CHAPTER – I
INTRODUCTION

This chapter is an attempt to understand the historical background of India’s policies and programs for inclusive education and special needs education. It is also to understand the concept of ‘special needs education’ and its benefits. It further envisages a brief idea about limitations in educating children with special needs (CWSN). This chapter encompasses a brief note on Indian initiations with reference to education, in general and inclusive education, in particular.

The concept 'special needs education' has a specific meaning i.e., needs of the ‘children with special needs’ (CWSN) is considered as right and ensured through specific policies taken up by the government. The special educational needs are referred to the children who have learning difficulties or disabilities that hinder their learning and access to education compared to most children of the same age. The CWSN may need different or additional support from what is provided to other children of the same age. The additional support may not be uniform to everyone and at all times. It depends on the nature of the problems they face, such as difficulties in thinking, understanding, learning, emotional and behavioral difficulties, physical and sensory difficulties and, difficulties with speech and language. Understanding special educational needs of the children is necessary to facilitate appropriate measures to include the CWSN in schools; otherwise, the school curriculum excludes children with disabilities from education.

Disability Education and Exclusion
The concept of social exclusion, according to French definition, is a rupture of social bonds, on the organic and solidaristic nature of society. It implies that the ‘social exclusion’ exists within the construction of shared values and rights existing in moral community and the social order. The exclusion reflects in the failure of varied institutional mechanisms in integrating individuals into
society, in turn, creating a possible danger to the social body. The social exclusion is defined as the opposite of social integration, mirroring the social being, and being ‘included’. The exclusion of people, for example, from livelihoods, employment, earnings, property, housing, minimum consumption, education, the welfare state, citizenship, personal contacts and respect (Silver, 1994) is evident in the contemporary society. The Social Exclusion, in European context, is defined as ‘the process through which individuals or groups are wholly or partially excluded from full participation in the society within which they live’ (European foundation, 1195, p.4, quoted in de Haan, 1998, cited in Francis, 2002) and social rights of citizenship to retain basic standards of living and participation in the major social and occupational opportunities of the society (R.R. Singh: 2003).

The social exclusion, according to Aasland and Flotten, is a multidimensional phenomenon and has considered several important living condition variables as proxies; they are (1) exclusion from formal citizenship rights; (2) exclusion from labor market; (3) exclusion from participation in civil society and (4) exclusion from social arenas. Participation in all these arenas suggests that people are not socially excluded, while, indicators of participation and degree of participation makes the difference (Aasland and Flotten, 2000:1028). Francis (2000) locates the strength of social exclusion in its attempt to capture the multifaceted character of social deprivation, in its institutional and cultural aspects.

Amartya Sen (2000) argues that the idea of social exclusion needs to be examined in relation to its utility in providing new insights in understanding the nature of poverty, identifying causes of poverty, contribution to thinking on policy and social action in alleviating poverty. People can be excluded by many different sorts of groups, often at the same time: landlords exclude people from access to land or housing; elite political groups exclude others from legal rights; priests in India may exclude scheduled castes from access to temples;
minorities may be excluded from expressing their identity; labour markets, and also some trade unions exclude people (non-members) from getting jobs; and so on. Hence, exclusion happens at each level of society (Sen: 2000).

To understand exclusion, Silver introduces three paradigms of social exclusion. They are (1) Solidarity Paradigm (2) Specialization Paradigm and (3) Monopoly Paradigm. Each paradigm attributes exclusion to a different cause, different political philosophies of republicanism, liberalism and social democracy, different policy implications, and thus theories of poverty, inequality and citizenship. ‘Solidarity’ refers to distinctly social relations, in contrast to political or market relations, and is seen as the ‘social bond’ that ties individuals to the larger society. The state and its citizens have a responsibility to maintain these ‘social bonds’ and link into the dominant culture. Solidarity views exclusion as a breaking of the social tie, a failure of the relationship between the society and the individual (Silver: 1994).

Societies are composed of individuals with diverse interests and capability, and the structure of society is built around a division of labour and exchange in both economic and social spheres. Exclusion occurs when the capacity of individuals and groups to engage freely in these exchanges is impeded. This may be a consequence of government action or discriminatory practices. ‘Monopoly’ is influential on the European Left, draws on Weber and Marx and sees exclusion as a consequence of group monopoly. The rules determining access to the more privileged groups also determine who is excluded. The identity of the excluded is thus socially constructed. In this perspective, an extension of citizenship rights to the excluded is seen as combating exclusion (Silver: 1994).

The multidimensionality of exclusion can be seen in the case of disability also. The persons with disability have been denied to be part of the society due to their disability. Disability as an element of social exclusion has deprived
students with disabilities from having a better life in the society. Their opportunities are taken away from their social rights of citizenship, thus stressing the social distance, marginalization and inadequate integration [Silver: 2006]. The concept of social exclusion resonated strongly with the perception of the complex reality encountered by the learning team members in almost every educational framework. The students in these frameworks generally came from lower socio-economic backgrounds, new immigrant groups, ethnic minorities, and/or with family situations characterized by breakdown, violence, and neglect. They had the potential to succeed but, for some reason, caught up in a cycle of failure and disruptive behavior [Friedmann at al: 2004; 173].

Notwithstanding all causes given by the society, disability is a neglected issue. Owing to this social exclusion, persons with disabilities (PWD) are repeatedly discriminated, under-estimated and humiliated.. They are denied access to education. They are out of participation [Silver: 2006] in general social life. According to Touraine, exclusion is an issue of being in or out rather than up or down. Similarly, people with disabilities are treated as second grade citizens in the society [Touraine: 1991]. They are driven out of accessing resources in the society.

Disability is both a cause and a consequence because people with disabilities are deprived of social benefits in the society and have been excluded from food, health, potable drinking water and resources. In the Indian context, social exclusion is viewed in terms of basic needs, i.e., food and nutritional security, elementary education, primary health care, access to housing, water supply, sanitation and social security [R.R. Singh: 2003 and Appasamy et.al]. Christine Bradley (1994) has framed four mechanisms to understand exclusion, i.e. geography, entry barriers, corruption and physical violence, which have shown their impact on persons with disabilities. Disability restricts people from moving in geographical locations, limits the entry through structural barriers
and also through emotional violence created on physical basis. As a result, the excluded are becoming objects of humiliation, derision and contempt. In this process of exclusion, market also has been playing a crucial role on disability [Bradley: 1994]. In the context of disability education in India, there is a need for special attention to understand, educate and provide appropriate and adequate facilities to the children with special needs. This idea of “Least Restrictive Environment in Education” was imitated from United States of America in the early 1960s as a movement of ‘Mainstreaming’ in Scandinavian countries. The Education For all (EFA) campaign of UNESCO, advocating and including Children With Special Needs [Narayan: 1999] was adapted by Government of India in designing preparing programs and policies, and their implementation.

**Disability Education and Inclusion**

The prime focus is on Education because, it is perceived to be one of the instruments of social change in all the developing countries. The entire gamut of literature on social change places high premium on the role of education as the most important vehicle of social change. However, the emphasis on education in contemporary times does not mean the education was not given its due importance in earlier times nevertheless, it was not adequate. Scholarly concern on the relationship between education and other fields of social interaction is not new. The political philosophers like Plato and Aristotle, have affirmed principles embodied in phrases: “As is the state so is the school” or “what you want in the state, you must put into the school”. To elaborate, political thinkers too recognized the association between the educational and political system because education plays a crucial role in political development (Wise and Hauser: 2007; 61). So, education helps in removing political immaturity of people. Paulo Freire says that the greater the political immaturity of the people, the more easily they can be manipulated by those who do not want to lose their power (Merrill at. al: 2001; 115).
A review of the available literature in the field of education, the research infers that magnitude of the studies undertaken in terms of special needs education is far from adequate. There is a strong need for more studies on the multifarious dimensions of education of people with disabilities. Mishra and Gupta (2006) were keen on the limitation of various rehabilitation measures adopted by the government and non-governmental organizations (NGOs) in India. Being the largest minority group in the world, the persons with disabilities, are starved of services and facilities available to the non-disabled and, consequently, they are the least nourished, the least healthy, the least educated, and the least employed. They have a long history of neglect, isolation, segregation, poverty, deprivation, charity, pity and even self-pity. Since the persons with disabilities, as yet, do not have any economic or political or media power in India, they tend to be mostly ignored by society. At this crucial juncture, literacy will give much more meaning to a person with disability, as it lessens her/his plight and opens up opportunities for development. Madan (2004) says that if India is to claim to be a democracy; we need to create systemic conditions that will support such an equality of access.

