# CHAPTER – I

# INTRODUCTION

## 1.1.0 Special Group Children– A Socially Excluded Group Children

The terms 'special group children', 'children with special needs', 'disabled children', 'children with disabilities' etc., are often used interchangeably by and large to convey the same meaning. The terms related to disabilities as well as children with special needs create some amount of confusion among people in many cases. Disability generally means inability or not being able to perform a particular task normally due to impairments of sense organs and bodily defects. The Convention on the Rights of Persons with Disabilities states that "Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others" (UN, 2006). It is a fact that some children have a disabling health condition or impairment by birth, while others may experience disability as a result of illness, injury or poor nutrition. Children with disabilities or special group children include those with impaired health conditions like cerebral palsy, spina bifida, muscular dystrophy, traumatic spinal cord injury, down syndrome, and children with hearing, visual, physical, communication and intellectual impairments (WHO, 2012). Children with disabilities are often regarded as inferior and this exposes them to increased vulnerability; for instance, discrimination based on disability has manifested itself in marginalization from resources and decision-making, and even in infanticide (United Nations CRC, 2006; Jones et al., 2012; WHO and World Bank, 2011). Children with disabilities are among the world's most stigmatized and excluded children (UNICEF, 2007)). They are exclusively deviated from the normal children in various aspects like intellectual, physical, emotional, mental, psychological etc. Now-a-days they are also often called exceptional children. In an international conference held in London in 2003, delegates from more than 20 countries made a strong call for disability to be mainstreamed in development. In this context the International Service stated that the "Delegates with day to day experience of struggling for disabled people's rights at the grassroots felt very strongly that the present invisibility of disability in development is degrading and unjust, further excludes and violates disabled people's human rights" (International Service, 2003). Children with disabilities and their families are confronted by barriers including inadequate legislation and policies, negative attitudes, inadequate services, and lack of accessible environments (WHO and World Bank, 2011). Studies from the United States have shown that children with disabilities who are in preschool or younger are more likely to be abused than peers without disabilities (Algood et al., 2011; Stalker and McArthur, 2012). Children with disabilities encounter different forms of exclusion and are affected by them to varying degrees, depending on factors such as the type of disability they

have, where they live and the culture or class to which they belong (UNICEF, 2013). The special group children/disabled children are generally treated as disadvantaged as well as socially excluded members and are also denied the basic rights like education. Exclusion and marginalization reduce the opportunities for the disabled to contribute productively to the household and the community, and increase the risk of falling into poverty. Attitudinal barriers as well as physical barriers such as lack of adequate or appropriate transportation, physical inaccessibility, and lack of learning opportunities can affect access to education and employment opportunities, reducing the opportunities for income enhancement as well as social participation (Elwan, 1999).

The terms 'socially disadvantaged' and 'social exclusion' are commonly used in case of vulnerable sections such as women, disabled people, dalit people, schedule caste, schedule tribe and others. The latest research studies reveal that there is a strong relationship between disability among the people and social exclusion. Social exclusion is concerned with the 'inability to participate effectively in economic, social and cultural life and, in some characteristics, alienation and distance from mainstream society' (Duffy, 1995). The British Department for International Development has recognized that, 'disability is a major cause of social exclusion and it is both the cause and consequence of poverty' (DFID, 2000). However, recent World Bank studies contend that half a billion disabled people are undisputedly amongst the poorest of the poor (Metts, 2000) and are estimated to comprise 15% to 20% of the poorest in developing countries (Elwan, 1999). The special group children are considered as the socially disadvantaged group because of their inability to participate actively in social activities, educational settings etc., and they are largely excluded from the mainstream society only because of their handicapped condition. Howard (1999) remarked that "Of all the disadvantaged groups in society, the disabled are the most socially excluded." Besides, the special group children are also considered as the physically disadvantaged because they cannot effectively participate in social activities, educational programmes, vocational training etc., because of their physical deformity, mental abnormality, and motor dysfunctionality. Hence, disability can be both a cause and consequence of disadvantage that is people who experience disadvantage are more likely to become disabled, while people with a disability are more likely to experience disadvantage. If children with disabilities and their families are not provided timely appropriate early intervention and support, their difficulties may become more severe often leading to lifetime consequences, increased poverty and profound exclusion. Research has shown that children of Roman backgrounds, those with profound and multiple learning difficulties, and children who are socially disadvantaged have been identified as groups that are sometimes excluded from any type of educational provision (Closs 1996; Daunt 1993; UNICEF 1997; Kozma and Illyes 1993; Tatiou 1994). Hence, it should be noted that existing discrimitory practices towards the special group children

(disabled children) can only be eliminited when the community will come forward and accept the disabled children as productive members of the society. In this context, Cuskelly and Hayes (2004) remarked that children with a disability can only become fully participating members of their communities when society develops measures 'to reduce the handicapping effects of impairment and disabilities'.

### 1.1.1 Kindred Concepts of Special Group Children

Special group children consist of different categories of differently-abled/ challenged children. Terminologically 'disability', 'handicap', 'exceptionality', 'impairment', 'special group children', 'children with special needs' etc., are often used by and large to convey the same meaning. But these terms or concepts appear in an unclear and confused way reflecting medical and diagnostic approaches which convey the imperfections, restrictions, deficiencies etc. Although the above mentioned terms are used interchangeably, but there is infiniesimal difference among these terminologies and all these are kindred concepts of special group children. The different terms used regarding special group children is shown in the figure given below-

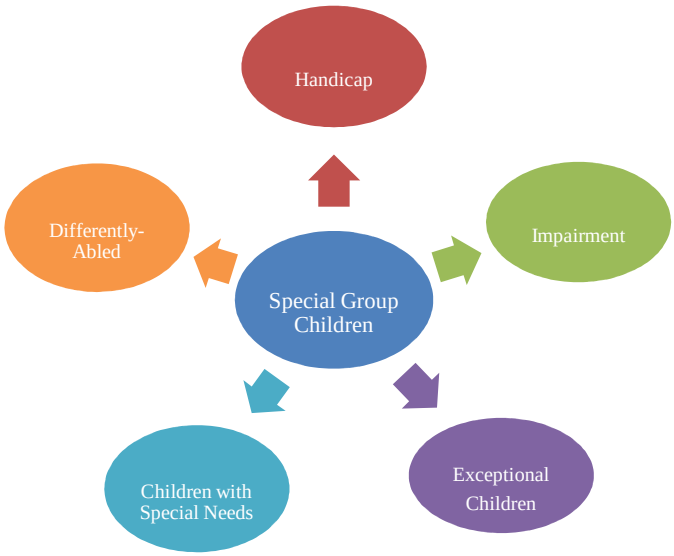


**Figure 1.1: Figure depecting the Kindred Concepts of Special Group Children**

A brief note on these terms is given below –

**Disability:** Disability refers to a physical/mental condition or the absence of a particular body part or organs that limits a person's movements or activities. "Disability is a condition caused by an accident, trauma, genetics or disease that may limit a person's mobility, hearing, vision, speech or mental function" (Reynolds and Janzen, 2007). It is seen that disability is commonly misunderstood with that of handicap and impairment; while disability exists as it is situated in the larger context, impairment is a biological condition (Braddock and Parish, 2001). Disability is the

consequence of an impairment that may be physical, cognitive, mental, sensory, emotional, developmental, or some combination of these. The degree of disability may range from mild to severe or profound. Disability is an umbrella term, covering impairments, activity limitations, and participation restrictions (WHO, 2012). The Disability Discrimination Act 1992 defines disability as:

- total or partial loss of the person's bodily or mental functions;
- total or partial loss of a part of the body;
- the presence in the body of organisms causing disease or illness;
- the malfunction, malformation or disfigurement of a part of the person's body;
- a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction;
- a disorder, illness or disease that affects a person's thought processes, perception of reality, emotions or judgment, or that results in disturbed behaviour.

Hence, it can be said that a disability is any restriction or lack (resulting from an impairment) of ability or incapacity or incapability or incompetence to perform an activity in the manner or within the range considered normal for a human being.

**Handicap:** Handicap refers to the problems of a person with a disability or impairment encountered while interacting with the environment. In other words, handicap is a physical and attitudinal constraint that is imposed upon a person regardless of whether the person has a disability or not (Reyonlds and Janzen, 2007). A disabled person may be a handicap in one environment, but not in another. For instance, the child with an artificial limb may be handicapped when competing against non-disabled peers on the basketball court, but he/she may not be handicapped in the classroom environment. Handicap is a condition that markedly restricts a person's ability to function physically, mentally or socially. Handicap is a disadvantage for a given individual, resulting from impairment or a disability, which prevents the fulfillment of a role that is considered normal (depending on age, sex and social and cultural factors), for that individual (WHO, 1976).

**Exceptionality:** Exceptionality is defined as any condition that may significantly interfere with a child's ability to learn and adjust in the environment. Exceptional children are those who may have physical handicap, mental retardation, behavioural or sensory impairment, giftedness as well as creativeness who differ from the normal children and require special attention and support services in order to fulfill their needs. The term 'exceptional child' is difficult to define in a clear-cut terms because it carries different meaning by different people. For instance, Cruickshank and Johnson (1958) defined exceptional child as "One who deviates intellectually, physically, socially or emotionally so markedly from what is considered to be normal growth and development that he cannot receive maximum benefit from a regular

school programme and requires a special class or supplementary instruction and services." Again, Greaheart (1986) defined an exceptional child as "The exceptional child shall be considered to be one whose educational requirements are so different from the average or normal child that he cannot be effectively educated without the provision of special educational programmes, services, facilities or materials." Hence, it is clear that the exceptional children are those who suffer from communication disorder, hearing impairment, mental retardation, learning disabilities, visual impairment, physical disabilities, behavioural disorders etc., which need special attention in educational settings from teachers and fellows, at home from parents and other members, in society from community members and so on in order to meet their unique requirements as well as special demands.

**Impairment:** The term 'impairment' refers to a problem in body function or structure; an activity limitation or difficulty encountered by an individual in executing a task or action. According to WHO (1976) "Impairment is any loss or abnormality of psychological, physiological or anatomical structure or function." Impairment in bodily structure or function is defined as involving an anomaly, defect, loss or other significant deviation from certain generally accepted population standards, which may fluctuate over time (WHO, 2002). Thus, impairment is a complex phenomenon reflecting an interaction between the features of a person's body and the nature of the society in which he or she lives.

**Children with Special Needs:** Children with special needs refers to the children (having different types of disabilities like autism, emotional and behavioural disturbances, mental retardation, attention deficit hyperactivity disorder, epilepsy, cerebral palsy, psycho-disorders, learning disabilities, orthopedic, visual, speech or language impairments, physical disabilities, ill mental health conditions etc.) who require special attention, intervention and other support services to fulfill their unique needs. The concept of a 'child with special needs' continues to locate the problems within the children in order to facilitate appropriate mechanisms to meet their individual special needs.

