Chapter 5

Findings, Educational Implications and Recommendations for further study
CHAPTER 5
FINDINGS, EDUCATIONAL IMPLICATIONS AND RECOMMENDATIONS FOR FURTHER STUDY

5.1 FINDINGS

- There are twenty six special schools/institutions/organizations working for children with special needs in Haryana which are working for different disability/focus areas. Out of four zones Gurgaon and Faridabad were selected from South, Panchkula and Ambala were selected from North, Hissar and Sirsa were selected from West, Panipat and Karnal were selected from East Zone.

- The disability types served by the organizations covered for the survey, represented diverse groups. Several NGOs / GOs were providing services and support to more than one disability groups. The findings indicate that most of the special organizations working for CWSNs were present in Eastern region of Haryana (approx. thirty five percent) followed by Southern region (twenty percent). The organizations working for CWSNs in Northern region were only fifteen percent. It is also revealed that majority of the special organizations were serving mentally retarded children followed by service rendered to hearing impaired, visually impaired, and physically challenged children.

- The status of the organizations surveyed depicts that majority of them (seventy eight percent) were registered NGOs under the Registration Act of 1860. However, very few numbers of organizations are run by government and under Army Welfare Society. The data further revealed that one of the oldest institutions named Government School for Blind in Panipat was established in 1957. It is the oldest government organization which is working for visually impaired children in Haryana. Another old government organization named ASHA School was established in Hissar in 1959. Majority of institutions (ninety five percent) were old. The data further reveal that despite new policies and continuous efforts of government, no new organizations has come up in the recent and hence showing the callous attitude of the government in implementing the educational provisions.
of PWD Act, 1995. Thus, rehabilitation and educational services of the disabled appears a neglected and untouched sector of the government.

- Out of twenty six special institutions/schools, twenty are supported by NGOs. Army Welfare Society is supporting two whereas government organizations are assisting four of these institutions. The percentage of government schools is only twelve percent of the total selected special institutions from all the four zones while NGOs are serving to eighty four percent and Army Welfare Society is catering to educational and other needs of only four percent. It is observed that NGOs are playing a crucial role in providing educational and rehabilitation facilities for disabled children rather than the government organisations. It is evident that Southern part of Haryana is ignored by government in providing facilities to this important but neglected part of society.

- The number of special schools/organizations/institutions with focus area for the hearing impaired and mentally retarded (23.1 percent each) are more than the other special schools/organizations/institutions. Many special schools/institutions are having more than one focus area. This shows that the educational facilities in the area of hearing impaired and mentally retarded children is more than other selected schools/ institutions. In East zone there are only three organizations working in the area of mental retardation.

- Out of 26 institutions in East zone, 55.60 per cent are working for hearing impaired within the zone and 41.70 within the total hearing impaired organizations in Haryana; while in North zone 50 percent are within zone and 16.70 within total special institutions for hearing impaired organizations in Haryana; 42.90 percent are within South zone and 25 percent within total special institutions for hearing impaired in Haryana; while 33.30 percent are within West zone and 16.70 percent within total special institutions for hearing impaired organizations in Haryana. Therefore, it can be concluded from the table that out of the 26 selected schools, 5 are located in the East, 2 in North, 3 in South, and rest 2 institutions are situated in the West zone. So in total, 12 schools are serving in the field of hearing impairment.
The numbers of schools/ institutions working for mentally retardation as focus area are more in East zone than the other three zones. Out of total number of schools/institutions in all the four zones, 15 schools/institutions are working for mentally retarded children. This makes 67.70 percent in East, 50 percent in North, 57.10 percent in South zone while 50 percent in West within the zones and 40 percent in East, 13.30 percent in North, 26.70 percent in South, 20 percent in West within the total schools/institutions for the mentally retarded children in Haryana. In all, 57.70 percent of institutions/schools are working for mentally retarded children.