The nonexistence of appropriate education and training has always singled out persons with disabilities from family. In such cases, families having children with disabilities were under constant stress of looking after the child with sense of shame. The new concepts of Integration, Normalization and Equal Opportunities of education have, got attention only after World War-II, reflected on growing awareness of the capabilities of persons with disabilities [Sethi:2005]. Hence, the state had to take the responsibility for the well-being of the citizens irrespective of their different socio-economic circumstances [Rao: 2003].

Inclusive Education focuses on family because, the family is supposed to play a very crucial role and responsibility in identifying needs and necessities of children to shape the mind and personality of every child. While emphasizing
education and special needs, Rajesh (2002) feels that the parents and teachers have always been silent and invisible stakeholders in education process. Contrasting to it, some of the initiatives of professionals, NGOs, and social activists in educating and training children with disabilities have helped families to realize the individual abilities of these children (Sethi: 2005).

According to Amita Sharma (2003) the whole thinking on education, at its foundational level, has been sequentialized into access, retention and achievement, as if these are three chronologically progressive stages of history. The physical understanding of school is reflected in this spacing between access and retention and achievement. The spatial identity of the school dominates the understanding of education. This is what marks the school as a site of exclusion. This exclusion is social, cultural and epistemological. The school borrows its cultural paradigms from the socially dominant groups, either rejecting or seeking to modify all other forms of cultural expressions on its own terms.

There is some section of children with developmental disabilities encountering learning disabilities. It means the performance of the child is found to be lower than the expected performance of a particular class level. Some conditions may be easily detected where as others need closer observation and detailed assessment in order to diagnose the condition differently. Nonetheless, nature of support drawn from special education field, depend on specific characteristics of a child’s nature of learning difficulties [Rao: 2003].

The present phase of globalization is not only integrating consumer markets but it is also creating new inequalities, unbalanced information flows and challenges to the protection of human rights, particularly with reference to persons with disabilities. Hence, the emergence of new concept of human poverty calls for pro-poor and pro-environment growth and strong civil society alliance (HRD: 1998). In the context of globalisation, Market needs the people who work fast, readily accessible and work long hours, which keeps many
persons with disabilities out of the jobs instead of taking the responsibility of providing them accessibility.

The Concept of Inclusive Education

Education systems have come to be guided by policies to raise educational standards, on the one hand, and by policies to promote inclusion on the other (Norwich: 2008; p.287). A dominant problem in the disability field is the lack of access to education for both children and adults with disabilities. As education is a fundamental right for all, enshrined in the United Nations Universal Declaration of Human Rights, and protected through various international conventions, this is a very serious problem. In a majority of countries, there is a dramatic difference in the educational opportunities provided for children with disabilities and those provided for non-disabled children. It will simply not be possible to realize the goal of Education for All if we do not achieve a complete change in the contemporary situation. Inclusive education is simultaneously a philosophy and a practice, based on particular theories of teaching and learning. The term Inclusive Education as referring to the education of children and youth with disabilities in general education classrooms with their nondisabled peers (Peters: 2007). The process of inclusion means focusing on the system and making it welcoming to all. In case of the children with special needs, inclusion illustrates the shift in services from mere education to personal development. Inclusion is based on recognition of the capacities and potential of all children to develop if the environment is responsive to their needs [Rao: 2003].

Inclusion in education system is more than access to education. This perspective has led the necessity to change traditional techniques and strategies and reflecting on collaborative research projects by teachers, pupils and researchers. It also challenges the classic pedagogy of teaching and lead to conflict between values and goals [Vassilio, S.A and Magda, A.N: 2009]. Considering the fact, Government of India had taken initiatives to provide
access to education for the children with special needs. One of the great and contemporary initiatives is ‘Universalization of Elementary Education’ (UEE). Inclusive Education is a process and an entry point to improve the quality of schools. A majority of policy makers said it was just a laudable theory which could not be put into practice. Lack of faith in their own education system is one of the major causes for the hesitation to accept inclusion in letter and spirit along with lack of convergence in teachers’ trainings. There is an urgent need for interventions for equipping general teachers with special skills, making general curricula, teaching methods, evaluation procedures, disability-sensitive learning material and skills in addressing the attitudes of other children in the school. This will help in ensuring effectiveness of such interventions. Otherwise Inclusion and Mainstreaming can easily become “main dumping”. So, the concept Inclusive Education needs a careful understanding (CBR Network: 2005; 15).

**Benefits of Inclusive Education**

When the children with disabilities are separated from society - educated in separate classrooms in schools, employed in sheltered workshops, and engaged in separate leisure activities - alienates them from general friendships. On the contrary, having friendly people around, and opportunities to interact and make new friends forms important ingredients of a meaningful life. Learning from peers is a common way of gaining information and developing new skills among children. Young children, in playgroups and pre-schools, learn new words and problem-solving skills from one another. By working together, students are successful and model these behaviors. A student who has difficulty in communicating can learn effective strategies by being with students who use language all day long. A student, who needs to better learn, should be surrounded by other students working diligently at their lessons. At times, all students may find their best teachers are among their peers. It will help the friends to accept the difference. If it is not an inclusive set up, then children without disabilities will not have a chance to get to know about children with
disabilities. Inclusion of all students in a regular education schools, creates opportunities to students and teachers to meet, interact with, and develop relationships among students of varying abilities and disabilities [Handbook for Parents: 1994].

**Inclusive Education in India**

To achieve the goal of Universalization of Primary Education, the Government has introduced few initiatives like Non-formal education program, Minimum Levels of Learning program, District Primary Education Program and Sarva Sikha Abhiyan. Hence, the education of children with disabilities becomes integral part of these national initiatives for obvious reasons because:

a) Education for all cannot be completed without including children with special needs

b) Primary school in the village or in urban block becomes the natural choice keeping in view its proximity, and

c) Issue of non-discrimination and human rights to prevent children with special needs from segregation, but include them in the mainstream schools.

Inclusion is a broad concept in the national and international arena. It refers to the opportunity for persons with disabilities to participate fully in all of the educational, employment, consumer, recreational, community and domestic activities that typify every society (ILSMH, 1994). The UNESCO Salamanca Statement (1994) calls for inclusive education, stating that “Regular schools with inclusive orientation are the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving “Education For All” (UNESCO, 1997). Salamanca framework for action, article No.53 states that “The success of the inclusive schools depends considerably on early identification and assessment and stimulation of the very young child with special educational needs” [Rao: 2003]. Similarly, article 45 of the Indian Constitution provides free and
compulsory education for all children below the age of 14 years. Article 41 of the Indian Constitution implies that the State shall make provision for securing the right to work, to education and public assistance in the case of unemployment, old age, sickness and disablement, and in other cases of underserved want [Digumarthi: 2005].

Inclusion is relatively recent phenomenon in India and has unsurprisingly acquired a definition that is less prescriptive but more target oriented. In the process, it has failed to articulate the meaning of inclusion in the national social, cultural and political context [Nangia: 2010] due to which the expected results are not satisfactory.

