline extensions; shall provide additional

resources, as necessary, to maintain the speed and need of education, the allocation of additional resources, is necessary. The details shall be determined by a directive

15. Advertisement Proclamation -No. 759/2012: It focuses on regulating commercial advertisement are made. According to article 7/4 of this proclamation, advertisement which undermines the dignity and emotional feeling of a physically disabled person is immoral. According to Article 7 advertisements shall be deemed to be as having unlawful or immoral content or presentation when they undermine the dignity or emotional feeling of physically disabled person or a person living with HIV/AIDS or suffering from other disease.

16. The Ethiopian Building proclamation -No 624/2009: Its focuses on buildings and construction- it says that all public building to have a means to access by physical disabled persons. Moreover, it dictates that toilet on such buildings must be accessible. Article 36 states that any public building shall have a means of access suitable for use by physically impaired persons, including those who are obliged to use wheelchairs and those who are able to walk but unable to negotiate steps. Additionally, toilet facilities are required in any building, as adequate number of such facilities shall be made suitable for use by physically impaired persons and shall be assessable to them

17. Definition of Powers and Duties of the Executive Organs of the Federal Democratic Republic of Ethiopia Proclamation -No. 1097/2018: It mainly focuses on addressing common responsibility of ministries in general and the specific duty for ministry of labor and social affair in Creating conditions whereby persons with disabilities, the elderly, and segments of society vulnerable to social and economic problems benefit from equal opportunities and full participation (article10/4). Moreover, it obliges the mistress work in cooperation with concerned bodies (Article 29/11 A).

18. Developmental Social Welfare Policy 1997: It specifically targets people with disabilities and sets out to safeguard their rights and to promote opportunities for vocational rehabilitation. full participation in education, health, political, economic and social activities and other activities

19. The FDRE Education and Training Policy of 1994: This document recognizes that special attention must be provided for those with special needs. However, it does not have any clear recognition for reasonable accommodation

20. The FDRE special needs/inclusive education strategy 2012: This document focuses on inclusive education policy, strategies and responsibilities of stakeholders.

Reflection activities

List down at least six national policies and laws and discuss their impact on equal

participation of people with disabilities participation in education, socio-economic and other activities.
What factors do you think affect implementation of international and national legal frameworks to promote inclusive education in Ethiopia?

Chapter Summary

Legal frameworks are one of the drivers for the rights of persons with disabilities and vulnerabilities. They have influence on especially educational rights of these people with their peers. Legal frameworks are supposed to serve people with disabilities needs by keeping equal rights and creating equal opportunity of learning for all such as children and youth in the mainstreamed classrooms. Moreover, it is believed to create academic and social inclusion, and maintain friendship among persons with and without disabilities and vulnerabilities. Besides, legal frameworks are thought to help the persons with disabilities and vulnerabilities to exploit their potential to the optimum possible level.

International national legal frameworks are written in the form of public laws and acts, declarations, conventions and frameworks. These legal frameworks focus on various issues (social, educational, occupational, vocational etc) of children, youth and adults with disabilities.

The Ethiopian government has endorsed almost all of the conventions and declarations. But studies showed that various challenges are facing their implementations. As a result, there is mismatch between practice and these frameworks implantation.

There also national legal frameworks mainly in the form of laws and policies that promote persons with disabilities and vulnerabilities equal participation in education, social welfare, economy and other areas of life. Although Ethiopia has lots of laws, polices and others international legal frameworks ratified by the country, there is gap in implementation and practices that promote equality of people with disabilities and vulnerabilities equal participation in social, educational, occupational, vocational and other aspects of life.

