Rehabilitation Mechanisms for Special Group Children at Pre-school Level: A Study of ICDS Projects

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By

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Rationale of the Study

When thinking about disability and rehabilitation, it is important to remember that the perceptions of disability are slowly changing. Since 1960s, there has been a gradual but increasing realization amongst politicians, policy makers and, later, social scientists, across the world that the problem of disability can no longer be considered in purely individualistic medical terms (Barnes and Mercer, 2003). This is partly because people with any form of perceived physical or cognitive impairment or abnormality and labelled as 'disabled' constitute an increasingly large section of the world's population, and partly because the more technically and culturally sophisticated societies become the more impaired and they create disability (Oliver, 1990). Recent estimates suggest that there are around 8.2 million disabled people in Britain, 18.5 million in India, 50 million in the European Union, and 500 million worldwide. And, these figures are set to rise dramatically in the coming decades both in the rich 'developed' countries of the minority world, and in the poorer 'underdeveloped' nations of the majority world (IDF, 1998).

A major concern is the seemingly ever-growing cost of 'rehabilitation' programmes widely regarded as 'scientifically' appropriate and socially acceptable solutions to the problems encountered by disabled people (Stone, 1985; Albrecht, 1992; Sandvin, 2002). The relationship between disability and rehabilitation can best be understood with regard to three distinct but related definitions of disability. The first is the orthodox 'individualistic' medical definition of disability. The second is the more liberal 'inter-relational' account, and the third is the 'radical' socio-political interpretation commonly referred to as the 'social model of disability. In this context, therefore, 'rehabilitation is both a philosophy and a practice' designed to eradicate or minimize the problem of impairment, and enable those with designated impairments 'to function at their highest possible physical, social and psychological levels' (Albrecht, 1992). In other words, disabled people become objects to be cured, treated, trained and changed and made 'normal' according to a particular set of cultural values. The limitations of such interventions have been well documented by disabled activists across the world since the 1960s (Hunt, 1966; Sutherland, 1981; Zola, 1982). The United Nations Declaration on Human Rights declared that, "every child has a right to education– to ensure their growth and development, to fulfill their individual potential." From this background, SAFOD which is a regional network of Disabled People's Organizations (DPOs) mandated itself to find out whether disabled people are accorded this right to education and training or not. More than 500 million

people in the world are disabled as a consequence of mental, physical or sensory impairment. They are entitled to the same rights as all other human beings are enjoying in the society. Too often their lives are handicapped by physical and social barriers in society which hamper their full participation. Because of this, millions of children and adults in all parts of the world often face a life that is segregated and debased. There are as many as 1 in 10 children with special needs in education in the world (DFID, 2001; Watkins, 2000). However, it is worth noting that children with special educational needs (e.g. dyslexia) will outnumber those with visible impairments (Jonsson and Wiman, 2001), again raising the issue of multiple understandings and definitions of what exactly disability is. "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 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 disabled children and those provided for non-disabled children. It will simply not be possible to realize the goal of Education for All (EFA) if we do not achieve a complete change in the above mentioned situation" (Lindqvist, 1999). The Salamanca Statement of 1994 calls for ordinary schools to include all children, regardless of their physical, intellectual, social, emotional or linguistic or other conditions.

A significant numbers of disabled children and youths are largely excluded from educational opportunities for primary and secondary schooling as well as higher education. UNESCO's Global Monitoring Report on Education for All (EFA) published in 2007 estimated that 77 million children (aged 6 – 11 years) do not attend school and that approximately one-third of these out-of-school children are disabled. The above assertion follows up the World Summit for Children in 1990 and the adoption of the UN Convention on the rights of the child which states that more than 155 countries have developed National Programmes of Action. But despite all these international activity, few of the necessary changes in promoting education and training of disabled people have been made. An active period of educational history to increase integration of students with disabilities represented during the late 1980s and 1990s. Specifically, the advent of the Regular Education Initiative (REI) (Reynolds, Wang and Walberg, 1987; Wang, Reynolds and Walberg, 1986; Will, 1986) and the calls for full inclusion (Thousand and Villa, 1990) have increased the likelihood that many students with disabilities will receive a significant portion for all of their instruction in the regular classroom. But unfortunately policies enacted by Governments remained in paper and were never implemented. Despite the concern that education should be accorded to all- still that is continually ignored. If ever good education is to be promoted, there should be deliberate foci on relevant policies that concern themselves with "right to access an inclusive, quality, free primary and secondary education on an equal basis with others in the communities in which they

live" (UN Convention on Human Rights, Article- 24). The United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities (1994) and the Salamanca Statement and Framework for Action on Special Needs Education (1994) reaffirm the rights of disabled people to equal opportunities, full participation in society, and equal partnership in the planning and implementation of those policies which affect their lives. It happened not only in the past, but even now children who are different because of race, culture, language, gender and/or exceptionality have often been denied full and fair access to educational opportunities (Banks and Banks, 1993). More than that, even some children were totally neglected and hidden away; others were abused, exploited or even put to death. Thus, the exceptional or special group children need intensive, systematic instruction to learn skills which the normally developing children acquire naturally. The World Health Organization (WHO) estimate that 10% of any population are disabled (Thomas, 2005), and approximately 85% of the world's children with disabilities under 15 years of age live in developing countries. Thus, in India, the past three decades have witnessed a spurt of legislative and policy initiatives aim at addressing the educational needs of a very large "forgotten" and "invisible" population with disability. To capture the achievement towards providing access, equity and quality education as far as children with disabilities are concerned, it is vital to place it against the backdrop of achievements in the educational field for all children. Children with special needs or special educational needs tend to be perceived as children with disabilities in India, as demonstrated by Mukhopadhyay and Mani's (2002) chapter on "Education of Children with Special Needs" in a NIEPA government-funded research report, which solely pertains to children with disabilities.

