

Coping Strategies for the Inclusion of People with Disabilities in Education: A Sociological Study

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Abstract

The societal concern surrounding the inclusion of people with disabilities holds significant weight, given that this marginalized group faces a myriad of barriers on a global scale, impeding their active participation in the political, economic, and social advancements of nations. This paper explores the pivotal role of inclusive education in achieving social inclusion. Its primary objective is to delve into how inclusive education strives to ensure that every student, irrespective of their abilities, enjoys access to quality education. This access is aimed at addressing their diverse needs in a manner that is not only acceptable but also respectful and supportive. Despite the implementation of numerous governmental schemes geared towards fostering the inclusion of these individuals in educational settings, the realization of full inclusion remains elusive. The present paper also explores national and international initiatives, as well as coping strategies, designed to integrate people with disabilities into mainstream society. By scrutinizing these efforts, the paper seeks to contribute valuable insights that can inform future endeavors to create a more inclusive and equitable educational environment for individuals with disabilities.

Keywords: Social inclusion, Social Advancement, Inclusive education

Introduction

Education, often regarded as a life-enhancing weapon, stands as the primary means for transforming one's life. Beyond imparting knowledge, it plays a pivotal role in personality development and boosts self-confidence. The significance of school education is paramount in shaping every individual's life, as emphasized by Mahatma Gandhi, who stated, "*Literacy in itself is no education. By education, I mean an all-round drawing out of the best in the child and man - body, mind, and spirit.*" Swami Dayanand Saraswati went further, characterizing education as a "*formulator of character*" and asserting that without it, a person is reduced to a mere name. He emphasized the duty of self-education, moral development, freedom from hatred, and advocating for the general welfare of society in the pursuit of righteousness.

Despite these profound ideals, numerous disadvantaged groups in India, particularly disabled individual groups, face formidable challenges in accessing education, underscoring a critical issue that requires urgent attention in the pursuit of equitable educational opportunities in the country.

Inclusive Education

Inclusive education catalyzes ensuring equal and successful education for all. It is not just an educational philosophy; it is a societal imperative, promoting a more inclusive society by breaking down barriers (Booth & Ainscow 2006). It provides a diverse educational environment that fosters community and mutual understanding among students (UNESCO, 2009). While the term "inclusive education" commonly denotes the integration of children with physical and mental disabilities into regular classrooms, some educators and theorists adopt a broader interpretation of "inclusion" to encompass access for all marginalized groups in both societal and school contexts (Suzanne R. Kirschner, 2015).

Inclusive education enhances teacher effectiveness by developing tailored curricula and learning materials. Common learning settings like classrooms, libraries, gyms, and community spaces serve as the canvas for inclusive education. It aims to eradicate social exclusion from racial, economic, cultural, religious, gender, and ability-based segregation (Ainscow, 2004). Despite its global recognition, inclusive education remains a subject of international debate (Dreyer, 2016).

In recent decades, the global discourse on education has shifted towards inclusive education policies, with international organizations like UNESCO playing a crucial role in shaping and promoting these policies.

The framework for action on special needs education, established at the 1994 World Conference on Special Needs Education in Salamanca, Spain, emphasized the core principle that schools should be inclusive, welcoming all children irrespective of their physical abilities, gender, ethnic backgrounds, or family history. The conference recognized that segregating children in education limits their opportunities for self-fulfillment and restricts their potential. Consequently, the idea emerged that children with special needs should not be isolated from mainstream education, leading to the establishment of inclusive schools. In addressing this challenge, inclusive schools aim to develop a child-centered pedagogy that effectively educates all children, including those with severe disabilities (UNESCO, 1994). These schools must acknowledge and accommodate the diverse needs of students, considering distinct learning styles through appropriate curricular programs, organizational structures, teaching strategies, resource utilization, and community partnerships to achieve quality education for all. Inclusive education, as both a concept and educational strategy, broadens opportunities for academic achievement among all students. The objectives for 'Education for All' were established during the Jomtien World Conference in 1990, declaring that every individual, child, youth, and adult should have access to educational opportunities (Singh, 2016).