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Chapter 7: Resources Management for Inclusion

Overview of the Chapter

Inclusion demands resources to meet the need of all members of communities and to facilitate equal participants in all sphere of life. Our environment, now more so than before, need to be ready to include people from different backgrounds, with differing needs and abilities. For such a situation we need to adapt and modify our environment to all people be accessible. Inclusion refers to the process of providing all necessary services according to the needs of divers' population in the community and bringing support services instead of mobilizing resources in a separate setting. Inclusion assumes that the best provision for all according to their need and potential regular schools, in the work place and in the community. Population with a wide range of diversities such as disabilities, cultural and linguistic minorities and vulnerabilities, academic abilities and behavioral needs are represented in inclusive environment.

Activity
1. Dear student, Please list resources important for people with diversities in Education. 2. What are the resources important for persons with disabilities to be successful in the world of work and social life?

Provisions of Resources

The resource should be considered for people with disabilities in workplaces, social gatherings, recreational and in schools that help them to feel comfortable, secure and work at their independent and team activities. Available resources those meet their needs can help persons with disabilities move towards success.

Resources for school children

All concerned bodies should be inclusive in their planning, budgeting and taking action for the education of persons with disabilities. In the school settings resource rooms are very important at.

School based resource room

The resource room is a classroom where a special education program can be delivered to a student with a disability and learning difficulty. It is for those students who belong to a regular class but need some special instructions in an individualized or small group setting for a portion of the day. It is typically a large room in the main school building with lots of facilities for children with special needs. This program includes remedial, compensatory and developmental instruction, which is provided in small groups for usually three to five hours

per week. Students may be provided direct services in the classroom. Indirect services can also be provided to the student through consultation with the general education teachers to support in adjusting the learning environment or modify the instructional methods. When additional support is appropriate to meet the student's needs, the student can receive the pull-out program. This form of a "pull out" system, where a child attends a session in the resource room during a light period of the day such as singing or physical training, receives individual help in a weak area of learning such as reading or writing. Methods and materials are adapted to students' learning styles and characteristics using multisensory and other specialized approaches

Activity
1. What human resources are required in this resource room? 2. What material resources are important for equally present in the classroom, participate, receive support and achievement?

Human resources in schools

- Sign language interpreter
- Braille specialist
- Mobility and orientation expert
- Special needs educators
- Speech and language therapist
- Physiotherapist
- Behavioral therapists…etc

School based material resources

- LCD and/or Smart Board
- E - Chart
- Various magnifying lenses
- Slate and styles
- Perkins Braille writer
- White Cane
- Blind folder
- Tuning fork
- Audiometer
- Hearing aids (various type)

- Sign language books and videos
- Various instructional videos related this unit
- Braille atlases
- Molded plastic, dissected and un-dissected relief maps
- Relief globs
- Land form model
- Abacus
- Raised clock faces
- Geometric area and volume aids
- Write forms for matched planes and volumes
- Braille rulers
- Raised-line check books
- Signature guide
- Longhand-writing kit
- Script letter – sheets and boards
- Talking calculator
- Closed-circuit television
- Computer software for various students with special needs; for example Jawse for blind and sign language software for deaf
- Orthosis
- Prosthosis
- Environmental accessibilities

    - Ramps
    - Elevators
    - Wheel chairs

- And others additional resources

Accommodations

Accommodations are adjustments that teachers and school personnel make to maximize learning and social well-being for individual students.

Instructional accommodation checklist

- Use a multisensory approach.
- Use a highly structured format for presentations.
- Use graphic organizers.
- Present material in small, sequential steps.
- Teach specific strategies (e.g. taking notes, reading comprehension).
- Review key points frequently.
- Assign a buddy reader or note taker.
- Provide students with outline of notes.
- Use color coding to match materials and concepts.
- Reduce visual distractions.
- Seat student close to board, teacher, or student helper: away from door or window.
- Provide a quiet work area.
- Allow students to move if needed. Use visual reminders as memory aids.
- Use teacher-initiated signals for redirecting attention.
- Highlight sections of text.
- Provide tape recording of lecture or required texts.
- Give oral and written directions.
- Speak slowly and clearly.
- Allow for longer response time.