**Historical aspects of Inclusive Education in India**

The process of Inclusive Education though has a long history in India however, impact has not been encouraging. The process has been expanding in its scope to the contemporary needs and understanding. In this long journey, the first school for the deaf and mute was set up in 1888. Later, the services for physically disabled were initiated in the middle of the twentieth century but individuals with mental retardation were given the least attention with the first school for the mentally challenged being established only in 1934 (Mishra: 2000). Special education programs in those times were heavily dependent on voluntary initiatives. The Government of India’s initiatives, started after independence, were in the form of few workshop units meant primarily for blind adults (Luthra: 1974). These units later included people who were deaf, physically impaired, and mentally retarded (Rohindekar and Usha, 1988) [NCERT: 2006; 1].

Until 1970s the educational policy was segregated. Most educators believed that children with physical, sensory, or intellectual disabilities were so different that they could not participate in the activities of a common school (Advani: 2002). Although educational and social segregation of children with special
needs was the norm in the 1940s and 1950s, the institutional responsibility for their education was with Department for Education – later known as the Department of School Education and Literacy. Education of the children with special needs was considered as welfare issue and transferred to the Ministry of Social Welfare, renamed as Ministry of Social Justice and Empowerment [Nangia: 2010]. Apart from the government, Christian missionaries, in the 1980s started schools for the disabled as charitable undertakings (Mehta: 1982).

It was always the general living conditions and social and economic circumstances which have influenced the standards of persons with disabilities. The history was with social factors like ignorance, neglect, shame, superstition and fear resulted in isolation of persons with disabilities and delayed their development. Over the years, disability policy developed from elementary care at institutions to education for children with special needs and rehabilitation for persons who became disabled during adult life. Through education and rehabilitation, persons with disabilities became more active and a driving force in the further development of disability policy [The standard rules of equalization of opportunities for PWD: 1993].

National Focused Group (NCERT: 2006) has identified four major formulations of disability. They are (1) the charity model, (2) the bio-centric model, (3) the functional model and (4) the human rights model. The charity approach gave birth to a model of custodial care, causing extreme isolation and the marginalization of people with disabilities. It is unfortunate to note the same reflections in the contemporary practices. The bio-centric model of disability regards disability as a medical or genetic condition. The implication remains that disabled persons and their families should strive for “normalization”, through medical cures and miracles. In the functional model, entitlement to right is differentiated according to judgments of individual incapacity and the extent to which a person is perceived as being independent
to exercise his/her rights. The human rights model positions disability as an important dimension of human culture, and it affirms that all human beings are born with certain inalienable rights. The relevant concepts in the model are respecting diversity, breaking down the barriers, equality and non-discrimination, reasonable accommodation, creating accessibility, equal participation and inclusion, and to enjoy public and private freedoms [NCERT: 2006; 4-5].

The mentioning of ‘inclusion’ and education of the disabled in National Policy on Education (NPE) and Program of Action (POA) led to a series of experiments on integrated education in India. Some of them are full-fledged projects like the Project Integrated Education for the Disabled (PIED) and the others as a part of the flagship programs aiming to achieve Universalization of Elementary Education like the District Primary Education Programme (DPEP) and Sarva Shiksha Abhiyan (SSA). All these programs have emphasized the need to place Children with Special Needs (CWSN) in regular schools, giving due importance to evolve a broad spectrum of educational models for children with different special needs tailor made to their needs.

Inclusion, as a policy driven by the conviction that all students have a right to be in a regular school and thus try to mainstream all children into the inclusion mode, which can be just as coercive and discriminatory as trying to force all children with special needs into the mold of a special education class/ special schools or any other alternative placement setting.

The Indian Education Commission (1964-66)
The Indian Education Commission was started in 1964-66 to suggest that the education of children with disabilities to be organized not merely on humanitarian grounds, but also on grounds of utility. The Commission observed that although the Indian Constitution had issued specific directives about compulsory education for all, including children with disabilities, very
little had been done in this regard. The commission also emphasized that the education of children with disabilities should be “an inseparable part of general education system” [www.education.nic.in]. The commission has also considered them as essential for economic and cultural development of the county for national integration. At the time when the commission made its recommendations there were less than 250 special schools in India. The Commission felt that services for children with disabilities were extremely inadequate and recommended the adoption to improve the situation. The commission set the following targets to be achieved by 1986: education for about 15 percent of the blind, the deaf and orthopedically handicapped and 5 percent of the mentally retarded. The commission also specifically emphasized the importance of integrated education as a part of this target as it is cost-effective and useful in developing mutual understanding between children with and without disabilities [Puri et al: 2004; 19]. The commission is relevant today because it speaks about equalization of educational opportunities [NPE: 1968; 40].

**Integrated Education of the Disabled Children (IEDC, 1974)**

Inclusion, as way of integrating children with special needs into regular schools, gained prominence in India since 1970. The Centrally sponsored scheme of Integrated Education for Disabled Children (IEDC) was launched in 1974 by the then Department of Social Welfare and was later transferred to the Department of Education in 1982-83. The Scheme was last revised in 1992. The Scheme provides educational opportunities for children with disabilities in common schools to facilitate their integration and ultimate retention in the general school system. The scheme is being implemented through the Education Departments of State Governments and Union Territories as well as through Non-Governmental Organizations. Under the Scheme of IEDC, 100 percent assistance is being provided under various components for education of children suffering from mild to moderate disabilities in common schools. The components include identification of the children with disabilities, preparing
and providing teaching and learning materials, establishing an administrative cell, assessment of children with disability, facilities regarding children with special needs, appointment of special teachers, facilitating a resource room, provision of instructional material, removal of architectural barriers, and relaxation of rules to promote access to children with disabilities. The scheme IEDC aims at retention in common schools rather than special schools to develop communication and daily living skills at the functional level [Puri at. al: 2004;19].

The implementation procedures were planned with keen interest in IEDC. The primary task was to provide suitable orientation to all the school teachers while conducting a survey to identify children with disabilities in general schools. The responsibility to make arrangements for equipment, learning materials, staff, etc. in order to provide education to children with disabilities was given to state-level cell. The Coordinator of the cell was also responsible for arranging the assessment of the children and monitoring their ongoing progress. The assessment report had to be comprehensive enough for educational programming, i.e. an adequate report on what a particular child can or cannot do during testing situations. The report had to specifically indicate whether the child can be put directly into school or should receive preparation in special school/special preparatory class in the Early Childhood Education Centre specially equipped for this purpose.

Facilities given to the children with disabilities were actual expenses on books and stationary, uniform, transport, escort, reader allowances, and equipment costs. It also includes one attendant for 10 orthopedically impaired students in a school, boarding and lodging charges to school affiliated hostels, and an attendant to severe orthopedically impaired students residing in hostels. Another important area in the process of inclusive education is special teachers, because their need and role is phenomenally important to all children with disabilities except children with locomotor disabilities.
The appointment of special teacher was done at two levels, i.e. primary and secondary. The Primary teachers should have had at least one year course, preferably multi-category, in special education or with specialization in teaching any type of disabled children depending upon the category of children enrolled in the Integrated Education for Disabled Children (IEDC) Units. Such teachers were oriented subsequently in the education of other categories of disability. The secondary teachers could have Graduation with Bachelor of Education (B. Ed Special Education) or any other equivalent professional training in special education. In the case of non availability of qualified special teachers, a short training course was conducted to teachers and appointed with a condition that they will complete the full course within three years of appointment. Since, teacher with experience in Non-Formal Education (NFE) and Adult Education (AE) are likely to have a better understanding of local environment and need, they were also identified for training under the scheme and appointed as special teachers. This training was also extended to staff in the departments because; the successful implementation of the Inclusive Education of the Disabled (IED) depended upon the responsiveness of the administrators and general teachers in the school. A short orientation course for administrators, heads of the institutions and general teachers associated with the implementation of the scheme were organized with the help of NCERT. The orientation programs were for three days in the case of heads of the institutions and five days for general teachers.

