NETAJI SUBHAS OPEN UNIVERSITY

STUDY MATERIAL

M. Ed. Special Education
(Hearing Impairment /
Intellectual Disability) - ODL

B 10 (H.I.)

ADULTHOOD AND
FAMILY ISSUES

M. Ed. Spl. Ed. (H.I. / I.D.) ODL Programme

AREA - B

B 10 H.I. : ADULTHOOD AND FAMILY ISSUES

A COLLABORATIVE PROGRAMME OF
NETAJI SUBHAS OPEN UNIVERSITY
AND
REHABILITATION COUNCIL OF INDIA

AREA - B
DISABILITY SPECIALIZATION
COURSE CODE - B10 (H.I)
ADULTHOOD AND FAMILY ISSUES

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The Self Instructional Material (SIM) is prepared keeping conformity with the M.Ed.Spl. Edu.(HI/ID) Programme as prepared and circulated by the Rehabilitation Council of India. New Delhi and adopted by NSOU on and from the 2020-2022 academic session.

Prologue

I am delighted to write this foreword for the Self Learning Materials (SLM) of M Ed in Special Education (ODL). The M Ed in Special Education in ODL mode is a new academic program to be introduced at this University as per NOC issued by the Rehabilitation Council of India, New Delhi and subject to approval of the program by the DEB-UGC.

I must admire the emulation taken by the colleagues from School of Education (SoE) of NSOU for developing the Course Structure, Unit wise details of contents, identifying the Content Writers, distribution of job of content writing, editing of the contents by the senior subject experts, making DTP work and also developing E-SLMs of all the 16 Papers of the M Ed program. I also extend my sincere thanks to each of the Content Writers and Editors for making it possible to prepare all the SLMs as necessary for the program. All of them helped the University enormously. My colleagues in SoE fulfilled a tremendous task of doing all the activities related to preparation of M Ed in Spl Edn SLMs in war footing within the given time line.

The conceptual gamut of Education and Special Education has been extended to a broad spectrum. Helen Keller has rightly discerned that *"Have you ever been at sea in a dense fog, when it seemed as if a tangible white darkness shut you in and the great ship, tense and anxious, groped her way toward the shore with plummet and sounding-line, and you waited with beating heart for something to happen? I was like that ship before my education began, only I was without compass or sounding line, and no way of knowing how near the harbour was. "Light! Give me light!" was the wordless cry of my soul, and the light of love shone on me in that very hour."* So education is the only tool to empower people to encounter his/her challenges and come over being champion. Thus the professional Teacher Education program in Special Education can only groom the personnel as required to run such academic institutions which cater to the needs of the discipline.

I am hopeful that the SLMs as developed by the eminent subject experts, from the national as well as local pools, will be of much help to the learners. Hope that the learners of the M Ed Spl Edn program will take advantage of using the SLMs and make most out of it to fulfil their academic goal. However, any suggestion for further improvement of the SLMs is most welcome.

Professor (Dr.) Subha Sankar Sarkar
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First Edition : January, 2020

AREA - B

B 10 : ADULTHOOD AND FAMILY ISSUES

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B 10 H.I.: ADULTHOOD AND FAMILY ISSUES

Unit 1 ❏ Transition From Adolescence To Adulthood.

Structure

1.1 Introduction

Transition means change, it is said to be a process when individuals change from one state to another over the time. People undergo transition when they need to adapt to new situations or circumstances or developmentally change as they grow. Hence, some transitions happen unanticipated while some happen anticipated as is the case of growth and human development. You may have also undergone such transitions and realised that each one of us goes through the different transitional phases in a very unassuming way. However, in case of persons with hearing impairment (PwHI) or deafness, these transitional phases sometimes become challenging. There are various factors that influence transition for a PwHI or deafness. One of the most challenging stage with regard to transition is the transition from adolescence to adulthood. While this phase is challenging for all individuals, it is more so for PwHI as they grow to establish themselves as adults.

1.2 Objectives

After completing this unit teacher educators will be able to:

- *Understand the concept of transition.*

- *Appreciate the importance of planning and implementing transition services for preparing adolescents towards adulthood.*

- *Explain strategies of developing independent living skills and preparing them for gainful employment.*

- *Describe communication, cultural and family issues to reflect in planning of services.*

1.3 Transition: Concept and challenges as perceived by D/deaf adolescents and their families

Transition as is mentioned above is a phase of change. We realize that change is not an easy state to adapt to, but it is essential for progress. The process of moving from adolescence into adulthood is one of the most difficult for the young people. It is the transition into adulthood that has the most far reaching consequence for most people as the state moves from a dependant to a more position of a more responsibility. Transition into adulthood brings with it lots of alterations such as leaving school or moving away from home. It can mean a huge accountability with less or no adult supervision around. Hence, the process is likely to get even more difficult for persons with disabilities and more so for PwHI owing to their dependency for communication and the resulting challenges.

1.3.1 Transition: What Is It?

Transition implies shift and a variation is somewhere a source of difference between people at any one moment in time and over time, because it is the only thing in life that is constant. Transition is defined as the movement from *adolescence to adulthood* in all areas. A great deal of change is influenced by the minute by minute existence alongside others in a changing environment. It is during this stage that the individual is expected to pick up skills, go through physical and psychological maturation and assume a self-identity that will help the individual tackle the various tasks and responsibilities of adulthood. Apart from this, there are lot of changes in terms of role and responsibilities that the individual plays in the family or community at large. These transitions happen as a matter of fact for the neurotypicals unlike persons with disabilities. Transition should not be an event and should be treated like a process. Therefore, a child, his or her family, and the practitioner should be preparing for transition right from childhood onwards and throughout adolescence.

1.3.2 Transition: Is It Different For Deaf Adolescents?

Transition can have multiple and complex impact on deaf adolescents. There can be issues pertaining to further education, occupation and social context that could arise. These can be issues that are intertwined with the individual's self-esteem, self-concept and hope. Hence the complexity of such a process would be multitude. Since this phase involves getting into university for higher education, getting employed and also that of establishing foundation to relationships in future. Deaf adolescents may find some of these issues difficult to deal with. Transition can affect both deaf adolescents and their families. Parents may experience the stress of this stage as a launching stage for future endeavors of their children. Parents also experience emotional difficulties in case the expectations of their children are not met with. Parents themselves find lack of resources to help their children with adjusting to this transition phase. If this is the case, then no wonder the transitional problems of the Deaf adolescents can be humongous in nature. Hence both the Deaf adolescents and their families have to both be in involved in an effective transitional planning process. To reiterate, transition is not an event but a process; therefore, it can be meticulously planned so as to help the Deaf adolescents deal with the transition phase.

1.3.3 Transition : Challenges Faced By Deaf Adolescents And Their Families

Families of Deaf adolescents play a major role at transition. Family involvement leaves an impact on the process of transition to make it an effective transition. However, literature on transitional process indicates that family involvement is often absent from transitional planning process. Deaf adolescents report that they have similar aspirations as their neurotypical counterparts however there are more obstacles during the transition to adult life. It is often reported that Deaf adolescents have limited opportunity to participate in assessment and planning services, in relation to educational and career planning.

Some of the challenges faced by deaf adolescents and their families, as reported in different literature are pertaining to lack of easily accessible, comprehensive, up-to-date information about options, choices and possibilities. They lack experience of an independent social life and spend most of their time with family. Deaf adolescents

reach adulthood without proper assessment of their communication needs or any concerted action to meet these needs. Most of the further education, training and work experience placements is carried out more in terms of "care" placements, rather than a way of gaining qualification. Availability of supported employment also varies from place to place. Availability of resources pertaining to assessment, funding and provision of equipment and support make it difficult for young people to get equipment and support as and when they need it.

1.4 Domains Of Transition : Educational, Independent Living, Social-cultural And Employment

Transition from adolescence to adulthood happens across various domains, mainly in educational domain, independent living, social cultural and employment. These domains are discussed in brief as follows:

1.4.1 Education domain

This domain includes both secondary and post-secondary systems. Recent studies also challenge educators and others to focus more on transition planning and career development than just job finding skills. The importance of post-secondary education for successful adult outcomes and the need for careful transition planning is identified and emphasized upon to ensure success. It is in the domain of education that one finds the major transitional changes as one moves from school to college to university.

As far as Indian scenario is concerned, appropriate structured transitional services are lacking. This adds to the woes of Deaf adolescents who finds themselves at cross roads when it comes to decision making regarding future educational opportunities. Recent studies also reveal that deaf adolescents tend to not complete the educational programs they have enrolled in, which could be attributed to inadequate preparation by the educational system and also due to ineffective infrastructure in these educational institutions that could be accessible in nature for the deaf adolescents. Yet another factor that could be problematic is that this transition involves movement from school-initiated services to student-initiated services. It is also noticed that some of the deaf adolescents lack the essential pre requisite of self-advocacy. This is further challenged by lack of accessibility to support services for Deaf adolescents.

1.4.2 Independent Living domain

Research about the transition out of the parents' home is focused on 'independent living' services and supports. Several studies support the need for more research in this area, and the need to identify a range of options for young people (and their parents) who want to live away from the family home. Life skills and independent living are interrelated. Life skill training aimed towards Independent living is facilitated only during adolescence. Hence the deaf adolescents may be under prepared as compared to their hearing friends. Yet another factor is that there is less expectations from deaf adolescents as compared to their hearing peers. So, less expectations would translate into lesser responsibility being given to them. This would further translate into dependency rather than independency. Dependent, disempowered adolescents may enter a state of learnt helplessness.

Another factor that may interfere in the process of transition with regard to independent living is lack of opportunity for incidental learning. By incidental learning, it is understood as learning by being exposed to various situations that help the person pick up life skills. Deaf adolescents born to hearing parents experience this mostly. This is also the case if the deaf adolescent does not have an access to adult to adult conversation, i.e. in cases where teachers speak rather than sign or in cases where they speak in a range beyond the limit which hearing aids can decipher. In addition to this, lack of proper communication in the family adds to the complication further.

1.4.3 Socio cultural domain

Under this domain, a broad range of transition outcomes and activities, including community recreation and leisure activities, social relationships, marriage and parenting is covered. Literature reviews address this domain while examining transition to adulthood broadly and they identify this domain as essential to successful and satisfying adult living. In many cases this domain is acknowledged as one that does not receive enough attention.

Adolescence is a time when individuals are faced with the task of figuring out who they are and how they fit into the world as they go through many physical and emotional changes. Healthy social and emotional development is invaluable to life success, but there are challenges to this goal specific to deaf adolescents. Key components of social and emotional development include:

  (a) effective and positive communication

  (b) building social networks

  (c) independent and evaluative thinking

  (d) Emotional and motivational understanding of self

(e) Emotional and motivational understanding of others

(f) Self-control and self-direction

(g) Tolerance and flexibility to accommodate change

(h) Empathy

(i) Relationship skills that promote positive growth in others and self

(j) Ability to cope with stereotyping and stigma.

A developmental perspective for attaining these skills takes into consideration the differential development for deaf adolescents. The role of family in promoting healthy social and emotional development also needs special address particularly for:

(a) supporting the family to support the child

(b) keeping families involved across time

(c) Engaging families' broader community (Deaf community) involvement.

Along with families, professionals in school settings are also instrumental in promoting healthy social and emotional development by;

(a) prioritizing goals

(b) planning for success

(c) emphasizing a comprehensive and generalized approach.

It is clear that there is the need for parents and professionals working together for the current and future needs to facilitate healthy adaptation in deaf adolescents.

1.4.4 Employment domain

Within the employment domain, most literature is focussed on " education to employment ". For example, education-to-labour market pathways indicate that the presence of a long-term condition is a 'hindrance' to further education and thus to future employment. Some young people with disabilities have reported choosing the type of employment based on the ability of the employer to provide equity and accommodations. Strategies to address education- employment transitions are also described in the literature. They include the need for interprofessional and inter-system efforts; real-life experiences and opportunities for work through situated education; and the development of student-focused strategies such as collaboration and data-driven decision-making for service providers.

Transition to work is a challenging area as there is lot of preparation to be carried out on part of the deaf adolescent. Deaf adolescents need to gather information about various occupations so as gear themselves up for choosing one among them. They also need to appraise themselves or be appraised by other about the roles and responsibilities

that an occupation would entail and necessary accommodations accompanying it. If no accommodations are provided, then Deaf adolescents should be assertive enough to ask for them a successful   employment. Families of deaf adolescents could also be encouraged to communicate their high expectations of career outcomes to the adolescents. In order to improve their career maturity, deaf adolescents could also take up part time jobs or some supported employment before actually getting into a proper vocation.

1.5 Factors influencing transition:

Academic and personal achievement, aspiration & motivation, interaction & complexities, environmental barriers, late deafened adults; concept of self and self-efficacy

There are various factors influencing transition. Some of them are as follows: Academic and personal achievement, aspiration & motivation, interaction & complexities, environmental barriers, late deafened adults; concept of self and self-efficacy. These are being discussed below:

1.5.1 Academic and personal achievement

Academic achievement is essential for individual's well-being. It is during primary-to-secondary transition in which many children are particularly vulnerable to lower levels of academic achievement. Low achievement during this period tends to be succeeded by school dropout and other issues. Academic self-concept or perception regarding academic topics and learning has various components including a cognitive component and an affective-motivational component. Research indicate that academic self-concept decreases between the end of primary and the beginning of secondary education. Student feelings about school and how much they enjoy school may also be impacted by school transitions and affect child achievement. Because intervention research suggests that a positive school climate can benefit children' mental health and academic outcomes, several studies have investigated whether changes in the school climate between primary and secondary education contributes to decline in academic outcomes post-transition.

1.5.2 Aspiration & motivation

Aspiration and motivation do play a significant role in transitional process. Aspirations are cognitive representations of a goal that help direct and organize behaviours and can include educational or occupational hopes, desires, ambitions and inspirations. Research

has found that students who maintain a clear sense of purpose and direction (and who have appropriate support systems) are likely to make adaptive transitions into adulthood. In addition, research on motivation and youth has highlighted the important role that perceived competence and instrumentality/value have on school completion and post-secondary plans. Educational and occupational aspirations are important indicators of successful developmental outcomes.

Aspiration of young deaf adolescent is somewhere influenced by parents educational and social background. Young deaf adolescents own motivation and outlook is crucial to influencing him or her to aim high. Parental support and motivation influences the young deaf adolescents to complete their education and also choose an appropriate vocation, thus ensuring a successful transition into adulthood. Hence, aspirations influence later educational and occupational attainment and successful adaptation from adolescence into adulthood.

1.5.3 Interaction & complexities

By interaction, we mean associated conditions that a young deaf adolescent has to deal with, along with his or her disability. Deaf adolescents may become involved in criminal behavior and substance abuse which may increase the complexity of their situation. It may result in negative outcomes as far as their education and employment is considered. There are other forms of disadvantages that they have to interact with, like ethnicity, poverty etc. In some cultures, gender too becomes a complex interaction with disability. Knowledge about these complexities and interactions among deaf adolescents is limited; hence the deaf adolescent lack information on how to deal with them. Studies have shown that having a disability and completing secondary education positively influences future employment outcomes.

1.5.4 Environmental barriers

Environmental barriers described in the literature are the people's attitude towards youth with different types of disabilities. Apart from this, lack of knowledge about options and understanding of disability-related needs of youth by service providers, educators, parents and community members affects a young person's transition process negatively. Lack of opportunities, choices and experiences in childhood through adolescence and the transition also has a profound impact on adult outcomes. Socioeconomic status can also be another barrier that the environment of the family can pose. Other family factors include parents' low expectations for the future and their lack of knowledge and information to help their young adult.

1.5.5 Late deafened adults

When it comes to late deafened adults, the fact that they had an unexpected hearing loss itself causes complications for them like lower levels of adjustment, decreased sense of happiness that does not ameliorate over time and of course, greater belief that they have disability since they have had a sudden onset. Some of them experience depression and tend to feel isolated and helplessness. These can affect their academic achievement. They tend to have adjustment issues on office front and it becomes imperative to educate employers on effective communication strategies and to maintain incidental professional learning experiences so as to enable successful transition into adulthood.

1.5.6 Concept of self and self-efficacy

Self-efficacy refers to the individual's capacity to deliver his best. Correspondingly, self-efficacy beliefs are the beliefs about what means is to goals and about possessing the private capacity to use these means. Purposive actions also as positive self-esteem preceeds corresponding self-efficacy beliefs. The individual development of self-efficacy beliefs has its roots in youth experiences, within the use of degrees of freedom and within the experience of success and failure counting on appropriate causal attributions. Individuals with high self-efficacy beliefs also report strong feelings of well-being and high self-esteem generally. Self-efficacy beliefs influence motivation, perseverance, social attitude, health, recovering from illness, learning efficiency, and so on. It feels good to be good. Such persons are willing to require initiatives in related domains, to use effort if needed, and persevere in efforts as long as they believe their efficacy. Clearly, such initiatives may sometimes be unsuccessful but more often they supply learning chances and cause new experiences opening up new perspectives of the planet and of the private development. Optimistic persons with a high sense of self-efficacy don't hand over easily and are ready to overcome difficulties that others don't. Hence it matters how the young deaf adolescent views himself and what self-efficacy beliefs he holds. it's reported that deaf adolescent may experience poor self-esteem which can hamper a successful transitional process.

1.6 Role of support and facilitators

Family, peers, community; agencies and environmental support

Transition is a difficult process and has its impact on the deaf adolescents. If these adolescents have very supportive environment, then transition becomes easy and

successful. Supportive environment can be in form of family, peers, community agencies and any other environmental support.

1.6.1 Family

Family is the basic and primary unit in the life of an individual. Child develops through the complex interweave of nature and nurture and family plays very crucial role in the development of the child. The family provides for the child's physical needs and fosters the development of an integrated person capable of living society and transmitting culture. A family must generate income, protect, and maintain its members and residence, nurture, and love one another and see to it that children are taught social norms and educated. When a person is handicapped, these responsibilities become more crucial. There is the expense, the time, the energy needed to care of the disabled member and his/her safety. Deaf person needs help at each stage of life like early childhood, school entry, adolescence and adulthood. Families play significant and multiple role in raising deaf child though the role at each stage may differ.

It becomes imperative of the family to pick up proper advocacy skills so as to be a strong support for their adolescents. If the families keep themselves informed of the various choices pertaining to education as well as career.

1.6.2 Peers & Community

Physical and emotional changes that are part and parcel of adolescence, growing up also involves changes in roles, relationships, expectations and status - within family, amongst friends and within the wider community of home, school and work. Social experiences have a crucial impact on a person's well-being in the short and long term. In early adolescence, the school—in particular; the classroom are important contexts for social experiences with peers who spend increasing amount of time together especially after the transition to junior high school. It is important to first realize that in early adolescence (ages 10–14) the nature of personal relationships changes. Relations become more important, deep and dyadic in nature and increase the sense of well-being. For early adolescents, the classroom is a very important context in which they spend a large part of their daily life and is a critical context for feelings of well-being. Hearing children indeed mention communication difficulties as a serious problem in forming friendships with deaf children.

1.6.3 Environmental support

People's attitudes towards youth with different types of disabilities and ethnic status in general influences all aspects of transition and also interacts with many of the other environmental factors;

- Lack of knowledge about options and understanding of disability-related needs of youth by service providers, educators, parents and community members affects a young person's transition process negatively

- Lack of opportunities, choices and experiences in childhood through adolescence and the transition itself has a profound impact on adult outcomes.

- The narrow focus of transition services, especially within schools, on preparation for post-secondary education instead of addressing the 'life course' needs of youth in all domains of transition.

- The positive influence of peer networks and mentoring/personal advisor/navigator relationships to provide the support to youth and parents to access opportunities and experiences.

- Flexibility and individualized supports can benefit youth entering employment. Technology can be a great support if used appropriately.

1.7 Planning and implementing transition services

Adolescents with disabilities and their families face challenges, especially at critical transition points in their lives. Such transitions include moving from middle school to high school, moving from high school to employment, entering a post-secondary education program and deciding to live independently in the community. The success of each transition is contingent upon the coordination of several factors such as services, experience and programs that assist individuals in selecting and achieving goals.

The student with disability should be at the core of transition planning. The development of a concrete transition plan is an important and tangible outcome, it is not the most critical outcome. When a transition plan is successful, students may experience changes in the way they view themselves as well as the way in which they interact with others. Students during the

transition process should experience a variety of opportunities in which they are able to take charge of important life decisions in a manner reinforced by their teachers and parents. These opportunities facilitate a growing sense of empowerment and a reduction in feelings of helplessness. This sense of empowerment is fortified by a new set of skills; students learn planning and problem solving processes that can be used throughout heir lives.

Some of the themes around transition that could be considered while planning transition services are as follows:

1. Student participation is crucial

2. Efforts must be made to involve families in the transition process

3. Teachers need to be aware of the feelings of parents of deaf children

4. Transition planning should start in middle school

5. Transition planning must be sensitive to cultural factors

6. Transition planning must be comprehensive

Having looked at the themes around transition, the process of transition could be further enhanced if teachers could contribute to the process of transition. Here are few things that could be carried out:

1. Teachers should help deaf students explain the purpose of transition planning in their own words and discuss expectations that will occur during this process.

2. Teachers should teach students how to participate in the transitional process.

3. Teachers should create opportunities for deaf students to prepare for the goals they have set for themselves.

4. Teachers should teach deaf students life skills which they could use in real life situations.

1.8 Let us sum up

- Transition implies change and change is somewhere a source of difference between people at any one moment in time and over time, because it is the only thing in life that is constant.

- Transition is defined as the movement from *adolescence to adulthood* in all areas, including home, health care, education and community.

- Transition from adolescence to adulthood happens across various domains, mainly in educational domain, independent living, social cultural and employment.