Organization and Task Completion

- Keep work area clear.
- Post assignments and work completed in a consistent spot.
- Assist student with notebook organization.
- Use assignment notebook.
- Extend time to complete assignments.
- Shorten or chunk assignments.
- Give timeline for longer projects.
- Give specific feedback.
- Provide peer tutoring.
- Use cooperative learning groups.
- Provide structured daily activities.

- Explain changes in routine.

Evaluation

- Explain grading and give rubric.
- Give specific feedback.
- Preview before test; give frequent quizzes; give sample questions.
- Orient student to test format.
- Use a clear, uncluttered copy; enlarge print.
- Make test directions simple and clear.
- Provide ample space for answers on test.
- Allow alternate test response (oral, computer).
- Read test aloud to student. Give open-note or take-home tests.
- Use alternate forms of evaluation (oral report, group projects, and debate).
- Reduce required assignments.
- Provide proofreading checklist.
- Accept print or cursive writing

Resources for work/social environment

Activity
1. What human resources are required work places? 2. What material resources are important for persons with disability in work places and social environment?

Human resources

- Special needs educator at every organization to create inclusive environment
- Sign language interpreter
- Sighted guide

Material resources

- Various magnifying lenses
- Slate and styles
- Perkins Braille writer
- White Cane
- Hearing aids

- Sign language books and videos
- Braille atlases
- Braille rulers
- Signature guide
- Talking calculator
- Talking mobile
- Closed-circuit television
- Computer software for various students with special needs; for example Jawse for blind and sign language software for deaf
- Orthosis
- Prosthosis
- Environmental accessibilities
    - Ramps
    - Elevators
    - Wheel chairs
- And others additional resources

Chapter Summary

Resources are very important to create inclusiveness. Resources are for all human being; though the attention if much given for persons with disabilities. All individuals can grow and develop if they are accessed and provided. Primarily understanding the diverse needs of all people is very important to plan for the resources. Incorporating the communication styles/channel of diver's population is vital. Creating equal opportunities and access to equal growth and development is necessary and considering and encouraging different perspective using the provided resources is important to celebrate diversity**.** If we neglect human and material resources to create inclusiveness, we remain with our poverty ever.

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Chapter 8: Collaborative (Cooperative) Partnerships with stakeholders

Time allotted: 5 hours

Introduction

An individual or an institute cannot do everything they want for the success of inclusiveness. They require collaboration and partnership. Collaborative is becoming an effective team player for the intended success. Collaboration referred to as collaborative consultation, cooperative planning, implementation, assessment, co-teaching and any kind of team-based services or community of practice. It has potential to create synergy – where the whole is greater than the sum of the parts. It has the potential to provide opportunities for you to learn new ways of addressing barriers to learning, working, living and for colleagues to learn from each other. Collaboration should be with all human being for the success of inclusiveness. Collaboration should be based on avoiding stereotype thinking that discriminate or undermine the capacities of human being, demands equality, equity and creating mutual respect. Besides collaboration, cooperation is also vital for human being to meet life goal.

Chapter objectives

Dear students at the end of this unit you will be able to:

- Define collaboration, partnership and stakeholder
- Identify key elements of successful collaboration
- Describe the benefits and challenges of collaboration for various stakeholders for the success of inclusion
- Discus the strategies for effective co-planning and team working
- Identify characteristics of successful partnerships
- Design strategies for community involvement

Activities
1. What is collaboration from your own understanding? 2. Have you every create collaboration with people? For what purpose? What have you achieved? 3. What was the successful of your collaborations? 4. What will be your future collaboration?

Definition of collaboration, partnership and stack holder

Collaboration is defined as “the act of working together to produce or create something according to the capacities and abilities of individuals. Each individual’s collaboration is based on his knowledge and skills. A person should not be discriminated due to mismatch with other people’s abilities; because he has his own quality in other perspectives. **Collaboration means** 'to work with another person or group in order to achieve accomplish intended goals. **Collaboration** provides every team member with equal opportunities to participate and communicate their ideas. **Collaboration** in the workplace is when two or more people (often groups) work together through idea sharing and thinking to accomplish a common goal. It is simply teamwork taken to a higher level. The phrase 'putting our heads together' would be a good **example** of this important element of **collaboration**.