Another major aspect was a resource room with all the essential equipment, learning aids and materials provided for a cluster of schools implementing the scheme of integrated education. The NCERT prepared a handbook which indicated the type of facilities which were provided in the resource room. The scheme has clearly noted that the sufficient facilities for production of instructional material for children with different disabilities did not exist in the country. Hence, the availability of requisite teaching/ learning material for the children with disabilities is vital for the successful implementation of the
scheme, the requirement of such materials is bound to increase with the increased coverage of such children. Finally it also instructed to follow all possible methods to provide education to children with disabilities [http://www.disabilityindia.org/intedu.cfm].

The IEDC scheme was implemented in more than 20,000 schools in India covering 1,20,000 children with disabilities. It aimed to provide educational opportunities for children with mild and moderate disabilities in general schools. According to Indian Education Report 2002 (Rao, at al: 2005, p.38), the integrated education in the case of children with locomotor disability or visual disability is more popular than that of other categories of persons with disabilities (Rao, at al: 2005). If fully implemented, this scheme had capability to change the educational status of more than 30 million children with disabilities who did not have access to any form of education when the scheme was being implemented. However, all this involved quite a large number of challenges both at micro as well as macro levels for the implementing authorities and the society as a whole. Such challenges and hurdles involved the problem of providing training to the key stakeholders, inadequate resources, innovative training programs, co-operation and collaboration among different ministries, coordination between schools and universities etc (www.jagranjosh.com).

All these efforts are just a few steps that have been taken in providing the required educational facilities to the disabled children. Still a great deal needs to be done and accomplished. But this can't be done till the attitudes and thinking of the non-disabled get revised. "The more severe and visible the deformity is, the greater is the fear of contagion, hence the attitudes of aversion and segregation towards the crippled" (Desai, 1990, p.19). Some of religious institutions inculcate dogmatic ideas which lead to the obstacles attempting to prevent inclusion of students with disabilities into regular schools. So it is
imperative that prejudices and irrational myths concerning disability get alleviated before the actual task of inclusion begins (www.jagranjosh.com).

IEDC was not successful because it never took the classroom teacher into confidence. It was heavily dependent on resource teachers. It continued to label children as children with special needs. In IEDC we saw the child as the problem and never looked at the education system as the problem. Therefore whatever we did in IEDC we did outside the education system and focused on 'using the general education system'. We did not think of building IEDC based on the existing education system. In principle, in India, the IEDC planners were in fact convinced about inclusive principles. But, in practice, it ended up as a resource teaching model which 'used' existing schools (Rao: 2001).

**National Policy on Education (NPE, 1986-92)**

In 1968, the Indian Government formulated the National Policy on Education for all government schools and articulated a need to integrate students with disabilities [Puri at al: 2004; 20]. Again in 1986, the National Policy on Education devoted a specific section to the education of students with disabilities. Its objective was to integrate the Physically and Mentally Handicapped children with the general community as equal partners, so that their growth would be normal and could face life with courage and confidence. Its emphasis was on educating children with motor handicaps and other mild disabilities in regular schools, whenever feasible. The National Policy also stressed that those children whose needs could not be met in regular schools were to be enrolled in special schools. Children who were already in special schools could be integrated into regular schools as soon as they acquired reasonable levels of daily living, communication and basic academic skills. It also emphasized the need to restructure primary teacher training programs to prepare teachers to deal with the special difficulties of children with disabilities. An assurance was given by government, best possible support, to voluntary efforts in the field of disability education [NPE: 1986].
It was observed that this approach created a positive paradigm shift in teachers, non-disabled children and the community as a whole. But the program did have problems. The program was heavily depended on NGOs for smooth running. Each teacher is allocated at least three schools, not necessarily in the same area. This meant that teachers spent a lot of time in commuting between the schools and spent very little time with the students. And then there is the problem of infrastructure. The number of IRTs are also woefully lesser than what is required to teach students with disability. In some schools, government teachers themselves were handling the children but they have undergone training for only 42 days as compared to the year-long course IRTs have to undergo, which means that their ability to teach children with special needs is questionable (Ravi:2007).

**Project Integrated Education for the Disabled (PIED, 1987)**

The first pilot project on integrated education in India came in the form of the Project Integrated Education for the Disabled (PIED). The PIED, launched in 1987, was a joint venture of the MHRD and the UNICEF. It was to strengthen the implementation of the IEDC scheme. This project was implemented in one administrative block each in Madhya Pradesh, Maharashtra, Nagaland, Orissa, Rajasthan, Tamil Nadu, Haryana, Mizoram, Delhi Municipal Corporation and Baroda Municipal Corporation. In these ten blocks, 5,800 children with special needs were integrated in regular schools [Puri at al: 2004; 20]. The project envisaged coverage of children with all disabilities including the mentally and physically handicapped. The broad outlines of the project were (1) composite area approach for planning and management of educational facilities for children with disabilities; (2) utilization of the general education infrastructure through training and support from multi-category trained resource teachers; (3) utilization of available structures from other sectors like health, welfare, women and child development to support rehabilitation aspects; (4) provision of special teaching learning aids and equipment based on functional
assessment; (5) mobilization of parents and community support; and (6) continuous monitoring of progress of the children in the project area. The NCERT was the implementing agency for this project. [http://www.education.nic.in/cd50years/g/t/HB/0THB0301.htm].

Rehabilitation Council Act of India Act 1992

The Council under the Act has prescribed the minimum standards of education required for granting recognized rehabilitation qualification by universities or institutions in India [www.disabilityindianetwork.org]. Rehabilitation Council of India (RCI) is the only institution which takes care of manpower development of different categories of professionals for comprehensive rehabilitation of persons with disability to meet the needs of their entire life cycle, i.e., physical and medical rehabilitation; educational rehabilitation, vocational rehabilitation and social rehabilitation. Its objectives are to regulate the training policies and programs in the field of rehabilitation of persons with disabilities, to bring about standardization of education and training in the field of rehabilitation professionals/personnel dealing with persons with disabilities, to prescribe minimum standards of education and training in the field of rehabilitation uniformly throughout the country and to regulate these standards in all training institutes. The other objectivities were to recognize foreign degrees/diplomas/certificates in the field of rehabilitation awarded by Universities/Institution on reciprocal basis, to maintain Central Rehabilitation Register of professional/personnel processing recognized rehabilitation qualification, to collect information on regular basis, on education and training in the field of rehabilitation of persons with disabilities from institutions in India and abroad, to encourage continuing rehabilitation education by way of collaboration with organizations working in the field of rehabilitation of persons with disabilities, and to promote research in rehabilitation and special education (www.rehabcouncil.nic.in).
The council intended to create professionals like Audiologists and Speech Therapists, Clinical Psychologists, Hearing Aid and Ear Mould Technicians, Rehabilitation Engineers and Technicians, Special Teachers for education and training the handicapped, Vocational Counselors, Employment Officers and Placement Officers dealing with the Handicapped, Multipurpose Rehabilitation Therapists and Technicians, Speech Pathologists, Rehabilitation Psychologists, Rehabilitation Social Workers, Rehabilitation Practitioners in Mental Retardation, Orientation and Mobility Specialists, Community Based Rehabilitation Professionals, Rehabilitation Counselors/ Administrators, Prosthetists, Orthotists and Rehabilitation Workshop Managers (www.rehabcouncil.nic.in). The success of inclusive education lied with the professionals from above specializations.

District Primary Education Program (DPEP, 1994)

The success of PIED led to the inclusion of the component of Integrated Education of the Disabled (IED) in DPEP. It aimed at reducing the overall dropout rates of all students enrolled in primary classes, to raise their achievement levels and to provide primary education for all children, including children with disabilities [Puri at al: 2004;20]. In the light of Universalization of Elementary Education, DPEP focused on difficult aspects of access, school effectiveness, alternative schooling, teachers’ competence, improved teaching, learning material, and streamlining of planning and management in respect of both routine and innovative areas [www.educationforall.com].