There was a time when people/children with disabilities and handicaps were treated poorly by other members of the society, and children were excluded from school solely because of their handicapped condition. Today the children with special needs and/ or special group children need to be rehabilitated for enjoying the equal rights of the society. Thus, education is considered as a guaranteed right for students with disabilities and handicaps. The children with severe disabilities are educated in special schools and are segregated from their peers. However, children with mild to moderate disabilities are enrolled in regular schools. Although they are educated with non-disabled children in regular classrooms, the social and academic integration of such children is not looked after. The education of special group children is provided by different modes such as, through special schools/ residential schools or home-based education, through integrated education and through inclusive education. However, there was a growing awareness that special education in special schools may be overly restrictive and instead of working outside the mainstream classrooms, the special schools can work side by side and provide support to regular schools. In 1947, India had a total of 65 special schools, where 32 were for the blind, 30 were for the deaf and 3 were for the mentally retarded. The number of schools rose to around

3000 by the year 2000 (MHRD, 2000). In the 1970s, the government launched the centrally sponsored scheme of Integrated Education for Disabled Children (IEDC) with the aim to provide educational opportunities to learner with disabilities or children with special needs in regular schools and to facilitate their achievement and retention. Meanwhile, the NCERT joined hand with UNICEF and launched the Project Integrated Education for the Disabled Children in the year 1978. The IEDC was later amalgamated as a component with the other major basic education projects like the DPEP launched by the World Bank in 1997 (Chadha, 2002) and the SSA 2001, a project taken as mission mode to achieve the goal of UEE (MHRD, 2000). By the year 2002, the IEDC scheme had extended to 41,875 schools benefiting more than 1.33,000 disabled children in 27 States and 4 UTs (MHRD, 2003). Criticizing the segregated policies Baquer and Sharma (1997) has pointed out that "separate special education system leads to social segregation and isolation of the disabled/special group children, thus creating separate worlds for them, when they grow up and in their future." Inclusive education has the potential to lay the foundation of a more inclusive society where being "different" is accepted, respected and valued. Along with these modes, National Institution of Open Schooling, Alternative Schooling (Advani, 2002) and the Community Based Rehabilitation programmes are playing a significant and vital role in the process of rehabilitation and education of special group (disabled) children.

There is growing need for public and private health, and social service programmes to serve people with disabilities. Almost 1700 experiments in the field of educating children with disabilities has proved that if certain teaching techniques are used, the disabled children can be trained and they can become productive members of the society. Therefore, Rehabilitation services include medical or surgical therapy, education, environmental measures or social, cultural and economic or financial support services to improve the physical, intellectual, psychiatric or social functioning levels of the disabled persons, thus providing them the tools to change their lives towards a higher level of independence. Rehabilitation for disabled persons or special needs children also addresses the access to primary health care services. Further, comprehensive care is increasingly recognized as necessary to meet the needs of the disabled. Remedial education, rehabilitation and behavioural correction programmes are available for optimizing the limited potentialities of the disabled persons and/or special group children (Jeffree, McConkey and Reddy, 1977). The problems faced by the disabled or special group children can be grouped into different categories such as, physical, social, health care and economic. On the basis of these problems, rehabilitation can be categorized into the above mentioned categories. Physical rehabilitation means to rehabilitate a disabled person with mechanical aids so that he can lead an independent, honorable life. Social rehabilitation provides equal opportunities to the disabled in every walk of social life. Medical or health care rehabilitation means the medical treatments for the sound

health and mind, whereas economic rehabilitation means providing the disabled a means to his livelihood (Rekha and Shobhna, 2009).

In India, the education, rehabilitation and other services for persons with disabilities have been seriously started from the nineteenth century. The first attempts of educating the handicapped children and/or special group children was made in the last two decades of the nineteenth century with the establishment of the first school for the hearing impaired in Bombay in 1885, followed by the first school for the visually impaired in Amritsar in 1887. Growth and development of the schools for the education of the handicapped in the sixty years until the advent of independence (1947) was extremely slow and sporadic. In this connection the various commissions, committees, acts and schemes have been made, implemented and constituted for persons with disabilities in India, for their education, employment and rehabilitation in collaboration with Government and Non-governmental organizations. The Central Advisory Board of Education (CABE) report, written by John Sargent, the British chief educational advisor, observed that the Indian government had not done much for the education of the disabled. The 1944, Sargent Report also referred to the 1936 CABE recommendation, which had directed the provincial governments not to neglect the education of the handicapped. The report is also important from two points of view i.e., education of the disabled should form an essential part of a national system of education and should be administered by the Education Department and 10 percent of the budget for basic and high schools had been set aside for the (education) services of the disabled.