It was found that out of the total number of special schools/institutions; only three institutions/schools have the facility for physically challenged. There is no institution/school for the physically challenged children in the East zone whereas the remaining three zones have only one institution/school each. In the North zone, the percentage of physically challenged institutions is only 33.30. The same percentage was observed in South and West zones. In total, there are 11.50 percent institutions/schools dealing with this particular disability in Haryana.

Out of total 26 special schools/institutions, only five have the facility for the visually impaired children. Both South and West zones are having equal number of institutions/schools i.e. 2 each in dealing with this disability while East zone is having one institution. The percentage of organizations for visually impaired within the zone is 11.00, 28.60, 33.30 in East, South, West zone respectively and 20 percent in East, 40 percent in South, 40 percent West zone is among the total of the special schools/institutions working for visually impaired in Haryana. In all, out of 26 institutions only 19.20 percent institutions are dealing with this disability.

The findings reveal that several government and non-government organizations in Haryana region provide institutional, educational, healthcare, vocational training, employment and rehabilitation opportunities to CWSNs. Government support is provided through a network of specialized national institutes and their regional centres for specific disability groups as well as for composite physically and mentally impaired persons. The support is provided for special education, healthcare, free supply of aids and appliances, vocational training, employment
opportunities, social services like scholarships, pension schemes and rehabilitation in homes and boarding schools.

- In almost all the four zones, all the institutions provide education from primary level to higher secondary level. It was also reported that weekly/monthly health check-up camps were also organized in these institutions. All the institutions receive financial aid either from government or through donations or in both ways. Moreover, the researcher while doing her research found that most of the organizations were very reluctant to disclose information regarding the source of funding, though the researcher tried to convince that their information will not be misrepresented but the organizations did not give detailed information on this dimension in spite of several efforts. Further, it was found that the funds received are used to assist CWSNs for the purchase of aids and appliances, assistance for Education for them, special technical training courses and rehabilitation of CWSNs.

- Several government and non-governmental organizations are providing occupational skills to create employment avenues for the CWSNs. These courses are for short as well as for long duration to develop occupational skills. Free boarding and lodging facilities are provided in these institutions for out-station CWSNs. Qualified trainers are imparting training to the participants. Regular contacts with entrepreneurs are created to seek employment avenues for the trained impaired children. Emphasis is also placed on coordination of services particularly those related to health, nutrition, education, employment, sports, cultural, art and craft and welfare programs in various government and non-government organizations. These schemes provide financial support up to the extent of ninety percent of the total cost (up to 95 per cent for the rural areas) including recurring items like staff salary, maintenance charges, contingencies and non-recurring items like construction of the building. The major aim of the scheme is to provide financial assistance to NGOs for providing educational, vocational and social rehabilitation programmes. Fifty percent organizations/institutions/schools are giving support to job.
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• The activities provided by the organizations are not sufficient to alleviate their dependence on others. There is a need to extend schemes of healthcare, supply of aids and appliance and appropriate skill development programme for the impaired children. Self-employment generating vocations for those children who can work that help the impaired children to become economically independent and provide them equal opportunities for becoming productive part of the society. Similarly impaired children need to be provided higher education programmes through inclusive education system, so that the reservations provided in the P.W.D Act, 1995 are realized in its true letter and spirit.

• The majority of the NGOs/organizations (67 percent of all) are providing special education up to secondary level only. However, it was observed that no effort is being made by institutions to support the CWSNs for higher-level education. Hence, their retention rates are very low. A significant proportion (67 percent) of NGOs and other organizations are also providing vocational training mostly in tailoring and other low profile jobs. Further, it was found that the counselling and guidance services for seeking support through the existing concessions and services from government schemes is provided by only fifteen percent NGOs. This has helped several impaired children to seek their due entitlement and create equal opportunity prospects for them.