The DPEP envisaged to provide education for all children including children with disabilities, with access to primary education either in the formal system or through non-formal education program; facilitating access for disadvantaged groups such as girls, socially backward communities and children with disabilities; improving effectiveness of education through training of teachers, improvement of learning materials and upgrading of infrastructure facilities; short training of selected primary teachers as regards to imparting education to
children with disabilities; appointment of special teachers at district and cluster level for providing support services to class teachers; provision of assistive devices and educational devices; involvement of experts in disability development in the State Co-ordination Committee; orientation of Master Trainers at the State and District level in respect of educational needs of children with disabilities; improving the quality of education through a process of demand creation for better services (Punnani and Rawal: 2000; 250-251).

The IEDC in DPEP program has adopted area approach. Children living in a particular catchment area were enrolled in schools for acquiring primary education. Priority was given to children with mild and severe disabilities, and profound disabilities children were admitted to special schools. Earlier, three resource teachers for children with disabilities were appointed in each block. Due to practical difficulties, this pattern was not followed. DPEP focused on sensitizing general teachers in regular schools to cater to the educational needs of children with disabilities on par with that of non disabled children. DPEP made encouraging efforts towards creating infrastructure (consultants, State Project Committee, District Resource Group (DRG), IED coordinators at the State Project Office (SPO), and District Project Office (DPO) for implementation of IED, arrangements were made to provide aids and appliances to children with disabilities, provided resource support to children with disabilities either through resource teachers or through NGOs, developed training modules, oriented teachers in nearly all states and conducted awareness programs in all the states, focusing on community mobilization and parental counseling (Rao, at al: 2005, p-46).

The studies on DPEP for the period of 1995 to 1997-98 suggests consistent improvement in enrollment and retention including girls, SC and ST children and a steady progress towards achievement of DPEP goals in 42 districts covered under DPEP-I. It was also clear from the above analysis that a variety of innovative and cost-effective strategies were intended to reach the unreached
in isolated and smaller habitations, habitations with large concentration of ST children and the areas having large concentration of working and disabled children (Aggarwal: 1998; 18).

According to Ramachandran and Saihjee (2002), a large number of children belonging to disadvantaged communities, working children, children with special needs, and adolescent girls were not covered under DPEP Phase-II districts. Several children from different groups were out of schools and found hard to reach school. The fact is due to the absence of strategies, at Panchayat level, to cater to the special needs of children with disability. Andhra Pradesh state is an exception, to this notion, because it was the only state which acknowledged the needs of children with disability. This is primarily because Warangal was one of the districts selected for a pilot initiative for Integrated Education by DPEP. The Inclusive Education for children with disability initiatives taken during the research in 1999, in Warangal, revealed that children with special needs were enrolled on records but they were not attending school in reality. It is also said that the aids and appliances were provided to hearing impaired and physically disabled children, and teachers were not equipped to deal with the special needs of the slow learners [Ramachandran and Saihjee: 2002].

On the other side, according to the same study, children with special needs were comfortable and well integrated in regular classrooms and they have had comfortable interactions with other children. This Conducive atmosphere was created with the personal interests of the Headmistress, who had a daughter with speech impediment and later she has drawn support from Mandal Resource Group. The study says that such initiatives in the state of Madhya Pradesh were unclear and the discourse on special needs was absent in Chhattisgarh. The study also says that the first generation learners had problems in understanding special needs. Hence, teachers were suggested to appreciate children but reduce work burden when they go home. It was the
process to sensitizing the teacher to understand and support the special needs of the children (Ramachandran and Saihjee: 2002).

**The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995**

The People with Disability Act (PWD), 1995 stipulates that the government and appropriate local authorities shall “ensure that every child with a disability has access to free education in an appropriate environment till he/she attains age of 18” [www.disabilityindianetwork.org]. Education is the most effective vehicle of social and economic empowerment. In keeping with the spirit of the Article 21A of the Constitution guaranteeing education as a fundamental right and Section 26 of the Persons with Disabilities Act, 1995, free and compulsory education has to be provided to all children with disabilities up to the minimum age of 18 years. The PWD 1995 Act aims to ensure every child with disability to have access to free education in an appropriate environment till he/she attains the age of eighteen years, to promote integration of students with disabilities in the normal schools, to promote and setup special schools in government and private sector so that children with disabilities will be a part of general schools, to endeavor to equip the special schools for the children with disabilities with vocational training facilities [PWD 1995: 1996].

**Sarva Siksha Abiyaan (2002)**

The SSA is Government of India’s flagship program for achievement of Universalization of Elementary Education (UEE) in a time bound manner, as mandated by 86th amendment to the Constitution of making free and compulsory education to the children of 6-14 years age group, a fundamental right. The SSA is a response to the demand for quality basic education all over the country. It was started in 2001-02 and has recorded impressive achievements by any yardstick.
To ensure free education to all children between the age of six years and 14 years, National Democratic Alliance (NDA) government launched the SSA in 2001 and brought a constitutional amendment in 2002 making elementary education as a fundamental right. The main objectives of the SSA program are (i) all children in school by 2003; (ii) all children complete five years of primary schooling by 2007; (iii) all children complete eight years of elementary schooling by 2010; (iv) focus on elementary education of satisfactory quality with emphasis on education for life; (v) bridge all gender and social category gaps at the primary stage by 2007 and at the elementary stage by 2010; and (vi) universal retention by 2010 (Das: 2007; p.21).

The SSA is different in terms of both scale and structure. First, it is a country-wide program and all states participate in it. Second, the SSA framework has been drawn up by national-level consultations and is being driven by the MHRD. Third, the implementation of the SSA has elements of both vertical and horizontal administrative structure—state and district education societies have been set up to make fund disbursal more efficient while most of the civil works and teacher appointments are still carried out by State School Education Departments. Fourth, the SSA envisages strong community participation with the setting up of Village Education Committees (VECs) and School Management Committees (SMCs) in order to make the service providers, i.e., making the schools more accountable. Fifth, a similar decentralized institutional structure has been set up for teacher training and support through the Circle Resource Centres (CRCs), Block Resource Centres (BRCs) and District Institutes for Education of Teachers (DIETs) [Banerji and Mukherjee: 2008; 214].

However, UEE cannot be achieved unless children with special needs are also provided access to quality education. Hence, education of CWSN is made essential part of the SSA framework. The goals are to have eight years of elementary schooling for all children including children with disabilities in the
age group of 6-14 years by 2010. Children with disabilities in the age group of 15-18 years are provided free education under Integrated Education for Disabled Children (IEDC) Scheme [www.ssc.nic.in]. The SSA ensures that every child with special needs, irrespective of the kind, category and degree of disability, is provided meaningful and quality education. Hence, the SSA has adopted a ‘zero rejection policy’. This means that no child having special needs should be deprived of the right to education and taught in an environment, which is best, suited to his /her learning needs. These include special schools, Employment Guarantee Scheme (EGS), Alternative Innovative Education (AIE) or even Home-Based Education (HBE). Under the SSA, a continuum of educational options, learning aids and tools, mobility assistance, support services etc. are being made available to students with disabilities. This includes education through an open learning system and open schools, alternative schooling, distance education, special schools, wherever necessary home based education, itinerant teacher model, remedial teaching, part time classes, Community Based Rehabilitation (CBR) and vocational education.