Special group children and/ or disabled children are those children who have severe learning or special learning, functional or adaptive difficulty that is due to corporal, intellectual or other cognitive or psychic insufficiencies and it is necessary to give them special education. In other words, special group children include both disabled children and gifted, as well as talented or creative children. From the point of behavioural characteristics and educational needs, the following categories of special group children are found-

1. Visual impairment
2. Hearing impairment
3. Speech impairment or Communication disorders
4. Mentally retardation
5. Orthopedically handicapped or Physical or other health impairments
6. Learning disabled
7. Behaviour disorder
8. Multiple handicapped
9. Gifted/creative/talented

In India, Special Group Children (SGC) or Children with Special Educational Needs (CWSEN) is defined and categorised in different documents, e.g., a child with SEN in a District Primary Education Programme (DPEP) document is defined as a child with disability, viz. visual impairment, hearing impairment, locomotor disability and intellectual disability (DPEP, 2001). Whereas, the Integrated Education for Disabled

Children (IEDC) Scheme covered these categories of disabled or special group children- orthopaedically handicapped, blind and visual impairment, hearing impairment, mentally retarded (educable) and cerebral palsy. Under "Special Focus Group" of SSA, these categories of special group children are identified- visual impairment, hearing impairment, mental retardation, locomotor impairment, learning disability, cerebral palsy and multiple handicapped.

India is the second highest populated country in the world. The World Health Organization (WHO, 2001) has estimated that 100 million people suffer from some kind of disability or the other and we are a nation of billion. In India, the statistics of the 2001 Census and National Sample Survey (NSSO, 2002) results reveal total population of persons with disabilities in India as 21,906,769 estimated at 2.13% of the total population, whereas the NSS 58th Round 2002 estimates the total population of disabled people in the country to be 18.49 million disabled people, i.e., 1.8% respectively. About 10.63% of the disabled persons suffered from more than one type of disability like, mental disability in the form of mental retardation or mental illness; visual disability in the form of blindness or low vision; hearing disability; speech disability; locomotor disability; learning disability and multiple disabilities. The incidents of disability are highest in Andhra Pradesh followed by Kerala, Himachal Pradesh, Maharashtra and Haryana. Different organization estimated that the disability percentage in India is ranging from 8% to 10%. Further, certain disabilities like learning disability, old age disability, minorities, gender discrimination, HIV/AIDS are not at all addressed by the NSSO, 2002. If one adds such disabilities, the figure may raise to 20% to 25% of population in India under disabled conditions.

In India disability has been seen from the point of view of rehabilitating the disabled for a long time. From the past two decades, the concept of disability is viewed from physical, psychological, intellectual, specific learning difficulties apart from socio-economic and cultural perspective. This approach is giving vast scope for developing disability studies as a unique academic discipline. In western world, particularly in USA and in UK, Disability studies are one of the flourishing academic fields, focusing not only on the aspect of education for the disability, as we are doing in India. It encourages political, social, economic, cultural, right-based education apart from rehabilitation and employment of disability in the society.

Disabled population within the age group 0-19 by types of disability

Total disabled population	**21906769**	**Types of Disability**				
		In Seeing	**In Speech**	**In Hearing**	**In Movement**	**In Mental**
		10634881	1640868	2161722	6105477	2268821
Disabled population as in 0-19 years age group	7732196	3605553	775561	90452	2263941	796889

Disabled population as percent of total population in age group 0-19	1.67%	0.78%	0.17%	0.01%	0.48%	0.17%
Disabled children as percent of total disabled population	35.29%	33.9%	47.26%	23.02%	37.08%	35.19%

Source: Census of India, 2001: Table C20 India.

Special education in India continues to be administered by the Ministry of Welfare (now called the Ministry of Social Justice and Empowerment) and is not a part of the regular system of education. In 1964 the first education commission in India, popularly known as the Kothari Commission, which brought up the issue of children with special needs in the Plan of Action (Gupta, 1984; Jangira, 1995) and again gave strong recommendations for including children with special needs into ordinary schools. This commission also observed, "The education of the handicapped children should be an inseparable part of the education system." The commission again recommended experimentation with integrated programmes in order to bring as many children as possible into these programme (Alur, 2002). Most educators believed that the children with physical, sensory or intellectual impairments were so different that they could not participate in the activities of a common/normal school (Advani, 2002). Although exceptional children/ special group children have always been with us, attention has not always been paid to their special needs. In past, many children with disabilities and/or special needs were entirely excluded from any publicly supported programmes of education. Integration of exceptional children into regular schools and classes is a relatively recent phenomenon for the education of the disabled children. As our concepts of equality, freedom and justice have expanded, special group children (disabled) and their families have moved from isolation to participation. Although the speed of these changes has been described as a "painfully slow process of integration and participation" (Cremins, 1983), the history of special education can be summarized quite well in two words: "Progressive integration" (Reynolds, 1989).

Education of the special group children and/ or disabled children has a deep rooted history and many changes are taking place in the context of education, rehabilitation and training of the special group children from time to time. Children with disabilities are less likely to be in school, adults are more likely to be unemployed, and families with a disabled members are often worse off than average. With better education and more access to jobs, people with disabilities can become an integral part of society, as well as help to generate higher economic growth that will benefit the county as a whole (Mohan and Pazhani, 2008). It is felt a very urgent need to educate the exceptional children, because without access of education of the disabled at all stages, no nation can achieve the goal of the developed nation. The persons with Disabilities Act, 1995 indicates that special group children or disabled persons should have access to education at all levels (i.e., pre-primary to higher level)

through various modes of education like special education, integrated education, and inclusive education and so on, for their rehabilitation. Inclusive education means all learners, young people, with or without disabilities are able to learn together in ordinary pre-school provisions, schools and community educational settings with appropriate network of support services (MHRD, 2003). Though services to special group children and/ or disabled children in India is more than 100 years old, the coverage of these (disabled) children in the formal school system is not even 5%. As compared to 14.59 lakh CWSN identified in 2003-2004, 30.38 lakh were identified in 2006-2007. Similarly, the enrolment of children with disabilities/ CWSN in 2006-2007 has gone up to 19.97 lakh, as compared to 11.71 lakh in 2003-2004 (SSA, 2007). DISE Report, 2006 estimated that in 2005-06 about 1.40 million disabled children/ special group children were enrolled in elementary schools across the country, of which 1.02 million were in lower primary and 0.38 million in upper primary classes. This is estimated to account 1% of the total enrolment in elementary schools. The NSSO 2002 revealed that even amongst those with mild disabilities, 6.8% of the sample completed middle school, 0.1% in the moderate category had completed secondary schooling and none accessed higher education.