Collaboration enables individuals to work together to achieve a defined and common business **purpose**. It exists in two forms:

- Synchronous, where everyone interacts in real time, as in through telephone, email, online meetings, through instant texts messages, or via Viber, and
- The team sees value in working together as the common goal gives them a meaningful reason to work together, along with receiving mutual benefits for the institution as well as the team.

The **advantages of collaboration** can also be seen in terms of individual output. Creating a sense of teamwork and building bonds encourages team members to work for the collective rather than just themselves.

Activities
1. Mention some important experiences of collaboration in your community? 2. What are the important elements of collaboration in your community? 3. What is your intention to create collaboration with people in your life?

Key elements of successful collaboration

The relationship includes a commitment to: mutual relationships and goals; a jointly developed structure and shared responsibility; mutual authority and accountability for success; and sharing of resources and rewards. A **Collaboration** Checklist What factors are helping or hindering your **collaboration** efforts?

We've got the four most important elements of teamwork to help you build a team that will lead your company to success.

- Respect. This one should be a no-brainer. ...
- Communication. While respect is probably the most important element of teamwork, communication is the tool that will generate that respect. ...
- Delegation. ...
- Support.

To kick off our All about **collaboration** series, we consider the nature of **successful collaboration**, its benefits and what is needed within an organization for it to flourish. **Collaboration** in the workplace is when two or more people work together through idea sharing and thinking to achieve a common goal.

Here are a few qualities that a successful team possesses.

1. They communicate well with each other. ...
2. They focus on goals and results. ...
3. Everyone contributes their fair share. ...
4. They offer each other support. ...
5. Team members are diverse. ...
6. Good leadership. ...
7. They're organized. ...
8. They have fun.

General principles of collaboration

- Establish clear common goals for the collaboration.
- Define your respective roles and who is accountable for what, but accept joint responsibility for the decisions and their outcomes
- Take a problem-solving approach – with a sense that all those in the collaborative arrangement share ownership of the problem and its solution.
- Establish an atmosphere of trust and mutual respect for each others' expertise.
- Aim for consensus decision-making.
- Ask for and give immediate and objective feedback to others in a nonthreatening and non-judgmental manner.
- Give credit to others for their ideas and accomplishments
- Develop procedures for resolving conflicts and manage these processes skillfully.
- Better still, anticipate possible conflicts and take steps to avoid them as far as possible. This is not to say that disagreements can, or even should, be avoided.

- Arrange periodic meetings to review progress in the collaborative arrangements.

What are the advantages of collaboration?

- Higher employee productivity
- The **advantages of collaboration** can also be seen in terms of individual output.
- Creating a sense of teamwork and building bonds encourages team members to work for the collective rather than just themselves

Benefits of collaboration

- Greater efficiency and less duplicated effort.
- Access to additional resources or lower costs through sharing resources such as office space, administration or other aspects of an organization's operation.
- Improved service coordination across agencies, with better pathways or referral systems for service users.

Challenges to Team Collaboration

- Indecisive decision-makers. Ironic, isn't it? ...
- "E-fail" This is a little term used for when email straight up fails. ...
- Mis (sing) communication. When collaborating, there is always room for misinterpretation and miscommunication.
- Process sinking vs. process syncing.
- Too many cooks.
- Negative Nancy.