According to Gursharan S. Kainth (2006), the number of out of school children declined from 320 lakhs in 2001 to 95 lakhs as on October 2005. 1,17,677 new schools have been opened against the approval of 1,22,661 schools, 3,86,458 teachers have been appointed till 31 March’ 2005, against the sanctioned limit of 5,96,345 teachers to ensure proper pupil-teacher ratios, 21,79,366 primary teachers are receiving an annual round of in-service training of 10-20 days, more than 60,000 academic resource centers have been established at the block and cluster levels to provide academic support to primary and upper primary teachers and students as a follow up to teacher training programs and 12 crore children covered under the mid-day meal scheme, which is the largest school lunch program in the world. Recognizing its good performance, outlay for SSA has been increased from Rs.7,156 crore to Rs.10,041 crore in 2006-07. According to the Ministry of Human Resource Development (MHRD) sources, nearly 160,000 primary and upper primary schools have been opened, more
than 650,000 new classrooms have been constructed and 500,000 additional teachers have been appointed. The first phase of the SSA is completed in 2006-07, with the next phase began with the Eleventh Plan adopted in December 2007. [Banerji and Mukherjee: 2008].

**National Policy for Persons with Disabilities** (2006) prepared by Ministry of Social Justice and Empowerment recognizes that Persons with Disabilities are valuable human resource for the country and seeks to create an environment that provides them equal opportunities, protection of their rights and full participation in society. It assures identification of children with special needs through regular surveys, their enrollment in appropriate schools, and continuation till they complete their education with right kind of learning material. It ensures a continuum of educational options, learning aids and tools, mobility assistance, support services through the SSA. The educational supports are in the form of open learning system and open schools, alternative schooling, distance education, special schools, wherever necessary home based education, itinerant teacher model, remedial teaching, part time classes, Community Based Rehabilitation (CBR) and vocational education [NPPD:2006].

There will be concerted effort on the part of the government to improve identification of children with disabilities through regular surveys, their enrollment in appropriate schools and their continuation till they successfully complete their education. The government will endeavor to provide right kind of learning material and books to the children with disabilities, suitably trained and sensitized teachers and schools which are accessible and disabled friendly [NPPD: 2006; 10].

Government of India is also providing scholarships to students with disabilities for pursuing studies at post school level. Government will continue to support the scholarships and expand its coverage. Facilities for technical and vocational
education designed to inculcate and bolster skill development suited to various types of productive activities by adaptation of the existing institutes or accelerated setting up of institutes in un-served/underserved areas will be encouraged. NGOs will also be encouraged to provide vocational training [NPPD: 2006; 10].

The mechanisms operated for the implementation of National Policy are Ministry of Social Justice and Empowerment as nodal agency to coordinate all matters relating to implementation of the Policy; The Central Coordination Committee, with stakeholder representation, coordinates matters relating to implementation of the National Policy and similar committees function at the state and district levels; The Ministries of Home Affairs, Health & Family Welfare, Rural Development, Urban Development, Youth Affairs & Sports, Railways, Science & Technology, Statistics & Programme Implementation, Labour, Panchayati Raj and Women & Child Development and Departments of Elementary Education & Literary, Secondary & Higher Education, Road Transport & Highways, Public Enterprises, Revenue, Information Technology and Personnel & Training are also identified for implementation of the policy; the Chief Commissioner for Persons with Disabilities at Central level and State Commissioners at the State level play key role in implementation of National Policy, apart from their statutory responsibilities (www.mospi.nic.in).

**Children With Special Needs (CWSN) in the SSA**

The major thrust of the SSA is on inclusion or mainstreaming the Children with Special Needs into the fabric of formal elementary schooling. Experiences of programs like DPEP and studies on Inclusive Education have shown that inclusion is best determined by the individual needs of the child. Most children with special needs can be enrolled and retained in regular schools if adequate resource support is provided to them, whereas there are others who might have to be provided some kind of pre-integration programs, before they can be mainstreamed in a classroom. There might also be still some CWSN with
severe profound disabilities, who would require an educational program and intensive specialized support completely beyond the purview and scope of a formal school in the current situation [http://planipolis.iiep.unesco.org].

**Components of CWSN**

Children with special needs as a part of the SSA, has certain components. Each component has its own strategies and approaches towards the goal. The components are discussed in brief below [SSA: 2009].

**Identification** is a concerted drive to detect children with special needs at an early age should be undertaken through Primary Health Centers (PHC), Integrated Child Development Societies (ICDS), Early Childhood Care and Education (ECCE) centers and other school readiness programs.

Functional and formal assessment will be followed to all the identified children. A team is constituted at every block to carry out this assessment. The team’s primary task is to recommend most appropriate placement for every child with special needs.

**Educational Placement** of every child with special needs should be placed in regular schools, with needed support services.

**Aids and appliances** should be provided to all the required children through convergence with Ministry of Social Justice and Empowerment, State Welfare Departments, National Institutions or NGOs.

**Support Services** like physical access, resources, rooms at cluster level, special equipment, reading material, special educational techniques, remedial teaching, curricular adaptation or adapted teaching strategies could be provided.
Teacher Training should be undertaken to sensitize regular teachers for an effective classroom management of children with special needs.

Resource support could be given by teacher working in special schools. Specially trained resource teachers should be appointed at the necessary places to teach special skills to children with special needs. If it is not possible long term training should be taken by the regular teacher.

Individual Educational Plan (IEP) should be prepared by the teacher for every child with special needs in consultation with parents and experts and it should be monitored time to time.

Parental training and community mobilization need to be given to facilitate basic survival skills to children. Strong advocacy and awareness programs should form a part of strategy to educate every child with special needs.

Planning and management resource groups should be constituted at state, district levels to undertake effectiveness of the programs in collaboration with PRIs and NGOs.

Removal of architectural barriers in schools should be strictly maintained for easy access. Efforts should be taken to provide disable-friendly facilities in schools and educational institutions.

Research in all areas of education of children with special needs, including research for designing and developing new assistive devices, teaching aids, special teaching material and other items necessary to give a child with disability equal opportunities in education, should be made mandatory.

Girls with disabilities must be given special emphasis in education.
Operational Design under the SSA

The Sarva Shisha Abhiyan, Andhra Pradesh has identified needs of the children with disabilities and designed the program accordingly. The needs are different for each group as their problems are different. The SSA has classified needs into 6 categories. They are (a) Visually Impaired students need Magnifying glasses, books with big letters, optical device, non-optical device, electronic device in case of partial visual impairment, walking sticks, Braille scripts, audio sets, and computer with appropriate software. (b) Hearing impaired children need a hearing machine, tape recorder, TV, and other materials like real objects, charts, flash cards with colors, pictures, talking toys and different objects to make different subjects. (c) Learning disabled children need embossed charts and embossed textures, optical device, tape recorder, Braille slates, abacus, magnifying glasses, large print books, real objects and concrete materials. (d) Mentally Retarded children need Teddy rings, peg boards, flash boards, charts, flash cards, puzzles, concrete materials. (e) Cerebral Palsy children need wheel chairs, ramps, escort, and adoptive materials like pencil with gripper and adoptive spoon. (f) Orthopedic impaired need wheel chair, ramp, escorts and structurally accepted environment. Apart from the above said physical provisions, they also need specially trained teachers, special teaching methodology and co-operative atmosphere to students. All the needs are addressed to support the children with special needs to access education. All the needs are addressed to support CWSN to access education [SSA, 2010].

Implementation Procedures in A.P

The implementation procedures are collected purely based on qualitative observation by the researcher. The observation includes oral information gained from the Inclusive Education Resource Teachers (IERTs) and the Community Mobilization Officer (CMO) of the district. The CMO is the in-charge for special needs education in every district. He appoints a special resource teacher i.e. Inclusive Education Resource Teacher (IERT) to every mandal. The minimum qualification to IERT is Intermediate or a degree in
special education. They are appointed on contract basis for 10 months. Their primary responsibility is to conduct a survey in their respected mandal to identify the children with special needs, and categorizing them according to their severity/ intensity of the problem. In the next level, they select severe and profound categories of the children with special needs and provide them Home Based Education (HBE). IERTs will visit the selected home once in every week. They also have to provide remedial teaching to the mainstreamed children in regular schools on a regular basis. They visit these schools thrice in a month to 5 selected schools. This is called post-mainstream follow-up. IERT has an additional responsibilities of capacitating the teachers in regular schools with some possible techniques in teaching, and advising children to minor operations, educating parents in caring the children, behavioral therapy, providing information regarding aids and appliances, scholarships, certificates, pensions and other referred services by the government.