- Academic achievement is essential for individual well-being across the lifespan. The primary-to-secondary transition is a critical period of development in which many children are particularly vulnerable to lower levels of academic achievement.

- Aspiration and motivation do play a significant role in transitional process. Aspirations are cognitive representations of a goal that help direct and organize behaviours and can include educational or occupational hopes, desires, ambitions and inspirations.

- Environmental barriers described in the literature are the people's attitude towards youth with different types of disabilities. Apart from this, lack of knowledge about options and understanding of disability-related needs of youth by service providers, educators, parents and community members affects a young person's transition process negatively.

- Optimistic persons with a high sense of self-efficacy do not give up easily and are able to overcome difficulties that others do not. Hence it matters how the young deaf adolescent views himself and what self-efficacy beliefs he holds.

- Transition is a difficult process and has its impact on the deaf adolescents. If these adolescents have very supportive environment, then transition becomes easy and successful. Supportive environment can be in form of family, peers, community agencies and any other environmental support.

- Families play significant and multiple role in raising deaf child though the role at each stage may differ. It becomes imperative of the family to pick up proper advocacy skills so as to be a strong support for their adolescents.

- In early adolescence, the school—in particular; the classroom are important contexts for social experiences with peers who spend increasing amount of time together especially after the transition to junior high school.

- People's attitudes towards youth with different types of disabilities and ethnic status in general influences all aspects of transition and also interacts with many of the other environmental factors.

- The student with disability should be at the core of transition planning. The development of a concrete transition plan is an important and tangible outcome, it is not the most critical outcome.

- The success of each transition is contingent upon the coordination of several factors such as services, experience and programs that assist individuals in selecting and achieving goals.

1.9 Unit end exercises

- What do you understand by transition?

- What are the challenges faced by deaf adolescents and their families due to transition?

- Explain about the domains of transition.

- Explain in brief about the social- cultural and employment domain of transition.

- What are the factors influencing transition?

- Explain about the role of support group and facilitators in transition.

- What are the steps for planning transition services?

- What factors need to be considered for implementing transition services?

- Explain about the environmental barriers that affect transition.

1.10 References

1. Corker, M. (1996) Deaf transitions: images and origins of Deaf families, Deaf communities and Deaf identities. Wiltshire, Cromwell press.

2. Hardy, R.E. & Cull, J.G. (1979) Educational and Psychosocial aspects of Deafness. Illinios, Charles C Thomas publishers.

3. Pandey, S. & Agarwal, S. (2013) Transition to adulthood for youth with Disability: Issues for the disabled child and family, *IOSR Journal of Humanities and social science,* 17(3), 41-45

4. Garay, S. (2000) Transition Planning Process: Giving Deaf students a voice. Unpublished doctoral dissertation, University of Kansas, Lawrence.

Unit 2 ❑ Independent Living

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    2.3.3 Importance of Independent Living

2.4 Money Management and related Financial Skills

    2.4.1 Concept of Money Management and Financial skills

    2.4.2 Financial Literacy for IwDs

    2.4.3 Financial Wellness

2.5 Health and physical fitness skills

    2.5.1 Concept of Physical Fitness Skill

    2.5.2 Benefits of Physical Activity for Individuals with Deafness

    2.5.3 Adaptation in Physical Education

    2.5.4 Concept of Health Skills

2.6 Life Skills: Social-etiquette and Mannerism

    2.6.1 Concept of Core Life Skills

    2.6.2 Importance of Life Skills Education

    2.6.3 Need, Importance and Scope of Life Skills Training

2.7 Leisure Time, Hobbies and Recreational Activities

    2.7.1 Concept of Leisure Time, Hobbies and Recreational Activities

    2.7.2 Benefits of Recreation Participation for IwDs

2.7 Leisure Time, Hobbies and Recreational Activities

    2.7.1 Concept of Leisure Time, Hobbies and Recreational Activities

    2.7.2 Benefits of Recreation Participation for IWDS Activities

2.1 Introduction

As an educator, you must have heard the word "***independent living***" very often. Do the words "*Independent Living*" mean anything specific to you? The answer is simple, yet hard for many individuals to be understood. Independent Living (*henceforth, IL*) is the name of a movement, of a philosophy which is a prerequisite for an equal andinclusive society.The IL Movement was launched in 1960s by a group of Individual with Disabilities (*henceforth, IwDs*)in the USA, who had the purpose to change the paradigm with regards to the concept of disability at that time. The term '*special education'* was predominant then, a concept that some might think is what children with disabilities need, but in reality it is a form of segregation. IwDs are not special because of their physical, sensory or mental conditions. They can be special because of their personal characteristics, needs, talents, achievements and interests. They have a right to live life like anyordinary people as well in a society.

However, the medical model of disability perceives the person first and foremost as a person with a concern on diagnosis. The emphasis is to focus on the problems(concerns) that arise from the disability, the things that one cannot do due to their disability. This is what experts like Ed Roberts and Judy Heumann in the USA and Adolf Ratzka in Europe struggled to change the concept. As IL ideologists, they understood the importance of the values of self-determination, self-representation and de-institutionalisation, if we are to live in a world of equality with respect and dignity.

AdolfRatzka a ideologist gave a precise definition of IL as, "*IL is having the same range of options and same degree of self-determination taken for granted by non-disabled people"*. IL is simply based on the principle of right to live life in society, "***nothing more, nothing less***".This is what the social model of disability also declares, it sees the person first in its essence, character, personality, individuality and abilities. Everybody is good at something, as long as s/he is given the appropriate environment to develop their potential. The 'disability' does not come from the impairment (be it physical, sensory, intellectual or psychological). It is created by the inaccessible environment (*read the definition of disability under UNCRPD*). The origins of the approach can be

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traced again to the 1960s. However, there is still long way to go until all countries and societies fully implement it.

For an equal and dignified life, everybody should have access to society. Too often this is not in the case for IwDs who live an isolated life, because they cannot go out of their homes, or even reach the places where everybody else goes, or even in some cases because they are locked in institutions, the issue being related to accessibility. For a true access to society, the need of social services, personal assistance, barrier free environment (*rather least restrictive environment*), housing options and technical aids/appliances has to be satisfied. This means that political will is required for these factors to be provided in a country, no matter whether one lives in a rural or urban area.

One of the main tools which the IL Movement uses is the UNCRPD, and in particular it's Article 19. It sets out the right to choose where, with whom and how to live one's life in a society. This convention focusses on the aspect of self-determination.UNCRPD was intended as a human rights tool with an explicit, social development dimension. We will be able to see its goals achieved only when the ideas of human rights and equality standing behind the UNCRPD are fully understood by societies and there is a political will to change it.

This unit on ILaimsin raising awareness on a significantly important topic for all societies, if we want to live in a world of equal opportunities and respect of differences, a world of inclusion, we need to learn how to accept the differences. As an educator, how you can impart the life skills, money management skills, health skills to IwDs so as to realise the beauty of life is in its diversity and work on independent living.

2.2 Objectives

After completing the course, teacher educators will be able to

- *Appreciate the concept and importance of independent living.*
- *Discuss the transition from Activities of Daily living to Independent Living.*
- *Explain various strategies of developing independent living skills and preparing them for gainful employment.*

2.3 Concept and its Importance

Let us first understand, the concept of independent living. IL is living just like you and me (everyone else) having access to opportunities and to make decisions that may have an impacton one's life, able to pursue activities of one's own choice, restricted

only in the same way that one's non-disabled neighbours in society are restricted. The definition is not restricted in terms of living on one's own, being employed in a job that is suitable as per one's capabilities and interests. These are the major domains of living independently. IL is based on the philosophy of '*self-determination*', this means having the right and the opportunity to pursue a course of action that is available to others in the society. It focusses on having the freedom to fail and to learn from one's failures, just as everyone else have (non-disabled individuals).

There are, individuals in our society who have certain impairments, which may affect their abilities to make complex decisions or even pursue complex activities in society or daily living. For IwDs,IL means having every and equal opportunity to be as self-sufficient as possible. IL isn't easy, and it can be risky for many IwDs. But millions of IwDs in our country rate it as higher than a life dependency and narrow opportunities and unfulfilled expectations.

2.3.1 Concept of Independent Living

Most of us, take for granted the opportunities that we have regarding living arrangements, employment situations, means of transportation, social activities, cultural associations and recreational activities, and other aspects of everyday life. For many IwDs, however, barriers in communities severely limit their choices and accessibility. These barriers may be obvious, such as lack ramped entrances for individuals who use wheelchairs, lack of interpreters or captioning for individuals with hearing impairments, lack of Braille or taped copies of printed material for individuals who have visual impairments. These barriers result in low expectations about things around environment thatIwDs can achieve.

> *Quick Recap:*
>
> *IL simply means the capability to examine alternatives and make informed decisions and direct one's own life in society. This ability requires the availability of information, financial resources and support systems. It is a dynamic process, it can never be static.*

2.3.2 Concept of Activity of Daily Living

Activity of Daily Living (*henceforth, ADL*) are those occupational performance tasks that an individual does on every day basis to prepare for/or as adjunct to role task.ADL are tasks of self, maintenance, mobility, communication and home management enables

an individual to achieve personal independence in his/her environment.ADL comprises of the basic actions that involve caring for one's self and body, including personal care, mobility, and eating.

ADLs are often termed as physical ADLs or basic ADLs that include the fundamental skills typically needed to manage basic physical needs, comprised the following areas:

a. *grooming/personal hygiene,*

b. *dressing,*

c. *toileting/continence,*

d. *transferring/ambulating, and*

e. *eating.*

These functional skills are learntduring early days of life and are relatively more preserved in light of declined cognitive functioning when compared to higher level tasks. Instrumental Activities of Daily Living (IADLs), includes more complex activities related to IL in the community (*example; managing finances and medications*). IADL is sensitive to earlydecline in cognitive abilities, whereas physical functioning is often a vital driver of basic ADL ability (Cahn-Weiner et al., 2007).

Let us understand the concept of Activities of Daily living by flow chart;
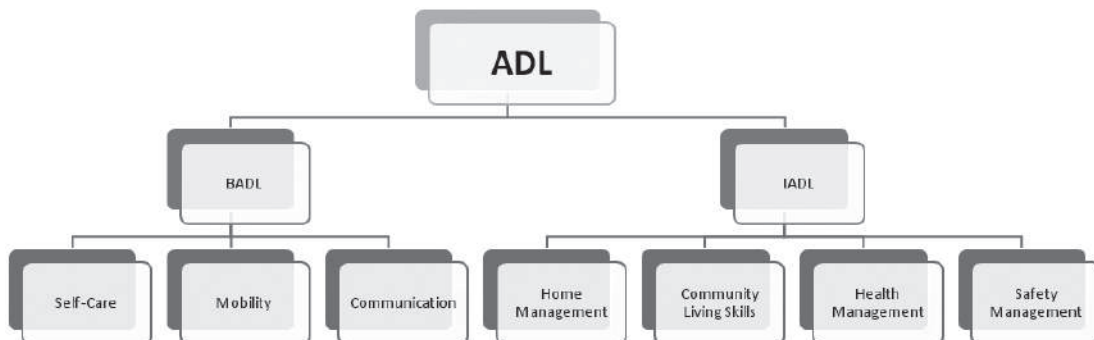
The ability to perform BADLs and IADLs is dependent upon cognitive (example-reasoning, planning), motor (example- balance), and perceptual (including sensory) abilities. There is also the important distinction of the individual's ability to complete the task (physical and/or cognitive ability) versus the ability to recognize that the task needs to be done without prompting (cognitive ability).

ADLs are directly assessed by occupational, physical or speech therapists, or by other members of the medical team to guide day-to-day care and/or as part of discharge

planning. Referral for evaluation of ADL ability may include a question of cognitive, emotional, or behavioral factors that may be interfering with functioning in these basic skills, and how these barriers may be overcome to enhance independence. DSM-5 diagnostic criteria for Major Neurocognitive Disorder also give specification on functional impairment with IADLs that must be present for the diagnosis (American Psychiatric Association, 2013).

ADL assessment may also occur as part of a broader capacity evaluation for independent living or guardianship.

Let us now classify ADL with suitable examples:-

Self-care Activities	Mobility and transfer	Home management	Personal Hygiene
Examples	*Examples*	*Examples*	*Examples*
a. Personal Hygiene b. Grooming – dressing/under dressing c. Feeding d. Communication	a. Transfer in bed b. Ambulation and Transportation c. Driving (if applicable)	a. Meal preparation b. Meal service c. Cleaning activities (sweeping, swapping, dusting etc.) d. Laundry activities e. Sewing activities f. Marketing activities g. Childcare activities h. Operating Household appliances	a. Hair care – Combing, planting, tying, washing b. Teeth care – brushing, gargling c. Shaving – manual/electric razor d. Blowing nose e. Applying make-up f. Toileting activities – squatting and getting up Indian toilet g. Western style – cleaning with water or paper h. Washing i. Bathing – pouring water and applying soap, washing upper limbs, washing lower limbs & other parts of body. j. Drying self

As an educator, we should make transition plans from ADL to IL (Please *refer to transition unit of Paper B10*).

2.3.3 Importance of Independent Living

IwDs can take the initiative in directing their lives and act as experts on their particular needs. The IL approach affords IwDs the opportunities for personal choices and the benefits of technology that can assist in their independence**.** The philosophy holds as its maxim that IwDs are themselves better at assessing their needs than anyone else. This is a form of disability empowerment. To be able to direct their lives, such IwDs must organize so that they will have the political power to promote solutions for their dignity and voice.

Among the ways that IwDs can be empowered are with three main domains namely
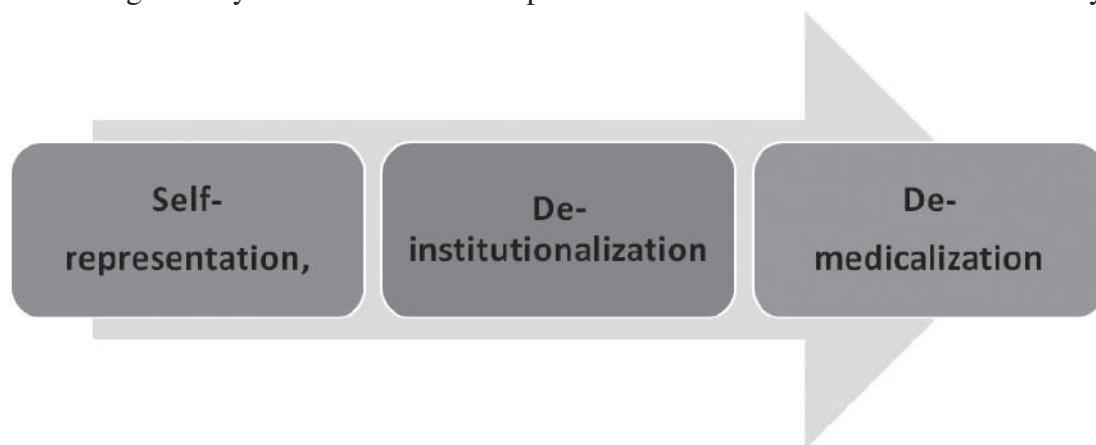
With the empowerment that more independence affords them, IwDs can attain a sense of independence and self- sufficiency. If provided the ability to participate in society on equal basis without the barriers these individuals can have normalcy, a condition that allows them to attain a sense of pride and freedom and control over their lives. Often, assistive technology or even AAC (alternative augmentative communication) is extremely helpful in supplementing ability.

The IL approach affords IwDs the opportunities for personal choices and the benefits of technology that can assist in their independence. With this independence, such IwDs have an enhanced pride and dignity in themselves. For, they can live more independently as they direct the course of their lives without the imposition of a government agency. Like others, they are individuals with personal desires, and by having more independence, they can better fulfil these desires. Most importantly, with the IL approach, IwDs have

many of the same opportunities that non-disabled people do. This approach allows these IwDs to live with equal opportunities and thrive within their own terms and conditions.

2.4 Money Management and related Financial Skills

In this sub unit, we will discuss the domain of money management and financial skills under IL and as an educator how we can develop these skills in IwDs. Self-sufficient adults need money management skills as well as financial wellbeing skills. This sub unit is about the very basics of money management and financial skills, and would apply to IwDs who are just beginning to be responsible for themselves, someone who is new to the Indian currency (Rupee) and working within our banking system, or someone who has not had to manage on a fixed income before, such as those receiving social security disability benefits under various government schemes.

2.4.1 Concept of Money Management and Financial skills

Money Management refers to how to handle all aspects of finances, from making a budget for where each pay cheque goes to setting long term goals to picking investments that will help to reach the financial goals. Any amount of money can always prove to be too little if one doesn't haveeffective money management skills.

Financial skills refer to the capability to use relevant knowledge and understanding to manage an expected or an unpredictable situation in order to solve a financial problem and convert it to a benefit and opportunity to one's advantage. These skills can be acquired or can be learned through a financial education background.

Since budgeting allows one to create a spending plan for money, it ensures that you will always have enough money for the things you need and the things that are important to you.As an educator we need to teach these skills to our students. Becoming disabled later in life requires acceptance of many changes, including a change in mindset and in his/her financial plans going forward. Money may now need to be allocated for making adjustments to in their home, and budgeting needs to include medications and regular doctor visits or therapy. It is important to incorporate these changes into their ongoing budgeting plans and to acquire sound financial habits for student's future.

2.4.2 Financial Literacy for IwDs

The ability to make informed financial decisions is essential for basic functioning in Indian society. These decisions range from simple daily spending like food, clothing,

stationary and budgeting, to choices of insurance, banking or investment products, to saving for retirement, and higher education. They have profound implications on the financial security, financial well-being and the prosperity of individuals and families. Financial knowledge and confidence may also be linked to financial behaviours already identified as priorities for policy-makers including use of electronic funds transfers, credit and debt management, participating in disclosure processes, access to basic banking or use of fringe financial services, use of credit counselling services, and participating in public programs intended to increase financial security (*such as education savings or retirement income supplements*).

Even the 21ˢᵗ century new literacy skills includes traditional literacy skills, such as reading, writing, and writing, but more importantly, it includes literacy skills, such as critical thinking, financial skills, financial reasoning, and multi-cultural awareness on monetary exchange (NCTE, 2008; Wagner, 2008).

Financial literacy includes the following three-dimensional construct;

a. **Financial knowledge and understanding**: The ability to make sense of and manipulate money in its different forms, uses, and functions, including the ability to deal with everyday financial matters and make the right choices for one's own needs.

b. **Financial skills and competence:** The ability to apply knowledge and understanding across a range of contexts including both predictable and unexpected situations and also including the ability to manage and resolve any financial problems or opportunities.

c. **Financial responsibility**: The ability to appreciate the wider impact of financial decisions on personal circumstances, the family, and the broader community and to understand rights, responsibilities, and sources of advice or guidance.

Although the concept of financial literacy is a range along which all consumers may move, market structures may be creating particularly vulnerable groups, including persons with physical, sensory or cognitive challenges that constitute a disability. Financial and government services and schemes are evolving quickly and in ways that place a greater burden of responsibility for informed decision making on individuals(please *refer to Paper B11 unit 1*). We should expect that financial skills, understanding and confidence will only continue to increase in importance for all Indians.

2.4.3 Financial Wellness

Financial wellness includes not only understanding how to manage money but also how to make wise financial decisions that can improve your overall well- being. Figuring

out how to maximize these benefits in your life requires information and skills. Whether you have handled finances for yourself or your family or aids and appliances for years or have recently taken charge of your money, here is a quick overview of basic money management to guide your habits, actions, and choices.

Skill No.1: **Understanding Forms of Money**: Cash is probably the easiest form of money to recognize or spend. Any amount of money can be written in the form of a cheque to be deposited as money in your bank account or cashed for bills and rupees. And any amount of money (cash, cheque, or payments) can also be deposited in a bank account either in person, at an ATM or electronically. Some people have gold or silver coins that are worth a certain amount (that can vary daily) and considered legal tender (in some countries not all) but these coins must be exchanged for currency in order to be used for purchases.

While not considered cash, other items that may be used for purchases or exchange, which we as an educator should explain IwDs like;

a. Money Orders (*this is available at various businesses, banks, the post office or check cashing establishments*),

b. Certified Cheques (*signed by you but the bank certifies that you have the money in an account to cover the cheque*),

c. Cashier's cheques (*issued directly from the bank and considered more secure than a certified cheque*),

d. Traveller'scheque (*most often used as a safe alternative to cash or credit cards when traveling outside the India but can also be used in the India*),

Electronic transfers of money are used extensively now through such systems as ACH (Automated Clearing House) and EFT (Electronic Funds Transfer). Both terms can be used interchangeably and refer to a transfer of funds from one bank account to another electronically.

As an educator, these concepts can be first taught in class and then by taking them to Bank.

Skill No. 2: **Setting a BudgetPlan :**This is oneskill related to money management that as an educator you can conduct by various activities. Money management skill can make or break individual or family finances, '*Budgeting*'. When individuals don't know where all their money goes or they don't have enough money to take care of their expenses, the fault often lies in ignoring the budget process, which includes spending and saving.

There is probably more information on the Internet and in finance books about creating a budget on money-related topic. Simply to put, a budget is a record of money coming in and money spent. As an educator, you can create a budget for students for each month, each week, each day or even over a year or longer. When a budget works, one can feel more secure in knowing that you can take care of yourself and plan for the future instead of worrying constantly about finances.

First, teach students to have an accurate picture (concept) of the money you have and how you spend it. Here are two simple ways that might work for you if you are new to budgeting or if your current plan is not working.

1. Keep a *daily log* by writing down every item you purchase and any bills that are paid by cash, check, or electronic transfer. You can teach students, how to estimate what you spend on food, for example, by keeping track of grocery receipts. But once you write down each trip to a coffee shop or every pizza delivery from Dominos or Pizza Hut, you begin to get a better idea of what you spend on food and drink.