Cooperativeness

Cooperation is one of the components of collaboration. As an adjective, **cooperative** describes **working** together agreeably for a common purpose or goal as in **cooperative** play or **cooperative** employee. As a noun, a **cooperative** is a jointly-owned business or enterprise where members pool their resources to purchase, **do work**, and/or distribute things. Cooperativeness helps individuals to willing learn from each other. Learners work together in small groups, helping each other to carry out individual and group tasks. Interdependence: all group members seek to achieve a group goal and help each others' achievement; Individual accountability: each member of the group is held responsible for his or her own learning, which in turn contributes to the group goal; Cooperation: the learners discuss, problem-solve and collaborate with each other; Face to face interaction and establish consensus; and Evaluation: members of the group review and evaluate how they worked together and make changes as needed. It requires interdependence, which can take one or more forms that help to create inclusiveness:

1. **Goal interdependence**: the group has a single goal.

2. **Reward interdependence**: the whole group receives acknowledgement for achieving the goal
3. **Resource interdependence**: each group member has different resources (knowledge or materials) that must be combined to complete a task
4. **Role interdependence:** each group member is assigned a different role (e.g, leader, reporter, time-keeper)

In cooperative learning and works, the strategies for effective co-planning and team working are very important. The following steps will help you and your group to work effectively together.

1. Have clear objectives
2. At each stage you should try to agree on goals
3. Set ground rules
4. Communicate efficiently
5. Build consensus
6. Define roles
7. Clarify your plans, process and achievements all the time
8. Keep good records
9. Stick to the plan

Reflection
Do you think collaboration and cooperation move us towards inclusive life? How?

Stakeholder

Definition of a **Stakeholder**

A **stakeholder** is any person, organization, social group, or society at large that has a stake in the business. Thus, **stakeholders** can be internal or external to the business. A stake is a vital interest in the business or its activities. Be both affected by a business and affect a business. A **business** is any organization where people work together. In a **business**, people work to make and sell products or services. A **business** can earn a profit for the products and services it offers. The word **business** comes from the word busy, and means doing things. It works on regular basis. All human being can participate in any kind of business equally without discrimination based on their disability, culture, language, religion, gender, rural, urban and the like.

Stakeholders can affect or be affected by the organization's actions, objectives and policies. Some **examples** of key **stakeholders** are creditors, directors, employees, government (and its agencies), owners (shareholders), suppliers, unions, and the community from which the business draws its resources.

In business, a **stakeholder** is usually an investor in your company whose actions determine the outcome of your business decisions. **Stakeholders** don't have to be equity shareholders. **They** can also be your employees, who have a stake in your company's success and incentive for your products to succeed.

Activities
1. **Do people have stakeholders in their daily business? Please describe from your communities perspective** 2. **Do these stakeholders meet their goals? How?** 3. **Do you have stakeholders in your university experiences? Who are they?** 4. Explain the benefits and challenges of collaboration for various stakeholders for the success of inclusive life

Roles of Stakeholders in a Project

Stakeholders are usually parties who have a stake in a project and have a great influence on its success or failure. They may be equity or preference shareholders, employees, the government agencies, contractors, financial institutions, competitors, suppliers and the general public

What are the benefits of stakeholder participation?

- Provide all stakeholders with full opportunities to share their views, needs and knowledge on flood management.
- Build consensus through bringing together a diverse range of stakeholders to share needs, information, ideas and knowledge and harmonize the objectives of individual groups to reach common societal goals.

Characteristics of successful stockholders partnerships

- Existence of an agreement: Partnership is the outcome of an agreement between two or more persons to carry on business or offer services for the community
- Sharing of profits or stratification for the services offered to the community
- Establishing equal and equitable relationship
- Membership without discrimination
- Nature of liability

- Fusion of ownership and control
- Non-transferability of interest
- Trust. Without trust there can be no productive conflict, commitment, or accountability
- Common values. I believe that having common values is the very foundation of the successful partnership
- Defined expectations
- Mutual respect
- Synergy
- Great two-way communications

What makes a good strategic alliance partner?

- They have a similar audience
- They are not your competitors
- They can give you access to new customers and prospects
- They want to work with you
- They want something you can offer

What qualities make for a great business partner?