**Road map of Inclusive Education in AP**

The road map of inclusive education was prepared by Coordinator, Inclusive Education, the SSA, Andhra Pradesh. The primary objective of this road map is to provide education to all the children without excuses [Murthy: 2009]. The government has developed a mechanism to achieve this goal. The outlined goals are sending children from [1] Habitation to School [2] Habitation to special Residential Bridge Course (RBC) to school and [3] Habitation to Home Based Education (HBE) to school. The final destination of every child is school. There is a fourfold path at habitation level which will create a route to achieve the goals. They are (a) identification (b) assessment (c) classification and (d) counseling. In the first phase, children out of school will be identified. In the second level special needs of the children will be assessed, in the third levels, children’s needs are classified as Mental Retardation, Cerebral Palsy, Visual Impairment, Hearing Impairment, Orthopedic Impairment, and Learning Disability. Then each category is also classified into mild, moderate, severe and profound levels on the basis of their intensity. In the last level, parents are
provided with counseling to understand the needs of the children and to care for the future. The role of parents is very crucial from beginning to end while dealing with children with special needs [Kumar: 20.04.2009].

One of the major activities in the process of inclusive education is to bring systemic changes in the school. It includes barrier free construction, providing assistive devices, preparing individual education plan in every school with trained teachers and remedial teaching. Mild and moderate category children are directly sent to school where teachers can take care of their needs. Children whose disability is more than moderate level need some kind of training to cope up with the rest of the students. In such cases, children are sent to special RBC and provided basic skill learning. The other alternative is to provide home based education to the child at their respective homes. A specially trained teacher will visit to teach the basic learning skills to children. In all the cases, the only goal is to mainstream them in to school education [Kumar: 24.04.2009].

**Status of Persons with Disabilities**
Disability is a multi-dimensional and complex construct and there is no single universally accepted, unproblematic definition of disability. Not only do definitions differ across countries but they differ and change within a country with evolving legal, political and social discourses. It is very difficult to find reliable data about the prevalence of disability in India. The two main sources for disability statistics are Census 2001 and National Sample Survey 58 Round in 2003. According to Census, 2001, fifty-one percent (51%) of persons with disabilities are illiterate. There is an immediate need for mainstreaming the large percentage of the persons with disabilities. The census (2001) also reports that India has 21.91 million (2.13%) persons with disabilities and the National Sample Survey Organisation (NSSO) survey (2002) reported that in India 18.5 million (1.8% of population) had disability. The Registrar General of India (2001) agrees that the Indian data on disability are unreliable, due to few well-trained field investigators, and issues of social stigma [Singhal: 2009].
The census of India (2001) and the NSS (2002) have different sampling design. The census is an enumeration of the entire population of India while the NSS uses a nationally representative stratified sample. Although some of the differences in prevalence estimates of disability could be due to the differences in study design, different definitions of disability may also have contributed to differences in estimates. It appears that the overall disability prevalence estimates in the census and the NSS are clearly not comparable. There are difficulties in comparing the estimates because the census does not have an overall definition of disability while the NSS does. The census overall disability prevalence is the sum of prevalence estimates for the five disability types. In addition, in both sources, the current definitions of disability types seem to mix activity limitations, functional limitations and impairments. For instance, in the NSS, activity limitation is used for the general definition of disability, and the definitions of visual and mental disabilities, functional limitation is used for hearing and speech disability, while impairments are used to define locomotor disability. In the census, visual and hearing disabilities are defined as functional limitations, movement disability is a mix of functional limitation (e.g., inability to move or lift any small article) and impairment (e.g., lack of limb), and mental disability is defined as a combination of functional limitation (inability to understand) and activity limitation (self-care limitation). As a result, it is unsure what aspects of disability are captured by the census and NSS current disability definitions. There are also inconsistencies in disability types in the census and the NSS with regard to whether the limitation applies to a situation where an assistive device is used. For instance, in the census, for locomotor disability, it refers to a person’s limitation without using aid while for hearing disability; it refers to a limitation experienced despite the use of hearing aid. In the NSS, the definition of visual disability refers to a person using spectacles or contact lenses, while the definition of hearing disability considers a person’s ability without using a hearing aid. Such inconsistencies certainly make it difficult for field staff to collect the data and for researchers to interpret the results (Mitra and Sambamoorthi: 2006; 4024).
The following table shows the status of children with disabilities since 2002 in India. The table shows a gradual increase in the number of children with special needs every year.

**Table 1.1: Status of Children With Special Needs in India**

<table>
<thead>
<tr>
<th>Year</th>
<th>Total numbers identified as CWSN</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002-03</td>
<td>6,83,554</td>
</tr>
<tr>
<td>2003-04</td>
<td>14,59,692</td>
</tr>
<tr>
<td>2004-05</td>
<td>15,92,722</td>
</tr>
<tr>
<td>2005-06</td>
<td>20,17,404</td>
</tr>
<tr>
<td>2006-07</td>
<td>23,99,905</td>
</tr>
<tr>
<td>2007-08</td>
<td>26,21,077</td>
</tr>
</tbody>
</table>

Source: www.ssa.gov.in

According to the Quality Progress Reports (QPR) for targets and achievements of 2005-2006, India is having 26,21,077 Children With Special Needs. Among them 1,58,034 are enrolled in schools, 98,387 are enrolled in EGS centers and 1,06,158 are provided with Home based Education. Total covered students are 23,62,579 which is 90.14 % against CWSN in India. Maharashtra has highest population of children with special needs with 4,02,192 while Sikkim is the lowest population with 493 children. In the case of Andhra Pradesh the total identified CWSN are 1,76,344, school enrolled are 1,48,328, enrolled in EGS centres are 3,328, and 8,160 are provided with Home based education. Andhra Pradesh is the fourth largest state to cover CWSN with total of 1,59,816 (90.63%).

**Significance of the Study**

Prior to the state policy on education, large numbers of people with disabilities were/ are ‘put away’ in segregated institutions on the grounds that it was for their own good and to stop them from being a burden on others. People with disabilities have been effectively marginalized and systematically excluded from the ‘mainstream’ of social life; and this aspect of disabling society needs
to be explored in the context of unequal power and social resources [Digumarthi: 2005]. As the Indian government is committed to welfare of the marginalized constitutionally, the policy has fair chances to implement successfully. But in practice, there is a big gap seen between policy and implementation.

The Directive Principle of the State Policy, Preamble and Articles like 38, 39, 40, 41 enumerated in the Constitution ascertain the welfare orientation of the country. This necessitates the state to take care of the necessities of the vulnerable by enacting policies and undertaking programmes for the economic, social and emotional strengthening of them.

Disability is persistent problem which requires the attention and direction of the policy makers. Persons with disabilities in India constitute a substantial segment of the population, numbering about 2.13 percent of the total population. The large section of this particular section is in some cases more than the population of some countries of the world.

Though there is considerable commitment for welfare orientation and protection of the vulnerable groups like the people with disabilities in the Constitution, in reality the state did not initiate or launch programs towards helping this community.

