CHAPTER – V

MAJOR FINDINGS AND CONCLUSIONS

5.1.0 Introduction

This chapter is exclusively concerned with the conclusive aspects of the entire study. The conclusive aspects of the study are the thematic outcome of the content materials of the previous chapters. The final or concluding aspects of the study have been described and presented in this chapter in a very specific as well as brief manner. While preparing this chapter, due care has been taken to include all the significant aspects of the major findings and conclusions, without which the practicability of the study would have been missing. The basic aspects/ content materials of this chapter are discussed under the following broad headings:

1) Major findings of the study
2) Conclusions of the study
3) Juxtaposition of the findings
4) Educational implications of the study
5) Suggestions for further research

5.2.0 Major Findings of the Study

In the last chapter, the collected data of the present piece of research work are analyzed and interpreted on the basis of the objectives of the study. The following major findings are derived from the analysis and interpretation of data.

5.2.1 Identification of the Different Categories of Special Group Children Who Need to be Cared at Pre-school Level

Special group children are those children who are abnormal or beyond normal (either below normal or above normal) or have sub-average psycho-physiological development that requires special care, attention as well as treatment to cope up with the changing society. The term 'special group children' refers to those children who are diagnosed and identified as mentally retarded, hard-of-hearing, deaf, speech impaired, visually impaired, emotionally disturbed/disordered, orthopedically handicapped, deaf-blind, multiple handicapped etc. This group of children needs special care, rehabilitation, education and other related services. The different categories of special group children who need to be cared and rehabilitated at pre-school level are discussed below:

A) Physically Challenged Children: Developmental problems that interfere in normal living like walking, sitting, lifting or other body movement/coordination etc., are considered as physical impairment. Physically challenged children are those who have some kind of deformity or defect of body structure such as problem of joints/bones, muscles etc., that adversely affect their normal body functions. The

common physically challenged children are: orthopedically handicapped and cerebral palsy. A brief description regarding orthopedically handicapped and cerebral palsy is given below:

a) *Orthopedically Handicapped/ Locomotor Disability*: Orthopedically handicapped or locomotor disability is a condition of physical impairment characterized by deformities of fingers, legs, bones, joints or muscles leading to substantial restriction of the movement and motor coordination.

b) *Cerebral Palsy*: Cerebral palsy is one of the most prevalent physical impairments found in children. It is a motor impairment caused by brain damage or abnormal brain growth that leads to a variety of disorders of movement and posture.

B) Sensory Impaired Children: Sense organs are the gateway of acquisition of knowledge and learning. We learn/experience and receive information almost everything about ourselves and the world through a complex sensory system, and every aspect of development such as cognitive, motor, emotional, social etc., largely depends on this system of good functioning. Sensory impaired children are those who have defect or impairment in sense organs (i.e., eye, ear, tounge or speech, hearing etc.) that adversely affect their day-to-day activities. There are many categories of sensory impairment and among them the most serious and prevalent are hearing and vision losses. Here is given a brief note about the different categories of sensory impairment:

a) **Visually Impaired Children:** Visual impairment is a serious sensory impairment that significantly affects the life of children in physical, mental, vocational, play and educational aspects. Visually impaired children are those who have significant impairment of vision acuity or inability to see within normal limits that has adverse effect in every walk of their life.

b) **Hearing Impaired Children:** Hearing impairment is another serious sensory disability that adversely affects the development in the aspects of language skills, cognitive power, emotional traits and social skills of the children. Hearing impaired children refers to the children who have loss or reduction of hearing ability of 60 decibel (dB) or more in the better ear in the conversional range of frequencies. In other words, children with hearing impairment include those who experience a significant loss in hearing, even if they use hearing aids.