Educational Achievement of Children with Disabilities at Different Stages of Education by Severity

Indicator	Severe Disability	Moderate Disability	Mild Disability
Attend School	25.7%	56.3%	67.9%
Illiterate	72.2%	42.6%	34.9%
Pre-primary and Primary School	26.4%	52.0%	58.2%
Middle School	1.5%	5.3%	6.8%
Secondary School	0.0%	0.1%	0.0%
Higher Education	0.0%	0.0%	0.0%

Source: National Sample Survey Organization 58th Round, 2002

Further, the Integrated Education for Disabled Children Scheme has now been replaced by a new scheme called Inclusive Education for the Disabled at Secondary Stage (IEDSS) approved in September 2008. The scheme is covering all children of 14+ age passing out elementary schools and studying at secondary stage with one or more disabilities as defined under Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 and National Thrust Act, 1999, viz., Blindness, Low vision, Leprosy cured, Hearing impaired, Locomotive disabilities, Mental retardation, Mental illness, Autism, Cerebral palsy and others. The University Grants Commission (UGC) is supporting selected university departments and colleges of education in the country to offer special education, with financial assistance available under the programme of Integrated Education for Disabled children by the Ministry of Human resource Development, Government of India, or within the available resources of the UGC. Further, the UGC (1998) has started the scheme of assistance to universities/colleges to facilitate Teacher

Preparation to Special Education (TEPSE) and Higher Education for Persons with Special Needs (HEPSN) during the Ninth Five-Year Plan keeping in view the need to provide special education programmes, as well as infrastructure to differently-abled persons. The Higher Education Institutes (HEIs) are becoming progressively more engaged with the processes of inclusion as the increasingly diverse student body has begun to challenge more taken-for-granted approaches to ways of working in Higher Education. The Disability Discrimination and more recently Disability Equality Duty have impacted on HE, both in terms of strategic planning to ensure compliance, as well as in some cases, redefining how provision may be organised to better meet the needs of disabled students (Adams, 2003).

Early years as a distinctive area of education were gradually recognised during the16th and 17th century. Educators like Comenius (1592-1670), John Lock (1632-1704), Rousseau (1712-1778) and Pestalozzi (1746-1827) made a great contribution through their writings with special emphasis on the education of young children. Hewes (1995) stated that the works of the four men helped to establish early childhood education and formed the foundation of many of our current theories and practices in early childhood education. The rate of growth and development of the childhood period (3-6 years) is rapid in all the three domains viz. physical domain (physical growth, perceptual skills and motor skills), cognitive domain (language development, thinking and problem solving skills) and socio-emotional domain (children's self identity, interpersonal skills and their expression of feelings). Need and importance of early childhood education is now being recognized all over the world. Bloom (1964) stated that 50% of the total intellectual development of the child is completed by the time a child is 4 years old. Therefore, it is a very urgent need of today to the intervention and rehabilitation of children with special needs at pre-school stage. While Early Childhood Care and Education is important for all children, early intervention is very critical for children with disabilities, both for diagnosis, early identification and interventions as well as readiness for inclusion in mainstream programmes. Hanson-White (2000) explains the early childhood sector's proud history of welcoming and accepting children with special needs, by describing the national early childhood curriculum, *Te Whaariki*, and philosophy as "Inherently inclusive- individual differences in learning and development are expected, and children are supported in exploring and interacting with their environment at the appropriate level." It is particularly important to note, since many children with disabilities e.g., intellectual, physical, multiple and speech impairments have the highest onset during childhood and early childhood care particularly health services are critical for children with disabilities and their long-term prognosis. The Special Education policy is based on an ecological and inclusionary model for specialist provisions (Cullen, 2000) and recognizes that early intervention and rehabilitation is essential to positive outcomes for young children with special education needs (Ministry of Education, 1996). The early intervention strand of the special education

policy offers family-focused support to young children with developmental needs from birth until they are settled at school (Mitchell, 2000). Thus, early intervention constitutes a community based combined health and education service, which assists young children with disabilities or developmental delays, and their families (Cullen, 2001). The immunization programme in India affects morbidity, mortality as well as disability. The role of pre-school education in the age group of 3-6 years, then takes on tremendous importance, particularly because of the critical intervention and rehabilitation in the early years of children with disabilities.

India has the largest number of children in the world. The Census of India categorized children only in three categories of 0-6 and 6-14 and above. There are more than 150 million children in the age range 0-6 (Govt. of India, 2001). Out of 150 million children between the 0-6 years age, 12 million are disabled children. Since Independence, there has been a growing awareness of the significance of early childhood and the need to provide care and education for the rehabilitation of the all young children with and without disabilities. The Government of India does not have a separate policy for the education and care of children with disabilities under six years of age. They are addressed in policies and programmes for all children under 18 years. The Department of Social Welfare in the Union Ministry of Education and Social welfare takes the major responsibility for pre-school education in India. The education of a child identified to have a developmental delay or disability must begin primarily in the form of early intervention during infancy or latest at the pre-school stage. For most children, support and training are required even for simple developmental tasks such as walking, toileting, socializing and learning to speak. Intervention and rehabilitation can be provided at a centre or at the child's home (Kundu, 2000). The Rehabilitation Council of India (RCI) is a statutory body established by the Government of India in 1992 under the Ministry of Social Justice and Empowerment. It regulates the functioning of various categories of professionals working with people with disabilities, its primary function being manpower development of professionals, who are engaged in the rehabilitation of persons with disabilities, to help them to meet their needs throughout the life cycle. The professionals could belong to the fields:

1. Physical-medical rehabilitation
2. Social rehabilitation.
3. Vocational rehabilitation and
4. Educational rehabilitation

Realizing the crucial importance of rapid physical growth and mental development during early childhood, a number of Early Childhood Care and Education programmes were started particularly after the formation of National Policy for Children (NPC, 1968). Some important ECCE programmes include- ICDS, Balwadis and day care centres, Anganwadi centre, NIPCCD, pre-primary schools run by the Central and State Governments and NGOs etc. Integrated Child Development Services (ICDS) scheme was launched in India for the first time on 2nd October, 1975. The ICDS is a non-institutional service for children. The main target groups of

ICDS programmes are children in the age group of 0-6 years, pregnant women and nursing mothers. The main focus is on children's pre-school education, health and nutrition. The National Policy on Education, 1986 has given due importance to early childhood care, education and rehabilitation of all children including disabled. The Ministry of Health and Family Welfare, Ministry of Women Empowerment and Child Development and Ministry of Human Resource Development, Government of India, jointly function through coordinated approach for effective management and implementation of integrated child development services. In 1990, the Ali Yavar Jung National Institute for Hearing Impaired at Mumbai launched a pre-school movement for the Hearing impaired. By 1994, it had set up 108 such programmes all over India including rural areas for their rehabilitation (Kundu, 2000). The U.S. Research and Policy Committee for Economic Development (1971) have stated the importance of pre-school education, "Pre-schooling is desirable for all children, but it is necessary for the disadvantaged." The values and attitudes towards self-society should be developed among disabled in the early childhood stage. Murlidharan (1973) while highlighting the importance of early childhood education in India, emphasized that, "Pre-school years are also crucial for developing proper values and attitudes in children. The foundation of scientific attitudes and proper values such as hard work, national sentiment etc., could be developed in children is better, if a beginning in this direction is made in early childhood." Further, it was realized that segregation of these children (disabled) from society does considerable harm to these children. "Completely separate special education, however severe the need, is a very inadequate preparation for life in the community" (Fish, 1989).

The Integrated Child Development Services (ICDS) Scheme is a flagship project of the Department of Women and Child Development (DWCD) aimed at holistic development of the children in the age-group of 0-6 years, and pregnant and lactating mothers from disadvantaged sections. The scheme seeks to provide a package of supplementary nutrition, immunization, health check up, referral services, preschool non-formal education and health and nutrition education. Starting from 33 blocks in 1975, now ICDS is covering 5652 blocks (4533 rural and 360 urban slums). As on 30th September 2002, 4761 projects were operational benefiting about 332 lakh children and 62 lakh pregnant and lactating mothers. The children with special needs have the capability to learn the basic skills for their daily living, if proper care and guidance are taken. Ashton and Webb (1986) claimed that all children are capable of learning and they can be helped to develop positive attitudes towards learning. Greenwood et al. (1993) also holds that much teacher-designed instruction fails to engage the academic behaviours of students of diverse abilities. It is stated that children with problems of behaviour in school and delinquency in later years have discernible patterns of abnormality in pre-school years (Bentovim, 1976). The children at the age of 3 to 6 years often show some common types of behaviour problem. According to Hurlock (1978) in each developmental pattern the children

may show many problems which could be classified as health problems, emotional problems, sleeping problems, problems of social adjustment etc., which are interrelated to each other. Fitz (1969), Mehta (1969), Yamamoto (1972) and Bonsal (1986) pointed out that parental over- protection, family tensions, conflicts and feelings of rejection experienced by the child, as the causative factors of withdrawal behaviour. Tucker and Fox (1995) reported mildly handicapped preschoolers as displaying higher levels of internalizing and total behaviour problems when compared with non-handicapped preschoolers. Muralidharan and Banerjee (1974) studied the effect of pre-school education on the language and intellectual development of under-privileged children and found that the children in pre -school had done consistently better in all aspect of language development than the children, who directly entered the primary school. Sunderlal (1986) in a follow up study of 1700 children in Aganwadis of villages of ICDS project in Haryana examined the enrolment pattern and dropout rates of children who underwent early childhood programme from 1977-1981. The study revealed that 60% of the children enrolled are from weaker sections of the community: dropout rate is maximum in the first and second years of the school; 70% of the children who underwent Anganwadi programme enrolled in primary class.

From the overall discussion it is seen that the education of special group children at pre-school level is one of the thrust and emerging areas of the present day education. It is very much urgent for identification, intervention and rehabilitation of special group children at early childhood stage for reducing and curing their disability characteristics. Furthermore, from the above discussion it is found that hardly any study has been conducted to examine the rehabilitation mechanisms for special group children at pre-school level. Therefore, the researcher is keenly interested to study the rehabilitation mechanisms for special group children at pre-school level especially under ICDS projects. Looking into the above research gaps, the researcher stated the present problem of the study in the following way:

Statement of the Problem

The problem of the present study is stated as, ***"Rehabilitation Mechanisms for Special Group Children at Pre-school Level: A Study of ICDS Projects."***

Operational Definition of the Terms Used

Rehabilitation Mechanisms*:* Mechanisms is a means of transmitting and controlling relative movement. In the present study the researcher operationally defines 'Rehabilitation Mechanisms' for special group children as combining available methods and strategies for the physical, social, educational, medical, psychological, and economic rehabilitation to maximize the capacity of special group children for their normal, equality and quality life.