The researcher being locomotive disabled himself has firsthand experience about the problems. His own experiences in course of his education period and the problems faced at the domestic level encouraged him to study the impact of Government’s education Policies for the students with disabilities and their impact on the latter for their betterment. The research study would try to understand the present policies undertaken for the people with disabilities from the perspective of administration and beneficiaries, there by analyzing the magnitude of success and failures of the policies.
Statement of the problem:
Inclusive Education has been a concern of Indian government since the beginning. The primary target is to maximize the education opportunities for each and every student including the children with special needs. Every policy and program initiated by the government was aimed at improving the educational levels in the country. However, till now there are very few research studies on education and disability. The present research would help in understanding different problems of students with disabilities in the process of education and the state initiatives to provide basic amenities to Persons with disabilities to make them part of society. It would also try to fill the research gap in the field of education and persons with disabilities in the present scenario.

Research Questions:
1. What are the problems of persons with disabilities which prevent them from going to the school?
2. What are the policies and programs of the government for persons with disabilities in relation to their education?
3. What are the advantages of the Persons with Disabilities (Equal Opportunities, Protection of Rights & Full Participation) Act, 1995
4. How far the objective of Inclusive Education has been in implementation?

Objectives of the Study:
- To study the Special Needs Education programs in Andhra Pradesh
- To understand and analyse Inclusive Education with reference to Children With Special Needs (CWSN)
- To find the complexities in implementing Special Needs Education
- A Critique on Special Needs Education in Andhra Pradesh
**Hypothesis:**

There are three major hypotheses to be examined:

*Hypothesis 1:*

Inclusion may be the key word in India’s current education policy, but there is a world of difference between legislation and its implementation (Deepa: 2006).

*Hypothesis 2:*

Education becomes state packaged welfare mechanism, rather than an opportunity for the community to learn (Sharma: 2003)

*Hypothesis 3:*

Children with disabilities are not covered by existing legislation on learning disabilities nor they appropriately served in regular or special schools or through alternative forms of education (Chadh: 2001).

Disability, as caste, race and sex, is a marginalized, segregated and discriminated aspect in the society. In some cases it is visible and in some cases not. This is not only a physical problem but also a psychological problem. In this context, it is an attempt to find out their problems in the society at personal level and societal level. So, this study is intended to evaluate the policy from top and practice from the below in Andhra Pradesh.

**Methodology:**

The present study depends on secondary as well as primary data. The secondary sources includes books, articles, journals, records from mandal and districts’ educational offices, daily news papers, gazettes, and annual reports of the concerned departments.

The primary data includes information collected with the help of personal interviews with structured questionnaires. The study was conducted using simple random sampling methods, purposive sampling, snow ball sampling. Four different questionnaires were used for four categories of respondents i.e., students with disabilities, parents, special teachers and teachers. The
questionnaires were designed to (1) know the socio-economic background of the respondents (2) to know the history of disability (3) to know their perception on education and school (4) to find out the reasons for in/out of the school (5) to know the comforts/discomforts in the present educational system, and (6) to know the changes they require further.

The study has been conducted in 13 villages in 4 mandals of East Godavari District, Andhra Pradesh in 2009-10. The district was selected on the basis of three criteria. (1) East Godavari district tops in implementation of the Sarva Siksha Abhiyan (SSA) programs and virtually emerged as the role model in fulfilling all the yardsticks prescribed by the Dr. Kothari commission [The Hindu: 22.12.2006] and (2) The district is always been considered as one of the best districts for the promotion of education standards in Andhra Pradesh [SSA: 2009]. Finally, the four mandals were selected from the district on the basis of their performance in implementing inclusive education under the Sarva ShikSha Abhiyan, Kakinada. This performance was assessed by Community Mobilization Officer (CMO), SSA, East Godavari. Their performance was categorized in to three levels. They are (1) Best Performance, (2) Average Performance and (3) Satisfactory Performance. One mandal is selected from each level of performance. Among them ‘Karapa’ Mandal was selected for its best performance, ‘Mandapeta’ Mandal was selected for its average performance, ‘Pedapudi’ Mandal was selected for its satisfactory performance. Apart from three mandals ‘Alamuru’ mandal was selected because it was considered as best performed mandal in the previous year and no IERT was allotted during research period. The sampling design is explained below.

Alamuru, Mandapeta, Karapa and Pedapudi mandals consists of 91, 135, 124, and 56 children with disabilities respectively. Among them ¼ of them are selected for the research purpose. Then the number of respondents selected for the interviews are 23 from Alamuru, 34 from Mandapeta, 31 from Karapa and 14 from Pedapudi. The top three highest populated villages with children with
disabilities from each mandal are selected for the study, but in Pedapudi mandal four villages were taken to equate with the sample design.

The villages selected from Alamuru Mandal are Alamuru, Sandhipudi and Chintaluru; Villages from Mandapeta mandal are Mandapeta, Dwarapudi and Kesavaram; the villages selected from Karapa are Gorripudi, Penuguduru and Velangi. Villages from Pedapudi mandal are Rameswaram, Pedapudi, Puttukonda and Vendra. In all the 13 villages 50 percent of the total is selected according to the sample design and in every village every alternative number in the list is selected for interview. Thus, the total number selected from the 13 villages is 104, but 7 respondents were above the selected age and 9 respondents were unidentified, hence, 90 children with special needs were considered for the study. A questionnaire was prepared and administered to collect from the respondents.

As a part of field work, the researcher had visited 90 households in 13 villages. Out of them, four respondents are found the age above 20 years. Though the visit was intended to consider only elementary school age children, it has been extended up to 20 year as they start their schooling late than other students. The 90 respondents are interviewed about their socio, economic backgrounds, family backgrounds, awareness levels regarding disability and medical programs, visits of the Inclusive Education Resource Teachers (IERT), Trainings, Child behavior and learning procedures, child’s interest in schools and at home, reasons behind disability and their trails to overcome it. It was also attempted to know how family and society supports a child with disability along with government support and pensions.

The base data collected from Mandal Education Offices has a problem in identifying the households of the respondents. This situation was particularly occurred in Alamuru and Mandapeta mandals. Hence, the data on children with
disabilities was again collected from disability pension acquaintance in village panchayat and used for the study.

As the study is intended to know the inclusive education practices in the selected villages the perceptions were also collected from the CWSN, Parents, Teachers in regular schools, Inclusive Education Resource Teachers (IERT) and Community Mobilization Officer of the district. All the information gathered is analyzed in terms of inclusive education with reference to special needs education.

**Chapterisation:**
The research is divided into seven chapters. Chapter – I deals with Introduction and discusses about the evolution of the inclusive education, concepts of inclusive education, Children With Special Needs and policy intervention by the state and central governments towards disability in general and special needs in particular. Chapter – II deals with conceptualization of Inclusive Education. The conceptualization includes Understanding Inclusion and Exclusion, Special Education, Disability and Poverty, Purpose of Education, Teaching and Policy along with inclusive education dimensions in Sarva Shiksha Abhiyan. Chapter – III is a clear description of Profile of Study Area. The description includes history of the selected district, Educational profile and literacy rates of the district during colonial period. It also includes a brief note on general education (primary to collegiate) and a special focus on women’s education. The chapter also gives a brief note on Sarva Shikshya Abhiyan and profiles of selected mandals. Chapter – IV is on Profile and Perceptions of the respondents. It represents socio-economic backgrounds, disability categories, caste wise and age wise details of the respondents. An attempt is also made to understand the skills and abilities, and interests of the respondents. Opinion of the parents on different aspects of their children, teacher acceptance, role of Inclusive Education Resource Teachers is also discussed. Chapter – V deals with experiences in special needs education. It is
an attempt to understand the status of CWSN in schools, and their problems in reading, writing, and listening. It also deals with accessibility of school, peer group support, availability of resource rooms, and co-curricular activities. Chapter – VI is on Practice of Inclusive Education in the study area and field observations. This chapter is an in depth analysis perception of parents, teachers, Inclusive Education Resource Teachers, children with special needs and Community Mobilisation Officer. With regard to on inclusive education, the present method of education, experiences in dealing with special needs children, and Chapter – VII deals with Conclusion and findings of the study.

References


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