C) Speech Impaired Children: Speech impaired children refers to those children who have communication disorders such as deviant articulation, fluency, language, voice, and/or comprehension (verbal/oral) etc., which impedes the acquisition of basic cognitive and affective skills that has adverse effect on a child's educational performance. Speech impairment is a condition wherein the child/person is incapable

of properly pronouncing and speaking of any word. In fact, speech impairment can be classified into four major categories such as- language impairment, articulation impairment, voice impairment and fluency impairment. Here is given a brief account of the different categories of speech impairments:

a) *Language Impairment*: Language impairments are disorders of language that interfere with communication; adversely affect performance and/or functioning in the student's typical learning environment. Language impairment is defined as a disorder in one or more of the basic learning processes involved in understanding or in using spoken or written language.

b) *Articulation Impairment*: Articulation impairment is a deficiency in ability to produce sounds in conversational speech. It is the typical production of speech sounds that may interfere with the intelligibility.

c) *Voice Impairment*: Voice impairment is an excessive and/or significant deficiency characterized by the abnormal production of vocal quality, pitch, intensity, loudness, resonance, and/or duration resulting from pathological conditions or inappropriate use of the vocal mechanism.

d) *Fluency Impairment*: Fluency impairment is an abnormal interruption in the flow of speech and rhythm characterized by repetitions or prolongation of sounds, syllables, words, phrases and sentences that interfere with effective communication.

D) Mentally Challenged Children: Mentally challenged children refers to the children having cognitive limitations or lower mental ability/capacity characterized by sub-average intellectual function combined with limitations relating to adaptive behaviours/skills such as self-care, social skills, communication and functional academics. It is a condition whereby a child's intelligence and adaptability are significantly below the average level of his/her peers. The terminology 'mentally challenged' is also known by many other related terms like 'feeble-minded', 'moron', 'imbecile', 'mentally deficient', 'mentally retarded', 'mentally sub-normal', 'mentally sub-average' etc., all these terms by and large convey the same meaning and idea. On the basis of degree of educational ability and dependency, sociologists have classified the mentally challenged children into three broad categories viz., educable mentally retarded, trainable mentally retarded and custodial mentally retarded. A brief note on the above mentioned categories (on the basis of educational ability and dependency) is given below:

a) *Educable Mentally Retarded (EMR)*: Children with mild mental retardation are considered as educable mentally retarded because their intellectual ability remain below the average level (IQ: 50-75) of normal children.

b) *Trainable Mentally Retarded (TMR)*: The trainable mentally retarded children are those who are unable to learn the basic academic skills of reading,

writing, arithmetic etc, but they can be trained the basic self-help skills such as brushing, bathing, dressing/clothing, eating, toileting etc., for daily living and survival.

c) *Custodial Mentally Retarded (CMR)*: Children with severe and profound mental retardation come under the category of custodial mentally retarded children because their intellectual level is extremely low i.e., less than 20 IQ.

E) Children with Learning Disabilities: Learning disabilities means disorder and/or delayed development in the psycho-cognitive dimension that affects in the process of acquisition of speech, language, reading, writing, arithmetic etc. Children with learning disabilities are those who have difficulty in learning and performing certain skills/tasks such as reading, writing, listening, speaking, reasoning, directing attention, doing mathematical calculations and coordinating movements. There are many categories of learning disabilities, but the common types of learning disabilities are: dyslexia, dyscalculia, dysgraphia, dyspraxia, and attention deficit hyperactivity disorder. A brief account of these learning disabilities is given below:

a) *Dyslexia*: Dyslexia is a language-based disability in which a person has trouble in understanding words, sentences or paragraphs.

b) *Dyscalculia*: Dyscalculia is another learning disability which is concerned with specific computational deficits like problem in addition, subtraction, multiplication etc.

c) *Dyspraxia*: Dyspraxia is a developmental disorder of the brain in childhood, causing difficulty in activities requiring coordination and movement related to motor skill development.

d) *Dysgraphia*: Dysgraphia is a writing disability in which a child faces difficulty in forming letters or writes within a defined space.

e) *Attention Deficit Hyperactivity Disorder (ADHD)*: It is another most serious learning disability that is concerned with hyperactivity, distractibility and impulsivity characterized by short attention span accompanied by excessive activity.

F) Behavioural Disordered Children: The term ‘behavioural disorder’ connotes a disability characterized by behavioural responses that are significantly different in terms of age, ethnic, cultural or community norms. Behavioural disordered children are those who exhibit extremely difficult and challenging behaviuors that are outside the norm for their age which adversely affect educational performances of children including social, vocational and personal skills.