**Differently-Abled Children:** The term differently-abled is a broad concept which includes all those children who suffers from malnutrition, deformities of body and other deficiencies like mental, physical, emotional, psychological, social, etc., which prevent their normal functioning of life. In fact, differently-abled children are not disabled but abled to perform a particular task in different ways unlike the normal or average children do (Alom, 2011).

### 1.1.2 What are the Different Categories of Special Group Children found in the Society?

Special group children are those children who have sub-normal and/or sub-average development of different aspects of life such as physiological, psychological,

cognitive/mental, emotional, socio-cultural etc. Special group children include different categories of disabled children, gifted/talented children as well as creative children who by reason thereof need special care and attention to fulfill their (special group children) multiple demands. Such children face many challenges in the process of adjustment and require help from the society and community. Here is given a brief account of some of the important categories of special group children-

**Physically Handicapped Children:** Physical handicap is a condition of deformities/dysfunctions of bodily structure such as limbs, fine bone/ joint, gross motor ability, sensation etc., which limits the normal bodily functions of an individual's daily living activities. Physically handicapped children are those who have some kind of deformity or defect of body structure like problem of joints/bones, muscles etc., that have adverse effect on their normal body functions. According to Collins English Dictionary (2009) physically handicapped is "Incapability to function normally, caused by bodily defect or injury." So, it can be said that physically handicapped means loss of or failure of normal bodily functions i.e., movement, sensation, coordination, communication, speech etc., which hinder individual/ create barriers for individual to cope up with the society. The common physically handicapped children are locomotor/orthopedically handicapped children and children with cerebral palsy.

- *Locomotor Disabled Children*: According to PWD Act (1995), 'Locomotor disability' means disability of the bones, joints or muscles leading to substantial restriction of the movement of the limbs or any form of cerebral palsy. Children with locomotor disability find difficulties in performing motor related activities that may vary depending on the factors such as positioning, fatigue and medication. In fact, depending upon the degree of disability, the orthopedically handicapped children/ people are categorized as mild (less than 40% disability), moderate (40-74% disability), severe (75% and above disability) and profound (100% disability).
- *Cerebral Palsy*: Cerebral palsy means a group of non-progressive conditions of a person characterized by abnormal motor control posture resulting from brain insult or injuries occurring in the pre-natal, peri-natal or infant period of development (PWD Act, 1995). Children with cerebral palsy have disturbences of voluntary motor functions which may include paralysis, problem of coordination and other motor disorders. It is a long term impaired condition resulting from a lesion to the brain or an abnormality of brain growth that causes a variety of disorders of movement and posture (Bleck, 1979; Gillham, 1986).

**Visually Impaired Children:** Visual impairment refers to a significant functional loss of vision acuity. It is a condition of vision loss of a person to such a degree as to qualify as an additional support need through a significant limitation of visual

capability resulting from either disease, trauma, congenital or degenerative conditions that cannot be corrected by conventional means such as refractive correction or medication (Arditi and Rosenthal, 1998). The Persons with Disabilities Act (1995) categorized visual impairment into two categories i.e., Blindness and Low vision, and defined blindness as "Blindness refers to a condition where a person suffers from any of the following conditions-

(i) total absence of sight; or
(ii) visual acuity not exceeding 6/60 or 20/200 (Snellen) in the better eye with correcting lenses; or
(iii) limitation of the field of the vision subtending an angle of 20 degree or worse."

And low vision defined as "Persons with low vision" means a person with impairment of visual functioning even after treatment or standard refractive correction but who uses or is potentially capable of using vision for the planning or execution of a task with appropriate assistive device (PWD Act, 1995). Hence, it is generalized that the visual impairment adversely affects on the holistic development of the children. It creates difficulty among the visually impaired children to adjust with society, and consequently they suffer from anxiety, insecurity, depression, emotional disturbance and other psychological problems.

**Hearing Impaired Children:** Hearing impairment is a condition wherein the person looses hearing ability and is incapable of hearing any sound clearly. Children with hearing impairment include those who experience a significant loss in hearing, even if they use hearing aids (Julka, 2014). Hearing impairment is a generic term indicating a hearing disability that may range in severity from mild to profound and it consists of two groups– deafness and hard-of-hearing. Deafness has been defined as a sensory deficiency that prevents a person from receiving the stimuli of sound in all or most of its form (Katz, Mathis and Merrill, 1978) and as a condition in which perceivable sound has no meaning for ordinary life purposes (Wolfe and Rawlings, 1986). On the other hand, hard-of-hearing refers to a person who does not hear well and require some special necessary adaptation to hear effectively. Berg (1986) points out that it is possible for hard-of-hearing child to respond to speech and other auditory stimuli. As a matter of fact, the hard-of-hearing children are able to use their hearing sense to understand speech, generally with the help of hearing aids. Therefore both deaf and hard-of-hearing children are said to be hearing impaired children which ranges from mild to profound depending upon how well a person can hear the intensities or frequencies associated with speech. The different categories of hearing impairments is shown in the figure given below-

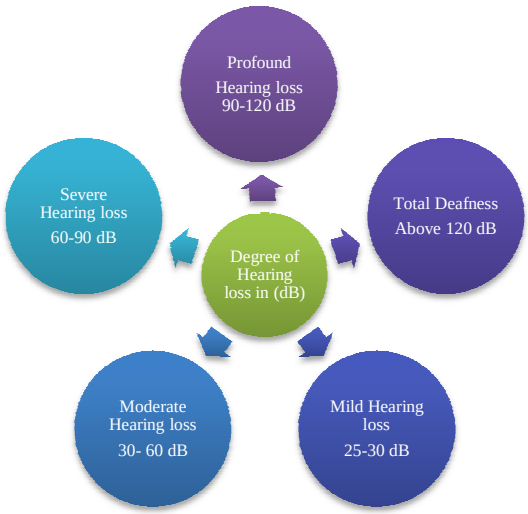


**Figure 1.2: Figure depecting Different Categories of Hearing Impairments and Degree of Hearing loss in Decibel (dB)**

**Children with Speech or Language Impairment:** Speech is the actual and/or real behaviour of producing a language code by making appropriate vocal sound patterns (Hubbell, 1985). Speech impairment is a condition wherein the person is incapable of properly pronouncing and speaking any word. "Speech or Language Impairment" means a communication disorder such as deviant articulation, fluency, voice, and/or comprehension and/or expression of language, spoken or written, which impedes the child's acquisition of basic cognitive and/or affective skills (Arkansas Department of Education, 1987). A child's speech is considered impaired if it is unintelligible, abuses the speech mechanism, or is culturally or personally unsatisfactory (Perkins, 1977). Van Riper and Emerick (1984) states that "Speech is abnormal when it deviates so far from the speech of other people that it calls attention to itself, interferes with communication, or causes the speaker or his listeners to be distressed." There are basically three types of speech impairments identified, such as- articulation disorders, fluency disorders and voice disorders; and there are also five basic areas of language impairments viz., phonological disorders, morphological disorders, semantic disorders, syntactical deficits, and pragmatic difficulties. The major difficulties for children with speech, language and communication needs (SLCN) in their education are the acquisition of literacy skills (Law and Durkin, 2000; Lindsay and Dockrell, 2004; Lee, 2008) and social, emotional and behavioural problems (Lindsay and Dockrell, 2000; Tomblin, Zhang, Buckwalter and Catts, 2000; Lindsay, Dockrell and Strand, 2007; Stringer and Lozano, 2007; Tommerdahl, 2009).

**Intellectually Disabled Children/Mentally Retarded Children:** The term 'intellectual disability' formerly known as mental retardation affects peoples' capacity to develop cognitive (reasoning) and adaptive skills (social and daily living practices). Mental retardation is a condition of arrested or incomplete development of

the mind, which is especially characterized by impairment of skills manifested during the developmental period which contribute to the overall level of intelligence, i.e., cognitive, language, motor and social abilities (NIOH, 2001). Mentally retarded/intellectually disabled children are those who have sub-normal intelligence and cannot mentally function as normal human being do, and exhibit abnormal behaviour. "Mental retardation refers to significantly sub-average intellectual functioning resulting in or associated with impaiments in adaptive behaviour and manifested during the developmental period" (Grossman, 1983). Mental retardation may range from mild to profound levels based on their IQ (i.e., mild: 50- 55 to 70 IQ; moderate: 35-40 to 50-55 IQ; severe: 20-25 to 35-40 IQ, and profound: below 20-25 IQ) depending on cognitive and adaptive skills. Earlier the term 'mental retardation' has been viewed in terms of the severity levels and described as feeble-minded, moron, imbecile and idiot children with mild to severe retardation. Over the time, these terms began to take negative connotations, as a result today teachers/professionals describe the severity level of mental retardation as children who have the mildest retardation as educable mentally retarded (EMR); who have moderate level of retardation regarded as trainable mentally retarded (TMR); and who have most severe/profound cases considered as custodial mentally retarded (CMR). A brief concept of these three types of mental retardation is given below:

*Educable Mentally Retarded (EMR) Children***:** The educable mentally retarded children are those who can only be educated in the most basic academic skills like reading, writing and arithmetic, but not abstract ideas or concepts. The IQ scores of EMR children range from 50-55 to 70 approx. These children require special attention if they are to develop academically and socially to their fullest.

*Trainable Mentally Retarded (TMR) Children***:** The trainable mentally retarded children are those who cannot be educated in the normal classroom environment, but they can be trained the basic skills relating to self-care, basic communication skills like toileting, bathing, eating, dressing/clothing, brushing etc. The TMR children generally scores IQ between 35-40 and 50-55. Tredgold (1929) defined the TMR children as, "The trainable retarded is one who by reason of mental defect, existing from birth or an early age, is incapable of earning his own living, but is capable of guarding himself against common physical dangers."

*Custodial Mentally Retarded (CMR) Children***:** The custodial mentally retarded children cover both severe mentally retarded children (IQ: 20-25 to 35-40) and profound mentally retarded children (IQ: below 20-25) who are unable to learn the basic living skills such as self-care, communication skills etc. They are totally dependent upon parents and other family members for survival.

Research has indicated that students with mentally challenges have shown deficiencies in the learning areas of processing efficiencies, short-term memory, attention, transformation abilities, expertise, language perception, problem solving

and social processes (Honeck, 1997). Besides, these children may not be benefitted equally with the normal children in a general classroom because of the differences in their functioning intellectual capacity, but can be benefitted from basic cognitive help and facilitation processes (Turner, Hale and Borkowsky, 1996; Honeck, 1997; Kumar and Harizuka, 1997).