• About ten percent NGOs and other organizations provide aids and appliances to the impaired persons. These aids and appliances have been of great help in solving their basic handicaps especially for low vision. Government funding under the aids and appliance scheme has been utilized by the NGOs for providing aids and appliances. Very few NGOs (2 percent) and other organizations are supporting quality skill development and self-employment generation programmes, which is the main requirement of the children with special needs.

• Out of 26 institutions, three are running in rented accommodation. Fifty percent are in need of more space for the efficient working of their organization. Eleven institutions are satisfied with the equipments in their centre while thirteen schools/institutions need more equipment. Infrastructure in terms of building,
healthcare, educational quality, quality of vocational training and availability of equipments were observed by the researcher during the field survey. Approach, accessibility and surroundings of the organizations surveyed were found conducive and appropriate as fifty percent organizations were rated good and satisfactory in terms of approach, accessibility and surroundings. However space available for carrying out the services and other support programmes for the impaired persons was inappropriate for majority of the organizations surveyed. Only forty percent organizations got good or satisfactory ratings for the space available for carrying their services satisfactorily.

- About forty three percent of organizations required more trained teaching staff and technical staff to deal with the CWSNs. The manpower available with the organizations was adequate to perform the services, which they have embarked upon but the quality and capacity building measures are lacking in majority of organizations.

- In East zone, the special institutions/organizations generate 66.70 percent through donations and 33.30 percent from government funds. In North zone, the funds are generated as 25.00 percent, 50.00 percent, 25.00 percent through donations, government funds and both by donations, government funds respectively. In addition to this, in South zone 28.60 percent of the funds are generated from donations, 28.60 percent from government funds and donations. In West zone, 16.70 percent institutes receive funds through donations, 16.70 percent from government funds and donations, 33.30 percent by government funds and donations as well as generate its own funds, 16.70 percent from government funds and Red Cross and 16.70 percent from Red Cross.

- It was found that the major source of funding for these institutions/ schools is donations followed by government funding. Out of the total selected schools/ institutions, the numbers of schools/ institutions which generate their funds through donations are ten in number which comprises 38.5 percent of the total sample. The researcher observed that most of the institutions were reluctant in explaining the detail of their source of funding.
• Sixteen schools/ institutions provide monthly health checkup of the CWSNs and only three institutions/ schools provide weekly health check up. In North zone, 75 percent institutions/schools have the provision for monthly health checkup and 25.00 per cent twice a month. While in West zone, 66.70 percent go for monthly check up and 33.30 percent is having provision for twice a month health checkup facility within the total facilities available in selected special institutions/schools. Out of 26 institutions, 16 (61.50 percent) are having the provision for monthly check up, 5 (19.20 percent) are having the provision for twice a month, 3(11.50 percent) is having the provision for weekly health checkup, one (3.80 percent) having the provision for yearly health check up and one (3.80 percent) school does not provide any kind of health checkup facilities for CWSNs. In nutshell, the data reveals that the health facilities available for CWSNs are satisfactory but there is no provision for a hospital/dispensary functioning from within the campus of the institution. The available facilities are only for routine heath checkups and do not provide much help for the full treatment of their impairment as revealed from the fact that institutions lack sufficient funds to assist the treatment for their impairment.

• The training provided by the schools/institutions is mainly vocational in nature which helps the CWSNs for earning their livelihood. Out of the total twenty six special schools/institutions, twenty four Schools/Institutions (92.30 percent) are providing training to the children. Within the East and South Zone, only 29.20 percent each school/institution is providing the training facility to CWSNs whereas in North and West Zone the percentage of training facility is 16.70 and 25 respectively. The analysis the data further indicate that the training facilities for CWSNs is more in educational institutions located in South and East zone of Haryana.