The United Nations' Sustainable Development Goal 4 (SDG-4) further emphasizes the commitment to inclusive and equitable quality education for all. Many countries have implemented inclusive education policies that prioritize access, participation, and achievement for every student, regardless of their abilities, background, or circumstances. These policies recognize the transformative power of inclusive education in fostering social cohesion, breaking down societal barriers, and creating a more equitable and just society on a global scale.

Inclusive Education in India

India, with its rich history, boasts a centuries-old educational tradition rooted in the Gurukul System. This ancient system, prevalent in the early centuries, saw students residing in their tutor's home until the tutor deemed that they had imparted all the necessary knowledge. The Gurukul system was attuned to the cultural, social, and economic needs of students and their families, offering life skills education while recognizing individual abilities. Unfortunately, during the colonial period, these educational practices were lost (Singh, 2016), prompting India to explore educational models from other nations, particularly because there was a lack of government policy for the education of disabled children.

In response, the government initiated the establishment of separate schools, primarily residential and located in urban areas, across the country. During this time, there was a prevailing belief that children with exceptional needs could not be educated alongside their peers in a common environment. Consequently, special schools became the primary avenue for the education of children with disabilities for nearly a century, with the establishment of schools dedicated to those with visual and hearing disabilities in the late 1900s (Mahapatra S.K., 2016). The first formal school for children with intellectual and physical disabilities was established in Kurseong, India, in 1918 (Miles, M, 1997). However, even after India gained independence in 1947, children with special needs continued to be educated in separate settings, with non-governmental groups increasingly assuming responsibility for their education (Sharma, 2009). By 1966, there were 115 schools for visually impaired students, 70 schools for hearing-impaired students, 25 schools for students with orthopedic disabilities, and 27 schools for students with intellectual disabilities (Aggarwal, 1994, cited by Sharma, 2009).

Status of Disabled Population India

India has a huge population of people with disabilities. The House listing Operations of 1981 Census highlighted the under-enumeration of physically handicapped persons. The 1991 Population Census did not cover disability, but in 2001, it was included for all household members during detail population enumeration. In 2001, 75% of persons with disabilities (PWD) were from rural areas, For the entire population, 2.13% had one type of disability or another (Ministry of Statistics and Programme Implementation, 2012).

The prevalence of disability varied marginally across different population categories. Rural India had a higher prevalence of disability (2.21%) than urban areas (1.93%). Males had a significantly higher prevalence of disability (2.37%) than females (1.87%). The prevalence rate among SC population (2.23%) was marginally higher than the general population, while among ST population it was noticeably lower (1.92%). Among major states of India, the prevalence of disability was higher in Jammu & Kashmir (3%), Orissa (2.8%), Kerala (2.7%), Tamil Nadu and Himachal Pradesh (2.6% each), while it was quite low in Maharashtra (1.6%), Jharkhand, Punjab and Delhi (1.7% each), and Karnataka & Andhra Pradesh (1.8% each). However, the highest prevalence of disability in state population was found in Sikkim (3.8%) (Population Census, 2001).

In 2011, Census of India collected information on eight types of disabilities, including sight, hearing, speech, movement, mental retardation, mental illness, multiple disabilities, and disabilities of any other kind. Sikkim has the highest prevalence of disability (2.98%), while Daman & Diu has the lowest

(0.9%). Nearly 50% of disabled persons belong to one of five states: Uttar Pradesh (15.5%), Maharashtra (11.05%), Bihar (8.69%), Andhra Pradesh (8.45%), and West Bengal (7.52%). Bihar has the highest share of disabled children under 6 (12.48%), followed by Meghalaya (11.41%). Kerala has the lowest (3.44%).

According to the 2011 Census, 20% of India's disabled population experiences difficulties related to movement, while 19% have visual impairments and another 19% have hearing impairments. Additionally, 8% of the disabled population faces various other types of disabilities. Uttar Pradesh stands out with the highest number of persons with disabilities across multiple categories such as sight, hearing, movement, mental retardation, and mental illness. Conversely, Bihar takes the lead in the number of individuals with speech disabilities.