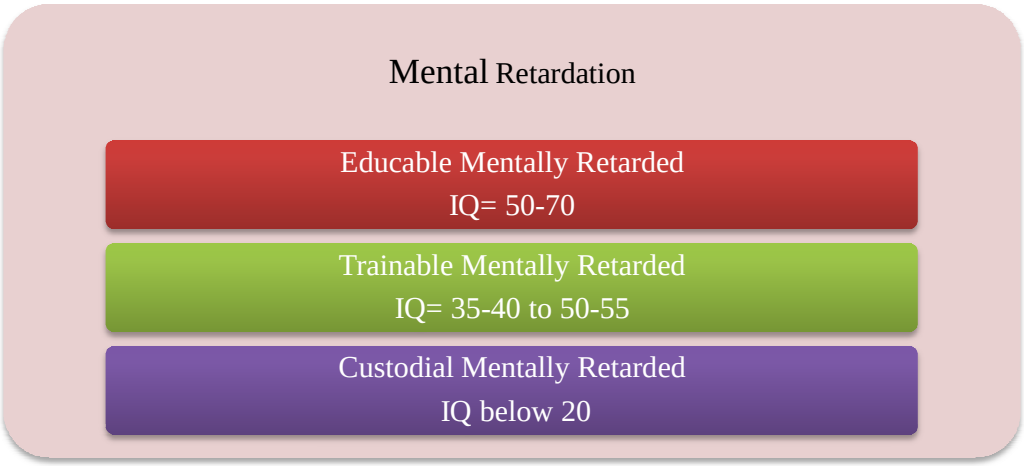


**Figure 1.3: Figure Depecting Categorization of Mental Retardation on the Basis of IQ**

**Learning Disabled Children:** Learning disability is a neurobiological disorder in which a person's brain works or is structured differently. Learning disabled children are those who exhibit normal bahaviour in daily living activities, but show remarkable deficiencies in the academic activities. Learning disabilities are extremely varied and complex; they include specific difficulties in learning to read, write, calculate, comprehend etc. In fact, learning disabilities have been defined as a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written which may manifest itself in an imperfect ability to listen, think, write and spell or to do mathematical calculation (Strawser, 1993). In the words of Ramaa (1992), children with deficiencies in achieving academic success are called 'learning disabled'. Learning disabilities may cause difficulties with organizational skills, social perception, problem of information processing and social interaction. There are many categories of learning disabilities and as pointed out by Ramaa the common types of learning disabilities are- dyslexia (reading disability), dyscalculia (arithmetic disability), and dysgraphia (writing disability). These are discussed below:

*Dyslexia:* The term 'dyslexia' was introduced in 1884 by the German ophthalmologist R. Berlin. Dyslexia is a language based disability in which a person has trouble in understanding words, sentences, or paragraphs. Research studies have reported that the fundamental difficulty for dyslexic children lies in developing high-quality segmentally organized phonological representations of words (Fowler, 1991;

Snowling and Hulme, 1989) rather than in performance in phonological awareness task per see. Dyslexic children may be delayed or handicapped in developing high quality phonological representations and in structuring those representations at the different linguistic levels; and their reading difficulties may contribute to this developmental problem (Swan, 1995).

*Dyscalculia:* It is one of the learning disabilities in which a person has a difficulty in solving arithmetic problems and grasping mathematical concepts. In other words, dyscalculia is concerned with specific computational deficits such as problems in addition, subtraction, multiplication as well as division. It also refers to specific deficits related to mathematical concepts such as spatial relations and right-left orientation (Taylore and Sternberg, 1989).

*Dysgraphia:* Dysgraphia is a Greek word which consists of 'dys' meaning impairment, 'graph' meaning writing and producing letter by hand, and 'ia' means having a condition. Thus, dysgraphia is the condition of impaired letter writing by hand i.e., disabled handwriting. Children with dysgraphia may have only impaired handwriting/ impaired spelling or both. It is a writing disability in which a person finds it difficult to form letters or write within a defined space. Dysgraphia can interfere with a student's ability to express ideas, for instance- children with dysgraphia sometimes are confused with words like 'dog' as 'god', 'law' as 'low'; and numbers like '99' as '66', '83' as '38' etc. Research has shown that dysgraphia can cause low classroom productivity, difficulty in focusing attention etc. There are mainly three types of dysgraphia viz., dyslexic dysgraphia, motor dysgraphia, and spatial dysgraphia (Deuel, 1995).

**Multiple Disabled Children:** Children who have more than one disability and/or combination of two or more severe disabilities are called multiple disabled children. Multiple disabilities mean a combination of two or more disabilities as defined in the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 which may include locomotor disability covering leprosy cured, blindness/low vision and speech-hearing impairment. It is noteworthy that multiple disabilities do not include deaf- blindness.

### 1.1.3 Current Scenario of Special Group Children in India

Approximately 800 million young children worldwide are affected by biological, environmental and psychological conditions that can limit their cognitive development (Carpenter, 2005). People with disabilities in India are subject to multiple deprivations and limited opportunities in several dimensions of their lives. People with disabilities in India are among the poorest of the poor, often live in rural areas, and often are disabled at birth or before school age, poorly educated, widely unemployed, and especially vulnerable to exploitation and abuse (Thomas, 2005). The census or survey provides detailed and authentic information on demography, economic status, literacy and education, language, religion, disability and many other

socio-cultural scenarios of a country. Statistics of disability in India vary widely and accuracy of statistics always questionable. Actual data regarding special group children may increase two or three times from the data available, because the surveyor and common people of India don't have acumen to identiy the children with special needs. However, disability statistics were collected in the Census of India from as early as the late nineteenth century and the country had special schools that catered to the needs of people with disabilities from around the same time period (Menon, Parish and Rose, 2013). In the 1981 Census of India, for the first time, emphasis was given on encompassing the disabled population and it was revealed that 0.16% (11,18, 945) of the population have had disability. Whereas, in the 1991 Census of India, the disabled people were excluded from the census enumeration. Again in 2001 census, question on disability was included in the census profile and it disclosed that over 21 million people are suffering from one or other kind of disability. According to 2001 census data, it was revealed that among the total disabled population across the country, the highest number of disabled people were reported from the state of Uttar Pradesh (3.6 million) followed by Bihar (1.9 million), West Bengal (1.8 million), Tamil Nadu and Maharashtra (1.6 million) etc. While the Census of India 2011 reported that India has total 26,810,557 (2.21%) disabled population, out of which 20,42,887 are in the age group of 0-6 years. The detail data of disable population is shown in the table given below:

**Table: 1.1**

**Scenario of Disabled Population of India by Types of Disability with Gender**

| SL. No. | State/ Gender | In seeing | In hearing | In speech | In movement | Mental retardation | Mental illness | Multiple disabilities | Any other | Total disabled population |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | **INDIA** | **5032463** | **5071007** | **1998535** | **5436604** | **1505624** | **722 826** | **2116 487** | **4 927011** | **26 810 557** |
| 2 | **Male** | 2638516 | 2677544 | 1122896 | 3370370 | 870,708 | 415,732 | 1,162,604 | 2727828 | 14,986,202 |
| | **Female** | 2393947 | 2393463 | 875369 | 2066230 | 634,916 | 307094 | 953,883 | 2199,183 | 11,824,355 |

**Source:** C Series, Table C-20, Census of India, 2011

According to 2011 Census report, India has total 1,21,05,69,573 (100%) population, among them 26,810,557 (2.21%) are the disabled population, out of which 14,986,202 are male and 11,824,355 are the female covering visual impaired, hearing impaired, speech impaired, mental retardation, mental illness, multiple disability and any other categories which are included in the census enumeration. Among the total 26,810,557 (100%) disabled population of 2011 census figure, 5,032,463 (18.8%) are visual impaired, 5,071,007 (18.9%) are hearing impaired, 1,998,535 (7.5%) are speech impaired, 54,36,604 (20.3%) are locomotor/movement disability, 1505624 (5.6%) are mental retardation, 722826 (2.7%) are mental illness, 2116487 (7.9%) are multiple disabled, and 4927011 (18.4%) are any other category. Most of the disabled people are found to be movement/locomotor disability i.e., 20.3% followed by hearing impaired 18.9%, visual impaired 18.8%, and the least is mental illness 2.7% (Govt. of India, 2011). In this context, it is worthwhile to mention that the number of

disabled population has increased by 22.4% from 2001 to 2011 (i.e., from 2.19 crore in 2001 to 2.68 crore in 2011), where rural areas have more disabled population, but growth rate is more in urban areas among females. According to 2011 Census of India, in Maharashtra, Andhra Pradesh, Odisha, Jammu & Kashmir, and Sikkim the disabled population account 2.5%, while in Tamil Nadu, Assam, and Meghalaya, the disabled population account less than 1.75% of the total population (Govt. of India, 2011).

**Table: 1.2**

**Scenario of Disabled Children (0-6 Years) in North-Eastern states and in India by Types of Disability**

| Sl. No. | States/ Country | In seeing | In hearing | In speech | In movement | Mental retardation | Mental illness | Multiple disabilities | Any other | Total disabled children |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Arunachal Pradesh | 459 | 685 | 65 | 165 | 131 | 17 | 136 | 465 | **2123** |
| 2 | Assam | 5875 | 7998 | 2296 | 4151 | 1626 | 288 | 2983 | 10526 | **35742** |
| 3 | Manipur | 2115 | 1184 | 172 | 211 | 339 | 22 | 232 | 926 | **5201** |
| 4 | Meghalaya | 726 | 1457 | 228 | 551 | 152 | 103 | 415 | 1426 | **5058** |
| 5 | Mizoram | 140 | 153 | 59 | 102 | 56 | 16 | 127 | 255 | **908** |
| 6 | Nagaland | 217 | 650 | 114 | 159 | 59 | 12 | 174 | 545 | **1930** |
| 7 | Sikkim | 82 | 181 | 46 | 68 | 21 | 09 | 100 | 121 | **628** |
| 8 | Tripura | 516 | 748 | 252 | 520 | 213 | 37 | 440 | 1663 | **4389** |
| 9 | **NE Total** | **10130** | **13056** | **3232** | **5927** | **2597** | **504** | **4607** | **15927** | **55979** |
| **10** | **India Total** | **417657** | **476075** | **114621** | **196890** | **91673** | **16350** | **149211** | **580410** | **2042887** |

**Source:** Census of India, 2011

Table- 1.2 indicates that India has total 20, 42,887 disabled children between the age group of 0-6 years. Out of 20,42,887 disabled children, in the northeastern states of India total 55,979 children are found to be disabled which is represented by Arunachal Pradesh (2123), Assam (35742), Manipur (5201), Meghalaya (5058), Mizoram (908), Nagaland (1930), Sikkim (628) and Tripura (4389). Hence, out of total 20,42,887 disabled children in the age range of 0-6 years in India, visual impaired are 417657, hearing impaired are 476075, speech impaired are 11,4621, movement/locomotor disabled are 196890, mentally retarded are 91673, mental illess are 16,350, multiple disabilities are 149211 ad any other category are 580410. Further, out of total 55,797 disabled children in the age group of 0-6 years in North-East India, visual impaired children are 10130, hearing impaired are 13056, speech impaired are 3232, movement/locomotor disabled are 5927, mentally retarded are 2597, mental illness are 504, multiple disabilities are 4607 and any other category are 15927.