• Out of the total twenty six institutions, thirteen provide and thirteen does not provide any kind of support to find out the job opportunities. In the East zone, out of 44.40 percent institutions/schools 30.80 percent support them for searching a suitable job. In North and West zone, out of 50 percent within zone, special schools/institutions are 15.40 percent and 23.10 percent provides support to job respectively while in South zone out of 57.10 percent 30.80 per cent provides
support to job to the children of special needs in Haryana. Thus, data reveals that institutions located in South zone of the State give support to CWSNs for identifying/searching job avenues to the maximum extent among all zones.

- The infrastructure is divided into two types – Owned and Rented. Of the total, twenty four special schools have their own buildings and only two schools/institutions are running on rented property. In North and West zones, all the special schools/institutions are running from their own buildings whereas in South and East zones 14 schools are operating from their own building and rest two offer their services through rented accommodation.

- It can, therefore, be inferred that in total 24 institutions (92.30 percent) is catering to the needs of CWSNs from their own building. Further, zone wise percentage of institutions reveals that East zone holds maximum (33.30 percent) number of institution running their activities from own infrastructure followed by North zone (16.70 percent), West and South zone (25.00 percent each). However, further analysis of the information provided reveals that space available for carrying out the services and other support programmes for the CWSN was inappropriate in majority of the organizations surveyed. Only forty percent organizations got good or satisfactory ratings for the space available for carrying their services satisfactorily.

- Most of the schools/institutions possess sufficient equipments and only two schools/institutions report that they are not holding sufficient technical equipments with them. Out of 26 schools/institutions 12 (46.20 percent) required more technical equipments while 14 (53.80 percent) schools/ institutions do not report any need of additional/more equipments as they are satisfied with present status of the equipments. In South zone, 41.70 per cent out of 71.40 percent need new technical equipments. The situation in West zone is that 28.60 percent of districts within this zone does not require more equipments while 16.70 per cent of schools/institutions require more equipment to run their schools/institutions smoothly and comfortably for the services of special children in needs.
• Most of the organizations required residential facilities in schools for continuing education especially for girls, support for blind children, translation recording facilities in schools, computerized Braille press services, special recreational programmes like dance and music, specialized vocational training which render them easy market availability, creating innovative self-employment or employment opportunities in government sector as per the need of the 21st century, incentives to private sector for providing jobs to disabled children, outreach programmes in villages, appropriate transport services for staff and day scholars, and dissemination of information through media regarding the government programmes and of disability related issues.

• There are in total 2979 CWSNs enrolled in different special schools/institutions in eight districts of Haryana, out of which there are 884 CWSNs are enrolled in South zone (Gurgaon, Faridabad), 890 in North zone (Ambala, Panchkula), 481 in West zone (Hissar, Sirsa) and 724 in East zone (Panipat, Karnal). As regard to gender, out of 2979 CWSNs there are 1697 male and 1282 female CWSNs. Therefore, the number of male is more than female CWSNs. Further, there are 515 male CWSNs in North zone followed by 506, 263, and 413 in South zone, West zone and East zone respectively. The enrollment of female CWSNs in South, North, West and East zone was found 378, 375, 218, and 311 respectively. Therefore, it can be gathered from the data that maximum number of students are enrolled in Gurgaon district followed by Ambala, Panchkula and Faridabad. Moreover, the data clearly indicates that the CWSNs in North zone (Ambala and Panchkula) are providing more educational facilities followed by South zone (Gurgaon and Faridabad) of Haryana. In addition, the data depicts that out of the total number of disabled children; very few are enrolled in all the institutions of different zones/districts of Haryana. The researcher has also found that the enrollment of male (CWSNs) is slightly greater than female (CWSNs) in these institutions. Thus in spite of propagation of education for disabled and availability of a large number of institutional services through NGOs and other governmental organizations for education of disabled persons, the overall educational levels for disabled persons in Haryana are still poor/inadequate and need immediate support and strengthening.
The male (CWSNs) with rural background are more than the children with urban background. As regard to female (CWSNs), it was found that the number of rural children is slightly less than the children with urban background. Therefore, a reverse trend was observed between male and female CWSNs as regard to their residential background. In terms of number, it was found that there were 990 males CWSNs and 599 females (CWSNs) from rural background and 687 male (CWSNs) and 675 female (CWSNs) from urban background.