- Passion
- Reliability
- Compatibility
- The Ability to Build Strong Relationships
- Fiscal Responsibility
- Creativity
- Open-Mindedness
- Comfort with Risk.

What are the main features of a partnership?

Participants described the right partnership behaviors principally as being **effective** co-ordination and chairing, and a set of personal skills and qualities including good listening, clear communication, honesty, patience, enthusiasm, acceptance and love.

A strategic alliance implies that: the success of the alliance impacts one or more major business or service goals. The **success** of the **alliance** develops or reinforces a core competency, especially one which provides a competitive advantage and / or blocks a competitive threat

Strategies for community involvement inclusive development

- Commit to participation of all persons with diversities

- Establish non-discriminative effective communication with all people with divers back ground
- Expect to do most of the work yourself following the inclusive principle
- Tap into local networks, culture and indigenous experiences of inclusiveness
- Use all possible communication channel including sign language for deaf people

Community development is about the inclusive involvement of all people, regardless of their diversities, enhancing equality, respecting their full right in terms of educational opportunities and employability. The creation of opportunities to enable all members of a community to actively contribute to and influence the development process and to share equitably in the fruits of any development endeavors**.** Participation has an intrinsic value for participants and a catalyst for further development; encourages a sense of responsibility; guarantees that a felt need is involved; ensures things are done the right way; uses valuable indigenous knowledge; frees people from dependence on others' skills; and makes people more independent and productive

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Approach/Methods/Strategies of learning and Teaching

This section is flexible to involve the instructor's creativity in identifying selecting and adapting the instructional method to the context of the learner. Some general approaches are listed below. The instructor can select among this and add his own that he/she feels appropriate.

Approach/Methods/Strategies

This section is flexible to involve the instructor's creativity in identifying selecting and adapting the instructional method to the context of the learner. Some general approaches are listed below. The instructor can select among this and add his own that he/she feels appropriate.

- Interactive lectures
- Cooperative learning
- Brainstorming
- Discussion
- Role play
- Independent/self learning
- Field visits
- Individual and group assignments and presentation
- Seminars
- Individual and group presentations
- Special needs/inclusive education expert consultancy

Assessment and Evaluation Methods

Dear students, for each contents you will complete getting started activities, read selected materials complete course works and group assignments. Assessment of the students would be a continuous process. The following schemes of evaluation would be used:

- Tests 10%
- Assignment/group/assignment 10%
- Mid exam 30%
- Final exam 50%

Course Policy

Responsibilities of Instructors

Profile of instructors in this course must be the right professional in Special needs/inclusive education. In order to produce quality teachers, this course should be

offered only instructor, MEd/MA or PhD in special needs/inclusive education. To meet the learning outcome aforementioned and enhance teachers' quality, the special needs/inclusive education instructors will have the following major responsibilities.

- Advise students on all the aspects of the course
- Provide the students with the syllabus and other materials well ahead of the delivery of it
- Conduct the interactive lectures as per the plan
- Facilitate students' individual assignments, group assignments, field works, practicum, seminars, presentations, and collaborative learning
- Periodically assess the students' work
- Provide the students with timely feedbacks on their graded and ungraded academic works
- Follow on students' progress and communicate to the students
- Keep student records on the whole work of the students
- Design and execute students' consultation program

Responsibilities of Students

This course is designed for would teachers after completion of Bachelor degree in various fields. For successful completion of this course the teacher candidates would have the following responsibilities

- Students are expected to actively and fully attend as per the university legislation and participate all the in class and outclass learning activities. Missing a single class will cost students 2 points.
- Carry out individual assignments, group assignments, field works, practicum as per the details and deadlines
- Students are expected to read given materials before class
- Students are expected to read selected books and ten articles
- Actively participate in the planning, organizing and conducting of all the seminars and presentations
- Reflect on feedbacks and initiate actions on them
- Passing the exams successfully