Regarding the enrolment of children with special needs at school levels, NCERT has given the data of disabled students who were enrolled and educated in schools of India from class I-XII during the year 2008. The Seventh All India School Education Survey (Seventh All-India School Education Survey, 2008) indicated that the data of enrolment of different categories of special needs children at different stages of school education all over India were 13, 5,5063, out of whom 839,866 were boys and

52, 5197 were girls. The detail description regarding enrolment of the special needs children at different levels of school education are shown in the table below:

**Table: 1.3**

**Enrolment of Special Needs Children at Different stages of Education (I-XII)**

| Sl. No. | Levels of Education | Enrolment of Disabled Children | Boys | Girls |
|---|---|---|---|---|
| 1 | Primary level (I-V) | 811147 | 500311 | 310836 |
| 2 | Upper Primary level (VI-VIII) | 322101 | 200712 | 121389 |
| 3 | Secondary level (IX-X) | 162199 | 101461 | 60738 |
| 4 | Higher secondary (XI-XII) | 59616 | 37382 | 22234 |
| 5 | **Total** | **1355063** | **839866** | **515197** |

**Source:** NCERT (2008) Seventh All India School Education Survey, *Schools for Physically Challenged Children,* NCERT, New Delhi.

Further, out of total 13, 5, 5063 students enrolled in the school level education, at primary level there were 811147 students (boys=500311, girls=310836), at upper primary stage there were 322101 students (boys= 200712, girls=121389), at secondary stage there were 162199 student (boys=101461, girls=60738) and at higher secondary stage there were 59616 students (boys=37382, girls=22234).

### 1.1.4 Need of Rehabilitation of Special Group Children at Pre-school Level

Rehabilitation of special group children means to integrate or re-integrate the children physically, sensorally, mentally, psychologically, medically, socially and vocationally to enable them to lead a normal life. As much of the disability in developing countries stems from preventable impairments, and a large part of the disability could be eliminated through treatment or alleviated through rehabilitation (DFID, 2000; Elwan, 1999). Rehabilitation that begins early produces better functional outcomes for almost all health conditions associated with disability (Forster et al., 2009; Rahman et al., 2009). The effectiveness of early intervention is particularly marked for children with or at risk of developmental delays (Roberts et al., 2008; Haddars-Algra, 2004; National Dissemination Center for Children with Disabilities, 2010), and has been proven to increase educational and developmental gains (National Joint Committee on Learning Disabilities, 2006). So, it is very important to provide different types of rehabilitation services such as early identification and intervention, medication, therapy, education, socialization etc., to the different categories of special group children from pre-school level in order to make them active members of the mainstream society. Early education or kindergarten is a form of education as well as rehabilitation offered to children in the age group of 3-6 years which has increasingly been recognized as a useful programme in preparing young children for school education. Similarly, early childhood special education has come to be valued as a way of serving the needs of handicapped and/or special group pre-schoolers. It was only in the beginning of 20$^{th}$

century that special education began to be organized and/or recognized as a profession (Garwood, 1979). Even then, however, services for pre-school children are scarce and for practical purposes, available only to parents who can afford private schools and centers for the care of their children (Cooper, 1981).

In fact, among the various rehabilitation services, early childhood intervention is the most important one. It is a process of providing specialized support services for infants and young children with disabilities and their families in order to promote development, well-being and community participation. The effects of early intervention on children were documented as early as the 1930s (National Association of State Directors of Special Education, 1980). There are many evidences that effective early intervention can positively alter the child's long-term trajectory (Centre for Community Child Health, 2002), achieve significant savings (Doyle, Harman, Heckman and Trembly, 2010) and potentially reduce the risk of secondary health and psycho-social complications. Consequently, children with disabilities are likely to experience higher rates of mental and physical health problems and increased requirements for general health services. In the area of rehabilitation services, the studies of Kirk (1958); and Skeels and Dye (1939) examined the long-term effect of manipulating the early environments of handicapped children. In each of these studies, intervention during pre-school years was reported to have substantially influenced the demonstrated functioning of treatment as compared to control groups. Cumulatively, these studies substantiate the need for providing stimulating experiences during early childhood to enable disadvantaged children to reach higher levels of functioning (Fredericks, Moore and Baldwin, 1979). In the context of pre-school special education, Garwood (1979) suggests that early childhood special education should be viewed not only as a remedial effort, but also a preventive measure that may eliminate the need for long-term remedial assistance for some young handicapped children. Thus, exposure to appropriate learning experiences from early infancy through the pre-school years can benefit the special group children as well as the society.

Children who experience disability early in life can be disproportionately exposed to risk factors such as poverty, stigma and discrimination, poor caregiver interaction, institutionalization, violence, abuse and neglect; and limited access to programmes and services, all of which can have a significant effect on their survival and development (Skelton and Rosenbaum, 2010; Simeonsson, 2000; Durkin, 2002; Grantham-McGregor et al., 2007). It is worthwhile to mention that comprehensive early childhood care and education (ECCE) has been providing care, stimulation, parental support and access to relevant services to enhance the effects of interventions for children with disabilities. Indeed, positive transition from home to pre-school is encouraged when the early childhood programme allows for child-centered pedagogy and necessary individualized support to effectively address the diverse learning needs and abilities of children with disabilities. So, early childhood

programmes that are responsive to individual needs and respectful of diversity benefit all children and contribute to building the foundations of an inclusive society. However, it is most effective when families are closely involved in the process, which in tern will ensure the availability of appropriate diagnostic and therapeutic services to support their child's well-being and development (UNESCO, 2009). Through early assessment coupled with intervention, families gain relevant information, especially about the capability of their children and also about interventions that will optimize the learning potentials of the children. This also increases the opportunities that children with disabilities can participate and flourish in inclusive mainstream educational settings.

In every society of the world it is seen that special group children never get access to a barrier free environment for the expression and manifestation of their multi-dimensional talents. From time immemorial, the children with special needs have been facing various problems in different aspects of their life, such as accessibility of education, health care, income and social security, cultural participation, early intervention, employment etc. Moreover, in the field of education, it is seen that special group children are always treated differently; as they are restricted to get admission in the normal schools for formal education. From their very childhood they are separated from their peers by sending them to special schools/trusts. Hence, it is an urgent need to rehabilitate the special group children in order to cater their multiple demands and requirements to live independently. The main goals of rehabilitation services are: (i) to enable the recipient to recognize his/her strengths and limitations and adjust psychologically and economically to those situations within his/her ability that has been restricted due to disability, and (ii) to provide society with a means of regaining economic contribution of the disabled and reduce the cost of institutional care etc. (Gokhale, 1984).

### 1.1.5 Social, Constitutional, and Legal Provisions for Special Group Children

Special group children are the most vulnerable one and innocent among the humans, who require kindness and help from others to live in the society. People should care for them with affection which is necessary to enable them to adjust effectively with their peers, family members, neighbours and in the environment as a whole. Special group children are not different beings, like all other human beings they too have feelings, hopes, dreams etc. Truly, the world today is suffering from tremendous problems and particularly the special group children or special needs children are most marginalized and suffer from various difficulties tending social exclusion and oppression. Nevertheless, disabled women, men and children continue to be discriminated, excluded by society and generally ignored by mainstream services and development programmes (Seeley, 2001; Singleton et al., 2001; UN, 2002). To this extent, efforts on the part of the government and non-government organizations have

been made (internationally as well as nationally) to rehabilitate the special needs children around the world. The various problems confronted by the special group children are in the aspects like physical, social, psychological, educational, economical and access to public services.

Undoubtedly, rights of special needs children are becoming a dominant issue of the present day and this issue emphasizes the importance of the rehabilitation and empowerment of special group children to a great extent. The matter is being addressed at global level and in India too, efforts are being made to launch various socio-legal provisions for protecting the interests of the special group children and also providing them with equal opportunities for their empowerment. Here is given a brief account of social, constitutional and legal provisions for special group children enacted by the Goverrntment of India:

**Social Provisions:** Social provisions encompass all kinds of supports to live amidst the society without any discrimination. The various social provisions adopted for the welfare of the special needs children are:

i) *Emphasis on life and living:* It is seen that emphasis is given on the life and living style of the disabled children/special group children and also to reduce the prevalent prejudices and ignorance among the people.
ii) *Equality, liberty and justice:* Emphasis has been given on equality, liberty and justice to all including the disabled children in our society.
iii) *Integration:* Social integration also exists in our society to strengthen the bond among the normal and special group children or disabled children.
iv) *Provision of protection* from abuses, violence, exploitation of all children including special group children.
v) *Provision of free childhood care and pre-school education* for all children including the disabled children.
vi) *Provision of recreation* for utilizing leisure time etc.

**Constitutional Provisions:** The Constitution of India is the largest written constitution of the world that ensures for all its citizens equality before the law, non discrimination, fundamental freedoms and the right to life and liberty (Article 14, 15, 17, 19 and 21 respectively of the Constitution). These Articles do not specifically refer to persons with disabilities but give emphasis on every child in equal measure. For instance, Article 41 states that the State shall within the limits of its economic capacity and development make effective provisions for securing the right to work, to education and to public assistance in cases of unemployment, old age, sickness and disablement. Moreover, every disabled person can move to the Supreme Court of India to enforce his fundamental rights and the right to move to the Supreme Court is also guaranteed by the Article 32 (Article 32, Constitution of India).

The Constitution of Indian was adopted in 1950 which enshrines equality and social justice as the cardinal principles. The Constitution of India ensures equality,

freedom, justice and dignity of all individuals and implicitly mandates an inclusive society for all including persons with disabilities. It needs to be mentioned that none of the Articles of the Constitution of India specified the protection and safeguard of the disabled people, but refers to the security of all children including marginalized, vulnerable as well as the disabled. For example, Article 14 guarantees equality before the law and equal protection of law to all persons; Article 15(1) prohibits discrimination against any citizen on grounds of religion, caste, creed, colour, sex, disability; Article 16(1) guarantees equality of opportunity for all citizens in matters of employment; Article 17 states abolition of untouchability on the grounds of religion, caste, creed, colour, sex etc. But it is worthwhile to mention that the constitution of India by and large provided safeguards and security for the marginalized, vulnerable groups including the disabled since 1950.