In rural Haryana, the prevalence of disability was more as compared to its urban counterpart. Further, among males, the proportion of disabled was significantly higher than that among females. It was observed that disability occurs more in rural children because of the lack of awareness of preventive measures of disability. Availability of immediate healthcare through a network of medical care centers and a strong awareness generated by NGOs and government machinery for complete immunization of both pregnant mother and child is one of the major reasons for lower disability prevalence rates in urban Haryana.

The children from the poor income group are more than the children from middle income group in the both male and female children. Most of the children come from poor families or poor background. In all the eight districts the number of CWSNs both males and females comes from rural background with poor economic condition. It is clear that people in rural area are less aware of the preventive measures of disability, therefore there are more impaired children in rural in comparison to urban. It was also observed that the disabled children are coming from poor income group as the parents have the lesser means and are not well educated rather least aware about the preventive measures of disability. It is the poverty which causes disability in Haryana because disabled children are more likely to suffer from malnutrition, live in crowded and unsanitary conditions (increasing risk of infectious disease) have limited access to medical care, be poorly educated, not immunize their children, lack adequate care during pregnancy and birth and have multiple pregnancies.
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• The percentage of the male children with hearing impairment (77 percent) and mental retardation (78 percent) children is more than the other disabilities. In North zone there are 26 percent males are hearing impaired while in South zone its percentage is 20 only and in East and West zone is 18 and 13 respectively and the percentage of female suffering from hearing impairment are 18, 15, 15, 10 percent in North, South, East and West zone respectively. In visually impaired case in North zone there is no such type of child is admitted while in South, East and West the percentage of male child is 15, 9, and 15 respectively and in South, East and West the percentage of female child is 11, 7 and 3 percent. Maximum number of male child is in category of mental retardation and from all the four zones their percentage is high (78 percent male and 61 percent female). From North, South, East and West it is 15, 15, 27 and 21 respectively out of their respective total. In North zone and South zone the percentage of HI children is high and East zone and West zone the children from the category of mental retardation are high. The percentage of the children with hearing impaired and mentally retarded children is more than the other disabilities.

• The percentage of the degree of disability of both the male and female children in all the four zones. In North, South, East, West zone in profound category the percentage of male is 3, 9, 5, 11 respectively and the percentage of female is 2, 8, 5, 9 respectively. In North, South, East, West zone in severe category the percentage of male is 20, 20, 21, 17 and the percentage of female is 15, 14, 14, 16 respectively. In North, South, East, West zone in mild category the percentage of male is 17, 16, 18, 16 and the percentage of female is 13, 12, 13, 11 respectively. In North, South, East, West zone in partial category the percentage of male is 18, 12, 13, 11 and the percentage of female is 11, 9, 11, 8 respectively. Overall the data clearly indicates that the percentage of male and female suffering from severe disability is highest in all the zones.

• The children in age group 5-9 are more than in other three age groups. In East zone the number of CWSNs is 23 in the age group of 5-9 and 21 in the age group of 10-14 and very less in the age group of 0-4 is the maximum up to 10 and minimum is 3. In North zone same is the case, the number of children is more in
the age group of 5-9. 60 are in the age group of 10-14 while 52 in the age group of 15-19 and 50 in the age group of 0-4. In South zone the maximum number of children in the age group of 10-14. 52 are in the age group of 5-9; 31 are in the age group of 0-4 and 44 are in the age group of 10-14. So it was observed that disability is quite frequent in the age group of 5-9 for both male and female. The data clearly explains that children who are in the age group of 5-9 years are suffering from any kind of impairment more than any other age group which is drastically different from the results of NSSO rounds 2001 where the onset of disability among children is found in 0-4 age group. So this depict that pregnant mothers are becoming little aware of the preventive measures of disability.