For example, in two weeks or even a month, you may not spend money on clothing. But at some point you or someone in your family may need new shoes that you have to buy. For one month it might look like you don't need to budget much for clothing but over time, you will. The same thing can happen to utility bills that can vary wildly depending on the weather or need a repair of aids and appliances. A simple daily log can be valuable information in figuring out what expenses you can expect, bearing in mind that unplanned expenses can always be on the prospect.

2. Set up a *monthly budget* for students that you may plan. Monthly budget simply means writing down all expected expenses into various categories such as rent, utilities, food, personal care, health care, transportation, recreation, aids and appliances and others. *Example;For some categories, such as rent, you know exactly what the amount is. For others, you can estimate an amount, either based on analysis of your daily log or past experience of expenditure incurred on aids and appliances.*

Of course, percentage of saving may vary greatly depending on one's personal needs in each of categories. One's health care needs may also be a bigger expense than most people although there are several programs available in communities and states to help with costs related to your health and disability (example; aids and appliances, therapy).

Example : Teach students to review the monthly budget amounts you have written down next to each category and under the figure put the exact amount spent in that

category until the end of the month. At the end of the month, review how close your estimates came to covering your expenses. You can even teach students to make adjustments for amounts budgeted for the upcoming month and repeat the review for at least two month so as to understand the concept of budgeting.

Did you notice that Skill No. 2 is Setting a Budget for Spending and Saving? The easy part is coming up with what you are spending. Sometimes you might feel you have little control over what you have to spend for something, such as housing or your monthly transportation costs. Here is where you can really get creative by teaching how to spend less and save more.

Once you teach students to have the basics of money and budgeting, you are ready to tackle a few more advanced skills to build your expertise on students. Here in this sub unit, we will focus on credit and debt, planning for unexpected expenditure, adding to income, and continually improving finance knowledge and skills.

Here are few Examples which you as an educator can teach to students in classroom;

3. **Expense tracking**

    Name_____ Date_____

    Expense Tracking

Date	Expense Description	Amount	Category

4. **Purchase Decisions**

As an educator, you can have snack time purchase decision activity in class;

- ✓ Use snack time in the classroom as a shopping decision activity.
- ✓ Have food choices for snack time (for example, it can be Poha, Upma, Bread Butter or two types of fruit)
- ✓ Give each child 30 rupees in play money.
- ✓ Tell the students that they are shopping for their food snacks today.

✓ Have each child select one snack and pay for it with his/her play money.

✓ Collect the price of the snack from each child.

✓ Different snacks could be of different prices. For example, Bread butter can be Rs 10/-, Poha can be for Rs 20/- and so on.

Now fill in the table

Item	Money you had (+)	Money spent (-)	Savings
Bread butter / Poha/Fruits/ Upma	Rs 20/-		

Skill No. 3: Handling Income and Expenditure (Credit and Debit) : Some information about the use of credit cards was covered in the above section on understanding forms of money. But here in skill no.3 ,we will focus more on credit itself as the ability to purchase goods and services with a promise to pay in the future.

Remember back in school where you were graded on spelling tests or projects all resulting in a final grade for a class that when all grades are calculated resulted in a cumulative GPA (grade point average).What is the concept of credit score? A credit score simply refers to grade point average. Everyone who has any history of purchases at all on credit, from buying a car, paying electric bills, or taking out a student loan has a credit score.

Skill No.4: Planning For Emergencies: What would you do if you were suddenly confronted with a Rs40,000/- repair bill on your aids and appliances or you have medical problem? But as we just discussed previously in this sub unit, having money saved for unplanned events is one of the best ways to avoid debt and meet your goals of financial wellness.Now,think of activities that you can plan in classroom focussing on unexpected expenditure.

Skill No. 5: Adding To Your Income : Once you set up a budget, you have to carefully watch your spending to make sure you don't spend more than you have each month. At some point, you might wonder if there is some way you can boost your income beyond your disability payment. You might want to investigate as possibilities for adding income to your monthly or yearly budget to help with expenses or setting up a healthy emergency fund.

Reduce spending : Are there any items in budget planned that can be eliminated or lowered? *For example, one can save money on food by paying attention to specials, buying only items that are on sale, using coupons, or buying in bulk? It will take some*

time to re-organize your expenditure accounted on grocery shopping and menu planning but the rewards of money management can be significant in future.

Pause and think of activities related to;
1. **Teaching budget in class** ....
2. **Savings that can be taken as a class activity** ....
3. **Bank transaction** ....

2.5 Health And Physical Fitness Skills

2.5.1 Concept of Physical Fitness Skill

An ideal physical education program would be one that focuses on aspects leading to lifelong participation in and enjoyment of physical activity accompanied by appropriate and suitable fitness levels. Often, physical education classes are the only physical activity that many students receive throughout the day, and without them, an even greater number of students, including those who are deaf, would be likely tobe associated with aspects associated with inactive lifestyles. Schools need to involve their students in daily physical education classes so as to enable overall wellbeing.

The emphasis of such a program should be placed on promoting physical fitness and developing skills that lead to a lifelong enjoyment of physical activity and healthy lifestyles. This sub unit discusses on the state of physical fitness among students withdeafness and describes how as an educator, one can implement at a school level for students with deafness.

Not everyone agrees that physical education (PE) classes are an important aspect of a student's overall education plan. In many countries, elementary schools have de-emphasized the role of PE by reducing the amount of time required for PE classes and downplaying the need for structured environments that promote adequate levels of physical activity (Sammann, 1998).

Moreover, fitness activities such as running, football and doing sit-ups, push-ups, and other physically demanding exercises are often non-existent in many of these classes (Sammann, 1998). This trend is particularly upsetting for IwDs, given that they tend to be more prone to lower fitness levels associated with low-activity lifestyles (Jansma& French, 1992).

Although evidence of the involvement of students with deafness in PE is lacking, we do know that approximately 70 percent or more of all students who are deaf are educated in government school programs. Thus, in most of the schools if we observe, the PE programs will be similar to those of their hearing peers.

According to Chen (2018), Physical education (PE) is a very important discipline since it helps on the development of students' cognitive abilities and motor skills, also affecting students' decisions and behaviour about their own health. Most of teaching and learning process regarding this discipline focus on a perspective of physical aptitude, while others replicate the social framework. The terms "*body culture*", "*body movement culture*" and "*movement culture*" were formed to support a new view of physical education. On that new perspective, the concept of culture gains more (Bracht, 2005) importance and redefine the relationship among physical education, body nature and knowledge. Human development is linked to various factors such as: *genetics, ethnicity, hormones, among othersalso including exogenous or environmental factors such as nutrition and physical activity as pointed by Lima, (2001)*.

Currently, the Dynamic Systems Theory (DST)stated by Gorla (2007) is used to study human development. Dynamic systems are systems of elements that change constantly. This theory states that through self-organization, it is possible to understand the emergence of new behaviours within motor development through dynamic relationships between humans and the environment. The areas of application include motor development, perceptive and cognitive development, and social development.

As pointed by Manoel, (1996), the motor development limitsthe involvement of the dynamic relationships among environment, person and motor task, being relevant to understand the development itself.

Literature on IL describes that the continuous process of motor development goes from simple and unorganized movements to complex abilities, from birth to death. Organisms in development are complex as they are constituted of many components, which are in continuous interaction among them and with the environment. These interactions may cause changes in components and in the whole system, which is called multi-causality. According to Smith &Thelen (1993), the development can be described as a series of evolving and dissolving patterns of varying dynamic stability, and are not an inevitable march toward maturity.

2.5.2 Benefits of Physical Activity for Individuals with Deafness

The definition of physical activity stated by WHO (2019) , may vary and one of them is that physical activity is the body movement produced by skeletal muscle that

increases energy expenditure. It is linked to the improvement of human psychic, affective, social, cognitive and motor development. Many research studies have shown that moderate-intensity physical activities have significant health benefits.

Physical activity reduces the risk of cardiovascular disease, diabetes, depression, obesity; while the lack of physical activity increases it. Even in case of patients with specific disorders (*example; cancer or diabetes*) physical activity may bring beneficial effects such as reducing fatigue, improving physical condition, mood and quality of life, helping with cardiovascular integrity, insulin sensitivity, and others (Squires, 2018). Thus these activities may bring psychological and physiological benefits (*example; health promotion, feelings expression, formation of critical awareness, autonomy development, and motivation for study, among others*) as stated by Mavilidi, 2018.

Physical activity can be performed without any restriction by the individuals with deafness. A student with deafness cannot hear and thus, is not able to spontaneously learn how to talk and comprehend speech(Hoffman, 2010) or can communicate in sign language. Even the research conducted by Barboza (2015), states that commonly deafness is related only to hearing loss, and does not affect the capacity for practicing physical activity.

Balance-related motor development is different in the student with deafness and teenagers regarding the static equilibrium. In the absence of visual cues (i.e. closed eyes), the balance becomes even more compromised and the dynamic balance will present deficits in these individuals. According to some authors like Azevedo and Samelli, 2009, the recovered balance (180Ú turn) also appears better in hearing than in the individuals with deafness. Students with deafness may have concerns in performing some motor tasks as: *maintaining balance on chosen leg, jumping and clapping one's hands over the head and walking linear foot by foot* . Thus, research studies have detached the importance of early intervention to address the balance deficit in children with deaf. These differences can be minimized by practicing physical activities that lead studentswith deafness learning to compensate the vestibular deficit, adapting to it with the information received by other senses(Almeida, 2000).

Since balance domain is a trainable or learnable skill, physical experiences through PE classes can minimize the differences between deaf and hearing '*body*' response. Even the strategies related to 'posture' are developed by the individuals with deafness as a way to compensate their inabilityto balance. On that purpose, specific training should also be added to the classes, providing an improvement in their motor development and quality of life (Samelli, 2009).

Lewis, 1985 evaluated the effects of an exercise program following 6-week in improving balance and equilibrium in hearing-impaired children. The improvement in the balance of the experimental group demonstrates the beneficial effect of this program. Majlesi et al. (2014) evaluated the effects of an interventional proprioceptive training and concluded that the exercise program increased somatosensory ability and improved balance in deaf students.

Research studies like Munster, (2011)recommended some strategies for the physical education teacher to communicate with the students with deafness as: to speak face to face to stimulate lip reading; to use facial expressions and gestures; to be positioned in a place to guarantee visual contact. But it is not clear if only these strategies will make the deaf students participate and learn from the same activities than the students without disabilities. Speech reading for example, depends on the conditions of visibility and luminosity; and demands the understanding of the context by the deaf. According to Samuelsson, 1991, only 5% of words in phrases are correctly identified by lip reading (Ortiz, 2008). This is stated here so that you as an educator can adapt the activities accordingly.

According to research conducted by Quadros 1997 and Kurkova 2010, the presence of a bilingual teacher which may represent the better scenario is rare, not only in physical education area, but also in other educational areas and sometimes students with deafness were limited to copy teacher demonstration in physical education classes. A research study some challenges for physical education classes as the ratio of students-teachers, and the potential risks involved in several activities during the classes.

The research conducted by Fiorini 2015, also used a questionnaire to evaluate the conceptual of physical education teachers about inclusion of the student with disability. In teachers' opinion, the students with deafness were not considered by the teachers as the most difficult students to include in the classes; those with visual disabilities were cited as the most difficult to include. Besides, the majority of the participants believe the strategies and materials used in the classes should not be the same for students with or without disabilities.

Research conducted by Filho (2018), who evaluated the attitudes of Brazilian physical education teachers about inclusion and found that they accept students with disabilities in their classes. Despite they were undecided about inclusion; they think that more professional training is necessary in case of attending students with deafness.

After going through few researches, now let us understand how one can adapt the activities for students for deafness.

2.5.3 Adaptation in Physical Education

Physical Education (PE) can contribute to promote inclusion in schools. An inclusive school set up must accept rather welcome and educate all students, including those with special educational needs. It is necessary to understand the participation of each student. In this aspect, teachers must understand the limitations, the difficulties, as well as the qualities and capacities of each of IwDs in the various activities applied .

The PE environment is the one where teachers help and assist students to enjoy physical activity, promoting a healthy life style and fitness. For many IwDS the PE classes are the only moment of physical activity during the day. In case of students with deafness, the benefits from physical education could be improved with some adaptations. The strategies for teaching students withdeafness should also consider the instruction of the activities and communication with the students withdeaf. As highlighted by Cowart (1996) in some cases the teacher should change the rules of the activity to avoid the exclusion of these students. According toFiorini (2018) the better strategies to promote the participation of the students with deafness in the same activities as the others are those simple activities with a teaching purpose and that respected the characteristics, needs and potentialities of these students.

Adaptations in the physical education can improve the benefits for students with deafness in many aspects, as *for example Lieberman reported a case of a student with deafnessthat despite the instructions of an interpreter, always waits for the other students do the activity to follow them. The teacher understood that she has never asked to be a captain. So, they planned leadership opportunities for her as leading the stretching class, being a squad leader of the game for the obstacle course. The opportunity to develop leadership improved her self-esteem, and self-perception of these students.*

Physical education classes for students with deafness should be differentiated, oriented and supervised. Instead of sound tracks, such as instrument like the whistle, or even some instruments that provide visual cues should be used, such as images, flags, and demonstration materials for better understanding of directions or rules. The theory of dynamic systems is interesting in the sense of the individuals with deafnessin interaction with the visual environment in which they are located, thus respecting their auditory limitations.According to Connolly (1970), there are two fundamental changes that characterize motor development: *increased diversification and complexity.*

As stated by Zaghetto (2013), rhythmic coordination activities can be planned for students with deafness, with or without using music. Music is always related to the sounds perception and,seems to be incompatible to hearing impairment (depending on

aids and appliances). Despite of that, the individual with deafness feel music perceiving the sound vibrations. Thus, a substitute notion of music can be created mainly based on the visual domain and the tactile perception of sounds vibrations.

There is a current need for educators that work with diversity and inclusion perspectives in physical education area. Educators those use appropriate and suitable mode of communication maintain a direct communication with students with deafness, with clear communication, which allow these students to have more confidence. These educators can facilitate the student with deaf-hearing interaction by obtaining a true inclusion in the class through the use of tools and strategies oriented to the specific needs of the student with deafness.

A sense of belonging to a community, of being accepted and accepting the others, of recognizing and being fully recognized generally involves language.Students with deafness enrolled in regular classes feel valued when teacher and other colleagues know or want to learn sign language. Thus, the social interaction must be arranged by all teachers, creating an inclusive environment in all possible domains. Motivated teachers (*with knowledge and skills to teach students with deafness*) are also essential. As well as in case of other students with disabilities to guarantee the quality of the classes, health and safety and very important well-being aspect.

In case of missing signs, the problem is vast for teaching physical education. It is important to develop signs and symbols for each sport activity involving the iconic and symbolic aspect of the movement of each sport, thus, allowing accessibility to the students with deafness.As a special educator, we should consider the safety issue while planning any activity.

Some students with deafness have hearing aids and cochlear implants, thus they should be careful not to break them. In sports activity, there may be a situation that may impact near the ear, slips and falls may damage the implant. If it happens, a new implant and surgery will be needed and it is unknown if the new implant will function as the previous one.

Student with deafness can and should practice physical activities, and many benefits had been described in the literature such as locomotor, cognitive, psychic and social development. High quality physical exercises may contribute to the better functioning of the respiratory system as well as rhythm and balance development. However, as far as authors experience states, when faced with the reality of inclusion in the school in India, there is a lack of physical education teaching materials as well as educators trained in physical education to work with the student with deafness, especially those that consider their language concerns (*oral or sign language*).

There are many concerns that still need to be addressed and studied in the future, such as the efficacy of some proposed strategies of adapted physical education for inclusion, the evaluation of larger groups of students with deafness in more schools, in more countries with different cultures and sign languages, the analysis of the activity considering the feedback from the students with deafness, as many research studies were done with the physical education teacher. In parallel more training for physical education teachers to acquire knowledgeand skills in mode of communication, besides the motivation to follow in inclusion is also needed.

Adapted physical education can be used to motivate and stimulate students withdeafness to perform social interaction with other students and vice-versa. Thus, physical education classes for these students should allow a differentiated instruction(*refer to differentiated unit in Paper of Curriculum*), and the knowledge of language (*oral or sign language*) by their teachers is essential to achieve a direct communication for creating a true inclusive environment.

2.5.4 Concept of Health Skills

Key Facts ….

a. *Over a billion people, about 15% of the world's population, have some form of disability.*
b. *Between 110 million and 190 million adults have significant difficulties in functioning.*
c. *Rates of disability are increasing due to population ageing and increases in chronic health conditions, among other causes.*
d. *Individual with disability have less access to health care services and therefore experience unmet health care needs.*

The ICF defines disability as an umbrella term for impairments, activity limitations and participation restrictions, this simply refers to disability as an interaction between individuals with a health condition (*example; cerebral palsy or depression*) and personal and environmental aspects (*example; negative attitudes, inaccessible transportation and limited social supports*). Disability is extremely diverse and heterogeneous concept. While some health conditions associated with disability result in poor health and extensive health care needs, or therapy others do not. However all IwDs have the same

general health care needs as everyone else, and therefore need access to mainstream health care services. Article 25 of UNCRPD emphasiseson the right of IwDs to attain the highest standard of health care, without discrimination.

Health and wellness are not the same as the presence or absence of a disability; they are broader concepts that directly affect the quality of a person's life experience. Research and clinical experience have shown that IwDs can be both healthy and well (Krahn, 2003). And good health opens the door to employment and education for per sons with disabilities, just as it does for individuals who do not have disabilities.

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

Barriers to health care: IwDs encounter a range of barriers when they attempt to access health care including the following.

a. **Prohibitive costs**: Affordability of health services, therapeutic services and transportation are two main reasons why IwDs do not receive needed health care in our country.

b. **Limited availability of services**: The lack of appropriate and suitable services for IwDs is a significant barrier to health care.

c. **Physical barriers**: Uneven access to buildings (*hospitals, health centres, therapy centres*), inaccessible medical equipment, aids and appliances, poor signage, narrow doorways, internal steps, inadequate bathroom facilities create barriers to health care facilities.

d. **Inadequate skills and knowledge of health workers**: we still need to conduct awareness programs on PHC workers on issues related to identification and intervention of disability.

Addressing barriers to health care: As an educator, one may work on the addressing the barriers to provide health care for IwDs. In India, Governments has planned various policies to improve health outcomes for IwDs by improving access to quality, affordable health care services, which make the best use of available resources. As several factors interact to prevent access to health care, reforms in all the interacting domains of the health care system are required.

1. **Policy and legislation:** Though RPwD Act 2016 have come up in place of UNCRPD, still changes are required to comply with the UNCRPD. Establishing health care standards related to care of IwDs with enforcement mechanisms are required.

2. **Financing**: Ensure that IwDs benefit equally from public health care programmes. Use financial incentives or government schemes to encourage health-care providers to make services accessible and provide comprehensive screening, assessments, treatment, and follow-ups.

3. **Service delivery**: Provide a broad range of modifications and adjustments (*reasonable accommodation*) to facilitate access to health care services. Promote community-based rehabilitation (CBR) to facilitate access for IwDs to existing services. Identify groups that require alternative service delivery models, *for example, targeted services or care coordination to improve access to health care in community.*

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

Living a healthy lifestyle is a vital part of ourquality of life. Life skills such as healthy eating, exercise and personal hygiene, enable IwDs can make you feel better, look better and enhance long-term health and quality of life.

Let's take a look at the key areas of healthy living, which we as an educator can incorporate in classroom:

1. **Personal Hygiene:** Personal appearance and hygiene can often help boost confidence in social situations. In fact, looking and smelling good will help nurture a sense of personal pride, help your student feel more accepted and can result in praise from others.The key to maintain a healthy personal hygiene level is all about daily habits. While many of these activities focussing on personal hygiene may already be in place in school or at home, sometimes small modifications or additions can make a big difference. *Daily habits such as showering, brushing teeth, getting dressed and combing hair, may seem simple, but can significantly improve personal hygiene and confidence*. Perhaps you as an educator may start to involve students in these daily habits with family members or peer groups, in order to do modelling for the behaviours in them.

2. **Eating and Cooking Healthy Food:** It's common for IwDs, especially multiple disabilities or deafblindness, to maintain a fairly unhealthy diet. Often this is due to lack of education in nutrition. A healthy nutrition has many obvious, and several not-so-obvious, benefits, this can be taught is EVS class or science class. From a physical perspective, you can teach students the benefits of health foods like*; it creates more energy, helps maintain a healthy weight and prevents the increased risk of illness or disease later in life*. Even with the perspective of psychology, healthy eating can make student feel more confident in the way they look and interact with others. A good way to start a healthy diet and eating routine is to take a cooking class as a directed activity. Not only will this help your student start to understand what foods can go together to make for a tasty and healthier meal, but it will also build up new cooking skills that may even inspire them to take it up as a hobby. Get involved with your students, start eating healthy food and discuss this during lunch break.

3. **Exercise:** Everyone has a different level of ability when it comes to exercise, so as an educator don't need to encourage your student one to get up and run a marathon tomorrow. Daily exercise can start with something as simple of suggesting Parents to take their children for a walk to the shop or bazar.To make sure your student one has the most appropriate exercise program for their ability, contact an occupational therapist or Physical trainer or educator who can help you put together a plan in your co –curricular activity.

4. **Lifestyle :**Healthy living is the starting point for the fun things that can come from day-to-day life. Because in the end that's what we are all striving for; a happy and fulfilling lifestyle. When your students are healthy, it enables them to make the most of other activities such as curricular activities, household responsibilities and community hobbies.

5. **Shopping:** Shopping is a great way to interact in the community, improve communication and social skills, as well as learning important life skills such as money handling or money management or financial wellness. Perhaps as an educator one could combine a visit to the shops with a bit of exercise, by choosing to walk to the bus stop or local store or combine with your student.