Special Group Children: Special Group Children refers to those children who are deviated from normal children in the physical, intellectual, emotional etc., aspects. The Special Group Children includes disabled and gifted as well as creative children. In the present study, "Special Group Children" is understood as the different categories of disabled children (i.e., visual impairment, hearing impairment, mentally retarded, etc.).

Pre-school Level: The education system is comprised from pre-primary level to higher level. The researcher in the present piece of study operationally defines the terms "Pre-School Level" as the level of school that starts from 3-6 year age and/ or "Before Formal School", 'Formal School' is understood as "Compulsory Schooling" which begins in most of the countries from about the age of 6 years. The pre-school period has extended to cover the whole period preceding admittance to the primary school.

ICDS Projects: Integrated Child Development Service (ICDS) Projects are the national projects at first launched in 1975 to concentrate in the area of health, nutrition and education of children and mothers.

Objectives of the Study

The following are the objectives of the present study:

1. To identify the different categories of special group children who need to be cared at pre-school level
2. To study the rehabilitation mechanisms for special group children under ICDS projects
3. To compare the attitude of ICDS functionaries (CDPOs, Supervisors and Anganwadi Workers) and parents towards rehabilitation of special group children at pre-school level through ICDS projects
4. To study the role and functions of NIPCCD in the context of rehabilitation of special group children
5. To study the role and functions and policies of different Ministries (MHRD, MWCD and MSJE) in the context of rehabilitation of special group children at pre-school level

Delimitations of the Study

The study is delimited to the following points:

1. The study is delimited to special group children at pre-school stage (i.e., 2/3 to 6 years)
2. The study is delimited to selected number of ICDS Projects (36 ICDS Projects) functioning in Assam.
3. The study is delimited to NIPCCD Regional Center, Guwahati.
4. The study is delimited to three different Ministries (i.e., MHRD, MWCD and MSJE)

Locale of the Study

The present research work studied the rehabilitation mechanisms for special group children at pre-school level with special reference to ICDS Projects of Assam. The scope of the present study covers 36 ICDS projects from Assam, one NIPCCD Regional Center, Guwahati and the three Ministries viz., MHRD, MSJE and MWCD which have been providing rehabilitation services for the special group children directly or indirectly at pre-school level.

Methodology of the Study

Present study basically falls under the scope of documentary analysis-cum-survey research. The study falls under the scope of documentary analysis research, because, in this study the researcher analyzed different documents/content materials relating to the rehabilitation mechanisms for special group children at pre-school level in order to achieve certain/some aspects of the study. The study falls under the scope of survey research, because, in this study, the researcher made a survey on a large sampling area of participants in order to achieve/ collect data relating to certain/some aspects of the study.

Sample/Participants

The present study covers 36 ICDS Projects functioning in Assam, NIPCCD Regional center, Guwahati and three Ministries (viz., MHRD, MSJE and MWCD) of Govt. of India. Since present piece of research is a documentary analysis-cum-descriptive survey research, so, analysis of documents as well as collection of data from the field of the study constituted the significant parameters for the data source of the present study. The sampling field of the present study included 36 ICDS Projects functioning in Assam and NIPCCD Regional Center, Guwahati. For the present study only those Anganwadi centres under ICDS projects are taken for conducting the study which have the special group children. For conducting the present study 36 Anganwadi centres under ICDS projects are taken which have special group children. 36 Child Development Project Officers (CDPOs), 108 Supervisors, 108 Anganwadi workers and 216 Parents under 36 ICDS Projects functioning in Assam; and 1 Assistant Director and 1 Research Assistant of NIPCCD Regional Center, Guwahati constituted the participants of the study.

Tools Used

The tools used for data collection of the present study are given below:

Tool-I (Interview Schedule-I): An Interview Schedule (for Anganwadi Workers) for studying the Rehabilitation Mechanisms for Special Group Children under ICDS Projects.

Tool-II (Attitude Scale): An Attitude Scale (for ICDS Functionaries i.e., CDPOs, Supervisors and AWWs; and Parents) for studying the Attitude towards Rehabilitation of Special Group Children at Pre-school Level through ICDS Projects.

Tool-III (Interview Schedule-II): An Interview Schedule (for NIPCCD Personnel i.e., Assistant Director/Research Assistant) for studying the Role and Functions of NIPCCD in the Context of Rehabilitation of Special Group Children.

Procedure Followed for Data Collection

In the present study, data were collected both from the field of study or sampling area (participants) as well as from academic documents relating to the rehabilitation mechanisms for special group children at pre-school level. The researcher himself moved to the sampling area or field of study and from there he collected the data directly and personally from the participants by administering the pre-designd research tools.

Procedure Followed for Data Analysis and Interpretation

Both qualitative and quantitative methods of data analysis were used for data analysis of the present study. The basic quantitative/statistical techniques like Mean, Percentage, Standard Deviation, Graphical representation, 't' test etc., were used for data analysis. The interpretation of data for the present study is done through the use of qualitative approach of data analysis as well as the use of above mentioned statistics.

Findings and Conclusions of the Study

The study analysed many important aspects relating to the rehabilitation mechanisms for special group children at pre-school level. The conclusions derived from major findings of the study are given in the following paragraphs.