Besides, over the years, the Govt. of India has made various legal provisions in the name of policies and schemes to meet its commitments towards the rehabilitation for empowering the special group children. The various rehabilitation policies specifically directed towards the protection, welfare, rehabilitation and development of the disabled people and/or special group children are briefly discussed below:

### National Policy on Education, 1986

The National Policy on Education (NPE), 1986 envisaged a national system of education with emphasis on universalization of primary education (UPE) and the spread of adult literacy. It needs to be noted that the National Policy on Education was a landmark policy that for the first time talked about the education of the disabled in Section 4.9, which includes: inclusive education for mild disabilities in regular schools, training and education for severe disabilities in special schools and vocational training as part of education for the disabled children. While reviewing the National Policy of Education, the Acharya Ramamurthy Committee had observed that education of students with disabilities was a ‘social welfare activity’ and critiqued the implementation of Integrated Education of Disabled Children (IEDC) in terms of running ‘mini special schools within general schools’ (MHRD, 1990). However, the Programme of Action, 1992 emphasized on the removal of disparities and equalization of educational opportunities by attending to the specific needs of those who have been denied equality so far.

### Mental Health Act, 1987

The Mental Health Act, 1987 came into effect in all the states and union territories of India in April 1993 and replaced the Indian Lunacy Act of 1912. This Act consolidated and amended the law relating to the treatment and care of mentally ill persons and to make better provision with respect to their property. Under the Mental Health Act 1987, mentally ill persons are entitled to treatment and care from earlier stage. The main purpose of the Act is to regulate admission to psychiatric hospital or nursing homes of mentally ill persons who do not have sufficient understanding to

seek treatment on a voluntary basis and to protect the rights of such persons while being detained. In 2002, the Act was implemented in 25 States out of 30 States and Union Territories of India. Under the Mental Health Act each state is required to constitute a State Mental Health Authority (SMHA) to ensure effective and equitable enforcement of the provisions of the Act. The primary role of the SMHA is to planning, implementation and monitoring of mental health programmes/activities (WHO, 2006).

### Rehabilitation Council of India, 1992

The Rehabilitation Council of India (RCI), 1992 is a statutory body responsible for standardizing and monitoring training courses for rehabilitation professionals, granting recognition to institutions running courses and maintaining a Central Rehabilitation Register of rehabilitation professionals. The RCI is the only institution which takes care of manpower development of different categories of professionals for comprehensive rehabilitation of differently-abled people to meet the needs of their life cycle i.e., physical and medical rehabilitation, educational rehabilitation, vocational rehabilitation and social rehabilitation. Hence, it can be said that the RCI mainly deals with the development of manpower for providing rehabilitation services to the persons with disabilities and/or special group children.

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

The Persons with Disabilities (PWD) Act, 1995 is a significant step which ensures equal opportunities for the people with disabilities and their full participation in society. This Act provides for both the preventive and promotional aspects of rehabilitations like prevention, early intervention, education, employment, vocational training, research and manpower development, creation of barrier free environment, unemployment allowance, and special insurance schemes for the disabled employees, and establishment of homes for persons with severe disabilities etc. This Act also mandates 3% reservation in poverty alleviation programmes, government posts and in state educational facilities as well as other rights and entitlement for persons with disability. This provision is being implemented by central and all state governments including Public Sector Understandings (PSUs) and Autonomous Bodies fully funded by the central government.

### National Trust (For the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities) Act, 1999

The National Trust Act, 1999 is a statutory body set up under the National Trust for the welfare of persons with autism, cerebral palsy, mental retardation and multiple disabilities. The main objective of this Act is to ensure persons with disabilities to lead independent life with dignity, support and strengthen NGOs and other service providers, and appoint legal guardians to take care of the needs of persons with disabilities. The major activities of National Trust Act include training and

awareness programmes, capacity building programmes, shelter and care giving and empowerment programmes.

### National Policy for Persons with Disabilities, 2006

The National Policy for Persons with Disabilities (2006) recognizes that special needs children are valuable human resources for the country and seeks to create an environment that provides equal opportunities, protection of their rights and full participation in society. This policy ensures that a majority of persons with disabilities can lead a better quality of life if they have equal opportunities and effective access to rehabilitation measures. The main aim of this Act is to ensure better coordination between various wings of the State and Central Governments (Kumar, 2005). The salient features of this policy are:

i) Physical rehabilitation, which includes early detection and intervention, counseling and medical interventions and provision of aids and appliances. It also includes the development of rehabilitation professionals;
ii) Educational rehabilitation which includes vocational training; and
iii) Economic rehabilitation for a dignified life in society.

### Integrated Education of Disabled Children (IEDC), 1974

The Government of India launched a centrally sponsored scheme of Integrated Education of Disabled Children (IEDC) in 1974 aiming at integrating the children with special needs. This scheme provides educational opportunities for the disabled children in common schools to facilitate their retention in the school system. Provision has been made to place those children in common schools who have already aquired the basic communication as well as daily living skills at functional level in special schools.The scheme also include following provisions:

- Actual expenses on books and stationery upto Rs. 400/- per annum
- Actual expenses on uniforms upto Rs. 200/- per annum
- Transport allowance upto Rs. 50/- per month. If a disabled child resides in the school hostel within the school premises, no transportation charges would be admissible
- Reader allowance of Rs. 50/- per month in case of blind children upto class V
- Escort allowance for severely disabled children with lower extremity disability at the rate of Rs. 75/- per month
- Actual cost of equipment subject to a maximum of Rs. 2000/- per month for a period of five years.

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

The first pilot project on integrated education in India came into existence with the name of Project Integrated Education for the Disabled (PIED) in 1987. This project was first implemented in 10 blocks viz., Madhya Pradesh, Maharashtra, Nagaland, Orissa, Rajasthan, Tamil Nadu, Haryana, Mizoram, Delhi Municipal Corporation and Baroda Municipal Corporation. In these blocks, 6000 children with special needs were integrated in regular schools. An external evaluation of this project in 1994

showed that not only did the enrolment of learners with disabilities increased considerably, but the retention rate among disabled children was also much higher than the other children in the blocks (Chadha, 2002). The scheme provides for a wide range of incentives and interventions for the education of children with special needs which include pre-school training, allowances for books and stationery, uniform, transport, hostel facilities and other assistive devices.

### District Primary Education Programme (DPEP), 1994

The District Primary Education Programme, 1994-95 was launched and implemented at the district level aiming at providing universal Education for All (EFA) including the disabled children. Under this scheme more than 5, 60, 000 children with special needs were enrolled which represent almost 70% of the nearly 8, 10,000 learners with special needs children identified under this programme (DPEP, 2003). However, at present, Integrated Education for Disabled (IED) in DPEP is going on in 242 districts of 18 states. In these states, approximately 6.21 lakh children with special needs have been enrolled in regular schools with adequate support services.

### Sarva Sikhsha Abhiyan (SSA), 2001

The ongoing scheme of the Government of India to universalize elementary education (UEE) is Sarva Sikhsha Abhiyan launched in 2001. It is a fact that UEE cannot be achieved unless children with special needs have access to education. Hence, education of special group children is an essential part of the SSA framework. Realizing the importance of integrating special group children in regular schools, SSA framework has made adequate provisions for educating the children with special needs. The major provisions under SSA are:

- Up to Rs. 3000/- per child (per annum) for education and integration of disabled children as per specific proposal.
- Home-based education to the children with severe/profound disabilities.
- Involvement of resource institutions to be encouraged.
- Special learning materials, aids and appliances etc.

In fact, it needs to be noted that SSA has adopted a ‘zero rejection policy’ which ensures that every child with special needs, irrespective of the kind, category and degree of disability is provided meaningful and quality education in the mainstream classroom environment. This means that no child having special needs should be deprived of the right to education. This has also been strengthened by the 86th Amendment of the Constitution, which makes Elementary Education a fundamental right of every child.

### Scheme of Assistance to Disabled Persons for Purchase/Fitting of Aids/Appliances, 2005

The Scheme of Assistance to Disabled Persons for Purchase/Fitting of Aids/Appliances (ADIP) was launched in 2005, which aimed at physical rehabilitation of persons with disabilities through provision of assistive aids and

appliances. The main objective of the scheme is to assist the needy disabled persons in procuring durable sophisticated and scientifically manufactured, modern and standard aids and appliances that can promote their physical, social and psychological rehabilitation by reducing the effects of disabilities and enhance their economic potential (MSJE, 2005).

### 1.2.0 Why Screening, Diagnosis, and Rehabilitation of Special Group Children at Early Age/ Pre-school Level Necessary?

Measuring, screening and diagnosing of special group children are the challenging task among the rehabilitation professionals. Because children develop and learn to perform basic tasks at different speeds, it can be difficult to distinguish significant limitations from variations in normal development (UNICEF, 2013). Child disability measurement experts agree that screening efforts such as interviews using the Ten Questions Screen (TQS) need to be followed by in-depth assessments. These allow the initial screening results to be validated, and make possible a better understanding of the extent and nature of child disability in a particular country. In Cambodia, for instance, some children who screened positive for hearing impairment were found to have an ear infection or a build-up of ear wax. This limited their hearing and in many cases also their participation in school, but, once identified, their conditions were easily treated and more serious secondary infections and longer-term impairments were thus prevented (UNICEF, 2013). The first three years of a child's life are a critical period and are characterized by rapid development of physical, cognitive, language, emotional, psychological etc., particularly of the brain, and thus provide the essential building blocks for future growth, development and progress (WHO, 2007). So, it is very important to facilitate screening and diagnosis of disability as early as possible for the prevention and cure of childhood disability.

It is noteworthy to mention that early detection of disability and intervention through drug or non-drug therapies helps in minimization of the impact of disability. Research emphasizes the need for effective screening and diagnostic systems to identify developmental disorders at the earliest possible stage, clearly indicating that the chances of overcoming difficulties are significantly enhanced by early identification (Mendez et al., 2011). With the scientific advancement, now it becomes possible to diagnose the health conditions of a baby (of any impairment) even during pregnancy with the help of prenatal screening, while other impairments may be identified during or after birth. Research has shown that neuroplasticity continues to exist into adult life, the first years of childhood remain vital for cognitive development. Screening for children with special educational needs is therefore recommended during infancy and pre-school years (Baird et al., 2001). Primary health care is a natural starting point for identifying and addressing the needs of children with disabilities (UNICEF, 2008; Skelton and Rosenbaum, 2010), with appropriate referral for more specialized needs where required (WHO and

World Bank, 2011). In this regard, primary health-care workers can assist in the identification of children with disabilities, who are often hidden in their communities and denied access to health care and support their (disabled children) inclusion in health-care activities such as immunization, health check-up etc. (UNICEF, 2007). Screening or surveillance of children's development may take place during visits to general child health-care or services; there may be targeted early identification procedures in place, such as screening for visual and hearing impairments in health-care or education settings; and public health activities, such as immunization campaigns, may also provide opportunities for early identification (WHO, 2012). Besides, public health activities like immunization campaigns may also provide opportunities for early identification. Scientific approach of early identification is required in order to facilitate timely access to services to support the development of children at significant risk for developmental delays, and to prevent potential issues such as a loss of confidence in parenting skills (Cuningham et al., 2004). The diagnosis is, however, thought to be reliable only at three years of age. In case of mild developmental difficulties, symptoms may go unnoticed initially, becoming evident at a later age. Identifying and assessing children's needs is therefore an iterative process, and screening needs to be repeated at a later stage to identify problems not yet emergent at nursery level (Taylor et al., 2000).