6. **Household activities:** Activities like washing, ironing, cleaning or gardening may be the type of life skills your student can start to build around the school or house. The real benefit of household activities are that they can learn new things.

In addition to this, you never know as an educator, they may actually enjoy doing some of these activities around the house!

7. **Hobbies and Sport:** What type of hobbies does your student enjoy doing? Have they considered playing sport? In IwDs, sport may assist them in a great way to develop friends, social interactions, and communication skills and stay fit and healthy. Hobbies are a huge part of a fulfilled lifestyle and something any adult should partake in. Maybe they love playing indoor games, or maybe they just like spending time at the garden. Think about what they are passionate or interested about and encourage them to do more of it.

2.6 Life Skills: Social-etiquette and Mannerism

Research establishes the considerable effects of hearing loss on development as well as negative social, psychological, cognitive and health effects of untreated hearing loss. Each can have far reaching suggestions that go well beyond hearing alone. In fact, those who have hearing lossmay experience such distorted communication that may impact their professional and personal lives, at times leading to isolation and withdrawal. There are several research surveys that link hearing loss with decreased social and psychological consequences. The effects of hearing loss are different for each individual, but most individuals with deafnesshave limitations in some social, psychological and physical problems as a result of their hearing loss which in turn affect their performance of life skills.

Everybody including IwDsfacing the life's challenges, problems and their inability in confronting daily problems has made them susceptible. The ever-increasing social changes and the expansion of social relations makes it necessary to prepare individuals to face difficult situations. To prevent psychological problems and social dysfunctions, psychologists have engaged in life skills training throughout the world in various important situations and places including schools by the recommendation of WHO.

Life skills are the capabilities that pave the way for positive and useful behaviour, and these capabilities enable the person to assume his/her social responsibilities, and cope with daily problems and interpersonal relations without hurting himself/herself and the others. Typically developed children are finding difficult to cope up with the problematic situations, decision making in the day to day life, being hearing impaired the students encounter with different difficulties in the classroom, school and in the society. They required some sort of training such as social skills, life skills to adjust with the situation and lead a successful life in the society.

> *Remember : Life skills include psychosocial competencies and interpersonal skills that help people make informed decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships, empathize with others, and cope with managing their lives in a healthy manner.*

Life skills are those skills that we need to deal with the tasks in everyday life, whether at home, at school, at work or in our personal lives. Life Skills is a term used to explain a set of skills acquired through learning or direct life experience that are used to help IwDs to handle concerns those are commonly encountered in their daily life. In practice, many skills may be used simultaneously in activity. Therefore, life skills are a large group of psycho-social and interpersonal skills, which can help individuals including students with hearing impairment to make informed decisions, communicate effectively and develop management skills that may help an individual to lead a healthy life in society.

Basic skills that enable us to effectively manage the challenges that we face in our daily lives, includes confidence, decision-making, and the ability to stay safe and healthy. Schools should play a key role in promoting life skills and mental health for sustainability of the young IwDs emotional and social health, as part of their role in providing a rounded quality education which helps students to gain the confidence they need to develop into successful adults.

UNICEF has defined life skills as, "*a behaviour change or behaviour development approach designed to address a balance of three major areas, like -knowledge, attitude and skills*". Life skills have been also defined by the WHO as "*abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life*".

2.6.1 Concept of Core Life Skills

Core Life Skills include mainly three major skills namely;

Core Life Skills	Examples
Social Skills	Self-Awareness, Effective Communication, Interpersonal Relationship and Empathy
Thinking Skills	Creative Thinking, Critical Thinking, Decision Making and Problem Solving
Emotional Skills	Coping with Stress and Coping with Emotions

Life skills learning is enables the use of participatory learning methods and is based on a social learning process that includes;

a. *hearing an explanation of the skill in question;*

b. *observation of the skill (modelling);*

c. *practice of the skill in selected situations in a supportive learning environment; and*

d. *feedback about individual performance of skills.*

Life skills education should be designed and formulated to enable children and adolescents to practice skills in progressively more demanding situations *for example, by starting with skills learning in non-threatening situations (think of daily activity that can be non-threatening) and relatively progressively moving on to the implementation of skills in risk situations.* Other important methods used to facilitate life skills learning include group work, discussion, debate, story-telling and peer-supported learning.

Life Skills-Based Education has a long history of supporting child development and health promotion in many parts of the world. The 1989, Convention on the Rights of the Child (CRC) also linked life skills to education by stating that education should be directed towards the development of the child's fullest potential. The Jomtien Declaration on Education for All,1990 took this vision further and included life skills among essential learning tools for survival, capacity development and quality of life. Even the 2000 Dakar World Education Conference states that, everyone have the human right to benefit from "*an education that includes learning to know, to do, to live together and to be*".

2.6.2 Importance of Life Skills Education

Government of India has initiated program to develop and implement life skills education in schools have been undertaken in many countries around the world. The same is also being implemented in many schools of India. The need for life skills education is highlighted, directly and indirectly in the number of international recommendations, conventions and forum. Life skills education is aimed at facilitating and enabling the development of psychosocial skills that are required to deal with the demands and challenges of everyday life. Many countries are now considering the implementation of life skills education program in response to the need of restructuring traditional education systems.

From the moment children are born they are on a journey to independence. But to live independently without us (teacher, parents) one day, as adults, we need to teach them essential life skills in school days itself. These are things they learn from their parents or teachers and from other important adults and role models in their lives. To be ready for school involves mastering certain life skills so that they can happily and confidently manage being at school without parents. Sending a child to school without life skills is like driving a brand new car without an engine.

Life skills involve a number of practical things.

a. Life skills help adolescents to transit successfully from childhood to adulthood by healthy development of social and emotional skills.

b. It helps in the development of social competence and problem solving skills, which in turn help adolescents to form their own identity.

c. It helps to weigh pros and cons of the situation, hence, act as a mediator to problem behaviour.

d. It promotes positive social, norms that an impact the adolescent health services, schools and family.

e. It helps adolescents to differentiate between hearing and listening and thus, ensuring less development misconceptions or miscommunications.

f. It promotes the development of positive self-esteem, self- confidence, emotional balance, mental balance, mental health and teaches anger management.

g. This in turn enables adults to grow into well-functioning adults, andit is critical that youth learn key life skills at school level.

> *Quick Recap;*
>
> *Life skills refers to the domains related to critical and creative thinking, decision-making, effective communication, as well as skills for developing healthy relationships in a positive self-concepts.*

Life skills make people responsible as well as informed choices and can promote healthy lifestyles as well as career skills. Every school should enable IwDs at all levels to learn critical health and life skills

2.6.3 Need, Importance and Scope of Life Skills Training

Life skills and independent living as they relate to IwDs is an under-researched area in India. Literature from deaf education research tends to focus on transitions to adulthood, concentrating on young IwDs who are still in school. This is likely due to the fact that independent living skills should be addressed during secondary education. Beyond the literature on transitions to independent living, there is evidence of a number of contributing and inter-related factors that can result in poorer life skills among some IwDs.

As we know, life skills and the transition to adulthood are usually facilitated during the adolescent years. A number of issues arising for IwDsat this time mean they are often underprepared for independent living compared with their hearing peers. Another issue impacting young IwDs is the lack of opportunities presented for incidental learning. This can be defined as "*the process by which information is learned by virtue of passive exposure to events witnessed or overheard*". It is the process by which non-disabled children learn many, if not most, of their life skills. For IwDs, access to such incidental learning is compromised or minimized.

Some educators are aware about the relevance of life skill education in handling the issues faced by students but hesitate to apply this because of time constraint as completing the curricula is equally important, but there is sometimes lack of support from school and parents. There are certain section of teachers, who consider it as non-academic activity with less importance and not willing to change from the approach of teacher centred classroom teaching to child centred activities. School Principals are worried about the discipline of school while engaging in participatory learning approach and due to excess consumption of time they cannot finish their syllabus on stipulated time, thatmay have an effect their academic achievement. We can conclude that before integrating life skill education we have to handle the perception of teachers and school authorities regarding the benefits of this type of teaching.

Several researches in the field of special education, have been done on assessment and effectiveness of life skills training program in India and abroad among typically developed children. Some of the summary of these researches shows that there is an effect of life skills on self-esteem and some other studies revealed the effect anger control, mental health and behaviour disorders. However, limited studies have examined the impact of life skills training program.

Please visit the youtube video https://www.youtube.com/watch?v=WHnz p3_o2Gc on Life Skill File Folders For Special Education Classrooms. After going through the video, make a life skills folder for children with deafness.

2.7 Leisure Time, Hobbies and Recreational Activities

2.7.1 Concept of Leisure Time, Hobbies and Recreational Activities

First answer the questions;

a. How you as a teacher choose an activity for your class?

b. Do you ask parents as to howstudents invest their time and energy for leisure time at home?

As you will agree that leisure is that time free from demands of school homework, study time or required activities of daily living at home. Everyone needs regular recreation or leisure time that develops skills, promotes good health, relieves stress and facilitates social interactions.

For recreation, at school level we may choose activities at which we can be successful, identify your students hobbies or interest area first and then choose the activity *for example; Good readers read, Athletes seek sports' activities, Visual artists paint or draw, Craftspeople create, Social individuals engage in group activitiesand appreciate the efforts of others - whether a cricket or dance.*

IwDs may find themselves with restricted opportunities to fully enjoy leisure time. A lack of perceptual, motor, memory, linguistic, or organizational skills may cause them as much difficulty for leisure as they have at school or home. Thought of failure may limit IwDs reaching out to access recreational or leisure activities. When skills are not as well developed as necessary and compensations are not made, therapist, instructors, and even coaches can be taken for help to make necessary accommodations and modifications. Satisfying leisure time for IwDs is as important as accomplishments at home and school.

2.7.2 Benefits of Recreation Participation for IwDs

Why should anIwDs engage in recreation activities? As they can derive many benefits from recreation participation. One benefit is learning from the experience of being involved in the activity. When the recreation activity experience has captivated the student, this in turn brings particular personality styles of learning, motivation, and

expectations about the experience to the setting. These learning experiences can be motor learning, understanding game directions, functional communication, or performing a skill, all to meet the demands of that particular setting. These experiences may come from involvement in a structured recreation program (step wise step or tailored) and may be demonstrated as part of the information outcomes of participation.

Educational psychologist have found a variety of learning outcomes, that can be achieved because of participation in recreation activities (Roggenbuck, Loomis, &Dagostino, 1991):

a. behavior change and skill learning,

b. direct visual memory,

c. information (factual) learning,

d. concept learning,

e. schemata learning,

f. metacognition learning and attitude, and

g. value learning

The physiological benefits of recreation participation were derived from studies where individuals engage in physical activity of some kind (*example; exercise, cycling, swimming,walking, jogging, running, weight lifting, etc*). Benefits arising from involvement in a physical recreation activity are an increased lung capacity, reduced resting heart rates, lower blood pressure levels, decreased body fat mass, increased lean body mass, increased muscle strength, and improved structure and function of connective tissues (*ligaments,tendons,cartilage*) and joints.

According to Hyde (1990), weight-bearing and strength-building activities help sustain bone mass and reduce the incidence of trauma-induced fractures. Moderate physical recreation activities are known to reduce the symptoms of mild or moderate depression and anxiety through improved self-image, social skills, and mental health (Taylor, Sallis, & Needle, 1985).

Psychological benefits arising out of recreation activities are as follows:

a. perceived sense of freedom, independence, and autonomy,

b. enhanced self-competence through improved sense of self-worth, self-reliance, and self-confidence,

c. better ability to socialize with others, including greater tolerance and understanding,

d. enriched capabilities for team membership,

e. heightened creative ability,

f. improved expressions of and reflection on personal spiritual ideals,

g. greater adaptability and resiliency,

h. enhanced perception quality of life,

i. balanced competitiveness and a more positive outlook on life (Academy of Leisure Sciences & Driver, 1994).

Recreation activities also releases stress and tension from the threats of society. Braum (1991) recalls the findings of researchers that state,"*relaxation tends to alleviate many of the symptoms of stress. Activities that fill leisure or recreational time, performed within a group, strengthen social support ties known to minimize stress*".

Social integration of IwDs into community recreation programs offers the chance to develop a positive self-image through successful experiences and satisfying relationships with peers. McGill (1984), reports that integrated play opportunities are stimulating and highly motivating experiences for IwDs, offering them opportunities to imitate and model the play behaviour of nondisabled peers. Social integration enhances relationships between family members, peer groups and among other stakeholders in the society.

As stated by Orthner (1991) benefits to the family are as follows:

a. Leisure experiences promote opportunities for developing equity. Unlike many other environments within which individual interact, leisure experiences promote opportunities for each individual to maximize his/her own interests and minimize competition. Shared leisure and recreational experiences encourage opportunities to negotiations and improve the comparisons upon which subsequent negotiations are based.

b. Benefits of leisure in social integration are also noted in IwDs. The chance to learn from and to socialize with non-disabled peers has been cited as one benefit for IwDs participating in integrated and fully inclusive programs. Research has determined that positive attitudes of children not having disabilities toward peers having disabilities were cultivated or increased when involved with an integrated recreation activity (Schleien& Ray, 1988).

c. The IwDs, upon disclosure, thus needs to educate the professional about what accommodations and/or program modifications should be arranged to enable full participation in recreation programs. This social interaction not only contributes awareness of this situation to another person but also demonstrates how important it is for IwDs to participate in a particular recreation activity like everyone else.

As an educator you can employ any of the following strategies;

1. *Learn from doing*

2. *Observe what others do*

3. *Develop a buddy system*

4. *Awareness of instructors' expectations*

As an educator, one must remember the following;

1. **What Activities will you consider as Age Appropriate?** Let us understand what age appropriate activities mean**.** Those activities normally found in the individual's culture, community and geographic location that are geared to the individual's chronological age.

Observe other children of the same chronological age to determine what activities are appropriate but also keep in mind their hearing age, social age, intelligent quotient, needs of the child . Some examples of age-appropriate activities enjoyed by teenagers in our Indian culture are singing, dancing, swimming, and playing video games. Activities which are not appropriate for this age are riding children's tricycles, or interacting with preschool toys. Some children may choose an inappropriate activity.

Our goal as educator, is to broaden their experience and move them on to choices that are appropriate as per our culture and society pragmatics.As you research what is available in the community, be sure the activities you suggest as an educator, are available for the age of the individual you are helping.

2. **What Is Safe?** If the individual is engaging in a new fitness program, the physician should be informed about his/her impairment. *Example; if there is a heart condition, a potential for retinal detachment, tubes in the ears, or a shunt, the physician will then inform the parents of any cautions that must be taken.* But remember, almost any activity can be adapted as per the individual needs.Depending upon the individual's type of communication (oral / sign language) it is also vital to set up clear communication goals during the recreational activities (Arndt, Lieberman, &Pucci, 2004).

Steps to create clear communication

1. Experience the activity first by yourself so you know what to communicate and how to communicate. *For example, if you are teaching swimming, doing it first will give you clear ideas about how to explain and direct the activity.*

2. Allow students time for exploration, of the people, space, equipment and environment. While teaching students with disabilities, as a teacher always include terminology associated with that task and describe the rules of the task.

3. Make continuous activities in a step wise form or discrete form. Short or discrete skills such as bowling, or shot put have built in time for feedback, but activities such as swimming, biking, and running do not.

4. Ensure that receptive and expressive communication is available during the whole activity. This must be set up and planned ahead of time. *For example, if a child is swimming, how will they communicate to the instructor or educator?*

3. **Develop a Plan:**Once the above steps have been taken, you can develop a recreation plan. This plan should include short and long-term objectives that have been developed, if possible, by a team consisting of the individual, the family, and the therapist. Remember that the overall goal is to find an activity (or activities) that will be fun and will provide relaxation to the IwDs. Be sure to set the forum for successful recreation.

4. **Establish a Time Period :**Establish a period of time that is appropriate for trying out a new activity. At the end of the period, let each student evaluate the pleasure derived from the activity. S/he can then decide whether or not to continue the said activity. Use of a time period helps prevent feelings of failure; it also ensures that enough time is given to the activity to provide adequate information for making a good decision. *For example: 17-year-old Raj chooses to learn Tae Kwon Do in the community club in his residential society. The parents suggested the trainer a 6-week session to decide if he enjoys the activity. At the end of the 6 weeks, Raj may choose to continue, or he may end the session and choose some another activity.*

5. **Select the Proper Time of Day for the Activity:** Try to schedule the recreational activity for the time it is most needed to meet individual needs. This can be done with the help of the parents and therapist.

6. **Modify or Adapt the Activity When Necessary:** Most recreational activities were developed with hearing individuals in mind. In many students, an adaptation

that is relatively minor can make these activities enjoyable and safe for those who are deaf (Lieberman, 2007).

Ask each student if s/he prefers the help of a guide or parent or assistance from peers. However, be aware that some students may prefer activities that promote personal independence.

The following teaching strategies may help each student and make the learning process more effective.

1. **Orient the Individual to the Playing Area:** Give each student the opportunity to explore and become familiar with the equipment involved in an activity, other people in the room, and the physical site. The absence of reliable visual and auditory input makes this a timeconsuming process, but it is essential for completing the task or achieving the goal (McInnes&Treffry, 1993).

2. **Explain the task:** Select language (oral, sign, or augmentative systems) appropriate to the students functioning level and communicate the key points of the skill required for the task.

3. **Demonstrate:**Practical teaching strategy for IwDs to have better understanding of the task (Lieberman & Cowart, 1996).

4. **Physical Guidance/Hand Over Hand :**Assist the student physically through the movement. Teacher may make a checklist which skills require physical assistance, including how much and where on the student body assistance is needed. If asked, the teacher can explain when, where, and why the teacher touched a student. To avoid startling the student, forewarn him/her before giving physical assistance. Start minimizing the assistance to minimal physical prompts as soon as possible.

5. **Enable Choice Making:** Many IwDs go through their days with someone else making decisions for them (*Parents, Teachers, Therapist*). When students with deafness get involved in recreational activities, they must use choice-making skills. Begin with simple choices. First, offer two activities and allow him/her to choose the order in which they will be done. Next, given a choice of two or three activities and let him/ her choose which one to perform. As IwDs increase in ability to make choices, remove prompting and allow more independence in decision making (Jackson, 2006).

6. Use Additional Strategies

a. Begin with the amount of assistance that will ensure desired performance.

b. Combine teaching techniques and methods to ensure the individual is learning as much as possible with proper pace.

c. Be aware of the responses.

d. Try to diminish assistance as soon as you feel the student is learning the skill in the appropriate and suitable manner.

e. Provide immediate and accurate feedback so that s/he can make necessary adjustments before the next attempt (Pucci, 2004).

f. Allow each person to practice the skill in an environment that is as normal as possible. This will allow the transfer of skills to occur from ADL to IL much more easily.

g. Be patient. Progress may be slow due to learning the new skill as well as learning new terminology to go with it.

h. Decrease physical cues to cues that are natural or typical to initiate desired performance.

i. Be sure hearing aids are on and functioning (unless, of course, you are in the pool).

j. Be sure to select leisure activities that are chronologically age appropriate and also are utilized by the general population of the society.

2.8 Let Us Sum Up

The IL philosophy is based on the belief that IwDs have the same basic human rights as individual without disabilities to participate in and contribute to society life. It is about IwDs having the right and seeking the opportunity to be self-determined in matters such as living arrangements, transportation, social life, employment, and physical care.IL is a radical shift away from the view that disabled is equivalent to sick and dependent (charity model), that IwDs need to be looked after, cared for, or pitied because they're disabled. IL's fundamental principal is based on *empowerment* rather than "care and pity". It is about choice and not a chance. And, it respects each person's understanding of what independence is for them depending upon the society pragmatics.

IL is controlling and directing your own life and taking responsibility for your own actions. It is simply knowing what choices are available and selecting what is right and appropriate for one in a particular society. IL means being as self-sufficient as possible for everyone. IL means being able to exercise the greatest degree of choice about where you live, with whom you live, how you live, where you work, and how you use your time. It means participating and contributing in community life and pursuing activities of one's own choosing.

2.9 Unit end exercises

Answer in Brief

1. Why is independent living important?

2. What is independent living in health and social care?

3. What are the life skills for the students with special needs?

4. Define financial literacy?

Long Answers

1. Discuss various barriers to independent living for individuals with disabilities?

2. Explain independent living skills for individuals with disabilities?

3. Enumerate BADL and IADL with suitable examples.

4. Describe the history of Independent living movement?

5. As an educator, how you can assist your student increase their level of independence?

Experiential Learning

1. Make a life skills checklist forstudents with special needs.

2. Visit a special school for hearing impairment and do the following task. Use the Activities of Daily Living and Instrumental Activities of Daily Living lists below and check the level of function as it relates to each activity.

a. Activity of Daily Living – Pre-school children

ADL Function	Independent	Needs Help	Dependent	Cannot Do
Bathing				
Grooming				
Toileting				
Mouth care				
Transferring bed/chair				
Walking				
Dressing				
Climbing stairs				
Eating				

b. Instrumental Activities of Daily Living (IADL) : Deaf Adolescents

IADL Function	Independent	Needs Help	Dependent	Cannot Do
Shopping				
Cooking				
Managing medications				
Using the phone and looking up numbers				
Managing finances				
Driving or using public transportation				
Doing laundry				
Doing housework				

2.10 References

Arndt, K.L., Lieberman, L. J. &Pucci, G. (2004). Communication during physical activity for youth who are deafblind. *Teaching Exceptional Children Plus, 1*(2), Article 1.

Hamre-Nietupski, S., Nietupski, S., Sandvig, R., Sandvig, M. B., & Ayres, B. (1984). Leisure skills instruction in a community residential setting with young adults who are deaf/blind severely handicapped. *TASH Journal, 9*, Spring.