The study helped to identify the different categories of special group children who need to be cared at pre-school level. From the study, it is found that physically challenged/impaired children, sensory impaired children, speech impaired children, mentally challenged children, learning disabled children, behavioural disordered children, autism spectrum disordered children and multiple disabled children are some of the common categories of special group children who need to be cared at pre-school level. It is suggested that these groups of children should be properly recognized from their pre-school level/ early or tender age level; and proper care, rehabilitation, education and other related services should be provided to them for their maximum development.

The study helped to find out/analyse rehabilitation mechanisms for special group children under ICDS projects. The study stated that in 36 Anganwadi Centres (under 36 ICDS projects) total 75 special group children are found and they belong to 7 categories of special group children, i.e., orthopedically handicapped, speech

impaired, visually impaired, mentally challenged, hearing impaired, mental illness, cerebral palsy, learning disabled and multiple disabled children. In AWCs, the personnel like health officers, doctors, health supervisors, Anganwadi workers, ANM, ASHA, Anganwadi helpers, community/local people, NGO workers, MPWs and other health service providers are generally involved to take care of the health problems of special group children in case of their emergency. In AWCs the Mother and Child Protection (MCP) card, screening checklist, behavioural checklist, case study technique, observation method etc. are used for screening and identification of special group children. In AWCs immunization and nutrition facilities are available for all children including the special group children. In AWCs regular parent-doctor consultation programme is held where doctors/health visitors/health supervisors and parents make open discussion regarding the health related issues of their (parent's) special group children. In AWCs the AWWs make door-to-door campaign/pay home visit to identify/detect the special group children and also bring them to AWCs to take care and provide rehabilitation services for their holistic development. In AWCs no special teacher/worker is appointed/engaged to take care/ teach the special group children. In AWCs the AWWs/teachers do not possess/have any special qualification (or certificate) to deal with the special group children. In AWCs there is no provision of separate subjects/content materials to teach/educate the special group children. In AWCs no any special learning technique/strategy is applied/ used for dealing/educating the special group children. In AWCS there is no provision of separate seating arrangement for special group children. In AWCs there is no provision of scholarship/learning aid facility, recreational centres and financial aid to the parents of special group children for the education and rehabilitation of the special group children. For meeting the multiple demands of different categories of special group children (i.e., mentally retarded, visual impaired, locomotor disabled/orthopedically handicapped, hearing impaired, speech impaired, learning disabled and multiple disabled) there is not any special facility available in the AWCs. Hence, it is suggested that in AWCs special teachers/special workers should be engaged/appointed by the concerned authority/govt. to take care/teach the special group children effectively; the AWWs/teachers should posses/have special qualification (or certificate) to deal with special group children; there should be provision of separate subjects/content materials in AWCs to teach/educate the special group children; special learning technique/strategy should be made available in AWCs and also be used/applied in order to deal/educate the special group children; there should be provision of separate seating arrangement with adequate scientific infrastructures such as special room, resource room, disabled friendly desk, bench etc., in AWCs for special group children; there should be provision of scholarship, learning aid facility, recreational centres and financial assistance to the parents/guardians of special group children for the education, care and rehabilitation of special group children; and for meeting the multiple demands of different categories of special group children (i.e., mentally retarded, visual impaired,

locomotor disabled/orthopedically handicapped, hearing impaired, speech impaired, learning disabled and multiple disabled) there should be available/provision of all kind of special facility in AWCs.

The study helped to compare the attitude of the ICDS functionaries (CDPOs, Supervisors and Anganwadi workers) and parents towards rehabilitation of special group children at pre-school level through ICDS projects. From the study, it is found that all the ICDS functionaries and parents have high attitude towards rehabilitation of special group children at pre-school level through ICDS projects. From the study also it is found that in maximum cases, barring a few, the ICDS functionaries and parents do not vary among themselves significantly towards rehabilitation of special group children at pre-school level through ICDS projects. Further, from the study it is found that out of four background variables of the CDPOs (i.e., gender, age, qualification and experience), none of the background variables acts as the determining factor for determining their attitude towards rehabilitation of special group children at pre-school level through ICDS projects; out of three background variables of the Supervisors (i.e., age, qualification and experience), one background variable (i.e., experience) acts as a determining factor for determining their attitude towards rehabilitation of special group children at pre-school level through ICDS projects; out of three background variables of the AWWs (i.e., age, qualification and experience), none of the background variables acts as a determining factor for determining their attitude towards rehabilitation of special group children at pre-school level through ICDS projects; and out of four background variables of the parents (i.e., gender, age, qualification and socio-economic status), none of the background variables acts as a determining factor for determining their attitude towards rehabilitation of special group children at pre-school level through ICDS projects. It is suggested that systematic efforts should be made to enhance and accelerate the attitude of the ICDS functionaries and parents (irrespective of their differences among them) towards rehabilitation of special group children at pre-school level through ICDS projects.

The study helped to find out/ analyse the role and functions of NIPCCD in the context of rehabilitation of special group children. From the study it is found that for health/medical rehabilitation of special group children, the NIPCCD provide various types of rehabilitation services which include the scientific medical instruments such as MISIC, BKT, CARS, Draw a Person Test, Pass a Long Test, SNDT grade level checklist, MDPS etc., for identification and screening of special group children. It is also found that first-aid facility, regular health check-up, parent-doctor consultation etc., are also provided through NIPCCD for the health/medical rehabilitation of the special group children. For educational rehabilitation of special group children, it is found that the NIPCCD appoints/engages special teachers/special educators, social workers and clinical psychologists to deal with the different categories of special group children. For economic rehabilitation of special group children under