Disability usually begins at early childhood and is characterized by excessive activity even when developmental level and limited behavioural control are taken into consideration (Elia, Ambrosini and Rapoport, 1999). Screening, assessment and diagnosis are used to access information regarding the nature, preferences and interaction of the children. If children with special needs are not facilitated with screening, early detection and intervention in due time their difficulties can become more severe with the possibility of lifetime consequences. When prevention of disability is not possible, curation becomes the objective and when both prevention and curation are not possible, rehabilitation becomes vital (Banerjee, 2004). Hence, early screening, diagnosis and assessment of the special group children helps to a great extent in facilitating effective rehabilitation of the children. There are number of screening and assessment approaches/techniques for identifying the special group children at early age and/or pre-school level like cognitive approach (for identifying mentally retarded children, slow learners etc.), sensory approach (for visually impaired, hearing impaied etc.), ability-based approach (for children with learning disabilities), society-based approach (for behaviour/emotional disorderd children), bottom-up approach etc. (NCTE, 2003). Besides, formal and functional assessment is undertaken to determine the nature, type and extent of disability. Functional assessment means to get an idea of the child's current level of cognitive and psycho-motor functioning. Both formal and functional assessment should be done by a competent team comprising doctors, eye specialist, ENT specialist, resource teachers and general teachers. Health centers, voluntary organizations, general teachers,

resource teachers, village functionaries, parents, ICDS functionaries, NIPCCD personnel, RCI personnel etc., are playing a significant role in the process of diagnosis and identification of special group children at early age and/or at pre-school level. Hence, it is said that screening, assessment and diagnosis are dynamic processes and these activities have an impact on the family and should be an integral part of family goal setting, parent education and curriculum development. In the context of early detection, Heckman has reported that children with disabilities who receive good care and developmental opportunities during early childhood are more likely to become healthy and productive adults. This can potentially reduce the future costs of education, medical care and other social spending (Heckman, 1999; Heckman, 2006).

### 1.2.1 Existing Status of Special Group Children at Pre-school Level in the Country

It is very difficult to give an exact picture of the status of special group children at pre-school level because there is lack of organizational pattern of pre-school education system in India. In fact, some parents do not send their special needs children to public institutions as they feel embarrassed and confine them in the four walls of their home. As already mentioned in the previous section, the UNICEF's report on the 'Status of Disability in India' states that around 30 million children in India suffering from one or other kind of disability. The Sixth All-India Educational Survey has reported that there total 200 million school-aged (6-14 years) children in India, out of them 20 million require special needs education (NCERT, 1998). While Early Childhood Care and Education (ECCE) 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 mainstreaming programmes. Many 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 for their long-term prognosis (Srivastava, Seth and Kiekerk, 2013). 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 criticality of intervention in the early years for children with disabilities (NUEPA, 2008).

It should be noted that earlier ECCE was in the hands of religious institutions, voluntary services, parents and non-governmental organizations across the world and the condition/status of special needs children was miserable. During the 1980s and 1990s a strong international movement started under the United Nations to protect the rights of special group children/ disabled children and various services were facilitated for early identification and intervention. Thereafter, the Govt. of India has taken various measures for special needs children under the statutory bodies like

MHRD, MSJE, MWCD, RCI, NIPCCD, NCERT etc., in the name of policies/schemes/laws such as PWD Act, National Trust Act, SSA, RTE Act etc. Even after the enactment of such laws/policies/schemes the situation of education of the special needs children are on margin (Arya, 2013). Besides, some national/ apex-level institutes such as National Institute for Visually Handicapped, National Institute for the Orthopedically Handicapped, Ali Yavar Jung National Institute for the Hearing Handicapped, National Institute for the Mentally Handicapped and National Institute for Rehabilitation, Training and Research are working the best for providing rehabilitation services to the special group children at all levels including pre-school level. Moreover, there are also some centrally sponsored schemes like- Integrated Child Development Scheme, Integrated Education of Disabled Children, Project Integrated Education for Disabled Children, District Primary Education Programme, District Rehabilitation Centers and National Programme for Rehabilitation for Persons with Disabilities, Sarva Sikhsha Abhiyan etc., are also trying to cater the multiple needs of the special group children. The Integrated Child Development Scheme (ICDS) is one of the most prominent projects that presently provide ECCE to all children including children with special needs in the Anganwadi centres. In addition, there are also pre-schools, early intervention centers, Balwadis etc., under the Ministry of Social Justice and Empowerment which facilitate rehabilitation services at early age for fostering sound health and psycho-social development of young children. In spite of all the efforts taken up by the Government and voluntary organizations, the percentage of CWSN to total enrolment in elementary classes is a mere 0.74 (2010-11) at primary level and 0.70 (2010-11) at upper primary level (NUEPA, 2012).

In India, most of the special schools/pre-schools/intervention centers are run by voluntary organizations with or without government support. However, it is estimated that there are over 2500 special schools in India (RCI, 2000), while MHRD reported that there are around 3000 special schools across the country (MHRD, 2000). Almost all the states of our country have allocated resources for rehabilitation of the special group children, yet disability remains a welfare issue and is not seen as a development issue in India. Despite such efforts, many children with disabilities are still denied access to education and rehabilitation due to lack of adequate resources and negative societal attitudes towards disability. It is believed that not more than 2-3 per cent of children with disabilities have access to education. So, at pre-school stage appropriate diagnostic resources and screening tools should be made available to identify the special group children for early intervention. In this context there is a need for convergence of the concerned ministries and statutory bodies for promoting holistic development of the special needs children. The Rehabilitation Council of India estimates that 30 million disabled children are in need of education; and it aims to educate and rehabilitate 10 per cent of all disabled children by 2020.

### 1.2.2 Critical Issues Involved in the Context of Rehabilitation of Special Group Children at Pre-School Level

Children with disabilities or special group children are the most defenseless or dependent on others and encounter various problems that affect them in varying degrees depending on the type of disability they have and where they live. It is an urgent need to provide various types of rehabilitation services, such as medical, social, psychological, therapeutical etc., for early identification and assessment, and intervention of the special group children at pre-school level. However, a number of critical issues confront while catering the divergent needs and demands of the special group children. Research evidences show that there are numerous barriers which are affecting the rehabilitation of special group children for the betterment of their life style. It is observed that the rehabilitation centers are often located too far from where a person with a disability lives (Shaw, 2004; Monk and Wee, 2008). Major rehabilitation centers are usually located in urban areas; even basic therapeutic services often are not available in rural areas (WHO, 2001; Siqueira et al., 2009). It further reveals that travelling to secondary or tertiary rehabilitation services can be costly and time-consuming, and public transport is often not adapted for people with mobility difficulties (Dejong et al., 2002; Penny et al., 2007). Generally rehabilitation services require supportive facilities like active involvement of parents/guardians, well-furnished diagnostic and rehabilitation centers, community participation, convergence of concerned ministries and statutory bodies, adequate financial support, trained professionals/teachers, adequate experienced pediatricians etc. But, in reality it is seen that the parents are not aware/conscious regarding the disability of their children and the rehabilitation facilities available. As the parents play the first and foremost role of caring in the life of the children, so they should be aware towards the nature and demand of their special needs children at early age. In the context of parental role in a child's life, Dybward (1982) states how parents of children with mental retardation banded together in many countries during 1940s and 1950s to demand justice for their children and to put an end to discriminatory practices.

Moreover, lack of adequate trained professionals, inadequacy of fund, lack of co-operation among the ministries and social organizations etc., adversely affects the process of rehabilitation of special group children at pre-school level. The diagnosis and assessment is a difficult task and never perfect as it involves collection of information on a particular category of disabled children. For example, children generally belong to several diagnostic categories and often they have several co-morbid factors that do not fit into clear categories. There are several factors to address when attempting to assess students with developmental delays (Sapp, 2006); however, the two most important factors are the reliability and validity of assessment procedures. Unfortunately, these factors are not adequately addressed within the profession of special education (Sapp, 2006). Therefore, appropriate identification of

special group children requires multi-dimensional tools and modern scientific techniques that include extensive observations, functional assessment and in-depth observation as well as analysis. When identification and referral are poorly and prejudicially administered, the process of assessment, categorization, labeling, placement and instruction yields prejudicial result (Mukuria and Obiakor, 2006; Obiakor, 2001). In that case, any comprehensive and meaningful diagnosis and intervention should involve multi-disciplinary collaboration that includes professional from medicine, psychology, education as well as parent's consciousness (Obiakor, 2001).

### 1.2.3 Rehabilitation Motto for Special Group Children at Pre-school Level

Special group children require special attention and care from others in their day-to-day life. As already outlined, there are different categories of special group children who have unique problems and needs, and they require special treatment and rehabilitation facilities according to their needs at early stage. Rehabilitation mechanism is composed of many dimensions like physical, medical, psycho-social, educational, vocational etc., and the rehabilitation of early childhood special group children aims to reach and maintain their optimal physical, sensory and psycho-social development. The motto of rehabilitation of special group children at pre-school level is to ensure that all children with special needs have access to equality, quality and normal life. The major motto of rehabilitation of early childhood special group children is discussed under the following heads:

**Achieving Access in Every Sphere of Life:** Rehabilitation services are rendered to encompass quality life. Through rehabilitation mechanisms attempts are made to introduce an effective system for early detection of special needs children, both in terms of medical assessment and in identifying their special needs, talents and potentials. If the medical, social, educational, vocational and psychological supports are accessible in every sphere of life of the special group children from early stage, then it will be possible to endow them with a normal life with peace and prosperity. In this context, United Nations Economic and Special Commission for Asia and Pacific (UNESCAP) has talked about accessibility as "the measure or condition of things and services that can readily be reached or used (at the physical, visual, auditory and/or cognitive level) by people including those with disabilities" (Rioux and Mohit, 2005).

**Achieving Equality and Equity:** Presently, disability is a human rights issue and human dignity is the anchor norm of human rights. Only through the rehabilitation services like education, it is possible to achieve the motto of equality and equity among the children with/without special needs. The Children and Families Act, 2014 states: "We want children and young people with special educational needs and disabilities to achieve well in their early years, at school and in college; find

employment; lead happy and fulfilled lives; and have choice and control over their support" (Govt. of UK, 2014). Every child including special group children should access equality and equity in the areas of education, vocation, health care, recreation etc., on the basis of their ability. They should be prepared to adjust effectively in the larger society without any discrimination. In this regard, the Disability Equality Act, 2005 manifested that disabled people have equal access to education, employment, foods, public transport and various other facilities and services. Article-14 of the Constitution of India ensures that the State shall not deny to any person (disabled) equality before the law or equal protection of the laws within the territory of India. Again, Article- 45 directs the State to provide free and compulsory education for all children including the disabled up to 14 years of age; and the Directive Principle of State Policy states that the State shall endeavour to provide early childhood care and education for all children until they complete the age of 6 years (RCI, 2004).