Kappen, B. (1992). Independent living: Presentation. In J. Reiman& P. Johnson (Eds.), *Proceedings of the National Symposium on Children and Youth who are Deaf-Blind* (pp. 187-196). Monmouth, OR: Teaching Research Publications.

LaWare, F., & Wiley, D. (2003). What's your pleasure: Teaching leisure skills. *Vibrations*, Spring..

Lieberman, L.J. (2007). Recreational Activities for Children and Youth Who Are Deafblind. *Deaf-Blind Perspectives*, Spring 2007.

Lieberman, L.J., &Pecorella, M. (2006). Activity at home for children and youth who are deafblind. *Deaf-Blind Perspectives.*

Lieberman, L.J. (2005). Visual impairments. in J.P. Winnick (ed.). *Adapted Physical Education and Sport* (4th ed.), Champaign, IL: Human Kinetics.

Lieberman, L.J. (2005). Deafness and Deafblindness in J.P. Winnick (ed.). *Adapted Physical Education and Sport* (4th ed.), Champaign, IL: Human Kinetics.

Lieberman, L., & Cowart, J. (1996). *Games for people with sensory impairments: strategies for including individuals of all ages.* Champaigne, IL: Human Kinetics Publishers.

Unit - 3 □ Higher Education, Vocational Education & Employment

Structure

3.1 Introduction

Economic rehabilitation of deaf people refers to a process aimed at enabling them to attain and maintain maximum independence, inclusion and participation in all various aspects of life. Thus, higher education, vocational rehabilitation is an

important component of the total rehabilitation package. This helps deaf people to prepare for, find or keep regular employment or engage in any income generating activities. The delivery of vocational rehabilitation services to deaf people is not a simple or routine task, but a challenging and highly professional endeavor.

Deaf people have a right to get higher education and not making adequate provisions to facilitate their proper education would amount to "discrimination". However, social and personal factors play critical roles in the success of deaf students in higher education as well as in subsequent success in workforce.

3.2 Objectives

1. Tounderstand the nature and scope of Higher education, vocational education for the deaf people

2. To analyze the broad range of issues faced by deaf population

3. To suggest various strategies in helping deaf people regarding career choice, work adjustment and social skills for successful economic rehabilitation

3.3 Higher Education: Need, scope, status of higher education

Higher education accelerates the growth and affirms dignified life for a person with disabilities. In our society, very less attention is giving to the rights of person with disability. They often considered as unproductive, dependent and passive. This misconception and prejudices by society affect their educational, economical needs and deprive them from all areas of social domain of life. In thischapter, the focus is given to higher education and participation of student with hearing impairment.The purpose of this chapter has been to highlight issues involved in making provision for deaf students in higher education and to illustrate some of the steps being taken in practice.

3.3.1. Need of Higher Education

According to UNESCO, the term 'higher education' includes all types of studies, training, and training for research at the post-secondary level, provided as institutions of higher education by the competent State Authorities. Higher education is a crucial need of today's time however it cannot be completed unless an individual takes an initiative about and decides to pursue. Knowledge is indeed an increasing need of today's time, as education is the hope for a better future. Seidel (1991) highlighted five important functions of higher education institutions in his study.

They: (i) provide training and education; (ii) provide professional training in professions including medicine, law and teaching; (iii) provide regional development, (iv)develop international contacts; and (v) conduct research and social function in fostering the intellectual and social development of society (cited in El-Ghali, 2011).Higher education provides an opportunity for individuals to develop their potential. It fulfils the needs for high-level manpower in a society. Its objectives include cultural and material development.**Deaf** people are able to get benefit from the technology by increasing their knowledge and improving their skills and can get good job.

The successful transition to the higher educational institution is possible if deaf person gets inclusive friendly qualitative education, peer support and guidance from teacher and parents. But in reality, students with hearing impairments in the school get isolated, discriminated and are not able to meet their educational requirements and lagged behind their peers. This make them dropped out after SSC board exam with poor social adjustment. Stinson and Walter (1997) identified three social issues to be addressed for deaf students to adjust effectively to higher education (1) developing social skills (2) establishing an identity and (3) acquiring independence and interdependence.Brelje (1999) identified the lack of quality elementary and secondary educational opportunities as a major reason to have few deaf students in higher education.

3.3.2 Situation in Indian Context

In India, there is a lot of problem in the education sector for the deaf. There is hardly anything they learn in deaf school from class 1st-12th as the teachers focus on oralism. When deaf children insist on learning throught sign language, they are ignored, and oralism continues around 98% of them illiterate and hardly 2% of them gain little knowledge even though they manage to pass class 12th, they further face problems in finding jobs.

National Centre for Promotion of Employment for Disabled People (NCPEDP 2005) conducted a survey on a large scale where it had selected 119 Universities, where 52 universities were able to provide data on the total number of students enrolled with them. Only about 0.1% of the students were found to be those with different disabilities as per the data from 52 respondent universities. 3% seats are reserved for the students with disabilities, this shows that these students are not able to reach the higher levels of education.The survey also gives the number of students with different disabilities that were enrolled in the universities. There were1203 students with orthopaedic impairment, 311 students with visual impairment,

38 students with hearing impairment and 22 students with mental disability. This study reflected less no. of participation of deaf population in higher education.

The ministry of statistics and programme implementation have conducted statistical survey on people with disability based on the findings from census 2011. The data shows that nearly 55% (1.46 Cr) are literates, 13% of the disability population has matric/ secondary education whereas only 5% people with disability are graduate (Disabled Person in India, 2016).

'Youth in India 2017' is publication by National statistical commission attempt to identify major issues concerning youth in India under Ministry of statistic and programme implementation department under National Statistic Commission. The whole report did not mention the population of youth with disability and their concern. It clears the picture that in 2017, after the passing of RPWD Act 2016, Government is not considering the youth with disability as the citizen of India. The representation of youth with disability in the report is completely excluded by the government and so, their right to take higher education.

Communication is major barrier for the deaf people in participating social activities, therefore society underestimate them on their capacity to function effectively. Due to inaccessible school infrastructure, lack of special education, lack of information and stigma attached to the disability, many students dropped out from school education. Out of 2.9 million children with disabilities in India 9,90,000 children in age group 6 to 14years(34%) are out of school.(NCEPDP, 2005). That is why, very few children gets opportunity to explore the world of higher education.

All India survey on higher education by Ministry of human resources and development found that there are only 74,435 students with disability are enrolled in the higher education institute. Out of the, only 39718 are male and 34717 are females.

There is lack of clear data of student with disability especially deaf students in the higher education because until now, efforts were directed to find out the literacy level of the PWD based on the completion of school education.

3.3.3 Policy/scheme for Higher Education

Since independence, Government of India initiated many policies for student with disability in higher education based on various committee recommendations such as Kothari Commission (194-66), the National Policy on Education (NPE) (1986), RTE, National educational policy (2019). 86). However, it covers the expansion of education from the elementary to college level in urban area and mention the

policy for children with disabilities in school for their smooth education but no measures for students with disabilities in university level.

The following measures are taken by the Government of India to promote the higher education for the student with disability including hearing impairment.

I) University Grant Commission:

Higher education sector has received throughout support from universities and colleges in the country from the University Grants Commission. Guidelines for Persons with Disabilities Scheme in Colleges were marked in the 11th five year plan (2012-2017). Several initiatives have been taken by departments of UGC. Here are some provisions and schemes explained in the regards of the research:

a) **Saksham Scholarship Scheme**: All India Council of Technical Education implemented the scheme by the objective to provide encouragement and support to 1000 students with hearing disability to pursue technical education in a year, fulfilling the eligibility criteria mentioned in the scheme.

b) **Rajiv Gandhi Fellowship scheme :**The scheme offers scholarships to individuals with disabilities to pursue higher education such as M Phil / Ph D for almost 200 fellowships every year and covers all the universities and institutions covered by the University Grants Commission. All students with disabilities admitted to M. Phil / Ph. D programmes of any university or academic institution are eligible for the fellowship provided they meet the requirements of the scheme. The fellowship will be awarded for a maximum of five years. There is no restriction as regards to the minimum marks in the Post -Graduation examination. There is no restriction to the effect that a student with disabilities should have cleared NET/SLET examination for being eligible for receiving the RGN.

c) **Reservation in admissions:** UGC has given instructions to all universities and colleges for providing 3% reservation (horizontally) in admissions for student with disabilities, including hearing impairments.

d) **Scheme for Establishment of College for deaf** in each of the five regions of the country has been launched in January, 2015. The aim is to provide equal educational opportunities to hearing impaired students for pursuing higher studies in order to improve their chances of employability for a better quality of life and standard of living through higher education. In this guidelines by the UGC, they have mentioned about the providing the sign language interpreter.

e) Relaxation in upper age limit to Persons with Disabilities in admission:

The Commission has considered the affair concerning students with disabilities and agreed to provide relaxation up to a maximum of five years to the students with disabilities in admission in various courses in all the universities and colleges.

f) **Higher Education for Persons with Special Needs Scheme (HEPSN):**

The UGC had started the HEPSN (Higher Education for Persons with Special Needs) scheme during the Ninth Five-Year Plan to assist universities and colleges. The HEPSN scheme is basically for creating approachable environment for students with disabilities at higher education institutions to provide better educational and learning facilities and environment which meet their requirements**.** It has three components to deliver the services to students with disabilities in higher education institutions. These are:

g)**Enabling Unit**

The UGC recommended to all universities to introduce an Enabling Unit to create more and more awareness among the functionaries of higher education institutions about the needs of students with disabilities and also to offer them counselling and guidance to students with disabilities

II. Ministry of Social Justice Empowerment

a) Government of India has initiates the SWAYAM PRABHA and SWAYAM includes curriculum based course content at post-graduate and undergraduate level covering topics such as arts, science, commerce, performing arts. The courses hosted on SWAYAM will be in 4 quadrants – (1) video lecture, (2) specially prepared reading material that can be downloaded/printed (3) self-assessment tests through tests and quizzes and (4) an online discussion forum for clearing the doubts.

For students with hearing impairment, necessary steps have been taken to enrich their knowledge experience by using audio-video. These have been helpful for the students with Hearing Impairment as videos have English subtitles and power point presentation.

b) Top Class Education Scheme for PwDs**:**.The scheme will operate in all Institutions notified by the Department of Empowerment of Persons with Disabilities as institutions of excellence. For taking benefit under the scheme, Parental income ceiling is Rs. 6.00 lakh per annum.

C) Government of India in 2007, passed the circular called 'National policy for person with disability 2006', which was released by Ministry of social justice and empowerment. This policy ignored the needs of student with disability in higher education. It talked about 'access to university and higher educational institution' and ignored the academic requirement of SWD who are enrolling in the higher educational institution. The national policy also promised it by saying that after every five year comprehensive review will be conducted on the implementation of the policy, but it clearly failed to do so.

III. Department of Empowerment of Person with Disability

In the higher education spectrum, the 11th five year plan directed to provide following educational facilities to the student with disability in higher education

a) Department of 'disability studies' should set up in the universities which conduct research studies on inclusive practise with the collaboration of other centres.

b) To strengthen existing schemes of UGC, provide allocation to universities for barrier free physical infrastructure.

c) Provide grant to every university to set up 'Disability Unit' which will guide the PWD as 'one stop facility'

d) To ensure easily accessible learning material in Braille, sign language interpreter, audio-visual tapes, books in state, central universities.

e) To design barrier free campus for SWD.

IV. National Handicapped Finance and Development Corporation (NHFDC)

National Handicapped Finance and development Corporation is functioning under the department of empowerment of person with disability. This scheme is providing financial assistance to student with disability for perusing them professional courses and makes the financially independent.Each year 2500 scholarships will be provided to the student with disability and 30% scholarships will be reserved for girls. In such way, financial aid will be offered to student with hearing impairment to pursue degree (Rs. 2500 as maintenance allowance and Rs. 6000 for book) and/ or post graduate level technical and professional courses (Rs. 3000 as maintenance allowance and Rs. 10000 for book from a recognized institution. (http://www.nhfdc.nic.in/scholarship.html).

In addition to maintenance allowance, National Handicapped Finance and Development coordination is entitled to provide facilities to the SWHI for their smooth learning

such as Binaural digital programmable hearing aid with annual provision of button cells (estimated cost Rs, 50,000 + Rs, 3600), Cell phone with SMS SIM card (Rs. 5000), Laptop or Desktop with WiFi (Blue tooth) facility (Rs. 70,000).

All these scheme and policy for student with disability are combined efforts of the Ministry of social justice and empowerment, university grant commission and department of empowerment of person with disability. Despite of thess provisions, there has been great imbalance between the actual needs of student with hearing impairment and provisions received by them. No particular policy has been made to provide educational assistance for them. There is no practical solution on how student with HI will learn in classrooms? How they will receive equal opportunities of learning like the same as non-disabled peers. They become vulnerable and deprived from their own right to have education in higher institution. They are not fulfilling the educational requirements of student with hearing impairment in higher education sector. Concession in exams are just nominal provision for student with hearing impairment.To increase the enrolment of student with disability, it is necessary to understand their most and basic needs in higher education institution. The policymaker, thus need to be aware of the challenges faced by student with hearing impairment in higher education.

3.3.4 Barriers faced by deaf people in Higher Education

Hearing impairment is a type of disability that affects the language development and communication skill. There is high risk for students with Hearing Impairment (SWHI) to get excluded from the learning process at higher educational institution. Lot of research is conducting on participation of deaf people in mainstream, regular school and the relationship between deaf students and teacher but hardly studies on the problem faced by deaf students in higher educational institution especially in Indian context. In this situation, the deaf students have to cope up with the language issue first. Coming from vernacular language, dealing with English language is very stressful for them as they not able to fulfil requirements and academic expectation from professor(Raut, 2018).

SonalRaut (2018) undertook qualitative research by examined the institutional and social barriers faced by the students with hearing impairment (SWHI) in an inclusive learning environment in Mumbai. Her study found that the SWHI who have enrolled in the higher education institution have to deal with lots of hurdles like higher level of syllabus, compulsion of English language, lack of support system in form of personal tutor, communication barrier, lack of healthy peer relationship and

inadequate parents support. This reveals that inadequate infrastructure and lack of apathy from college administration also put the pressure on students. Interviewing with SWHI also realized that, technology is not only solution to all academic barriers faced by them. There are various educational provisions available but in practise these are not fulfilling the capacity and rights of SWHI. There are inadequate engagements along with the barriers in the higher studies. In such way, for SWHI it became extremely difficult to cope up with the demands of higher education and one's own expectation to prove oneself.

The barriers keeping deaf students from accessing and completing higher education are diverse. They include:

- Inaccessible teaching or pedagogy: when the way of teaching is not adapted to all the students – or to all the persons who might be students or when a wide variety of needs is not taken into account;

- Lack of training of academic staff and other higher education staff members and lack of understanding of deafness;

- Stigma from other students and staff members;

- Lack of support programmes or the inaccessibility of such programmes;

- Lack of accessible student activities.(https://www.esu-online.org/ ?news=disabilities-students-higher-education)

- Lack of preparing deaf students for higher education

- Large Class size

- Curriculam adaptation

Overall, the numbers of students with disabilities especially deaf students in higher education remain extremely low. This represents a significant challenge not only to universities but also to schools, support systems and of course the young people themselves and their families.Needless to say, deaf people and their families face challenges too: university and school attitudes will not change overnight, and they are likely to require unswerving determination if they are to secure a university education.The physical or material environment merely provides a context for teaching and learning, and the most potent barriers are those which inhibit the teaching/learning process. These can be embedded in teachers' attitudes or teaching approaches, the structuring of courses or the means whereby they are assessed. Academic support for deaf students is for many a prerequisite for a successful

experience of higher education; physical access may be important but personal assistance is what makes the difference between success and failure at learning. Finally, there is an unresolved tension with regard to how support is provided.

3.3.5 Supports to Deaf Students

Universities need to scrutinise the barriers, and not just the physical ones, that keep deaf students at bay and take the necessary steps to removing them. Eliminating barriers is merely a first step, however, Universities need to become the sort of teaching and learning institutions where deaf students feel at home and have a sense of belonging to an intellectual and social community as of right. If universities with their concentration of intellect are slow to grapple with these issues, what hope is there for other institutions and workplaces? Schools too must play a part here; in encouraging deaf young people to see higher education as an option and ensuring they are prepared for it as appropriate. Some students will continue to require particular support but the way in which this needs to be provided is likely to be different when they are at university.

Besides, the following supports can be provided to deaf students for successful achievement:-

a) Special counselling services for deaf students:Responses varied in the amount of detail provided but provision seemed to range from minor adjustments to the general student counselling services to a comprehensive suite of services targeted on deaf students.

b) Universities must provide training to prepare of teaching staff in responding to the needs of deaf students and prepare action plan to address the future needs.

c) Affirmative action included modified entrance criteria and preferential treatment in choice of subjects. Modified entrance criteria entailed a lower exam score threshold for admission or exemption from certain subjects.

d) Environment- Information must sought on the extent to which deaf students had access to study and living environments and what adaptations had been made to facilitate them.

e) Academic support i.e. Academic learning is the primary activity of universities and is therefore a key focus for support. Personal assistance can be a very important means of enabling deaf students to have a successful university career. This can entail interpreting for students with hearing impairment, and

explain the subject or extra coaching for Oral deaf. Besides, Study adjustments and Flexible content and time frame should be given to deaf students. Regular meetings with students to discuss improvements of their situation at the university will help to cope with academic pressure.

If the regular schools work with universities for deaf children for inclusion, it provides more exposure to language, and academics to such children. They tend to do well, if provided with good hearing aids that give them benefit and can graduate like any normal hearing person.

f)   Self advocacy i.e. deaf students must be encouraged to discuss their issues with higher authorities to make environment disability friendly.

3.4 Vocational Education

Being disabled should not be a reason for anyone to be excluded from getting an education. Vocational training is a training that focuses more on practical subjects than the theory.Very few deaf students receive higher education. As long as higher education was the preserve of a privileged minority, the absence of deaf students was little noticed. However, the recent growth in higher education, encompassing one-third or more of the age cohort in many countries, combined with the improved schooling on offer to students with disabilities, focuses attention on the disparity in access to higher education. As for those who do not have much benefit from hearing aids, have centres for vocational training, like in fine arts, book binding, stitching, embroidery, clerical work which is good too.

Vocational training hence is a big advantage for the deaf people, as it supplements the initial training to ensure and assist the development of the desired skill set.

3.4.1 Government Initiatives

National Policy on Education (NPE) in India has stated and encouraged that 'adequate arrangements should be made for the vocational training of the differently-abled students' in schools. Persons with Disability (PWD) Act (1996), encourages government bodies to promote vocational training for the differently abled all over India.

(https://www.deccanherald.com/content/463590/vocational-training-differently-abled.html). RPWD Act 2006 also promotes vocational training for people with disabilities.

There are various vocational courses for the deaf in India such as book binding, printing, TV repairs, computer, modern dress making, leather bag manufacturing, and food processing and so on. You can find the details of type of vocational training and the centers all over India through given below weblink.

(https://vikaspedia.in/education/career-guidance/career-options/employment-vocational-training/ayjnihh-ngo-collaborated-vocational-training-centres)

Besides, many NGOs also provide various vocational training and employment to the deaf people. While a large percentage of deaf people reside in rural areas typically rehabilitation facilities in such areas are few.

3.4.2 Skills development

People with disabilities need skills to engage in livelihood activities. According to UNDP report (2012), in India, the skills and potential of most people living with disabilities remain untapped, underutilized or under developed. Vocational training is one of the potential determinants of employment for deaf. Proper skill training should start from the initial vocational education itself.

High quality skill development is one of the pathways that lead to decent work for deaf people and it makes them independent living in their future life. United Nations Convention on the Rights ofPersons with Disabilities guarantees the right of people with disabilities to mainstream vocational training,employment and social protection. The vocational training is an essential tool for integrating the special peoplein society and making them productive member of community. These people need to be providedwith training to develop their unique capabilities to facilitate access to work and participate in the wider society,Proper and efficient vocational training develops capabilities of deaf people and they can compete in thelabour market with other persons.

According to UNDP report(2012), people with disabilities require improved access to basic education,vocational training relevant to labour market needs and jobs suited to their skills, interests and abilities. Anyvocational training is not suited to them rather it may create much more problems for their rehabilitation. Theyneed skill training based on their capabilities. A disabled person can function well as anybody else providedhe/she is given appropriate training, alternative techniques and assistive devices.

Different types of skills are required for successful work. They include foundation skills acquired through education and family life, technical and professional skills which enable a person to undertake a particular activity or task, business skills required to succeed in self-employment and core life skills, including attitudes, knowledge and personal attributes.

Vocational skills examples include:

- Work readiness.

- Interview and job search skills.

- Social and communication skills.

- Task analysis.

- Career choice.

- Safety.

3.4.3 Challenges faced by deaf people related to vocational training

1. Lack of appropriate vocational training- The vocational training and skill development center are placed in big cities, and many deaf people come from rural areas to attend the training and after the training, they try to find the job. But if they fail to get the job then they have no choices but to go back to their villages. They found that this training does not fit in rural areas for them to get livelihood.

2. They often lack access to basic education, making them unqualified to join skills training courses. These disadvantages frequently result in a lack of skills, as well as low confidence, expectations and achievement.

3. Poor economic condition prevents the deaf people to attend Vocational Trainingcenter.

4. Lack of counseling- Many deaf people reported that they are confused about selecting particular or appropriate vocation as it is unclear to them about its utility for future and they feel that there is a lack of counseling in discussing various vocations and allow them to select the appropriate courses.

5. Lack of interest in Vocational Training: - Many deaf people reported that they did not understand the purpose of the short course. As a result of imposing to select particular vocations, they never enjoyed the vocational training and therefore, they could not remember what they learnt, and they felt that it was waste of time for them to learn vocational training.