In the case of the education of disabled persons, nearly 55% are literate, with 67% residing in urban areas and 49% in rural areas. Among them, 62% are male, and 45% are female. Conversely, 45% of the overall population is illiterate. The education levels among disabled individuals are notably low, with only 13% attaining secondary education without graduating, and a mere 5% achieving graduate and postgraduate qualifications. Approximately 8.5% of disabled literates hold graduate degrees. When considering gender differences, male disabled persons comprise 38% illiterates, 16% with secondary education but not graduating, and 6% with graduate and postgraduate qualifications. On the other hand, female disabled persons exhibit 55% illiteracy, 9% with secondary education but not graduating, and 7.7% holding graduate degrees. Goa & Kerala have the highest percentage of disabled children (5-19 years) attending educational institutions (73%), followed by Maharashtra and Lakshadweep (70%). Nagaland has the highest percentage of disabled children never attending (39%) (Disability Statistics Report, MHRD, 2016).

National Sample Survey

Sample surveys are shorter, targeted surveys administered to a specific sub-population, often a census, to answer specific questions about a population. They offer more precise prevalence measurements, less false positives and negatives, and comprehensive information regarding disability. Sample surveys need to be thoroughly statistically exercised and can be added to current surveys or used independently (Person with Disabilities (Divyangjan) in India- A Statistical Profile, 2021).

The National Sample Survey first made an effort to collect data on the number of physically disabled people living in rural areas. In its 15th round survey (July 1959–June 1960). The 16th round of the survey (July 1960–June 1961) included urban areas in its geographical scope. The 24th, 28th, and 29th rounds of the study were then conducted again to determine the overall number of people suffering from specific physical disabilities. The kinds of disabilities addressed, however, varied, and data on physically disabled people was gathered in the preliminary stages of other topics, providing limited opportunity to gather information on the nature and source of the disability (Manual on Disability Statics, 2012).

After a hiatus of eleven years, the National Survey of Social Sciences (NSS) carried out its 58th round of disability surveys from July to December 2002. The poll covered mental disabilities in addition to physical disabilities, using the same definitions and procedures as the previous rounds. Socio-economic

data like age, literacy, work experience, vocational training, disability cause, and age of disability onset were also gathered by the survey. The National Survey of Persons with Disabilities (NSS) conducted its 76th round of the survey from July to December 2018, aiming to estimate disability incidence and prevalence. The survey included factors such as disability cause, age at onset, facilities available, difficulties in accessing public buildings and transport, regular care arrangements, and out-of-pocket expenses. The survey also made changes to the schedule of enquiry, modifying questions to identify persons with disabilities and adding relevant items. Important features included classifying persons with disabilities according to the Rights of Persons with Disabilities Act 2016, collecting data on difficulties in accessing public transport and buildings, determining disability certificates and percentages, arranging regular care, recording out-of-pocket expenses, and enrolment in education (Person with Disabilities (Divyangjan) in India- A Statistical Profile, 2021).

The definition of disability has also been shown in the survey which is as follow

A "person with a disability" is defined as an individual who has a long-term physical, mental, intellectual, or sensory impairment that, when combined with other obstacles, prevents them from fully and equally participating in society. "Barrier" means any factor including communicational, cultural, economic, environmental, institutional, political, social, attitudinal or structural factors which hamper the full and effective participation of persons with disabilities in society.

The National Survey on Persons with Disabilities in India, conducted from July to December 2018, revealed a prevalence of 2.2% disability in India, with a higher rate among males (2.4%). The incidence of disability was 86%, with a higher prevalence among males (2.4%). The report of the survey revealed that 52.2% of persons with disabilities aged 7 and above is literacy-dependent, 19.3% have the highest secondary education level, and 10.1% attend preschool intervention programs. The percentage of persons with disabilities enrolled in ordinary school was 62.9%, while 4.1% were in special school. The living arrangement of persons with disabilities was 3.7% living alone, with 62.1% having a caregiver. The report also showed that 21.8% received government aid, 1.8% from other organizations, and 76.4% did not receive aid. 28.8% had a certificate of disability (NSS- 76th Round, 2018).

Efforts at International Level for the Inclusion of People with Disabilities

The inclusion of disabled individuals worldwide is a critical aspect of building equitable societies that value diversity and uphold human rights. The World Bank estimates that 20% of the world's population is disabled, making them the most disadvantaged in society. Around 10% of the world's population lives with impairment or disability, with women having higher disability rates than men in OECD countries.