• The percentage of rural male CWSN’s is more than the children from the urban background in the all eight district but in the case of female children the situation is reverse. The percentage of children from poor income group of both male and female is more than the percentage of children both male and female from the middle income group. In all the eight districts the number of CWSNs both males and females comes from rural background with poor economic condition. In North zone and South zone the percentage of HI children is high and East zone and West zone the children from the category of mental retardation are high. Overall the data clearly indicates that the percentage of male and female suffering from severe disability is highest in all the zones. The data clearly explains that children who are in the age group of 5-9 years are suffering from any kind of impairment more than any other age group which is drastically different from the results of NSSO rounds 2001 where the onset of disability among children is found in 0-4 age group.

• Identifying the causes of disability among children with special needs have a useful contribution in proper health planning. It was found that the main causes of disability among CWSNs are accident, brain T.B, congenital disorder, chronic diseases, drums welling, hyperpyrexia, otoria, paralysis, polio, retinablackout, retina tumor, tumor. Congenital disorder followed by accident and hyper pyrexia comes out as the major causes of disability among these selected children. 30 respondents from all four zones became disabled just because of congenial disorder. 36.70 percent from East zone, 13.30 percent from North zone, 26.70 percent from South
28.80 percent were disabled because of congenital disorder. 26 respondents from all zones became disabled because of accident and the percentage of such children is 30.80 from East zone, 11.50 from North zone, 30.80 from South zone, 26.90 from West zone and in total among all causes of disability 25 percent of the total respondents from all zones became disabled because of accident. The data further explains that the third major cause of disability among respondents from all zones is hyperpyrexia which is 11.50 percent of the total causes observed by the researcher. Moreover very few have the disability because of tumor i.e. 2.90 percent of the total causes observed by the researcher.

- The number of children with severe disability is more than the other types from both rural and urban background which amounted to 63 and 50 percent respectively. It has been observed that lowest percentage of CWSNs female was found in category of profound disability i.e. 7.40 percent from rural background and 8.30 percent from urban background. This result is similar to the result observed in educational institutions of CWSNs as a whole. It was observed that disability occurs more in rural children (female) because of the lack of awareness of preventive measures of disability and were less educated. Availability of immediate healthcare through a network of medical care centers and a strong awareness generated by NGOs and government machinery for complete immunization of both pregnant mother and child is one of the major reasons for lower disability prevalence rates in urban Haryana.

- The percentage of hearing impaired children in middle income group was drastically different, as the percentage of hearing impaired children was high i.e. 53.80 in urban area than the percentage of hearing impaired children (11.80) in rural area of Haryana and the situation was reverse in case of mental retardation, as the percentage of mentally retarded children was high i.e. 58.80 in rural area than the percentage of mentally retarded children (26.90) in urban area of Haryana. The percentage of physically challenged was 17.60 in rural area in comparison to only 3.80 percent in urban area and the situation for both rural and
urban in case of visual impairment was quite similar. It is quite apparent that the percentage of hearing impaired children in poor income group is similar.

- As the percentage of hearing impaired children is 31.80% in urban area and the percentage of hearing impaired children is 33.30% in rural area of Haryana and the situation was alike in case of mental retardation, as the percentage of mentally retarded children was 33.60% in rural area and the percentage of mentally retarded children was 36.40% in urban area of Haryana. The percentage of physically challenged was 19.40% in rural area which is high in comparison to percentage of physically challenged i.e. 4.50% in urban area and the situation for both rural and urban in case of visual impairment was different. So in nutshell the children who are living in rural Haryana were more prone to mental retardation and children living in urban area were more prone to hearing impairment.

5.2 EDUCATIONAL IMPLICATIONS

The present study gives detailed information about the special institutions in eight districts of Haryana. It provides information related to the magnitude, demographic, social and economic characteristics of children with special needs studying in special schools/institutions & identified the educational, vocational, recreational services available for the disabled population in special institutions.