6. No follow up: -Many PWDs informed that there is no follow up mechanism of vocational training center to discuss the various challenges faced by them while trying to utilize their learning. They felt that they need guidance after the course to utilize their learning and they felt that there is no guarantee that skill development will help them to get job.

7. Lack of provision of sign language interpreter:- The deaf people who have good educational qualification such as matriculation, do not want to join the vocational course because of lack of provision of sign language interpreters. They felt that they did not understand the course as they need to get repetition of instruction and vocational trainer failed to fulfill their basic need of communication.

8. Vocational training from Govt. Center- Many deaf people reported that they do not want hard labour job and therefore they prefer to select vocational training in govt. center hoping to get job from govt. sector. It seems that they are not concerned about their interest in particular vocation.

9. Lack of parental interest– It was found in few cases that many parents do not show their interest in allowing their deaf youth in learning vocational training.

3.5 Selecting suitable Higher Education and Vocational Stream

The deaf people should get proper higher education and vocational training after a full assessment of training needs and suitability, carried out by a multidisciplinary team of doctors, therapists, social workers, counsellors and other professionals. Once course is selected, these children need effective special training even within the inclusive education and it is the most important requirement in the process of their rehabilitation. Assessment should take into account the assets and liabilities that are pertinent to the student's choice of career goals. Some factors to consider are: interests, aptitude, temperament, physical limitations, mental and/or educational limitations, work attitudes, behavior previously acquired, and vocational skill competencies. Assessment is an on-going process, aimed at evaluating the student's progress, adjustments, and changing needs at school and, if applicable, at community work experience stations. It should be viewed as something to be done with the student, not for the student. However, the deaf students get many challenges during assessment such as problems in communication, non- availability of appropriate test for deaf, lack of clarity and confusion while engaging in assessment.

3.6 Career Choices and Job Seeking Skills and Facing Interviews

The study of Parasnis et al (1996) investigated the expressed attitudes of deaf people in India toward career choices for deaf and hearing people. Deaf adults from Pune, India rated the suitability of 12 professions for deaf and hearing people and gave written comments on the suitability of any other professions they could

list. The results, in general, were consistent with those of other studies in the United States, England, Italy, South Africa, and India with hearing teachers and parents of deaf children, which indicated that the hearing status of imagined deaf and hearing advisees selectively influenced attitudes toward the suitability of certain professions. Some differences in profession preferences also emerged indicating that the deaf respondents' criteria for career choice appeared to be primarily based on the use of hearing, speech, and visual skills required for a particular career. There was some suggestion that culturally specific factors played a role in shaping attitudes. These findings underscore the importance of understanding the attitudes of deaf people. This limited knowledge often results in communication difficulties between the parent and the child and low expectations about deaf people' potential. Deaf young adults across the world encounter low expectations of their future achievement, a result that has been replicated cross-culturally, despite varying levels of access and opportunity for deaf people in each country (Parasnis et al. 1996). The difficulties of interpersonal communication and safety issues were reasons given for the less-than-encouraging advice to deaf persons, related to occupations.The impact of parental beliefs and attitudes appear to come into play to a greater extent when deaf youth begin to engage in career planning and occupational development.

It is extremely stressful for the hearing impaired to search for and find employment. Specialised education for deaf people is still limited to certain pockets in India and therefore, many basic skills that other children acquire in schools at a young age, like operating computers, basic knowledge of English as well as general knowledge, hearing-impaired persons don't get a chance to acquire.

It is important to train the deaf people regarding job seeking skills and face to face interview, The workshop can be conducted for the hearing impaired, which include basic computer skills, English language skills, general knowledge, developing CV, workplace readiness and training in Indian Sign Language.

There are various ways for job seeking such as reading newspaper with classified job ad, though someone, go to establishment for interview. The deaf people have to learn how to develop CV that helps them to apply for job and to understand their own strength and weakness. Ask your family, friends, NGOs, special employment exchange to find out the job opportunities. Now today, there is internet based job, online job search engine and the deaf people must be aware of changing trends.

The deaf person should prepare how to appear for interview and prepare the answers by mock interview.

3.7 Work Adjustment skills, Job Related Social Skills

Assessment in the last two areas, social and work experience, is especially critical. Priorities of employers begin with work habits and attitudes (including apparent motivation to do the job and ability and willingness to follow instructions), then proceed to adequacy in vocational, then academic skills. The social and work experience evaluations of the student might show strong deficiencies in work areas.

Regarding work adjustment, it is important to train deaf people such as how to focus and improve performance, how to maintain physical stamina, how to develop positive work attitude and culture, punctuality, reliability, ability to follow instructions, and the ability to get along with job supervisors and co-workers. This evaluation should focus on the following questions: Can the person work alone? Can the person work under authoritative supervision? Can the person adapt to mounting tensions and shifting pressures? Can the person follow directions?

Regarding social skills, the deaf people have to understand and learn Interpersonal relationships with others, attitudes toward peers, respect to authority figures, behave in appropriate ways etc.Evaluation in this area is crucial since studies have shown that a lack of appropriate social skills and problems with interpersonal relationships are far more frequently the cause of job losses by the deaf people than is the ability to do the job.

3.8 Let us Sum Up

Higher education system in India has grown at a fast pace over two decades. However this expansion has been chaotic and unplanned as it has not been planned by keeping students with disability in mind. Persons with hearing impairment constitute a significant portion of our population who can be contributing citizens. However, the percentage of deaf students in higher education is less. Many barriers keep deaf students from accessing and completing higher education. Once enrolled in a higher education institution, it is also more difficult for such a student to graduate and many also leave education earlier that hearing person.

High quality skill development is one of the pathways that lead to decent work for deaf people and it makes them independent living in their future life.The vocational

training is an essential tool for integrating the special people in society and making them productive member of community. Assessment is an on-going process, however, the deaf students get many challenges during assessment such as problems in communication, non- availability of appropriate test for deaf, lack of clarity and confusion while engaging in assessment.

It is extremely stressful for the hearing impaired to search for and find employment. Therefore, it is important to train deaf youth in preparing job and develop skills to be successful in job.

3.9 Check Your Progress

Q.1: What are the facilities available to deaf people to persue higher education?

Q.2: What are the challenges faced by the deaf people in higher education?

Q.3: What are the various steps that can be taken to facilitate deaf people to complete higher education successfully?

Q.4: Why skill development is important to learn for deaf people?

Q.5: What are the challenges faced by deaf people related to vocational training?

Q.6: What are the various steps to be taken for deaf people for successful economic rehabilitation?

3.10 References

Brelje, H.W. (1999) Postsecondary Opportunities for the Deaf in H. W. Brelje (ed) Global Perspectives on the Education of the Deaf in Selected Countries. Hillsboro, OR: Butte Publication

El-Ghali, H (2011) The Role of Higher Education Institutions in Addressing Youth Unemployment in Lebanon http://d-scholarship.pitt.edu/8312/1/ELGHALI-HANA-4-13-2011.pdf.pdf\

Ministry of Human Resource Development, Annual Report Ministry of Human Resource Development, Government of India 2006-2007

NCPEDP.(2005). National Centre for Promotion of Employment for Disabled People.Status of mainstream education of disabled students in India. Retrieved 22 December, 2014, from website of National Centre for Promotion of Employment for Disabled People: http://www.ncpedp.org/eductn/ed-resrch.html.

Raut, Sonal (2018) Challenges Faced by Students with Hearing Impairment in Higher Education in Mumbai, unpublished MA research, Tiss, Mumbai

Parasnis, Ila, Vincent J. Kalyani Samar, Ila Vincent J., Kalyani Mandke (1996) Deaf adults' attitudes toward career choices for deaf and hearing people in India.https://www.semanticscholar.org/paper/Deaf-adults'-attitudes-toward-career-choices-for-in-Parasnis-Samar/2b6357f4975e0b87517317007ee5a589b79f2738American Annals of Deaf. 1996 Dec;141(5):333-9.

Stinson,M. and Walter, G. (1997).Improving Retention for deaf and Hard of Hearing Students: What the Research Tells Us. Journal of American Deafness and rehabilitation Association, 30, 14-23

UNDP India(2012) Livelihood Opportunities for Persons with Disabilities.http://www.undp.org/content/dam/india/docs/pub-povertyreduction/livelihood-opportunities-for-persons-with-disabilities.pdf

United Nations Educational, Scientific and Cultural Organisation (2006). Education's missing millions: Including disabled children in education through EFA FTI processes and national sector plans.

Website

http://www.nhfdc.nic.in/scholarship.html.

https://www.esu-online.org/?news=disabilities-students-higher-education

https://www.deccanherald.com/content/463590/vocational-training-differently-abled.html.

https://vikaspedia.in/education/career-guidance/career-options/employment-vocational-training/ayjnihh-ngo-collaborated-vocational-training-centres

Unit 4 ❑ Community& Cultural Issues

Structure

4.1. Introduction

Deaf people exist in significant numbers in all countries of the world, yet documentation of this population is extremely limited especially in India. As a result of the lack of substantive data at the local and national level in Indian context, such Deaf people remain a highly invisible population. In India, the focus is more on hearing parents having deaf child for rehabilitation and there are research on various aspects such as issues faced by parents, communication between parents and deaf children and so on. However, the less attention has been paid on Deaf world and culture as Deaf World aims to enable and empower deaf and hard of hearing young people to access challenging opportunities and take ownership of the decisions that affect their lives through education, training, leisure, social and cultural activities.

Living with hearing loss or deafness can be a journey. The path to understanding how someone identifies in the Deaf world is determined by the environment they were raised, the challenges they have experienced, the severity of their hearing loss, and the resources and tools they have available.Besides, it is important to understand the choice of language for communication purpose and strategy for social inclusion which pave the way for empowerment.

This unit explores the diversity in Deaf world, issues faced by the Deaf people and understands their experiences which are shaped by their impairment (loss of part of body) and disability (social barrier).

4.2. Objectives

1. To understand the diversity in Deaf world
2. To understand the differences between Deaf culture and Hearing culture
3. To study the legal issues regarding communication accessibility
4. To study the facilitation of societal inclusion of deaf people

4.3 Diversity in DEAF WORLD

The deaf and hard of hearing community is diverse. There are variations in how a person becomes deaf or hard of hearing, level of hearing, age of onset, educational background, communication methods, and cultural identity. How people "label" or identify themselves is personal and may reflect identification with the deaf and hard of

hearing community, the degree to which they can hear, or the relative age of onset. For example, some people identify themselves as "late-deafened," indicating that they became deaf later in life. "Hard-of-hearing" (HOH) can denote a person with a mild-to-moderate hearing loss. Or it can denote a deaf person who doesn't have/want any cultural affiliation with the Deaf community. As for the political dimension: HOH people can be allies of the Deaf community. They can choose to join or to ignore it. They can participate in the social, cultural, political, and legal life of the community along with culturally-Deaf or live their lives completely within the parameters of the "Hearing world." But they may have a more difficult time establishing a satisfying cultural/social identity.

4.3.1 Definition

Although the term "deaf" is often mistakenly used to refer to all individuals with hearing difficulties, the word **deaf** usually refers to an individual with very little or no functional hearing and who often uses sign language to communicate. **Hard of Hearing** refers to an individual who has a mild-to-moderate hearing loss who may communicate through sign language, spoken language, or both. **Hearing Impaired,** used to describe an individual with any degree of hearing loss, is a term offensive to many deaf and hard-of-hearing individuals. They consider the terms "deaf" and "hard of hearing" to be more positive. Although it is true that their hearing is not perfect, they prefer not to be labeled "impaired" as people. (DeafTEC, https://www.deaftec.org/content/deaf-definitions, retrieved 30th November 2016)

Besides, the deaf people are divided into several sub groups based on communication mode. Some deaf use oral speech with the help of lip reading or speech while others use Indian sign language whereas some use facial expression with gestures. There is dearth of data on how deaf people use sign language or oral speech as mode of communication.

4.3.2 Deaf Culture

Deaf culture as a linguistic minorityis the set of social beliefs,behaviors, art, literary traditions, history, values, and shared institutions of communities that are influenced by **deafness** and which use sign languages as the main means of communication. It is important to understand Deaf Culture as it is the heart of the Deaf community everywhere in the world. Language and culture are inseparable. They are intertwined and passed down through generations of Deaf people. Culture consists of language, values, traditions, norms and identity (Padden, 1980). Deaf culture meets all five sociological criteria for

defining a culture. Language refers to the native visual cultural language of Deaf people, with its own syntax (grammar or form), semantics (vocabulary or content) and pragmatics (social rules of use). It is highly valued by the Deaf community because it's visually accessible. Values in the Deaf community include the importance of clear communication for all both in terms of expression and comprehension. Traditions include the stories kept alive through Deaf generations, Deaf experiences and expected participation in Deaf cultural events. Norms refer to rules of behaviour in the deaf community. All cultures have their own set of behaviours that are deemed acceptable. For Deaf people, it includes getting someone's attention appropriately, using direct eye contact and correct use of shoulder tapping. Norms of behavior often cause cross-cultural conflicts between Deaf and hearing people when the individuals are unaware of how their norms may be affecting their interactions and perceptions of each other's intents. Identity is one of the key components of the whole person. Accepting that one is Deaf and is proud of his/her culture and heritage and a contributing member of that society is a key to being a member of the cultural group.

(Source: https://deafculturecentre.ca/what-is-deaf-culture/)

Higgins (1980) explains that failure to sign can be interpreted as an insult to members of the deaf community. When students in his study used speech to communicate instead of sign language, they were acting in direct conflict with the values of deaf culture.

4.3.3 Membership

The use of sign language is so important to the Deaf culture that any perceived threat to the use of sign language is seen as a threat to the efficacy of Deaf culture. Each Deaf community is a cultural group which shares a sign language and a common heritage. Those who use sign language, especially as a first language, are viewed as members of a tightly knit in-group, or "Deaf culture." Members of Deaf communities all around the world therefore identify themselves as members of a cultural and linguistic group. However, any deaf person cannot be a part of Deaf community or culture, if they do not use sign language and not proud to be Deaf.Some family members of deaf people and sign language interpreters can be part of Deaf community.

4.3.4 Sum up

Deafhood" is an individual journey. Everyone that is deaf or hard of hearing has a different relationship with how they identify. Some people consider themselves audiologically deaf or hard of hearing, and others consider themselves "capital D" Deaf, which commonly refers to the Deaf community and individuals who largely communicate

with sign language.Overall, all those who have hearing problems are not "Deaf" or a part of membership or having strong Deaf identity due to diverse in nature. Today, there is increasing trends of having cochlear implant surgery for deaf child at the early age for better rehabilitation, Deaf world strongly oppose this surgery as they felt that it is planned efforts to destroy their identity. Thus, those who are born deaf but use sign language are members of deaf culture and now deaf population in India are becoming aware of this identity and culture due to internet facilities that bring them closer. They exclude other diverse deaf population such as oral deaf or cochlear implantee deaf or hearing aids users or acquired deaf people. Besides, there are sub group such as deaf children having hearing parents, deaf children having deaf parents. In India, there is lack of documentation on its characteristics, dynamic interaction within group, issues faced by them. Besides, it is important to study the intersection of deaf population based on caste, class, gender, urban/rural, community, language and so on.

4.4 Comparison of Hearing world-Deaf world on culture and group identity and communication options

It is interesting to study the differences between deaf culture and hearing culture which is described below:-

4.4.1 Comparison between Deaf culture and hearing culture

Deaf Culture	Hearing Culture
Deaf people must look at each other while communicating.	It is common for people to look away and break eye contact while talking to each other.
People think more of pictures than they do words	People think more of words than pictures.
Communicating with others can be done through the use of sign language	Communicating with others can be done through the use of spoken language
These body movements and facial expressions are part of their conscious communication.	The body language and facial expressions used by people in a hearing culture are subconscious,

Deaf Culture	Hearing Culture
Language refers to sign language combined with the social rules of use, facial expressions and body language, as well as the vocabulary and the grammar and syntax. This language is very visual.	Language refers to the spoken word, along with its social rules, however body language and facial expressions are not included as they are not essential for proper communication.
In deaf culture there are norms and traditions that dictate what is acceptable. For instance it would not be acceptable to try to get someone's attention by waving a hand in front of their face. Acceptable behaviour would be tapping on the shoulder or using eye contact.	In hearing culture norms exist that would be considered rude in the deaf culture because they can present cross-cultural differences that are unintentionally hurtful.
In deaf culture it is normal to sign what one is thinking	Try to hide sign with subtlety, which is common in hearing culture

Source: http://www.softschools.com/difference/deaf_culture_vs_hearing_culture/464/

In deaf culture sometimes cultural norms of hearing culture are missed, leaving a gap in information which can lead to limited awareness. For instance deaf people have been known to tip poorly in restaurants sometimes, not because they are cheap but because they do not hear the discussions about tipping and cultural expectations. This can happen in a similar way with hearing culture not understanding aspects of deaf culture because information has not been communicated, or understood.One of the ways the Deaf distinguish themselves as a culture is by capitalizing the word Deaf as they do not believe that they are disabled. Theyprefer to call themselves as linguistic minority.

4.4.2 Learning

Educate yourself about deafness and Deaf culture. Read stories and articles written by people who are deaf, watch Deaf webseries and subscribe to their YouTube channels, follow deaf advocates on social media and amplify their messages to your own audience. Learn a little bit about Deaf history and open your eyes to the contemporary issues that the community faces. The best way to understand the Deaf community is to go right to the source!

4.5 Legal issues regarding communication accessibility

Many deaf people have the ability to speak and are not physically mute. Some deaf people may choose not to talk because it is difficult for them to regulate the volume, pitch, or sound of their voices in a way that most people can understand.Communication is not a barrier for Deaf people when interacting in the Deaf community because they do not have to depend on an interpreter. Deaf people have two main ways of communicating with others – lip reading and sign language. Typical communication modes include natural speech, facial expression and gesture. Exceptional communication modes include the use of graphic symbols or synthetic speech. Communication generally draws on multiple modes, such as vocalization, speech, gesture and symbols, and is referred to as multimodal.

Communication is not just mere spoken language, as many hearing people think it's just talking. It is sharing ideas.But real communication happens when you understand other people, and they understand you. Communication is more than words.

You communicate by smiling, frowning and the expressions on your face. You also do it by the way you stand, and by how you move your body.

4.5.1 How to communicate with a Deaf person

According to a tip sheet developed by the Rochester Institute of Technology, one of the US premiere learning institutions for the Deaf, there are five guidelines to remember when communicating with the Deaf.

1. Acknowledge the fact that your first attempts to communicate will feel awkward and uncomfortable. This will pass as your interaction progresses.

2. It's ok to use paper and pen. In fact, the Deaf person will appreciate your efforts even more if you use a combination of communication methods, such as hand gestures, facial expressions and the written word.

3. Take the time to communicate and connect. Deaf people consider communication an investment of time and effort. Slow down, take your time and ask for clarification if you need it.

4. Understand that Deaf people listen with their eyes. Vision is the most useful tool they have to communicate and receive information. For this reason, only speak when you have eye contact, even if they are using an interpreter. Maintaining eye contact is a sign of respect.

5. Use the beginning and ending of a conversation as an opportunity to make physical and visual contact with the Deaf person, especially if they have been using an interpreter during your conversation. Smile, shake hands, touch their arm (if appropriate) and make eye contact.

However, in the hearing world, the deaf people are denied to choose sign language as their rights. This is because the world is dominated by hearing people and parents having deaf child are concerned about the future of their deaf child in the hearing world. It seems that people are not ready to change their attitude towards mode of communication. However, today it becomes increasing awareness about deafness and sign language but many deaf people have to struggle to communicate with hearing people by speech.

4.5.2 Legislation for Sign language

India is home to arguably the largest deaf population in the world. There are approximately 18million people with hearing impairments(https://www.youthkiawaaz.com/2018/02/come-on-india-lets-sign/). The 2011 Indian census cites roughly 1.3 million people with "hearing impairment." Contrast that to numbers from India's National Association of the Deaf, which estimates that 18 million people — roughly 1 percent of the Indian population — are deaf. The government of India has recently signed and ratified the United Nations Convention on Rights of People with Disability. This shows the desire to conform to international norms and appear progressive. It is a very positive move and seen by all as a wonderful step in the right direction. However, despite good intentions, the lack of services and facilities continues to plague the Indian deaf community.

Since India is a signatory and has also ratified the UNCRPD in 2007, the Convention is binding on Indian state. The article 9 and 21 of CRPD clearly mentioned about the provision for sign language and its accessibility and expected Government on India to take concrete action. Article 24 and 30 of Convention encourages facilitating the learning of sign language and the promotion of the linguistic identity of the deaf community, deaf culture. The PWD Act 1995, does not recognize ISL as a medium of instruction or communication whereas, the Rights of People with Disabilities Act, 2016, talks about accessible education. It also ensures that persons with hearing impairments can have access to television programmes with sign language interpretation or sub-titles.It also suggests Persons with Disabilities have access to electronic media through sign

language interpretation and close captioning, as means to ensure accessible information and communication technology. Furthermore, it highlights the need for sign language interpreters and equal opportunities in education and employment.In Chapter 3 on Education, as per the duties of local government authorities to promote inclusive education, training and employing teachers, including teachers with disabilities, who are qualified in sign language, is included. In that context, the setting up of the Indian Sign Language Research and Training Centre (ISLRTC) by the government has been a step in the right direction. But, without a recognized language, how can all of this turn into reality?Although the functioning and continuation of the Centre is far satisfactory, they have to take more concrete work to improve the status of sign language.