The Universal Declaration of Human Rights (1948) provided the right to education for everyone, while the United Nations Declaration on the Rights of Disabled Persons (1975) identified the special needs of disabled persons and encouraged their integration into normal life. These declarations have been instrumental in addressing the issue of disability worldwide. In 1981, the United Nations declared the International Year of Persons with Disabilities and adopted the World Program of Action for Disabled Persons. This was a significant shift in attitudes towards disabled rights, especially in the Asia Pacific region, where almost 60% of disabled people live. In 1993, the Asia Pacific Region followed the National decade of disabled people, promoting equal participation and valuing the dignity of every

individual. In 2002, the government adopted the Biwako Millennium Framework to create an integrated, barrier-free, and rights-based society. This new decade aims to move from a charity approach to a right-based approach to defend the rights of disabled people in legal, cultural, economic, political, and social aspects (Hooi 2015).

The Convention on the Rights of Persons with Disabilities was adopted in 2006 and enacted in 2008. It aims to ensure equal rights and dignity for all individuals with disabilities, including those with long-term physical, intellectual, or sensory disabilities that hinder their participation in society. Social inclusion for the disabled is crucial for sustainable development. The Convention, along with the Sendai Framework for Disaster Risk Reduction 2015-2030, guides governments towards disability-inclusive sustainable development at the international level, promoting progress towards the 2030 Agenda for Sustainable Development Goals.

The Incheon Strategy was launched in 2012 at the regional level to describe the latest course of action for the decade for Asia and Pacific persons with disabilities (2013–2022). It aims to improve the living conditions of 690 million people with disabilities living in poverty and fulfill their interests. The strategy builds on the CRPD, Biwako Millennium Framework for Action, and Biwako plus five, and provides 10 disability-specific development goals, 27 targets, and 62 indicators. Its objective is to enable the region to monitor innovations and improve the lives of people with disabilities.

Initiatives at National Level for the Inclusion of People with Disabilities

Indian Government has implemented several initiatives to promote the inclusion of people with disabilities at the national level, acknowledging the significance of creating an accessible and equitable society. These initiatives cover various sectors, such as education, employment, healthcare, and social services. Comprehensive policies and frameworks have been established at the national level to address the challenges faced by individuals with disabilities. The key components of these initiatives are outlined below;

Constitution Laws-

The Indian Constitution allows significant room for developing legal instruments to protect the rights of disabled people in India. The Indian Constitution guarantees all citizens equality, liberty, freedom, and dignity, and specifically mandates an equitable community for all, including people with disabilities. In recent years, there have been significant and optimistic shifts in society's view of people with disabilities. It has been realized that if people with disabilities have equal opportunities and meaningful access to rehabilitation, they will live a better quality of life. To get a full understanding of the legal system regulating the rights of people with disabilities, the different laws covering the area are recognized. The following are some of the important provisions in India that facilitate supportive provisions for differently abled people.

Article 14- The State shall not deny the right of anybody within the territory of India.

Article-15-The State shall not discriminate against any person solely based on religion, race, caste, sex, gender, Physical capabilities, and place of birth.

Article- 21 (A) - The Constitution (Eighty-sixth Amendment) Act, 2002, in India, enacted Article 21-A, ensuring free and compulsory education for children aged six to fourteen as a fundamental right.

Article- 32- People with disabilities have the right to file complaints in the Supreme Court if their rights have been violated.

Article 41- Under this article of the Indian Constitution states that the state must make effective provisions for safeguarding the right to education and public assistance within the limits of its economic capabilities and development.

Article- 45- Provision for early childhood care and education to children below the age of six years: The State shall endeavor to provide early childhood care and education for all children until they complete the age of six years. All these provisions are equally applicable to children with special needs.

Article 46- This article imposes on the state, the responsibility to promote the educational and economic interests of the weaker sections of people, as well as to safeguard them from social injustice and exploitation in all aspects.

Article 47- The article places a primary responsibility on the government to improve people's nutrition and standard of living, as well as public health, particularly by prohibiting the consumption of intoxicating drinks and drugs that are harmful to one's health, except for medicinal purposes.