**Achieving Quality:** Achieving quality of life is a dream of all individuals and everybody aspire for it. Discrimination against special group children is manifested in every aspect of society like employment, public accommodations, education, transportation, recreation, institutionalization, health services, voting, and access to public services which result in poor living standard. Rehabilitation is a process that helps to eliminate the discrimination and ensure the special group children's effective access to education, training of living skills, healthcare, preparation for active participation, recreation opportunities in such a way as to achieve the optimal possible social integration and individual development for quality life (Article 23 UN, 1989). Concerning quality life of disabled children, the Beijing Declaration on the Rights of People with Disabilities (2000) emphasized the improvement of overall quality of life of people with diverse disabilities and their upliftment from deprivation, hardship and poverty.

**Achieving Excellence:** Though the special group children are sub-normal, they have also some special talents/excellence. Special needs children seek affordable support services to meet their diverse needs. The mission and vision of rehabilitation mechanisms of special group children are to deliver all sorts of appropriate services in order to achieve excellence among them. Notably, excellence in special education is a workforce issue and it is necessary to start in early life in order to make them (special group children) well-educated and skillfull to excel in all dimensions of life. One of the mottos of rehabilitation is to provide an array of services aiming at the development of the total personality of the children with special needs along with transmitting their inherent potentialities in order to turn them into productive members of society.

### 1.2.4 Policy Perspectives/ Schemes that Facilitate Rehabilitation of Special Group Children at Pre-school Level

By birth every child has the right to live and enjoy equal opportunities in the society without any kind of discrimination. With the aim of protecting and promoting the rights of all children in general and particularly the children with special needs/ special group children, many international and national policies/schemes/legislations have been enacted across the world. In this context, the Convention on the Rights of the Child (CRC) recognizes the human rights of all children, including those with special needs/disabilities. The Convention contains a specific article (Article 23) recognizing and promoting the rights of children with disabilities. The policies and legislations that facilitate overall rehabilitation of special group children are discussed under the following headings-

**Child Rights & Special Group Children:** An international concern was raised by the UN General Assembly regarding the rights of the persons with disabilities with the adoption of the Declaration of Social Progress and Development in 1969. Thereafter, in 1971 the UN General Assembly also adopted the Declaration on the Rights of Mentally Retarded Persons that accorded the same rights as other human beings and also some special rights corresponding to their needs in the areas of medicine, education and social field. The Convention on the Rights of the Child (CRC), 1989 that came into effect in 1990, applies to all children in the world, including children with disabilities. It spells out the basic human rights that children everywhere have: the right to survival, to develop to the fullest, to protection from harmful influences, abuse and exploitation, and to participate fully in family, cultural and social life. In this regard, the CRC in its two articles made specific references to children with disabilities: Article-2 outlines the principle of non-discrimination and includes disability as grounds for protection from discrimination; and Article-23 highlights the special efforts States Parties must make to realize these rights (UN, 1989). Morris (1998) identified the following rights with direct reference to disabled children:

- Disabled children have the human right to be included in their local community and to do the kinds of things that non-disabled children do.
- Disabled children have the human right to take part in play and leisure activities and to freely express themselves in cultural and artistic ways. They have the right to equal access to cultural, artistic, recreational and leisure activities.
- Disabled children have the human right to live with their parents unless this is not in their best interests. They have the right to service to make it possible for their families to look after them.
- Disabled children have the human right to express their views and for this to be taken into account. They also have the right to freedom of expression.
- Disabled children who spend time away from home because they need care or treatment have the human right to a review of the placement at regular intervals.

- Disabled children who do not live with their families, temporarily or permanently, have the human right to special protection and assistance which takes account of their ethnic, religious, cultural and linguistic background.
- Disabled children have the human right to be protected from all forms of abuse and neglect.
- Disabled children have the human right to privacy (Morris, 1998).

The Convention on the Rights of the Child (United Nations, 1989) and the Convention on the Rights of Persons with Disabilities (United Nations CRC, 2006) highlight how children with disabilities have the same rights as other children, e.g., to health care, nutrition, education, social inclusion and protection from violence, abuse and neglect. Ensuring access to appropriate support, such as early childhood intervention (ECI) and education, can fulfil the rights of children with disabilities, promoting rich and fulfilling childhoods and preparing them for full and meaningful participation in adulthood (Simeonsson, 2000). In addition, General Comment 7 and General Comment 9 of the CRC specifically highlight that children with disabilities are entitled to active participation in all aspects of family and community life, require equal opportunities in order to fulfil their rights, and should be treated with dignity at all times. Further, they state that children with disabilities "are best cared for and nurtured within their own family environment" (UN CRC General Comment, 2006) and they "should never be institutionalized solely on the grounds of disability" (UN CRC General Comment, 2005). Hence, all initiatives intended to improve the lives of children such as the Millennium Development Goals (UN General Assembly, 2010) apply equally and in full force to children with disabilities.

However, the Constitution of India does not mention any specific provision for disabled persons, but Article 14 and 15 contain non-discriminatory provision before the law that guarantee equality, freedom and equal opportunities for all its citizens including disabled. Similarly, Article 45 of the Constitution directs the State to provide free and compulsory education to all children including disabled children up to the age of 14 years. In order to meet its international commitment, India has enacted a number of policies, schemes, programmes, legislations to promote accessibility (i.e., physical, social, medical, psychological, vocational etc.) for special group children. The major legislations/policies are: Rehabilitation Council of India- 1992, Persons with Disabilities Act- 1995, National Trust Act- 1999, National Policy for Persons with Disabilities- 2006, Integrated Education of Disabled Children- 1974 etc. All these legislations/policies emphasize in the areas of eliminating non-discriminatory practices, access to education, health care, employment etc., so that the special group children cen lead an independent and quality life with dignity. These policies/ legislations endeavour to empower the special group children and promote their freedom, equality and full participation by eliminating all kinds of discrimination.

**Early Childhood Care and Education & Special Group Children:** Early Childhood period is comprised of 3-6 years of age and globally acknowledged as the most important and significant phase for life-long development, because the pace of development in all aspects of life during this period is extremely fast. The stages of development from conception to age five is conceptualized as a period of experience-based brain development and as a critical stage for the programming of neurobiological pathways that can affect health, learning and behaviour during the entire life cycle (Tinajero and Mustard, 2011). In fact, all children including the disabled need support services to achieve their optimal development. In this regard, there is need of parenting, peer interaction and educational opportunities for the development of social skills, language, physical and cognitive power of the special group children.

Notably, before independence there was no such initiation from the side of government for the rehabilitation and early childhood care for special group children. But after independence in 1950, for the first time the government of India realized that disabled persons are equal and rightful participants in socio-economic activities of the nation. In the context of child care, the Govt. of India recognizes the significance of ECCE which has been included as a Constitutional provision through the amendment of Article 45 which directs that "the states shall endeavour to provide early childhood care and education for all children (including disabled) until they complete the age of six years." The ECCE has received attention in the National Policy for Children (1974), consequent to which the ICDS scheme was initiated in 1975 with the objective of laying the foundation for holistic and integrated development of all pre-school children including disabled children. The Ministry of Women and Child Development is entrusted with the responsibility of providing early childhood care and education to all children in the age group of 3-6 years. Under this Ministry, some autonomous institutes like NIPCCD and other central schemes such as ICDS, ICPS etc., have taken the initiatives to facilitate early detection and intervention for the special group children, which are directly or indirectly involved in the process of early childhood care and education and rehabilitation of the special group children. Again, the National Policy on Education, 1986 considers ECCE to be a critical input for human development. The National Nutrition Policy, 1993 has also recommended intervention for child care and nutrition during childhood. Moreover, the National Health Policy, 2002 and the National Plan of Action for Children, 2005 have also been supportive of policy initiatives for ECCE for all children including special needs children. Hence, it is seen that a number of initiatives have been undertaken from the side of governments as well as by the private/voluntary sectors for the rehabilitation and empowerment of the special group children/ disabled children. All these endeavours directly and indirectly emphasize the early childhood care and special education in order to enhance early diagnosis and prevention of disability, rehabilitation, equalization of

opportunities, protection of rights etc., of special group children for effective adjustment in the society. Despite the existence of multiple service provisions, there is no reliable data available about the actual number of children attending ECCE. Of the 158.7 million children below six years (Govt. of India, 2011), about 75.7 (48%) million children are reported to be covered under the ICDS, but data are not available about the special needs children.

**Sarva Sikhsha Abhiyan & Special Group Children:** Sarva Sikhsha Abhiyan is a comprehensive and integrated flagship programme to provide relevant and meaningful education to all children between the age group of 6-14 years. The key objective of SSA is to Universalize Elementary Education with the aim of achieving universal access, enrolment and retention of all children in the age of 6-14 years. Consequently, the 86th Constitutional amendment made the free and compulsory elementary education as 'Fundamental Rights' for all children (6-14 years) and this amendment has given a new thrust to the education of children with special needs (CWSN) as without their inclusion the objective of UEE cannot be achieved. Hence, special group children are the focus group under SSA and education of special needs children is an important component of SSA. It is worthwhile to mention that there are some special provisions for special needs children under SSA. SSA provides upto Rs.3000/- per child (per annum) for the inclusion of disabled children. The interventions provided under SSA for inclusive education are: identification, functional and formal assessment, appropriate educational placement, preparation of individualized educational plan, provision of aids and appliances, teacher training, resource support, removal of architectural barriers, research, monitoring and evaluation, and a special focus on girls with special needs (SSA, 2003).

Moreover, during the 11th Plan, under SSA, focus was given to mainstream children with special needs in regular schools, and to support their participation in the schooling process. At the beginning of the 11th Plan, 26.37 lakh CWSN were identified under SSA, of whom 22.16 lakh were enrolled in schools and an additional 2 lakh were provided support through other interventions like home-based education. Currently, the number of CWSN identified under SSA stands at 30.28 lakh, out of whom 26.46 lakh are enrolled in schools and another 2.41 lakh are provided support through school readiness and home-based education. The current coverage of CWSN under SSA thus stands at 28.87 lakh (MHRD, 2011). The major thrust of SSA is on mainstreaming children with special needs into the fabric of formal elementary education. It also ensures that every child with special needs, irrespective of the kind, category and degree of disability is provided meaningful and quality education. SSA has also adopted a *'zero rejection policy'*, so that no child is left out form the education system.