NIPCCD, it is found that there is not any provision for financial assistance. For social rehabilitation of special group children, it is found that the NIPCCD has undertaken some initiatives like Integrated Child Protection Scheme, Integrated Child Development Service scheme etc., for providing life security and protection of the rights of all children including the special group children. For the overall rehabilitation and holistic development of special group children, the NIPCCD adopts and practices some innovative ideas such as home-based rehabilitation (medical care, health check-up, different types of therapies etc.), conducts case study/ research/ project works, appoints/ engages trained as well as qualified rehabilitation workers and/or professionals, organizes public/ parental awareness programmes, implements various government schemes/ plans/ policies, collaborates with local/ national/ international organizations (MHRD, UNESCO, UNICEF) etc. It is suggested that for better rehabilitation and empowerment of special group children, the role and functions of NIPCCD should be reorganized. NIPCCD should include proper immunization and diet facility for special group children in its health rehabilitation scheme. NIPCCD should adopt inclusive education policy; and also provide special curriculum/learning materials, special teaching aids, scholarship etc., for comprehensive educational development of special group children at pre-school level. NIPCCD should also provide economic as well as vocational rehabilitation to the special group children for making them financially self-reliant. NIPCCD should take step to provide every kind of necessary facilities for socialization of special group children. To conclude, NIPCCD should take care of the diversified needs and demands of special group children for their overall development.

The study helped to find out/ analyse the role and functions and policies of different Ministries (MHRD, MSJE and MWCD) in the context of rehabilitation of special group children. The MHRD runs many programmes or regulates many action plans like SSA, RTE Act, Action Plan for Inclusive Education of Children and Youth with Disabilities, National Institute of Open Schooling etc., which includes some sorts of provisions for rehabilitation of special group children. But in MHRD very few programmes/ action plans are there, which are directly related to the rehabilitation of the special group children at pre-school level. The MSJE runs many programmes or regulates many action plans like Rehabilitation Council of India-1992, Persons with Disabilities Act-1995, National Trust Act-1999, National Policy for Persons with Disabilities-2006, Scheme of Assistance to Disabled Persons for Purchases/Fitting of Aids/Appliances-2005, Scheme of National Scholarships for Persons with Disabilities etc., which are mostly related with the rehabilitation of special group children. But in MSJE very few programmes/ action plans are there which are directly related to the rehabilitation of the special group children at pre-school level. The MWCD runs many programmes/ regulates many action plans such as ICDS scheme, ICPS scheme, National Policy for Children, National Early Childhood Care and Education Policy etc., which are in many ways associated with different

categories of special group children at pre-school level. Many of the programmes/ action plans of MWCD are directly related with rehabilitation of special group children at pre-school level. Therefore, it is suggested that for better rehabilitation of the special group children, all these three Ministries should make some special provisions, and among such provisions rehabilitation of special group children should be one of their programme schedules. These Ministries (MHRD, MSJE and MWCD) should also formulate some converging policies among themselves or work jointly for the better rehabilitation of special group children at pre-school level.

Educational Implications of the Study

Findings of the present study signify that the rehabilitation of special group children at pre-school level is very important. The research findings of this study provide a gateway to manage many challenges faced by the rehabilitation workers and care givers in the process of rehabilitation of special group children in the following ways:

1) The findings of this kind of study would provide a gateway to answer many challenging research questions in the area of rehabilitation of special group children at pre-school level.
2) The study would help to identify different categories of special group children at pre-school level and provide necessary rehabilitation services for them for their holistic development.
3) The study would help to bring the necessary change and modification in the programmes like ICDS, ICPS etc., in the context of better rehabilitation and development of special group children.
4) The study would help to create a sense of awareness and positive attitude among parents, community members, govt. officials, NGO workers etc., about rehabilitation of special group children.
5) This study would help to strengthen the role and functions of NIPCCD for the better caring and rehabilitation of special group children at pre-school level.
6) The study would help to reorient and converge the policy practices of different Ministries like MHRD, MSJE, MWCD etc., in the context of rehabilitation of special group children.
7) The study would help to create many new schemes, programmes, policies, rules and regulations etc., for caring and rehabilitation of special group children.
8) The study would help to take right kind of initiatives to make strong foundation from grass root level for better rehabilitation of special group children.

9) The study would help to fulfil the multiple demands of the special group children through different kinds of rehabilitation practices like health rehabilitation, educational rehabilitation, economic rehabilitation etc.

10) The study would help the special group children to enter into the folder of mainstream society.

Suggestions for Further Research

1. The present study is confined at pre-school level only. But, similar kind of studies may be extended to school and higher education levels also.
2. In the present study, the investigator has taken ICDS functionaries (CDPOs, Supervisors and AWWs), parents and NIPCCD personnel as the participants and source of analysis. But, the therapists, rehabilitation professionals, psychiatrists, counselors etc., may be taken as the source of analysis in many other such studies.
3. This study is delimited to NIPCCD Regional Centre, Guwahati only. But, similar studies may be extended to other NIPCCD centres of the country.
4. A study may be conducted to know the converging policies/programmes of different Ministries like MHRD, MWCD, MSJE, Ministry of Health etc., towards the rehabilitation of special group children at pre-school, school and higher education levels.
5. Studies should also be carried out at both private pre-school level and govt. pre-school level in order to know their rehabilitation mechanisms for special group children.
6. A comparative study can be conducted to know the rehabilitation mechanisms for special group children under NGO based schools and Govt. schools/ Govt. provincialized schools.
7. Some experimental studies may be conducted for knowing the effects of different rehabilitation techniques for special group children for their overall development.
8. A developmental study can be conducted to know the growth and status of rehabilitation mechanisms for special group children at pre-school level.

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