G) Autism Spectrum Disordered Children: Autism spectrum disorder refers to a group of childhood disabilities usually evident by the age of 3 years. It includes

autistic disorder (autism), asperger's syndrome and childhood disintegrative disorder. Autism spectrum disordered children are those who have a lifelong developmental disability and nuerological problems characterized by difficulties in social interaction, communication, restricted and repetitive interests/behaviours, and sensory sensitivities. Autism spectrum disorders range from a mild form (called asperger's syndrome) to severe form (called autism). The autism spectrum disorders are classified into two broad categories i.e., autism and asperger's syndrome. A brief description of these two types of ASD is given below:

a) *Autism*: Autism is the most severe form of ASD that appears during the beginning of early childhood period. It is a complex neuro-behavioural disorder that includes impairments in social interaction and development of language and communication skills combined with rigid and repetitive behaviours. It is a condition of uneven skill development primarily affecting the communication and social abilities of a child, marked by repetitive and ritualistic behaviours.

b) *Asperger's Syndrome*: This is a developmental disorder of autism spectrum disorder characterized by lack of social skills, difficulty in social relationships, poor concentration and restricted interests, but with normal intelligence and adequate language skills.

H) Children with Multiple Disabilities: Multiple disabilities refer to a combination of two or more impairments or children having more than one disability. Children with multiple disabilities have a combination of various disabilities or concomitant impairments such as cerebral palsy, severe autism, speech-learning, physical-mobility, mental retardation-blindness, visual-hearing, brain injury etc.

5.2.2 Study of the Rehabilitation Mechanisms for Special Group Children under ICDS Projects

Number of Special Group Children in Anganwadi Centres and their Category of Deficiency: The present study was conducted in 36 ICDS projects of Assam, out of which 12 ICDS projects were from Upper Assam, 12 ICDS projects were from Lower Assam, and the rest 12 ICDS projects were from South Assam. Further, 36 AWCs under 36 ICDS projects were taken which have special group children. In the 36 Anganwadi Centres, total 1581 pre-school children were found. Out of total 1581 pre-school children, 75 children were found as special group children. Out of total 75 special group children, maximum number of children was found in the category of orthopedically handicapped i.e., 23 and this is followed by 11 speech impaired children, 11 visual impaired children, 8 mentally retarded children, 7 hearing impaired children, 7 multiple handicapped children, 3 children with mental illness, 2 children with cerebral palsy and 3 learning disabled children.

Personnel Involved to Take Care of the Heath Problems of Special Group Children in case of their Emergency: The personnel like health officers, doctors, health supervisors, Anganwadi workers, ANM, ASHA, Anganwadi helpers, community/local people, NGO workers and other health service providers are generally involved to take care of the health problems of special group children in case of their emergency.

Special Health Related Facilities available in Anganwadi Centres for Special Group Children:

- The Mother and Child Protection (MCP) card, screening checklist, behavioural checklist, case study technique, observation method etc., are used for screening and identification of special group children in AWCs.
- Regular health check-up facility is available in the AWCs for special group children. For health check-up and treatment of special group children in AWCs, the health officers/health supervisors, ASHA, ANM, MPWs, AWWs and AWHs are generally involved.
- Proper immunization and nutrition facilities are available in the AWCs for all children including special group children which are provided by the health workers and Anganwadi workers.
- Regular parent-doctor consultation programme is held in the AWCs where doctors/ health visitors/ health supervisors and parents make open discussion regarding the health related issues of their (parents) special group children, and accordingly necessary suggestions are given to the parents for taking care of their special group children.

Special Teachers/Workers Appointed to take Care/Teach the Special Group Children: Special teachers/ workers are not appointed/ engaged in the AWCs to take care/ teach the special group children. It is demanded/ appealed by the respondents that the government or concerned authority should appoint the special teachers/ workers in the AWCs to take care/teach the special group children in order to cater their multiple demands.

Special Qualification (or Certificate) of Teachers/ Workers of Anganwadi Centres to deal with Special Group Children: The Anganwadi workers/ teachers do not possess/ have any special qualification (or certificate) to deal with the special group children. It is demanded by the respondents that the government/ stakeholders should arrange/ organize training programmes and orientation courses in the area of special education/ issues of disability to sensitize the AWWs in order to deal with special group children efficiently.

Door-to-Door Campaign to Identify the Special Group Children and bring them to Anganwadi Centres: All the Anganwadi workers make door-to-

door campaign/pay home visit to identify/detect the special group children in their respective population areas and also bring them to Anganwadi centres to take care, and provide rehabilitation services for their holistic development.