Effective Acts and Policies

The Indian governments and non-government organizations have faced the most difficult task of ensuring that all children have equal, simple, and easy access to education regardless of their disability. Despite the formidable challenge of formulating and implementing policies, persistent efforts are underway to heighten awareness among administrative bodies and institutions. The objective is to underscore the imperative for additional measures, ensuring that individuals with disabilities are brought on par with the rest of the population within society. The acts and policies for their inclusion are as follows;

The Mental Health ACT-1987

The Mental Health Act of 1987 was a turning point in India's mental health care system. It is more than an aesthetic upgrade over the obsolete Indian Lunacy Act of 1912; it is the culmination of a lengthy presentation to the Government of India by the Indian Psychiatric Society. The Government of India issued an order bringing this Act into effect in April 1993. However, in some states and UTs, it is still not implemented. It is an act to consolidate and revise the law relating to the treatment and care of mentally ill persons, to provide better provisions concerning their property, and for matters connected with or incidental thereto.

The major aims of the Mental Health Act are the following;

1. To govern admission to psychiatric hospitals or psychiatric nursing homes of mentally ill people who lack the awareness to seek treatment on their initiative, as well as to preserve their rights while confined.
2. To protect society from the presence of mentally ill people who are a threat or annoyance to others.
3. To prevent persons from being imprisoned in psychiatric hospitals or nursing homes without a valid reason.
4. To establish guidelines for who is responsible for the maintenance costs of mentally ill people admitted to psychiatric hospitals or psychiatric nursing homes.
5. To provide facilities for establishing guardianship or custody of mentally ill people who are unable to manage their affairs on their own.

6. Establishing a Central Authority and State Authorities to implement the provision of mental health services
7. To limit the government's authority to establish licenses, and regulate psychiatric clinics and nursing homes for mentally ill people.
8. To provide legal aid to mentally ill people in some cases.

The Rehabilitation Council of India ACT-1992

The Rehabilitation Council of India Act, 1992 is the main legal framework established to deal with and regulate the rehabilitation of disabled people in India. An act passed on September 22, 1992, established the Rehabilitation Council of India (RCI) as a legal body to oversee the training and standardization of professionals involved in the rehabilitation of persons with various disabilities (The Rehabilitation Council of India Act, 1992). The primary objectives of RCI are;

1. It is ensured that people with disabilities receive high-quality rehabilitation services that promote their inclusion and participation in social life.
2. The Act outlines the functions and powers of the Council, including the accreditation of institutions involved in rehabilitation training.
3. Establishment of standards for rehabilitation professionals, and the maintenance of a central registry of qualified professionals.

The Act proves a cornerstone in the upliftment and empowerment of people with disabilities by creating a solid framework for their education, training and general well-being.

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

The Person with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, is a landmark Indian legislation aimed at protecting and enhancing the rights of persons with disabilities. Enacted on January 1, 1996, it covers various aspects of their lives, including education, employment, research, manpower development, barrier-free environments, rehabilitation, unemployment allowance, special insurance schemes, and home establishment. The Act mandates at least 40% disability for declaration and requires 3% of seats in government educational institutions. The implementation of this Act influenced the Proclamation of the full participation of people with disabilities in every aspect of life. The key features of the Act are;

1. The Act ensures equal opportunities for persons with disabilities in various aspects of life, such as employment, education, and participation in social and cultural activities.
2. It promotes employment opportunities for persons with disabilities and mandates reservation in government jobs.
3. It mandates that public places, transport, and information and communication technologies be made accessible to individuals with various disabilities.
4. The Act emphasizes the right to education for persons with disabilities and directive that the government and educational institutions take measures to provide inclusive education and reasonable accommodations for students with disabilities.
5. It encourages the private sector to take affirmative action in the employment of persons with disabilities.
6. It emphasizes the need for social security and healthcare facilities for persons with disabilities.

7. It calls for measures to improve the overall well-being and quality of life of individuals with disabilities.
8. It includes provisions for legal aid to persons with disabilities and focuses on rehabilitation measures to enhance their independence and integration into society.
9. It establishes mechanisms for the effective implementation of its provisions, including the appointment of Chief Commissioners and State Commissioners for Persons with Disabilities. These authorities play a crucial role in monitoring and ensuring the enforcement of the Act.