4.5.3 Indian Sign Language

The Indian sign language (ISL) is a language in its own right – with its own style, grammar, and syntax, and it should be recognised as one. It should get its rightful linguistic, cultural, educational, social and legal place in the national and global scenario. However, the Indian sign language (ISL) is neither uniformly practised nor taught as a language for communication and education. Most of the schools for children with hearing impairments still follow an 'oralist' approach which further damages the future prospects of these kids because they are not able to learn much. Due to the lack of a recognised language they have no access to proper, basic primary and higher education. As a testimony to this, it's alleged that 99% of people with hearing disabilities in India are not matriculates. They lack information resources of all kind. As a result of this, people with hearing impairments face a lot of problems when it comes to social interaction, language and daily communication, education, mental health, access of financial, legal and medical services, safety measures, entertainment and information and technology.

There are only 250 interpreters in a country of 18 million people with hearing impairments. This means that there is only one interpreter for 72,000 people which is not enough to cater the needs of communication of entire deaf population.

4.6 Views of Cochlear Implantees and hearing aid users towards Deaf culture

It is said that hearing people have mixed attitude towards deaf culture, some have positive whereas some may have negative attitude. What about the diverse deaf population's view towards deaf culture? There is hardly study on it in Indian context and need to explore more on it.

4.6.1 Cochlear Implant

Cochlear implants are a technology which attempts to "cure" deafness by bypassing the outer ear through electrical stimulation of the auditory nerve and surgery done on children were born deaf. An increasing number of operations are being undertaken on children as young as two years old to install these implants in order to allow them to begin hearing and learning spoken language (Sparrow, 2005). It provides children who have limited hearing with considerably more auditory information than what was available with hearing aids, facilitating the development of very functional speech-production skills that facilitates to acquire good academic performance.Nine out of 10 Deaf infants are born to hearing parents. Many of those parents choose cochlear implant surgery as soon as they are medically able because it helps their child with speech development.

4.6.2 Views of Deaf people towards Cochlear implantee

Some members of the Deaf community are opposed to cochlear implant surgery — especially for infants who are born without hearing. They believe every individual deserves the right to choose for themselves whether they want to remain Deaf and encourage parents to begin teaching sign language as the baby's first language. Some activists believe learning language and cognitive development through sign language is a basic human right that should be protected and that choosing cochlear implants steers families away from learning sign language and embracing Deaf culture.(https://www.healthyhearing.com/report/52285-The-importance-of-deaf-culture)

Some activists talk about audism — an attitude of superiority based on an ability to hear — and oralism — advocacy or use of the oral method of teaching Deaf students to speak. Audism and oralism, activists maintain, degrade ASL and interfere with the Deaf person's ability to develop speech and listening skills.Deaf children who receive cochlear implants at a young age will likely be educated in the oralistmethod, they are less likely to learn ASL during their early years, which are the most critical years of language acquisition. Overall, the Deaf community felt that cochlear implant surgery threatened their identity.

4.6.3 Views of Cochlear Implantee and hearing aids users towards Deaf culture

It is interesting to find the views of cochlear implantee and hearing aids users towards deaf culture. The oral deaf either by deaf or cochlear implant, who relied on their hearing aids constantly for communication purpose by using oral means to communication and

therefore, had limited exposure to sign language and meeting members of the Deaf community on a regular basis.Therefore, they do not have fit with deaf world as they are living with hearing world. They are different from deaf population in terms of speech, language acquisition, mode of communication, academic performance and Social skills in the hearing world. Therefore they claim superior than deaf population and many of them are not comfortable in deaf culture. However, it is found that some oral deaf try to search their roots in the deaf world.

4.7 Facilitating societal inclusion of individual with hearing impairment

Social inclusion, the converse of social exclusion, is affirmative action to change the circumstances and habits that lead to (or have led to) social exclusion. The World Bank defines social inclusion as the process of improving the ability, opportunity, and dignity of people, disadvantaged on the basis of their identity, to take part in society.

4.7.1 Barriers towards inclusion

Deaf People face a wide range of barriers such as attitudinal, physical, and social that affects social inclusion.

(a) The attitudinal barrier such as negative attitude of society towards deaf people as there is social stigma about deafness. The society believes that deafness in person occurs due to past sin or karma (fate) and no one can change this situation as it is God's punishment. As a result, many deaf people feel isolated, unwanted and society may feel that they are burden to society. Their families – parents, children and siblings – can also face negative attitudes, poverty and social exclusion. Many feel that they spend far too much time fighting society when they should be receiving the support they need to help themselves. (Limaye, 2016).

(b) The social barriers such as due to social stigma and lack of knowledge about deafness can create exclusion for deaf people. Many deaf children do not develop friendship with hearing children due to inadequate communication and it leads poor social skills to interact hearing people in an effective ways. It involves the learning of communication and relationship- building skills by the child through his interactions with the primary social circle (i.e. family) and moving outward to other social circles such as relatives and peer groups. This further leads misunderstanding that lead social exclusion. However, the deaf child has good social skills with other deaf children if they are in deaf schools but lacks social skills with hearing people.

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(c) The problems in communication with hearing people lead anxiety and isolation that affects self esteem. The low self esteem can leads social exclusion.

(d) The language used by society also affects social inclusion. For example the deaf child is labeled as "Mute or Dumb" and society avoids to communicate with deaf child due to label.

(e) Regarding physical barriers, it is difficult to find deaf friendly surrounding environment. For example, while travelling in local train deaf people cannot hear railway announcement.

4.7.2 Strategies

Limaye (2016) felt that the demands for social inclusion are in fact a protest against the oppression that society has been exercising. Removal of above said various barriers is key to empowering people with disabilities, and giving them the opportunity to exercise their responsibilities as citizens – in the home, in the community and in the workplace

Tackling these barriers is not a matter for government alone but people with disabilities themselves, employers, health professionals, educators, local communities, and providers of goods and services all have a key role in improving the life chances and adequate social inclusion for people with disabilities. (Limaye, 2016)

It must be carefully planned, according to Limaye,(2016) provided with adequate resources and implemented with vision:

1. Sensitization/Awareness programmes for different stakeholders about diverse nature of deafness, their needs, their capabilities.

2. In service training for different stakeholders including medical professionals, teachers, civil servants, lawyers, employers, employment officers, local community leaders, to increase the knowledge about deafness, to develop skills while working with them and to change their attitudes towards deafness and deaf people.

3. Need to focus on strength perspectives and abilities of deaf people and encourage them to empower themselves.

4. Need to make compulsory course on deafness and pedagogy of teaching for children having different types of disabilities to general B. Ed and M.Ed. teachers training curriculum

5. Deaf People's experience of government support and services needs to change. There is need to develop adequate dialogue between them.

6. Need to adopt universal design for barrier free and inclusive environment(Limaye, 2016).

4.8 Let us sum up

People within the Deaf community do not view the absence of hearing as a disability. Instead it is considered a difference—something that sets their culture apart from others and makes it stronger.People who are Deaf don't consider themselves "broken," nor do they want to be "fixed." They have a beautiful rich language (SL), along with their own traditions, norms, stories, slang, and social groups.They simply use a different method to access the world around them. Deaf culture is important because it allows individuals to be who they are.This permits great opportunities for social skills, leadership and self-worth to flourish. It is all about Deaf children mingling together, playing sports and studying and learning together. When interacting in the Deaf community where Deaf culture is the norm, Deaf people are truly in an inclusive environment. At times people believe they can foster culture if they place Deaf children in a mainstream setting by including several Deaf children or periodically taking them to Deaf events. While it is good to make these experiences part of the child's life it is not possible to truly immerse the child in Deaf culture if one is mainstreamed. This is because Deaf culture is not taught either explicitly or implicitly through periodic experiences. Deaf culture is lived on a daily basis – like breathing.

Hearing people must understand that Deaf culture is a linguistic minority group. From Deaf culture, hearing society could learn to be more observant of body language and more direct when communicating. This is best way to create inclusive environment for deaf people.

4.9 Unit end exercisexs

1. What is the difference between "deaf" and "Hard of hearing"?

2. What is salient feature of "Deaf Culture"?

2. What is salient feature of "Deaf Culture"?

3. Compare between Deaf world and Hearing world.

4. What are the tips that you have to consider while communicating with a deaf

child?

5. What is the best option of communication for Deaf people according to you? Explain your justification by giving examples.

6. What are strategies to foster social inclusion for deaf people?

4.10 References

Higgins P (1980) Outsiders in a Hearing World: A Sociology of Deafness, US: Sage

Limaye.Sandhya (2016), Social inclusion of People with Disabilities: Issues and Strategies, Yojana May 2016 by Ministry of Information and Broadcasting, Government of India, New Delhi.

Padden, C. (1980). The deaf community and the culture of deaf people.In C. Baker, & R. Pattison (Eds.) Sign language and the deaf community. Silver Spring: National Association of the Deaf.

Sparrow, Robert (2005) Defending Deaf Culture: The Case of Cochlear Implants, The Journal of Political Philosophy: Volume 13, Number 2, 2005, pp. 135–152

Census 2011http://censusindia.gov.in/2011-Common/CensusData2011.html, by Office of the Registrar General & Census Commissioner, India, Ministry Home Affairs, GOI

Website:

https://www.nad.org/resources/american-sign-language/community-and-culture-frequently-asked-questions/

https://deafculturecentre.ca/what-is-deaf-culture/

https://www.healthyhearing.com/report/52285-The-importance-of-deaf-culture

https://www.youthkiawaaz.com/2018/02/come-on-india-lets-sign.

https://www.jstor.org/stable/26234689

(DeafTEC, https://www.deaftec.org/content/deaf-definitions, retrieved 30th November 2016)

Source: http://www.softschools.com/difference/deaf_culture_vs_hearing_culture/464/

Unit 5 ❑ Family Issues

Structure

5.1 Introduction

Family centred services are intended to promote the well-being and quality of life of Deaf children and their families.According to Bowen, a **family** is a **system** in which each member had a role to play and rules to respect. Members of the **system** are expected to respond to each other in a certain way according to their role, which is determined by relationship agreements.The change in roles may maintain the stability in the relationship, but it may also push the family towards a different equilibrium due to presence of deaf child as family have to make no. of adjustment and readjustment. This new equilibrium may lead to dysfunction if family could not adjust to new environment.It suggests that individuals cannot be understood in isolation from one another, but rather as a part of their family, as the family is an emotional unit. Families are systems of interconnected and interdependent individuals, none of whom can be understood in isolation from the system. Thus, when one study the family, we have to keep in mind about family structure, function and life cycle which are interrelated and the roles, needs, issues changed across the life cycle. It is important to understand how presence of deaf child affects the entire family system within family diversity and what kind of supports the family requires in coping with it.

5.2 Objectives

1. To study the family as a system and family diversity

2. To analyze the broad range of issues faced by diverse family in India which keep them invisible, neglected, oppressed and abused.

3. To explore strategies which would empower families having deaf children to access relevant services and to participate in their own development?

5.3 Role & challenges of families in fostering adjustment, personality development, independent living, employment and marriage

The family has to make adjustment due to having deaf child across the life span and it is not very easy for some family due to lack of awareness about deafness, lack of knowledge of deafness, lack of supports and victims of stigma.

5.3.1 Roles of Family

The family is the most important social group in society. It's also the most important influence in a child's life. The family plays an essential role in a child's education, in providing physical and emotional needs, and in giving moral guidance.

One of the family's primary roles within society is to promote an environment where kids can learn positive values, attitudes, behaviors, and lifelong skills. Parents need to teach their children to be accountable for their choices and need to be involved in their children's education, teaching necessary life lessons and taking part in their children's schooling. The values taught and practiced within a family can influence the choices family members make both inside and outside of their family for decades to come.

The role of the family is essential in raising and educating children and in giving them the skills they need to build worthwhile relationships within and make meaningful contributions to society. Thus there are many roles that family has to perform such as procreation, economic function, socialisation function, educational guidance, performing gender roles, developing job skills and so on. Thus, the presence of deaf child in the family forced the family to adjust their roles and functions to accommodate the rehabilitation needs of the deaf child.

5.3.2 Adjustment

Family adjustment refers to the process undergone when a profound stressor, such as an illness, disability, or injury occurs within the **family** system. More than 90% of children with severe to profound hearing losses are born to normally hearing families

(Moores, 1987). The realization that a child is deaf causes stress in families who have had little contact with deaf persons and know little about the implications of deafness. In addition to coping with the shock of the initial diagnosis, families must acquire an understanding of a substantial and complex body of knowledge. Parents are often swamped with information on amplification devices, sign language, educational methods, school placements, and legal issues, all of which demand comprehension to assure appropriate critical decisions about the deaf child's future (Meadow, 1980). Professionals need to understand how families adjust to a deaf child as planning and implementing educational programming for infants and preschoolers demand an understanding of family processes. Second, research indicates that competence, achievement, and adjustment in both preschool and school-aged children are related to successful family adjustment (Bodner-Johnson, 1986; Greenberg, 1983).

The realization that parents of children with disabilities experience grief and that mourning is a normal stage in parents' adjustment to a deaf child. An interactions between deaf children and their families are necessarily complex and everchanging and they adjust family rules as they adapt to the demands of absorbing complex information about hearing loss, learning new communication strategies, and managing the educational and legal bureaucracy.

5.3.3 Personality Development

General problems with reference to the study of the development of personality and emotional-social adjustment in hearing impaired children are discussed further. Social and emotional well-being is linked to a sense of self, to feelings about relationships with others and perceived feelings about treatment by other people. It is tied up with notions of what is considered normal or unusual behaviour. Due to language deficiency and poor communication, deaf child's social and emotional skills is affected and this becomes frustrating experiences for parents and deaf children which affect personality development in later life.

It becomes clear that social and emotional development in deaf children is complex and bound up with a number of factors, including attitudes to the child's deafness, approaches to language and communication, conversations about feelings, family attitudes to behaviour, schooling and friendship patterns and how the deaf child comes

to perceive him or herself.However, the future is likely to bring more changes. Developments in early diagnosis, technological developments and changes in society's attitude to deaf people mean that life for deaf people is changing with different attitudes and expectations of social and emotional development.(Gregory, 2017)

5.3.4. Independent Living

It is important for deaf people to acquire independent living skills as it leads successful adjustment in later life. However, due to stigma, negative attitude towards deafness, parents' overprotection, lack of trust to allow their deaf child to do independently, communication problems the deaf person finds difficult to achieve independent living skills. Luckily for some of them who have good parents as well as strong deaf networking, many deaf people can acquire such skills. During this phase, they have to learn how to socialise, how to make new friendship, how to solve problems on their own. Thus, it is challenging job for the parents to train their deaf child during transition of life.

5.3.5 Employment

Though the percentage of educated deaf individuals has increased, there are still open ends when it comes to hiring them. What is the reason for such low rate of employment of deaf people? Are there no job roles for them? They have job in the competitive market such as Mirakle courier, Mime and Mirch, Lemon Tree hotel and so on. The problem is due to poor educational qualification and poor quality of vocational training, deaf people find difficult to compete. However, if deaf person is trained then he is capable to do skilful job. Besides, employers and employees' attitude are important to make inclusion for deaf people as provision for job reservation is not enough. The tough job of parents is to prepare their deaf child for competitive market rather than becoming overprotective or deny and imbibe work culture in their child.

5.3.6 Marriage

We do know that marriage itself provides couples with needed psychological and material support. Each one has to make marital adjustment related to satisfaction, accepting differences, solving issues, tensions. Parents get confusion about getting their deaf children married. It is possible that deaf person wanted to marry another deaf person whereas parents may oppose it due to fear of having deaf grandchildren or social stigma or unsure about deaf person's capability to adjust the marital relationship. Even

many deaf people who use speech as oral communication prefer to marry another hearing person but it becomes difficult to find such partner especially for deaf women. Many deaf people wanted to marry another deaf as they are concerned about communication patterns sharing and understanding with each other. It is found that many deaf people did not have information about the marital role that they have to play including maintaining in laws relationship. Besides, Indian people give emphasis on caste, class, culture, community as criteria for marriage and they prefer not to challenge their custom of marriage. Thus, it becomes challenging job for parents to help their child to get married and continue their guidance to make their marital relationship successful.

5.4 Raising of Hearing child by Deaf Parents, Deaf child by Deaf parents and deaf child by hearing parents

Raising a deaf child is a challenging experience for both parents and their child. Making sure that parents get the right help and support as soon as possible will help their child's development so they can reach their full potential. However, it is fact that no two families are alike. There is diverse in family structure such as hearing parents with deaf child, deaf parents with hearing child, deaf parents with deaf child and the issues or challenges faced by each family is different due to its nature. Let us discuss it one by one.

5.4.1 Hearing parents with deaf child

Majority of deaf children are born to hearing parents. The parents are shocked to know about the deafness in their child as they are not aware of implication of deafness. They have to collect information on meaning of deafness and rehabilitation needs of the deaf child. They also visit to various doctors hoping to get their child "cured" which is called "shopping syndrome".

The second issue about understanding the use of hearing aids and teaching language to their deaf child as they realised that it is not easy job for them to teach their child and frustration occurred which affects parents' mental health.

The third issue is that they have to learn to cope with stigma or negative attitude of public towards deafness and deaf child. They become helpless in dealing with stigma that forced them to withdraw from social circle for a while. The social circle is affected due to avoiding stigma or too much time spent for rehabilitation of deaf child. As a

result, the deaf child would not wear hearing aids due to realising his being different from others and experiences negative attitude of peers and school. This also affects child's social skills and social relationship.

For hearing parents of deaf children, parent-child communication becomes a central issue because parents must actively learn how to communicate with their infants, rather than relying on intuitive communication strategies (Koester, Papoušek, & Smith-Gray, 2000). Regardless of the mode of communication parents adopt with their child (oral language, sign language, or a combination of the two), they face challenges in trying to replace learned habits of communication with new strategies (Jamieson, 1994). This process of adaptation can result in disrupted interactions that strain parents and children which, in turn, may negatively affect parenting roles and responsibilities (Quittner et al., 1990; Tamis-LeMonda, Uzgiris, & Bornstein, 2002). Studies have shown that hearing parents of deaf children are more likely to be directive, even intrusive with their child (Meadow, Greenberg, Erting, & Carmichael, 1981; Nienhuys&Tikotin, 1983; Spencer &Gutfreund, 1990) and may be less "attuned" to the child's need to visually and tactilely explore the environment (Lederberg & Mobley, 1990; Spencer, Bodner-Johnson, &Gutfreund, 1992).

Children's language skills may also influence parent-child interactions through one or both of the following pathways: (1) they could directly help children regulate their attention, emotion, and behavior or (2) they could facilitate communication with parents enabling children and parents to coordinate their interactions (Gallagher, 1999). Strong support has recently been found for both pathways in children who are deaf (Barker et al., 2009), suggesting that children's language abilities strongly influence parent-child interactions.

The stress that parents of deaf children experiences is likely related to the discrepancy between these developmental demands and their child's ability to meet them (Lederberg &Golbach, 2002). It may also be difficult for parents to adjust their behavior and expectations to better match their children's unique communication needs. These difficulties likely increase as the child gets older because of the increased differences between parents' intuitive expectations of the child's capabilities and the child's actual abilities. To our knowledge, only one study has directly assessed the relation between children's language ability and parenting stress in deaf children (Pipp-Siegel et al., 2002). Parents of children with less language reported higher levels of parenting stress and perceived their children as more difficult.

Regarding Behavior problems, Several studies have shown that, compared to hearing children, deaf children have higher rates of behavior problems, such as aggression, non-compliance, and inattention (<u>Barker et al., 2009</u>; <u>Mitchell &Quittner, 1996</u>; <u>van Eldik et al., 2004</u>; <u>Vostanis et al., 1997</u>). These higher rates of behavior problems have yet to be linked to parenting stress in parents of deaf children; however, this link has been established in children with other disabilities (<u>Floyd & Gallagher, 1997</u>). To our knowledge, this is the first study to include child behavior problems as a predictor of parenting stress.

In terms of behavior problems in deaf children, children's oral language ability is related to behavior problems, parent-child communication, and attention regulation. Using a large sample of deaf and hearing children, <u>Barker and colleagues (2009)</u> showed that lower language ability was related to poorer attention regulation, less parent-child communication, and increased child behavior problems. Moreover, attention regulation partially mediated the relation between language delays and child behavior difficulties, indicating that internal regulation (i.e., sustained attention) is an important mechanism through which language affects behavior problems. It has also been suggested that poorer parent-child communication may relate to emotional regulation. Children depend, in part, on their parents to learn how to regulate their emotions. Poor communication between parents and children may interfere with this process and may be interpreted by others as negativity or problem behavior (<u>Vaccari&Marschark, 1997</u>).

There is increasing trends to have cochlear implant surgery as parents hope that their deaf child will be "normal". It is important for them to understand benefits and limitation of cochlear implant surgery as deaf children need therapy for intervention and child has to use hearing aids. This surgery helps the deaf child to hear sounds much better but it is costly. The deaf child requires having intervention for at least 2 years post-surgery and many parents did not realise the consequences of stopping such therapeutic intervention. As a result, child may not get benefits as expected. The Ministry of Social Justice Empowerment provides assistance for surgery but does not provide further help for post-surgery therapeutic intervention which is costly and many families find difficult to manage it with limited finance.

To sum up, Hearing parents of deaf children face stresses and demands related to parenting a deaf child, including difficult choices about language, technologies, education and identity for their children (Marschark, 1997). To date, few researchers have discussed the unique challenges faced by this group. Through a series of semistructured, in-depth

interviews with 18 parents, this study investigated the experiences of hearing parents of deaf children spanning various life stages. A phenomenological approach identified 5 themes most pertinent to understanding their experiences. Each theme offers insight, particularly for professionals, into the distinctive issues that might arise at the time of diagnosis of deafness and reveals the challenges hearing parents face when confronted with a barrage of decisions, including choice of oral or sign language, mainstream or special deaf education, and identity with the hearing or Deaf community. The central message from this work is to inform hearing parents of deaf children and professionals working with these parents of the likely challenges that they may face. These include communication issues, educational concerns, hearing technology challenges, as well as difficulties related to finances and concerns about the safety of their children.