Hence, in many ways the findings of the present study can be beneficial for students, teachers, administrators, parents, counselors, doctors, social workers, media personnel, professionals in the field of special education and policy makers. The usefulness of the present study lies in:

i. Knowing the disability figures in eight districts of Haryana is an help to integrate the children with special needs more effectively into the community at large.

ii. It helps to collect systematic information on disability and the social position of CWSNs. Facilitates provision of services and assists in their reaching out to people with disabilities.
iii. It is a help to increase awareness among government organizations and the research community of the limitations and strengths of disability data.

iv. It provides some indicators of needs for medical, rehabilitation and welfare services. & figures reveal that only a very small percentage of total disabled population is benefited by the special education programs.

v. It provide a database which can be further utilized for planning purpose and can be used for planning rehabilitation services at district, state levels. The present study investigates the importance of studying cause, degree of impairment of different types of children with special needs.

vi. This study is of immense value for the prevention, early identification, rehabilitation ,and integration of the disabled in Haryana. The researcher has made an attempt to dedicate to the nameless faces wanting us to carry to them urgently needed services that will go a long way in bringing a ray of bright hope to their otherwise dark lives.

vii. Creating an awakening in students, teachers and administrators the services and facilities provided by government to these persons

viii. Generating awareness among the policy makers about the magnitude of the problem and inspiring them to allocate larger funds for the development of CWSNs.

ix. Provides a comprehensive picture of disability in a readily understandable, useful and supportive manner which is of great help to initiate and provide adequate and appropriate required services to disabled children.

x. Helpful for professionals working in different areas of disability and rehabilitation and to the policy makers/planners and moreover, the ultimate usefulness may be in its utility for the lay person in Haryana.

xi. Filled the gap of theory and practices of available different types of programs for children with special needs by knowing the real situation of children in Haryana.
5.3 RECOMMENDATIONS

The recommendations derived from the in depth field survey and analysis of the information collected through literature survey and other study's are spelled in terms of enabling social, cultural and economic environment, strengthening government's pro active policies, healthcare, education, vocational training, employment opportunities and other referral and rehabilitation services.

i. The present study is based on a sample drawn from a limited geographical and socio-cultural stratum. For better generalization of results, a study can be undertaken covering wider geographical area and different socio-cultural contexts

ii. Involvement of disabled persons, their family members, national apex bodies doctors working in the field of rehabilitation of the disabled, NGOs etc. in the development and implementation of programmes pertaining to attitudinal change can be studied

iii. The present study is limited to only Special School/Organizations/ institutions run by GOs/NGOs in Haryana. The various types of School/Organizations/ Institutions can be studied to understand a comprehensive picture of disability in a readily understandable, useful and supportive manner in Haryana.

iv. The present study has observed the implementation status of PWD Act 1955 in Haryana, the researcher suggest that the status of inclusive education for CWSNs can be studied according to the RTE Act 2010.

v. The researcher here recommends that the status in terms of magnitude, prevalence, incidence, composition & characteristics of various different types of disabilities which are not studied in the present study can be studied.

vi. The researcher has observed during the survey and found that the CWSNs are only from poor income group and middle income group, the reasons of absence of CWSNs from rich income group can be studied.

vii. Effect of SSA, RMSA & Mid-day meal schemes on the enrollment and retention of CWSNs at primary, middle, secondary school level can be studied
viii. The magnitude of CWSNs availing the home based education can be studied.

ix. The researcher has observed during the survey and found that the CWSNs from rural background is more than the urban background, so here it is recommended that the reasons can be studied.

x. It is recommended that the area related to the nature of disabilities, their causes and impact on human beings can be studied.

xi. It is recommended that the focal elements of inclusive education in terms of designing the resource room and model inclusive schools can be another important area to be studied & develop recommendations on how to improve education system to ensure Inclusive Education for Children with special needs.