Type of Subjects/ Content Materials that Special Group Children Generally Learn/Study in Anganwadi Centres: There is no provision of separate subjects/content materials to teach/educate the special group children in AWCs. The same subjects/ content materials such as alphabets (English, Assamese and Bengali), basic numericals, poems, painting, drawing, concept of different colours, name of things (animals, flowers, fruits, vegetables etc.), different types of picture charts (animals, flowers, vegetables, fruits, historical monuments, human body parts etc), picture books, counting balls, colour pencils, puzzles, models, block designs etc., are taught and used for the education and rehabilitation of all children including the special group children in the AWCs.

Learning Technique/ Strategy used for Special Group Children in Anganwadi Centres: In most of the Anganwadi centres (AWCs) common learning techniques/strategies like play way approach, child-centered approach, learning by doing method, storytelling, dictation technique, learning through singing etc., are used for all children including special group children. But in some AWCs along with common learning techniques/strategies, some special or separate learning techniques/ strategies like individualized instruction technique, joyful learning technique, sign/ body language, gestures etc., are used for special group children.

Learning Style of Special Group Children in Schools/Anganwadi Centres: There is no provision of separate seating arrangement for special group children in AWCs. All the children including special group children sit together on the floor in a row and also in square/round shapes. It is demanded by the respondents that the government should facilitate separate room, resource room, disabled-friendly infrastructures (desk-bench, chair-table, learning aids and appliances) etc., for dealing with special group children effectively.

Special Promotional Facilities Available for Special Group Children in Anganwadi Centres: The special promotional facilities like scholarships/ learning aid facility, recreational centres, financial assistance to the parents of special group children etc., are not available in the AWCs for better rehabilitation of special group children. However, the facility of counseling for the parents of special group children is available in the AWCs. It is demanded by the respondents that for better education and rehabilitation of special group children, special promotional facilities such as financial support/ assistance, scholarship, special learning aids/ materials, disabled-friendly infrastructures etc., should be made available in the AWCs for their holistic development.

Facilities Available in Anganwadi Centres for Fulfilling the Multiple Demands of Specific Categories of Special Group Children: For meeting the multiple demands of different categories of special group children at pre-school level through ICDS projects, adequate number of facilities (human resources as well as materialistic resources) are very essential. The details of the facilities available in AWCs for fulfilling the multiple demands of specific categories of special group children are given below:

Mentally Retarded Children: For fulfilling the multiple demands of mentally retarded children, there is not any specific facility available in the AWCs. The respondents demanded that different types of special facilities like special educators/special workers (experts in mental retardation), various psycho-mental therapies, recreational centres, hospital-cum-residential schools, special financial package for modern treatment, scholarship, play equipments etc., should be made available in the AWCs for better education and rehabilitation of mentally retarded children in AWCs.

Visually Impaired Children: For catering the multiple needs and demands of visually impaired children, there is not any special facility available in the AWCs. The respondents demanded that different types of special facilities like visual aids/devices (eye glasses, lenses etc.), special learning materials/equipments (Braille book, Braille chart, Braille shorthand machine, talking calculator etc.), scholarship, special financial assistance for treatment etc., should be made available in AWCs for fulfilling the multiple demands of visually impaired children in AWCs.

Orthopedically Handicapped Children: For meeting the multiple demands of locomotor disabled/orthopedically handicapped children, there is not any special facility available in the AWCs. The respondents demanded that different types of special facilities like tricycles, wheelchairs, walking sticks, artificial limbs/ fingers, walking frames, advanced/ modern treatment facilities, physiotherapy, play equipments, scholarship etc., should be made available in the AWCs for rehabilitation and empowerment of the locomotor disabled/ orthopedically handicapped children in AWCs.

Hearing Impaired Children: For the fulfillment of multiple demands of hearing impaired children, there is not any special facility in the AWCs. The respondents demanded that different types of special facilities like hearing aids, special curriculum/subjects, learning materials, medical treatment facility, financial support, different types of therapy/ training, engagement of special teachers/ workers, audiologists etc., should be made available in the AWCs for better education and rehabilitation of hearing impaired children in AWCs.