The Persons with Disabilities Act, 1995 reflects India's commitment to promoting an inclusive and accessible society that recognizes and respects the rights of persons with disabilities. The Act has been amended over the years to meet emerging challenges and bring it in line with international standards such as the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).

The National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation, and Multiple Disabilities Act, 1999

The Parliament passed the National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation, and Multiple Disabilities Act in 1999. This is India's primary legislative initiative and instrumental step in promoting the overall well-being and empowerment of persons with autism, cerebral palsy, mental retardation and multiple disabilities. The Act authorizes the National Trust to formulate and implement various social schemes and programs aimed at improving the quality of life of persons with certain disabilities. The Trust offers care services either institutional or home-based to persons with disabilities and their families (Kaur, 2015). It also emphasizes the creation of an encouraging and inclusive environment that ensures the rights, autonomy and social participation of people with disabilities. The Act also provides for the formation of local-level committees to facilitate the implementation of its provisions at the grassroots level. The National Trust defines this legislation as covering the following categories of disability:

Autism-It is a developmental disorder characterized by repeated and ritualistic behavior that predominantly affects a person's communication and social abilities.

Cerebral Palsy- It is a set of non-progressive conditions of a person defined by aberrant motor control posture arising from brain damage or injuries occurring during the prenatal, perinatal, or neonatal phase of development.

Multiple disabilities- It means a combination of two or more disabilities" as defined under clause I of section 2 of the Persons with Disabilities (Equal Opportunities, Protection of Rights, and Full Participation) Act, 1995.

Severe disability- A severe disability is defined as having 80% or more of one or more multiple disabilities.

The purpose of the National Trust is to empower measures of care for disabled people in the case of a parent or guardian's death, as well as to assist those people who do not have family support in making life-altering decisions about where they wish to live, work, and socialize.

Sarv Siksha Abhiyan (SSA) -2001

The Sarva Shiksha Abhiyan (SSA) is a government-sponsored program that offers high-quality inclusive education to children with special needs. Launched in 2001, it aims to provide free and compulsory

education for children aged 6-14, implementing a Zero-Rejection policy to ensure no child with special needs is denied education. The program supports specialized instruction, such as mobility, Braille, sign language, and postural training, to equip children with special needs (CWSN) with the necessary skills to enroll in primary school. The SSA addresses architectural obstacles in schools, ensuring easy access to building amenities. Social access for CWSN involves community mobilization and parental education. The program allocates up to Rs. 3000 per disabled child for a fiscal year to address their unique educational needs. Special schools are envisioned as resource centers for inclusive education, supporting teacher preparation programs and creating instructional materials.

Right to Education Act-2009

The Right to Education Act of 2009 (RTE) was introduced to provide free and compulsory education to children between the age group of 6 and 14 all over the nation. This Act was passed by the Indian Parliament on August 4, 2009, and it became effective on April 1, 2010. India is now one of the 135 nations in the world with a fundamental right to education as a result of the enforcement of this Act. Even after this, there are still several flaws and difficulties that prevent thousands of youngsters from receiving a free and compulsory education.

RTE became effective on April 1st, 2010. The current Act is based on Article 21(A) of the Indian Constitution, which was added after the Indian Constitution's Article 45 was amended. This modification made education a basic right. This amendment specified the requirement for legislation to explain the mechanism of its execution which necessitated the preparation of a separate Education Bill. The initial draft of the Bill received a lot of backlashes when it was prepared in 2005 due to its legal requirement to provide a 25% reserve for underprivileged children in private schools. The subcommittee of the Central Advisory Board of Education (CABE) created the draft Bill with the provision as a crucial requirement for establishing a democratic and egalitarian society. Initially, the Indian Law Commission had suggested a 50% reservation for disadvantaged children enrolled in private institutions. On July 2, 2009, the Cabinet gave its approval to the Bill. Both the Rajya Sabha and the Lok Sabha approved the bill on July 20 and August 4, respectively in 2009. On September 3, 2009, it was declared a law after receiving presidential approval. The main provisions (The Right of Education Act, 2009) of the Act are;