**Education for All & Special Group Children:** Education for All (EFA) is an international initiative first launched in Jomtien, Thailand in 1990 and again in Dakar

in 2000 to bring the benefits of education to "every citizen in every society." The main aim of EFA is to provide quality basic education to all children, youth and adult around the world. But unfortunately both the Jomtien and Dakar declaration failed to mention explicitly the right of special group children to education. There are six key educational goals of EFA and eight goals of Millenium Development Goals (MDGs) which aims at meeting the learning needs of all children including disabled children by 2015. One of the goals of EFA is to expand and improve comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children. According to the EFA Global Monitoring Report 2010: reaching the marginalized, children with disabilities remain one of the main groups being widely excluded from quality education. Achieving the Education for All (EFA) targets and Millennium Development Goals will be impossible without improving access to and quality of education for children with disabilities.

There upon, the failure to mention special group children in the EFA declaration led to Salamanca Statement of 1994, which had an exclusive focus on children with special needs in the context of EFA. The Salamanca declaration states that "educational policies at all levels, from the national to local, should stipulate that a child with disability attend the neighbourhood school that is the school would be attended if the child did not have a disability" (UNESCO Salamanca statement, 1994). Again, this declaration also commits that children with disabilities and special needs must have access to regular schools which should accommodate them within child-centered pedagogy capable of meeting their needs. The drive to achieve Education for All by 2015 has led to a focus on the barriers to participation in basic education for marginalized group (UNESCO, 2010). In the context, Salamanca Statement and Framework for Action (1994) significantly remarked: "Regular schools with inclusive orientation are the most effective means of combating discrimination, creating welcoming communities, building an inclusive society and achieving education for all" (UNESCO, 1994).

### 1.2.5 What are the Important Forums/ Agencies working for Rehabilitation of Special Group Children at Pre-School Level?

There are number of forums and agencies under the different Ministries of our country that are working for the rehabilitation of special group children in the different areas like medical/health, education, economic, socio-cultural, vocational etc., with the aim of facilitating quality life and holistic empowerment. The major forums/ agencies that are involved in the rehabilitation of the special group children are discussed under the following headings-

**Integrated Child Development Service (ICDS) Scheme:** Integrated Child Development Service (ICDS) scheme is the most comprehensive and multi-dimensional programme launched on 2nd October, 1975. It is a centrally sponsored scheme under the Ministry of Women and Child Development (MWCD) and also the

world's largest outreach programme for Early Childhood Care and Development (ECCD), encompassing integrated services for holistic development of all children (including disabled) below 6 years of age, pregnant women and lactating mothers, and adolescent girls. The major aims of this scheme are: to provide immunization, nutrition, healthcare and educational services throughout early childhood period so that proper physical, mental, social and cultural development is ensured. Disability is one of the important components of ICDS programme aiming at proper screening, detection and identification of special group children at early childhood period by the Anganwadi workers at village level. This scheme also provides adequate rehabilitation services like medical treatment in the primary health center or community health centers and psychological treatment at Child Guidance Center (CGC) under NIPCCD by psychiatrist and psychologist etc. For proper early identification, prevention and rehabilitation of childhood disabilities, the ICDS functionaries are given training packages by organizing workshops/seminars/training programmes by the NIPCCD (NIPCCD, Annual Report, 2008-09).

**National Institute of Public Cooperation and Child Development (NIPCCD):** The National Institute of Public Cooperation and Child Development, popularly known as NIPCCD is an autonomous organization established in 1966 with its headquarter at New Delhi. It also has four regional centers, viz., Guwahati (1978), Bangalore (1980), Lucknow (1982) and Indore (2001) under the MWCD. It is a premier institute working with the aim of achieving holistic development of all children including special group children through the services of education, health checkup/ medical treatment, nutrition etc. Especially, the NIPCCD has taken measures by setting up Child Guidance Centers (CGC) to provide diagnostic, therapeutic and referral services to children (up to 13 years of age) with developmental delays, learning and behavioural problems. A multidisciplinary team comprising of counselor, psychiatrist, child development worker, clinical psychologist and speech therapist are involved to provide different types of rehabilitation services to the different categories of special group children. In the year (2008-09), 170 new cases were registered with various developmental, behavioural and learning problems, and the majority of children were reported with learning disabilities, i.e., dyslexia (42%), followed by mental retardation (30%), autism (12%), ADHD (8%) and a small percent of children with developmental delays and epilepsy (8%) (NIPCCD, Annual Report, 2008-09).

The special group children are provided help through extensive psycho-diagnostic assessment, parental counseling and reworking of school environment. The center is recognized for its diagnostic services for children with learning disabilities, autism and hearing impairment. Besides diagnostic services, the center also provides several therapeutic interventions, such as speech therapy, language stimulation, individualized educational plan, play therapy, home-based interventions etc. (NIPCCD, Annual Report, 2008-09).

The Child Guidance Centres (CGC) of NIPCCD are well equipped with all modern amenities and manned by qualified psychologist, special educator, social worker, speech therapist and psycho-therapist. The Child Guidance Centre (CGC) is serving children with behavioural problems, learning disabilities, speech problems, physical problems, down-syndrome, autism, mental retardation etc. A good number of such children are regularly being rehabilitated by the psychologist, psychiatrist, special educators, ICDS functionaries and other physicians (NIPCCD, Annual Report, 2008-2009).

**Rehabilitation Council of India (RCI):** Rehabilitation of people with disability/special group children began in this country as in the rest of the world by trying to impart education to children with disabilities in special residential schools. This process commenced in India in the last two decades of the 19th century. It continued for some time when some international agencies tried to launch programmes of integrating disabled children in regular schools. Over the years, children with disabilities were taught by local people but the training never conformed to reasonably good standards (Singh, 2004). Looking into the unsatisfactory outcomes from the special schools, the Goverentment of India thought to raise the standard of special education by providing adequate training to the rehabilitation professionals from grassroots level. As a result, the Rehabilitation Council of India (RCI) Act was enacted in 1992 for standardizing and monitoring training courses for rehabilitation professionals, granting recognition to institutions running courses etc. And again the RCI Act was amended in 2000 to make it more broad-based covering important components such as regulating, training, policies and programmes, promotion of research in rehabilitation and special education, and maintenance of uniformity in the definition of various disabilities. In fact, the RCI is claimed to be the first of its kind in the world covering different categories of professionals serving at all levels from the grassroots to the top. As many as 16 categories of professionals are covered under rehabilitation training courses, such as audiologists and speech therapists, clinical psychologists, hearing and ear mould technicians, rehabilitation engineers and technicians, special teachers for educating and training the handicapped, vocational counselors, multi-purpose rehabilitation therapists and technicians etc. The key purpose of RCI is to take care of manpower development with regard to different categories of professionals for comprehensive rehabilitation of persons with disabilities to meet the multiple needs of the entire life-cycle i.e., physical-medical rehabilitation, educational rehabilitation, vocational rehabilitation and social rehabilitation (Padmanabhan, 2003). In addition, the RCI and the National Council for Teacher Education (NCTE) signed an agreement to make inclusive education a reality by developing appropriate education programmes that enable a teacher to train both disabled and non-disabled children in a general school environment. The key goal of this initiative is to strengthen the education

system by creating appropriate platform for the inclusion of special group children in general schools with the ultimate aim of creating one school system for all children.

**Ministry of Human Resource Development (MHRD):** The MHRD is one of the most important nodal bodies of the Government of India that has been playing a vital role in the education and rehabilitation of special needs children. This ministry has enacted a number of policies and schemes from time-to-time for the welfare of the special group children and their inclusion into the mainstream society. However, efforts to educate children with special needs began soon after independence when the then Ministry of Education established a special unit to deal with education of special children in 1947. Further, under the MHRD, the Education Commission (1964-66) and National Policy on Education (1968 & 1986) recommended integrated education; and Programme of Action (1992) suggested a pragmatic placement principle for children with special needs. Moreover, various welfare schemes such as IEDC, PIED, DPEP, SSA etc., have been launched for the education, care and rehabilitation of special group children. The Ministry also allocates adequate budgets and provides financial assistance in order to implement such policies and schemes in the decentralized mechanisms.

**Ministry of Social Justice and Empowerment (MSJE):** The Ministry of Social Justice and Empowerment is particularly concerned with disability affairs that facilitates various rehabilitation services to persons with disabilities by extending financial, technical and administrative support to public institutions and voluntary organizations, so that they can enlarge the scope of vocational and professional opportunities. Under this Ministry four important legislations/apex bodies are enacted such as Rehabilitation Council of India, which emphasizes that special group children to be taught by trained teachers; Persons with Disabilities Act, which gives emphasis on educating children with special needs in an appropriate environment; National Trust Act, which gives emphasis on providing support services to severely disabled children; and the National Policy for Persons with Disabilities, which provides physical, educational and economic rehabilitation for equal opportunities, protection of rights and full participation in the society. Moreover, there are also six national institutes under the MSJE, which pay attention to building up technical manpower through degree and diploma courses in order to cater the diversified needs of special group children. In fact, total 1,323 numbers of NGOs have been assisted under the 'Promotion of Voluntary Action for Persons with Disabilities' scheme to benefit 4,67,000 persons. However, Ministry of Social Justice and Empowerment has the sole responsibility for empowering the disabled, though there are several other Ministries and government departments that are engaged with addressing the problem of disability in India and many have earmarked funds to develop activities concerning disabled people (Thomas, 2005).

**Ministry of Women and Child Development (MWCD):** The Department of Women and Child Development (DWCD) was set up in the year 1985 as a part of MHRD that aims at holistic development of women and children. Considering the importance of the social sector and to accelerate the development process, the DWCD was elevated to the status of nodal Ministry w.e.f. 30th January, 2006 and renamed as Ministry of Women and Child Development. The Ministry has the authority to make plans, policies, programmes; enacts/amends legislations with regard to the target groups especially women and children including disabled. There are six autonomous organizations under this Ministry such as NIPCCD, National Commission for Women, National Commission for Protection of Child Rights etc., which plays a significant role in the process of identification, intervention and education of the special group children at early stage. Moreover, some programmes/ schemes launched under this Ministry, viz., ICDS, ICPS etc., have been providing services like immunization, nutrition, health check-up, referral, early identification of disability, pre-school non-formal education, health education; and organize awareness programmes to raise public consciousness about child's rights and protection services.

It is seen that the Ministries such as MHRD, MSJE, MWCD, Ministry of Health etc., are playing a vital role by enacting and implementing various plans/ policies/ legislations/ programmes/ schemes for the rehabilitation and empowerment of all children in general, and the special group children in particular.

## 1.3.0 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 58$^{th}$ 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.

**Table: 1.4**

**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 to19.97 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.

**Table: 1.5**

**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 centres, 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:

## 1.4.0 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."***

## 1.5.0 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.

## 1.6.0 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

## 1.7.0 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)

✻✻✻✻✻✻★✻✻✻✻✻✻