



INCLUSIVE PEDAGOGY AND HEALTH: A BRIEF INTERDISCIPLINARY APPROACH WITH AN EMPHASIS ON DISABILITY

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Abstract:

The purpose of this paper is a co-education framework for teachers and educators, parents and health professionals, through accessible educational materials principles and guidelines as good inclusion practices, based on the clinical and learning characteristics of children with disabilities. The paper shows how concepts informed actions and combines theory and practice through key points.

Keywords: inclusion, inclusive pedagogy, inclusive education, disability, health care, interdisciplinary approach, good practices

1. Introduction

According to Spratt & Florian (2015), *“teachers drew selectively and purposefully from established strategies to ensure inclusion and by drawing on examples from the data that illustrate inclusive pedagogy in action, questions are addressed about how teachers in diverse classrooms create learning environments with opportunities that are available to everybody”*.

Additionally, the modern interdisciplinary literature with reference to disability (Barnes & Mercer, 2010/ Siebers, 2011) emphasizes social and educational rehabilitation (Helscher, 2009/ Hacke, 2016/ Duetzmann, 2018/ Mezei, Heller, 2005/ Heller et al., 2008/ Driver, Kelly, 2005).

The purpose of this paper is to emphasize a brief context of inclusive pedagogy and education for all through accessible educational materials principles and guidelines as good inclusion practices. Such an approach may be useful for teachers, educators, health professionals and parents.

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2. Literature Review

The introduction of inclusive education in mainstream educational practice as a fundamental, structural, radical, multi-dimensional innovation system has sufficient resources to improve the quality and increase the efficiency of education (Ryapisova, 2017).

With this reasoning, we will describe with key-points a didactic framework of inclusive education and inclusive practices (Howley et al., 2020), that promotes health and it is useful for teachers and educators, parents and health professionals and health practitioners.

First key – point: At the level of inclusion of students with disabilities and health problems, research findings show that general education teachers do not seem to have sufficient knowledge and skills to educate students with physical disabilities in their classrooms. In addition, the majority of general education teachers do not feel confident in being fully prepared for the inclusion of students with disabilities (Singh, 2007).

Second key – point: Teachers must maintain a safe and healthy environment for all their students, with the ultimate goal of promoting health promotion and learning with the best possible outcomes. However, there are additional considerations and requirements when pupils and students require health care procedures. Teachers need to effectively monitor their students and understand their roles and responsibilities in carrying out these processes. Teachers also play a vital role in teaching students to participate fully or partially in the performance of their own healthcare procedures, in order to increase their independence. Health promotion needs to be built into all the policies and if utilized efficiently will lead to positive health outcomes (Kumar, Preetha, 2012).

Third key – point: Individualized student healthcare programs can be used to communicate and inform important information about students' health goals and address common problems arising from their health care processes (Heller et al., 2011).

Fourth key – point: In addition, in this context, the literature highlights the importance of individualized educational strategy based on individual needs (Obinga, Kochung, 2011), but also the nature and severity of disorders that determine the learning characteristics of students with physical disabilities and health problems.

Fifth key – point: Therefore, the best practices of inclusive pedagogy and inclusive education are an educational, health and pedagogical priority of the highest importance. Aiming at describing good inclusion approaches and co-education practices for people with disabilities and chronic health problems, some guidelines are given (Heward, 2011):

- Any educational and recreational activities should be interesting, facilitate cognitive development and not exceed any skills for conceptual comprehension.
- Toys should be durable without sharp edges and not too small.
- Any objects, e.g. educational, household, environmental controls, etc., should be adapted to facilitate their use by children with disabilities and health problems.

- The creation of an accessible educational environment provides these children with the possibility of more effective control in the environment in which they live, as a result of which they learn but also expand the field of their learning experiences.
- Creating an accessible learning environment provides these children with the opportunity for more effective control over the environment in which they live, expanding the scope of their learning experiences.

Sixth key – point: Also, in the context of interdisciplinary educational interventions and inclusive practices, we emphasize:

- In the optimal psychosocial adaptation of the individual (Ioannidis, Karvelas, 2018).
- In the educational empowerment of the individual and in the involvement of the parental/supportive environment, as well as in the cooperation of school and family (Karvelas, Ioannidis, 2018).
- In the importance and role of individual differences, due to the heterogeneity of learning characteristics displayed by students with disabilities.

Seventh key – point: Summarizing, in order to reduce or eliminate barriers for students with disabilities and health problems, the educational material should be provided in multimedia electronic form regarding (<http://www.prosvasimo.iep.edu.gr>):

- The texts (legible, comprehensible, with grammatical and syntactic consistency, clarity, the sequence in the organization and structure of the content, editable format by a possible editor, the possible format of a virtual book, etc.).
- The book (functional, with information that is easy to manage, consistent in the organization of the pages, aesthetic ergonomics, etc.).
- The sound (physical with the conversion of visual text to audio content, the possibility of auditory performance of exercises by the student, existence of auditory stimuli, etc.).
- The software (with accessibility options, using a screen magnifier program, using a voice recognition system, a gesture-detector, etc.).
- The illustration (sharpness and attractiveness of images, with interest and variety of colors, accuracy of captions, etc.).

Eighth key – point: Lifestyle change can be facilitated through a combination of efforts to increase awareness, change behaviour, and create environments that support good health practices (Vinner, Macfarlane, 2005).

One example is the “MOVE”. It is a program based on activities designed to increase motor skills, for people with physical disabilities, regardless of age or cognitive level, and is implemented by teachers, family, carers and health professionals in all environments (school, home, care centers, community). The goal of the program is to educate independence and autonomy kinetically. It promotes the practice of movements through functional activities. Ultimately, it aims at self-efficacy itself (<http://www.move-international.org/modelsites>).

3. Conclusion

“Inclusive pedagogy is an approach, which has been developed, over a number of years, through studying the work of teachers who address issues of fairness in education by a commitment to inclusion of all pupils in the classroom learning community” (<http://www.autismtoolbox.co.uk/sites/default/files/resources/Inclusive%20Practice%20Programme%20-%20key%20Lessons%20for%20schools%20Aberdeen%20%20University.pdf>).

In conclusion, for quality education, the aim is in the way we approach disability and that we intervene in education, thus developing a model of education adapted to the specifics of each student and promoting education for all, health and health promotion (McQueen, Jones, 2007), which will be based on human rights worldwide.

Conflict of Interest Statement

The authors declare no conflicts of interest.

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Dr. Vasiliki Ioannidi (PhD/Dr.phil.) is a university staff scientist, researcher and academic author and supports with her works Teacher Education Program. She holds a B.A. in Philology and a PhD/Dr.Phil. in Pedagogy/Special Education (Greek State Scholarship Foundation) from School of Philosophy, National and Kapodistrian University of Athens (NKUA) and Certification in Special Education Programs, Neurosciences & Education, Adult Educators Training and Open & Distance Learning. In addition, she is a member of the ÖGKJP-Sektion Klinische Pädagogik. She is an instructor for a lifelong e-learning funded program (NKUA). She is an Adjunct Faculty at the Hellenic Open University (Special Program of Pedagogy and Didactic). Also, she is an Adjunct Faculty in the Joint Postgraduate Program of Special Education at the University of Nicosia (School of Education) with the University of Patras. She has published books and authored journal articles, e-books, conference papers and book chapters (Greek, English, German). Her research interests are Special and Inclusive education, Interdisciplinary & Innovative practices in Inclusive Pedagogy and Teaching & Digital Education through Teachers' education activities.

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