1. It ensures free and compulsory education for children aged six to fourteen, promoting inclusive learning across caste, class, and gender lines.
2. The Act grants children over six years old who have not been admitted to school or have dropped out of elementary education, the right to be admitted to a suitable school.
3. The Act allows children to transfer from a government-aided school to another, allowing for immediate issue of a Transfer Certificate, and promoting reform to remove procedural barriers.
4. The RTE Act mandates governments and local authorities to ensure all children have access to elementary education within a defined neighborhood, ensuring universal access.
5. The Act provides for the formulation of a National Curriculum Framework, which was formulated by NCERT in 2005 and has been recognized as a trendsetting framework for defining learning processes, assessment, quality, and integration of education for a creative citizen.
6. The local authority is responsible for providing free and compulsory elementary education to all children, ensuring fairness and quality, and monitoring attendance and academic calendars.

7. Parents and guardians are obligated to ensure their children's right to elementary education, regardless of their circumstances, including child labor, ecologically deprived areas, poor slum communities, and seasonal labor.
8. The appropriate government can make the necessary arrangements for pre-school education.
9. The responsibility of schools to provide free and compulsory education to children. Government schools must provide education to all children, while government-aided institutions must provide education to a percentage of students in elementary classes equal to the percentage of recurring aid received from the government to the annual expenditure incurred by the school. (x) Private unaided institutions and special category schools must provide education to at least 25% of children from disadvantaged groups and weaker sections admitted to class I or pre-primary classes. These schools are entitled to reimbursement at the per-child cost incurred by the government.

Disability and Rehabilitation WHO Action Plan (2006-11)

The Disability and Rehabilitation WHO Action Plan (2006-2011) was a crucial initiative by the World Health Organization (WHO) to address the needs of people with disabilities and promote their inclusion in society. The plan, built upon principles from the International Classification of Functioning, Disability, and Health (ICF), aimed to promote equal opportunities, enhance functional abilities, and reduce barriers that limit their full inclusion in society.

The plan aimed to improve health systems' ability to offer comprehensive rehabilitation services, train healthcare professionals, and ensure resources are available. It stressed the importance of community-based approaches and awareness campaigns to reduce stigma and discrimination against disabled individuals. Collaboration among governments, NGOs, and the private sector was encouraged for effective rehabilitation programs. Monitoring and evaluation mechanisms were established to assess the progress of rehabilitation initiatives, and the plan served as a foundation for future initiatives and policies aimed at advancing disability rights and well-being.

The Rights of Person with Disability Amendment Act-2016

The Rights of Persons with Disabilities (RPwD) Act was legislated in 2016 and became effective on April 19, 2017, superseding the Persons with Disabilities (Equal Opportunities, Protection of Rights, and Full Participation) Act of 1995. The RPwD Act aims to ensure dignity, equality, and equal opportunities for all persons with disabilities. It includes provisions for these rights, incorporating the rights of persons with disabilities under the UNCRPD, which India is a signatory to. The Act prohibits torture and cruel treatment, mandates inclusive education for disabled children, and enlists 21 recognized disabilities, replacing "mental retardation" with "intellectual disability" and 40%-affecting benchmark disability (National Human Rights Commission, 2017).

Benchmark Disability

The term "benchmark disability" is used to refer to certain types of disabilities that are officially recognized and classified by the government. These benchmark disabilities are used to implement affirmative action's, reservations, and protective measures, all of which are aimed at ensuring equal opportunities for people with disabilities. The PWD Act 1995 initially identified seven disabilities including blindness, low vision, hearing impairment, locomotors disability, mental retardation, mental

illness, and leprosy-cured, but the RPWD Act 2016 expanded its scope to 21 categories. The Schedule of Specified Disabilities includes;

1. Physical Disability

- Locomotors disability includes leprosy cured person, Cerebral palsy, Dwarfism, Muscular dystrophy, Acid attack victim
- Visual impairment covers blindness and low vision
- Hearing impairment involves deaf and hard of hearing
- Speech and language disability

2. Intellectual Disability

- Specific learning disabilities
- Autism spectrum disorder

3. Mental Behaviour

- Mental illness

4. **Disability** caused due to- Chronic neurological conditions, multiple Sclerosis and Parkinson's Disease