Speech Impaired Children: For catering the multiple demands of speech impaired children, no any specific facility is available in the AWCs. It is demanded by the respondents that the government as well as concerned body/authority should

collaborate and take steps to provide every kind of special facility like special educators, audiologists, modern scientific medical treatment, different types of speech therapies, phonological training, scholarship etc., for better education, training and rehabilitation of speech impaired children in AWCs.

Learning Disabled Children: There is no any special provision/facility for learning disabled children in AWCs for catering their multiple demands. The respondents demanded that different types of special facilities like scholarship, psychological treatment, emotional attachment by peers and teachers, individualized instruction and attention etc., should be facilitated in the AWCs for catering the multiple demands of learning disabled children in AWCs.

Multiple Disabled Children: There is not any special facility in the AWCs for fulfilling the multiple demands of the multiple disabled children. The respondents demanded that different types of special facilities like special aids and appliances, special learning materials, resource room, resource teachers, disabled-friendly infrastructures, financial assistance, appropriate treatment etc., should be made available in AWCs for better care, education and rehabilitation of multiple disabled children in AWCs.

5.2.3 Comparison of the Attitude of ICDS Functionaries (CDPOs, Supervisors and AWWs) and Parents towards Rehabilitation of Special Group Children at Pre-school Level through ICDS Projects

A) Comparison of the Distribution of the Attitude Scores of ICDS Functionaries (CDPOs, Supervisors and AWWs) and Parents towards Rehabilitation of Special Group Children at Pre-school Level through ICDS Projects

- Out of total 36 CDPOs, all the 36 (100%) CDPOs have shown high attitude towards rehabilitation of special group children at pre-school level through ICDS projects, while none of the CDPOs has expressed low attitude or middle attitude towards the rehabilitation of special group children at pre-school level through ICDS projects.
- Out of total 108 Supervisors, all the 108 (100%) Supervisors have expressed high attitude towards rehabilitation of special group children at pre-school level through ICDS projects. However, none of the Supervisors has shown low attitude or middle attitude towards rehabilitation of special group children at pre-school level through ICDS projects.
- Out of total 108 AWWs, all the 108 (100%) AWWs have shown high attitude towards rehabilitation of special group children at pre-school level through ICDS projects. But, none of the AWWs has expressed low attitude or middle

attitude towards rehabilitation of special group children at pre-school level through ICDS projects.

- Out of total 216 parents, all the 216 (100%) parents have expressed high attitude towards rehabilitation of special group children at pre-school level through ICDS projects. However, none of the parents has shown low attitude or middle attitude towards rehabilitation of special group children at pre-school level through ICDS projects.
- Out of total 468 respondents (252 ICDS functionaries i.e., CDPOs, Supervisors and AWWs; and 216 parents), all the 468 (100%) respondents have high attitude towards rehabilitation of special group children at pre-school level through ICDS projects, and none of the ICDS functionaries (0%) and parents (0%) has low attitude or middle attitude towards rehabilitation of special group children at pre-school level through ICDS projects.

B) Comparison of the Attitude of ICDS Functionaries (CDPOs, Supervisors and AWWs) and Parents towards Rehabilitation of Special Group Children at Pre-school Level through ICDS Projects

- There exists significant difference between the attitude of CDPOs towards rehabilitation of special group children at pre-school level through ICDS projects and the attitude of Supervisors towards rehabilitation of special group children at pre-school level through ICDS projects. The attitude of CDPOs towards rehabilitation of special group children at pre-school level through ICDS projects is better in comparison to the attitude of Supervisors towards rehabilitation of special group children at pre-school level through ICDS projects.
- There exists no significant difference between the attitude of CDPOs towards rehabilitation of special group children at pre-school level through ICDS projects and the attitude of AWWs towards rehabilitation of special group children at pre-school level through ICDS projects.
- There exists no significant difference between the attitude of CDPOs towards rehabilitation of special group children at pre-school level through ICDS projects and the attitude of Parents towards rehabilitation of special group children at pre-school level through ICDS projects.
- There exists no significant difference between the attitude of Supervisors towards rehabilitation of special group children at pre-school level through ICDS projects and the attitude of AWWs towards rehabilitation of special group children at pre-school level through ICDS projects.
- There exists significant difference between the attitude of Supervisors towards rehabilitation of special group children at pre-school level through

ICDS projects and the attitude of Parents towards rehabilitation of special group children at pre-school level through ICDS projects. The attitude of Parents towards rehabilitation of special group children at pre-school level through ICDS projects is better in comparison to the attitude of Supervisors towards rehabilitation of special group children at pre-school level through ICDS projects.