Once the deaf child grows up, the parents face different challenges such as sexuality, vocational training, job, marriage, and parenting. Thus, the problems faced by the parents having deaf child in childhood years are different from the parents having adult deaf. If the basic developmental tasks during childhood could not achieve at the right time, it affects next developmental tasks in later life. For example, if deaf child could not acquire language and speech it will affect to get good job and develop communication skills in later life.

5.4.2 Deaf Parents with Deaf child

Society including professional organizations, and the family and friends of the parents with disabilities themselves, think that a woman with a disability cannot be a good mother. It is hard enough to deal with one's disability, but even harder to be a parent with disability and care for children while dealing with that disability. Even today, parents with disabilities are still sometimes met with discriminatory attitudes, inaccessible environments and inappropriate support. The role of disabled parenting today, therefore, involves not only the usual challenges of raising children, but also the fight for adequate support services and preparing their children to face discriminatory attitudes(Limaye, 2015).

The Deaf parents were ready to accept their children if they are deaf. They felt that bringing their child with their own disability is a good thing because the family can share the culture that goes with that particular disability. However, genetic counselors, professionals and society at large may express that it is not acceptable to reproduce a

child with that disability because they are unaware of the positive psychological and social aspects of a disability culture (Rogers, 1996).Some Deaf parents may refer their deaf child for cochlear implant surgery for better future but there is no data on it in Indian context.

It is said that it is easy communication between deaf parents with their deaf children due to sign language and it creates strong emotional bonds between them. The deaf children get experiences of stable family life with quality of communication, understanding, sharing with each other, emotional support and social network. The deaf children become a part of deaf circle and enjoying social life, however, there are some deaf children who use oral as well as sign language for communication purpose, try to be a part of both deaf and hearing world. Even today, young generation of deaf people are well aware of their own rights and proud to have Deaf identity.

The 1980s in US had also seen the emergence of studies of deaf children of deaf parents where it was found that deaf children often performed better on a whole range of tasks than deaf children of hearing parents, with positive consequences for their social and emotional development. Meadow, in summarising work in this area, suggests 'deaf children tend to be less socially mature than hearing children (but) deaf children of deaf parents have been found to be relatively more mature than the deaf children of hearing parents with whom they were compared' (1980). She also concludes though 'that deaf children of deaf parents feel more positively about themselves than deaf children of hearing parents'. Such research challenged further the idea that spoken language in itself was necessary for healthy emotional and social development.

5.4.3 Deaf Parents with Hearing Child

Deaf parents with hearing children face unique challenges.Deaf Parents face both physical and attitudinal barriers in addition to the daily challenge of raising children, for example finding daycare programs or babysitters that can communicate with both them and their child. Other challenges stem from behaviors that result from parents not being able to hear. For instance, a daycare provider who was caring for a hearing child of deaf parents noticed that the child tended to scream or yell. She wrote in asking if it was common for hearing children of deaf parents to yell much.

Besides, the hearing children may also develop misarticulation due to lack of exposure.The teacher asked the deaf parents to get somebody's help in improving

pronunciation of their child's speech. Sometimes, the deaf child talks with his classmates without voices very often. It is natural that the sign language becomes first language for such children and they learn to communicate without voices. The children often forget that the hearing world find difficult to understand the speech without voices (Limaye, 2015). The hearing children with language delays face additional challenges because their language abilities do not keep pace with the increasing developmental demands of early childhood (Bornstein, Selmi, Haynes, Painter, & Marx, 1999; Irwin, Carter, & Briggs-Gowan, 2002).

Children are curious to know about their parent's impairment as they are confused and want to know more their impairments. They also try to assist by finding solutions to these on their own. Adequate knowledge about the impairment can be a strategy to be adopted so that children can get help in coping with the situation.One mother (HI) informed that her children asked her whether it is genetic disorder and whether they have chances to get hearing loss. She did not know how to answer and it upset her and she was afraid of passing on her impairment to her children. She wanted to tell them that it is her fault but could not get courage to say it (Limaye, 2015).

Limaye (2015) found in her study that onedeaf mother was asked by her son not to use sign language in public places as it would confer the disability on him. They asked their son also to ignore public comments as it was not their fault that she was deaf. The stigma against disability becomes a burden which even the children have to bear. A daughter who gets angry at public response about her mother's deafness and argues with the people explains that it is lucky her mother cannot hear the comments passed by the public about her. The burden of the mother falls on the child when there is lack of awareness of disability in the public domain. The mothers are sensitive about the invisible burden on their children due to their disability and they reported that it is difficult to deal their own emotion of being responsible for their children's suffering. Some children start to hide their mother's disability from public and even friends and consequently some do not invite them home. This was not confined only to mothers with deafness but those with a visual disability.Limaye 92015) found in her study that when the hearing children grow up, they became more self-conscious about their parental impairment.Some mothers reported that once their children were out of their teens, they learnt to overlook these problems and accepted their mothers' disability as a part of their life without feeling guilty.

Another problem for deaf parents of hearing children is that the children may try to take advantage of the fact their parents can't hear. The hearing children may have been reacting to the realities of their home life with deaf parents.

When children are growing up, they are curious to know how their parents are different than others.The deaf parents had no ideas how their children noticed their differences but they felt that the children learn to adjust to these differences. The hearing children communicate with their deaf parents through sign language and they become liaison between them and their hearing world (Limaye, 2015).However, many deaf parents depend on their hearing children to act as an interpreter.

5.5 Communication patterns and parenting issues in families with Deaf parents and hearing children

We already discussed the communication patterns and parenting issues between Deaf parents and their hearing children in previous section (5.4.3). You can collect more information on it by taking interviews of Deaf parents and their hearing children on various aspects.

5.6 Identify Family needs and supporting towards resource mobilisation, family network, Facility available of welfare schemes

It is important to have identification and understanding of family needs while working with the family. When we focus on strengths in the assessment, needs are simply the gaps that exist that require addressing. Conversely, focusing on the problems that exist causes us to wallow in our own deficiencies. Solutions can then seem much more distant. When we first acknowledge the positive factors in our lives, we realize the solid footing we have to make changes around some of the needs we identify.

5.6.1 Family needs

A family-level, needs-based model of assessment and intervention includes three major components: specification of family needs, identification of sources of support and resources to meet needs, and staff roles in helping families access resources from their support networks. The importance of a broader-based, social systems approach to assessment and intervention is emphasized.

Family-centred assessment is a process designed to gain a greater understanding of how a family's strengths, needs, and resources affect a child's safety, permanency, and well-being. The assessment should be strengths-based, culturally sensitive, individualized, and developed in partnership with the family. Such an approach builds on the strengths present in a family and creates opportunities to acquire new competencies to meet the outcomes.

The main purpose here is to clarify the needs of the family and to allay any worries or anxieties that they might have. It is important to note that different members of the family may have different worries and anxieties and they also need to be addressed. If there are deaf children in the family, invite them to the meeting and listen to their viewpoints and ideas as well. The concepts associated with *systems theory means family as a system,* applies here; if something happens to one family member it affects all of the other members as well.

While these families often experience additional situations and stressors, they have hopes, dreams, and concerns for their children just like other families. It is need to create positive impact on the families with a deaf child by empowering them with knowledge, empathizing with their feelings, and collaborating with other support professionals in their lives. Establishing meaningful relationships with families is a critical part of our work, and our communication is especially important when working with families with deaf child.

Dunst et al (1988) make the following suggestions for outlining families' strengths, needs and resources:

- Be positive and proactive in arranging the first contact with the family.

- Take time to establish rapport with the family before beginning the interview.

- Begin by clearly stating the purpose of the interview.

- Encourage the family to share aspirations as well as concerns.

- Help the family clarify concerns and define the nature of their needs.

- Listen empathetically and be responsive throughout the interview.

- Establish consensus regarding priority needs and outcome desires.

While planning for identification of needs of the families, we have to keep in mind about certain issues such as we should recognise that each family is unique and respect

family diversity in all dimensions (cultural, linguistic, socioeconomic, casteism), family's right to adopt particular approach to cope with, designing and implementing services that are accessible, culturally and linguistically respectful and responsive, flexible, and based on family-identified needs.

5.6.2 Resource Mobilisation

Resource mobilization refers to all activities involved in securing new and additional resources. It also involves making better use of, and maximizing, existing resources.

Family resources are the means that can be used by the family to cope with difficult situations; these include social, cultural, religious, economic and medical resources. Many of our resources come from within ourselves or from our relationships with other people. These are called personal resources. Our abilities and attitudes are personal resources. Other people, time, and energy are also valuable personal resources. Our abilities are what we do well.Knowledge, time, energy, finance, training, knowing scheme and utilising it all are resources and each family must know when and how to mobilise it when required. However, all families are not expert to identify their personal, social and professional resources and some families need to get training on it. An Eco map, developed by Anna Hartman is useful to identify the needs and resources and family can take their own decision by using eco map.

An eco-map is a graphic representation or visualization of the family and provides an opportunity to visually represent the family's perspectives about the absence or presence, nature and strength of linkages to entities such as family members, friends, co-workers, religious or spiritual institutions, schools, social service agencies, community groups, recreational activities, health care networks, legal systems, and volunteer or advocacy organizations (Cox, 2003).

5.6.3 Family Networking

Family networking is a program in which a family member mom/dad/child is introduced to another family who is going through similar experiences and it is valuable information for them.Family to Family Network helps individuals with disabilities and their family members define and achieve success for themselves and their loved ones. Through guidance and training of parents and young adults, it helps the families discover possibilities, see the potential and advocate for what they need to achieve their dreams.

The Family Networking Program supports the family by providing:

- A newsletter containing information about agency and community services, activity ideas, and interesting facts.

- Family events that celebrate opportunities for families to have fun together in an accessible, safe environment.

- Family Support Groups that allow caregivers time to share information and receive mutual support.

By providing information on the various systems, referrals to community resources, training events on various disability topics in the office, community and at our annual conference, a website devoted to providing accurate & consistent information on the special education process, a monthly email newsletter of family & community activities, as well as a Leadership & Advocacy training program; families and individuals with disabilities have an opportunity to network and learn from one another.

Today there is increasing trends to use social networks for families such as facebook, ewall, family leaf and it really helps to reach many families all over the world and share the information.

5.6.4 Facilitating availability of welfare scheme

The Government of India introduced various entitlements and schemes for disabled persons from time to time. However, it is important for each family to know the scheme for their deaf child and utilise it. It is found that many parents especially from slum area, rural areas, low socio economic background, are not aware of various schemes, Some parents may know but they are not aware how to access. It is important for the professionals to make the families aware of various schemes and utilise it.

The following are the ways to facilitate in utilising the availability of schemes:-

1. Educate the families about the various schemes by organising workshop and clarify their doubts

2. Provide information about the necessary documents that required to produce for entitlement

3. Explain the benefits of disability certificate as many families are not aware about it. They must know when to produce disability certificate to avail the schemes.

4. The professionals including clinic, social workers, teachers, schools, welfare officer should connect with each other and plan how to reach each family for utilising the scheme.

5. Conduct the camp for disability certificate especially in remote areas.

6. The welfare officer must conduct training for professionals and families on online form filling and accessibility of services.

7. There must be booklet for detailed information on various schemes and how and to whom the families can approach.

8. Utilise family network and parents support group for information on accessibility of services.

5.7 Advocacy

Although current estimates suggest that people with disabilities make up 10% to 20% of any community, they can be invisible and isolated in society. Physical and social barriers exclude them from participating in mainstream society and fully realizing their human rights.

Advocacy means a process designed to create positive change. Advocacy consists of a variety of actions taken to draw attention to an issue and to direct legislators, policy-makers, service providers, and other important actors to a solution. Such advocacy actions can be taken at the individual, local, national, regional, or international levels.

Advocacy involves promoting the interests or cause of someone or a group of people. An advocate is a person who argues for, recommends, or supports a cause or policy. Advocacy is also about helping people find their voice. There are three types of advocacy - self-advocacy, individual advocacy and systems advocacy. However, there are many more types and can be used.

5.7.1 Types of Advocacy

(a) Self-Advocacy

● Self-advocacy refers to an individual's ability to effectively communicate, convey, negotiate or assert his or her own interests, desires, needs, and rights (VanReusen et al., 1994).

- Self-advocacy means understanding your strengths and needs, identifying your personal goals, knowing your legal rights and responsibilities, and communicating these to others.

- Self-Advocacy is speaking up for oneself!

(b) Individual Advocacy

In individual advocacy a person or group of people concentrate their efforts on just one or two individuals. According to the group Advocacy for Inclusion "Advocacy is having someone to stand beside you if you think something is unfair or that someone is treating you badly and you would like to do something to change it."

There are two common forms of individual advocacy - informal and formal advocacy. When people like parents, friends, family members or agencies speak out and advocate for vulnerable people this is termed informal advocacy. Formal advocacy more frequently involves organizations that pay their staff to advocate for someone or for a group of individuals.

(c) Systems Advocacy

Systems advocacy is about changing policies, laws or rules that impact how someone lives their life. These efforts can be targeted at a local, state, or national agency. The focus can be changing laws, or simply written or unwritten policy. What is targeted depends on the type of problem and who has authority over the problem (Brain Injury Resource Center, 1998).

5.7.2 Family Advocacy

Advocacy with a little a would be considered as working on behalf of families, or for families, and educating legislators or other policymakers about family research and how policies affect families so that families are considered when policies are made.

Families can be advocates and leaders at home, in their children's schools, in their neighborhood and community, Family advocates speak for and act on behalf of others as they empower them (Trainor, 2010). Parents may speak up for their own children, or join with others to represent the needs of many children (Cunningham, Kreider, &Ocón, 2012). Family leaders use and develop resources and services to strengthen their family. They speak and act from those experiences (Reynolds & St. John, 2012).

Family advocacy and leadership can include a range of different activities. Parent advocates and leaders can:

- act as mentors in the classroom,

- share skills with other parents,

- coordinate events for children and families,

- bring out strengths in other families,

- participate in parent meetings, advisory committees, parents committee,

- represent children and families in the development of policy and legislation.

Helping families become advocates and leaders is an important step toward supporting better family and child outcomes. When family members act as advocates and leaders to influence the programs, policies, and practices that shape their children's lives, the effects can be long-lasting.

5.7.3 Strategy

Advocacy rarely uses a single action to achieve change. Instead, advocates and advocacy organizations develop an advocacy strategy, which consists of many kinds of actions such as:

- **Educational actions:**

Do we have the facts we need about the issue (research and analysis)? How can we draw people's attention to an issue (public outreach)?

How can we change people's attitude toward this issue (education andtraining)?

- **Political actions:**

~ How can we direct governmental policy-makers to change or implement policies to address the issue (lobbying)?

- **Legal actions:**

~ Is a new law needed to address the issue?

~ Does existing law need to be repealed?

~ Does existing law need to be enforced by the courts or administrativeagencies of the government?

Wise advocacy aims at change that is sustainable. Sometimes activists can temporarily draw money and attention to an issue, but if that financial support and interest declines, the situation almost always returns to the way it was. Lasting social change usually takes time: old attitudes do not alter overnight. Successful advocacy involves persistence and a long-term commitment.

5.7.4 Effective Advocacy

Effective advocacy is not spontaneous or occasional. An advocacy strategy has clear goals and objectives and a plan to fulfill them in a systematic fashion.

Before advocacy goals can be established, however, a thorough analysis of the situation is required:

- What are the main challenges that concern people with disabilities?
- What are the underlying causes of these challenges?
- What can be done to address the underlying causes?

Identifying the challenges is usually not difficult. On the other hand, understanding the causes of these challenges can require looking at many subtle factors such as economics, social structures, stereotypes and attitudes, political ideologies, and cultural traditions. However, the better you understand these underlying causes, the more effective your strategies to address them will be which will help bring about lasting change.

Lasting social change is almost never brought about by a single individual or organization. Successful advocacy needs the collective efforts of many people with many different experiences, perspectives, and skills.

An important step in advocacy planning is to identify allies and form effective collaborations with them. Sometimes people are addressing the same issue for different reasons; sometimes people have the same goals but work on different aspects of the issue. Such collaborations help to avoid wasteful duplication of efforts and nonproductive competition. However, all members of collaboration need to acknowledge their differences and be clear about their common goals, as well as their respective roles and actions. They need to plan together and stay in continuous communication.

5.7.5 The following are the principal actions involved in advocacy:

1. Educate yourself

- Understand the kind and extent of the challenges facing people with disabilities.
- Understand the underlying causes of these challenges.

- Gather relevant statistics about people with disabilities locally, nationally, and globally.

2. Understand the situation in your country

- Evaluate relevant laws and policies affecting people with disabilities.

- Identify political, economic, and cultural factors that contribute to the challenges or could contribute to changing them.

- Evaluate the policies and actions of lawmakers, ministries, and political parties nationally and locally.

- Evaluate the attitudes of health professionals and service providers.

3. Set long-term and short-term goals

- Prioritize challenges.

- Establish indicators for progress in advocacy: Be clear what you hope to accomplish in six months, a year, five years, even ten years.

4. Find support/ Choose allies

- Identify individuals and other groups working on the same challenges and unite your efforts.

- Establish common goals and clear roles for collaboration.

- Establish clear methods for communication and decision making.

5. Choose strategies

- Plan a variety of different ways to address a challenge.

6. Plan actions

7. Implement actions

8. Evaluate actions and their outcomes

- Set up indicators for evaluating whether your strategies are working.

9. Make adjustments to your goals /plans

- Be flexible and prepared to change strategies in response to changing situations.

5.8 Let us sum up

According to Bowen, a family is a system in which each member had a role to play and rules to respect. Members of the system are expected to respond to each other in a certain way according to their role, which is determined by relationship agreements.The primary function of the **family** is to ensure the continuation of society, both biologically through procreation, and socially through socialization. The family having deaf child has to make no. of adjustment and readjustment in many areas depending on family diversity. The responsibility of the professionals is to help the family to identify the needs, utilising services for rehabilitation of the child and using advocacy and family network for support.

Advocacy is a continuous effort. There are many steps, but no one is ever complete. You cannot take action until you understand the situation, but you never stop educating yourself or analyzing the situation in your country. Advocacy is a skill. The more you advocate, the more you learn about how to do more effective advocacy.

5.9 Unit end exercises

1. What are the issues faced by the hearing parents having deaf child? Discuss with examples.

2. What are the differences between Deaf parents with deaf child and Deaf parents with hearing child regarding their issues?

3.   Identify the family needs and strength and suggests suitable resources for them.

4. Explain the importance of family network.

5.   What is advocacy? Describe the principle action for successful advocacy.

5.10 References

Cunningham, S. D., Kreider, H., &Ocón, J. (2012). Influence of a parent leadership program on participants' leadership capacity and actions. School Community Journal, 22(1), 111-124.

Cox, Ruth P. (2003). Health related counseling with families of diverse cultures: Family, health and cultural competencies. Westport, CT: Greenwood Press.

Disability Rights Advocacy Workbook, **LANDMINE SURVIVORS NETWORK, Geneva, 2007**

Hartman, A. (1995). Diagrammatic assessment of family relationships.Families in Society: The Journal of Contemporary Human Services, 76(2), 111-122.

Limaye, Sandhya (2015), A Disabled Mother's Journey in Raising Her Child in Hans Asha (ed), Disability, Gender and The Trajectories of Power. New Delhi: SagePublication

Olsen, R. and Clarke, H. (2003) Parenting and Disability: Disabled Parents' Experiences of Raising Children, Bristol, UK: The Policy Press

Reynolds, M., & St. John, J. (2012). Core competencies of family leaders: A guide for families and organizations. Kansas City, MO: Missouri Family to Family Resource Center, UMKC/UCEDD.

Rogers, J. (1996) Pregnancy and Physical Disabilities, In *Krotoski*, D. M., *Nosek*, M. A., & *Turk*, M. A. (ed) Women with Physical Disabilities: Achieving and maintaining health and Well being, Baltomore: Paul h. Brooks Publishing Co.

Trainor, A. A. (2010). Diverse approaches to parent advocacy during special education home-school interactions: Identification and use of cultural and social capital. Remedial and Special Education, 31(1), 34-47

T Feher-Prout(ý1996) Stress and coping in families with deaf children in Theoratical and review article

Website-

https://www.nap.edu/read/21868/chapter/7

http://cedwvu.org/resources/types-of-advocacy/

https://www.batod.org.uk/information/the-social-and-emotional-development-of-deaf-children/

মানুষের জ্ঞান ও ভাবকে বইয়ের মধ্যে সঞ্চিত করিবার যে একটা প্রচুর সুবিধা আছে, সে কথা কেহই অস্বীকার করিতে পারে না। কিন্তু সেই সুবিধার দ্বারা মনের স্বাভাবিক শক্তিকে একেবারে আচ্ছন্ন করিয়া ফেলিলে বুদ্ধিকে বাবু করিয়া তোলা হয়।

— রবীন্দ্রনাথ ঠাকুর

ভারতের একটা mission আছে, একটা গৌরবময় ভবিষ্যৎ আছে, সেই ভবিষ্যৎ ভারতের উত্তরাধিকারী আমরাই। নূতন ভারতের মুক্তির ইতিহাস আমরাই রচনা করছি এবং করব। এই বিশ্বাস আছে বলেই আমরা সব দুঃখ কষ্ট সহ্য করতে পারি, অন্ধকারময় বর্তমানকে অগ্রাহ্য করতে পারি, বাস্তবের নিষ্ঠুর সত্যগুলি আদর্শের কঠিন আঘাতে ধূলিসাৎ করতে পারি।

— সুভাষচন্দ্র বসু

Any system of education which ignores Indian conditions, requirements, history and sociology is too unscientific to commend itself to any rational support.

— *Subhas Chandra Bose*