5. **Blood disorder** involves Haemophilia, thalassemia and Sickle Cell Disease

Provision under the Act;

1. The RPwD Act requires the government to ensure that people with disabilities have equal rights, respect, and dignity as everyone else.
2. The government and local authorities are required to ensure equal rights for women and children with disabilities, allowing them to express their views freely, considering their age and disability.
3. The Act mandates the government to guarantee that, irrespective of age or gender, people with disabilities have access to a range of support services, including personal help.
4. The Act mandates the rescue, protection, and rehabilitation of victims of violence, abuse, or exploitation, with the government responsible for public awareness and ensuring victims have rights to protection and legal aid.
5. Ensuring the safety and protection of individuals with disabilities is a top priority for the National and State Disaster Management Authorities in their disaster management operations.
6. A child with a disability cannot be separated from their parents unless a competent court orders it in the best interest of the child.
7. The government must ensure disabled individuals have access to reproductive and family planning information, free medical procedures, accessible polling stations, and access to courts and legal rights without discrimination.
8. If a person with a disability cannot make legally binding decisions, they may be granted limited guardianship, with the court or authority reviewing the decision.
9. To help people with disabilities exercise their legal competence, the government will appoint bodies to organize the community and increase social awareness.

Educational Provision Under the Act;

The RPwD Act, in Section 16 mandates that the relevant government and local authorities make sure that all schools that receive funding from them or are approved by them offer inclusive education to students with disabilities.

- Admit children with disabilities in schools without discrimination and promote full inclusion.
- Provide equal education and sports opportunities, accessible facilities, reasonable accommodation, individualized support, and appropriate language for education.
- Early identification and treatment of learning problems in children is important.
- People with high support needs should also have access to transportation, and participation, progress, and completion of schooling should all be tracked
- The Act mandates the government and local authorities to conduct a survey of school-going children every five years, establish teacher training institutions, train professionals for inclusive education, establish resource centers, promote augmentative and alternative modes, provide free learning materials, scholarships, modify curriculum and examination systems, and promote research for improved learning.

New Education Policy 2020

The 2020 National Education Policy emphasizes diversity, equity, and inclusion in the school education system, addressing educational barriers and facilities for Children with Special Needs (CwSN). It promotes a whole-school approach to inclusion, ensuring equal participation across all stages of education. Even the Samagra Shiksha scheme, an integrated scheme of the Ministry of Education, aims to universalize access to school education and supports all States and Union Territories in implementing the NEP's recommendations. Along with this various initiatives have been undertaken by the Ministry of Education, such as the ePathshala portal and mobile app platform, which provide free access to NCERT books and e-content for students, teachers, and parents. The CIET, NCERT has developed the PRASHAST- Pre Assessment Holistic Screening Tool booklet and mobile app, which facilitate early screening for disabilities at the school level, leading to certification of children with disabilities. The policy underscores the necessity of special educators to address the unique needs of Divyang children, with a focus on enhancing educational opportunities through neighborhood schools, special schools, and home-based education. Specific measures include a comprehensive review of instructional methodologies, the integration of schools, development of specialized courses, and the implementation of flexible curriculums (Ministry of Education of India, 2021).

Conclusion

Equitable care for those with disabilities is a sign of a civilized society. Despite its successful efforts, including significant funding for developing and implementing inclusive education programs, the government is nonetheless worried about the social inclusion of people with disabilities. The inclusion of disabled individuals in India encounters numerous challenges and obstacles, primarily due to the scarcity of available services. The way people treat them and the way society views them continue to be so awful.

Inclusive education is the most crucial tool for achieving social inclusion in society. By successfully meeting their various requirements in a respectable, acceptable, and encouraging manner, inclusive education makes sure that all students have access to a high-quality education. Although they have different disabilities, they share some requirements, such as how society views them and a barrier-free environment. Educational institutions should uphold a barrier-free environment that encourages students with disabilities to study in regular classrooms alongside other students without any disabilities.

Additionally, the schools ought to offer them transportation services, buildings that are accessible to the disabled, and assistance and appliances. It is necessary to change societal attitudes and expectations, create a welcoming environment, and correctly implement government legislation in order to fully include people with disabilities.

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