- There exists no significant difference between the attitude of AWWs towards rehabilitation of special group children at pre-school level through ICDS projects and the attitude of Parents towards rehabilitation of special group children at pre-school level through ICDS projects.

C) Comparison of the Attitude of ICDS Functionaries (CDPOs, Supervisors and AWWs) and Parents towards Rehabilitation of Special Group Children at Pre-school Level through ICDS Projects in Relation to their Respective Background Variables

a) Comparison of the Attitude of the CDPOs towards Rehabilitation of Special Group Children at Pre-school Level through ICDS Projects in Relation to their Background Variables (Gender, Age, Qualification and Experience)

- There exists no significant difference between the attitude of male CDPOs towards rehabilitation of special group children at pre-school level through ICDS projects and the attitude of female CDPOs towards rehabilitation of special group children at pre-school level through ICDS projects.
- There exists no significant difference between the attitude of high aged CDPOs towards rehabilitation of special group children at pre-school level through ICDS projects and the attitude of less aged CDPOs towards rehabilitation of special group children at pre-school level through ICDS projects.
- There exists no significant difference between the attitude of more qualified CDPOs towards rehabilitation of special group children at pre-school level through ICDS projects and the attitude of less qualified CDPOs towards rehabilitation of special group children at pre-school level through ICDS projects.
- There exists no significant difference between the attitude of more experienced CDPOs towards rehabilitation of special group children at pre-school level through ICDS projects and the attitude of less experienced CDPOs towards rehabilitation of special group children at pre-school level through ICDS projects.

b) Comparison of the Attitude of the Supervisors towards Rehabilitation of Special Group Children at Pre-school Level through ICDS Projects in Relation to their Background Variables (Age, Qualification and Experience

- There exists no significant difference between the attitude of high aged Supervisors towards rehabilitation of special group children at pre-school level through ICDS projects and the attitude of less aged Supervisors towards rehabilitation of special group children at pre-school level through ICDS projects.
- There exists no significant difference between the attitude of more qualified Supervisors towards rehabilitation of special group children at pre-school level through ICDS projects and the attitude of less qualified Supervisors towards rehabilitation of special group children at pre-school level through ICDS projects.
- There exists significant difference between the attitude of high experienced Supervisors towards rehabilitation of special group children at pre-school level through ICDS projects and the attitude of less experienced Supervisors towards rehabilitation of special group children at pre-school level through ICDS projects. The attitude of high experienced Supervisors towards rehabilitation of special group children at pre-school level through ICDS projects is better in comparison to the attitude of less experienced Supervisors towards rehabilitation of special group children at pre-school level through ICDS projects.

c) Comparison of the Attitude of the AWWs towards Rehabilitation of Special Group Children at Pre-school Level through ICDS Projects in Relation to their Background Variables (Age, Qualification and Experience)

- There exists no significant difference between the attitude of high aged AWWs towards rehabilitation of special group children at pre-school level through ICDS projects and the attitude of less aged AWWs towards rehabilitation of special group children at pre-school level through ICDS projects.
- There exists no significant difference between the attitude of more qualified AWWs towards rehabilitation of special group children at pre-school level through ICDS projects and the attitude of less qualified AWWs towards rehabilitation of special group children at pre-school level through ICDS projects.
- There exists no significant difference between the attitude of more experienced AWWs towards rehabilitation of special group children at pre-

school level through ICDS projects and the attitude of less experienced AWWs towards rehabilitation of special group children at pre-school level through ICDS projects.

d) Comparison of the Attitude of the Parents towards Rehabilitation of Special Group Children at Pre-school Level through ICDS Projects in Relation to their Background Variables (Gender, Age, Qualification and Socio-Economic Status)

- There exists no significant difference between the attitude of male parents towards rehabilitation of special group children at pre-school level through ICDS projects and the attitude of female parents towards rehabilitation of special group children at pre-school level through ICDS projects.
- There exists no significant difference between the attitude of high aged parents towards rehabilitation of special group children at pre-school level through ICDS projects and the attitude of less aged parents towards rehabilitation of special group children at pre-school level through ICDS projects.
- There exists no significant difference between the attitude of more qualified parents towards rehabilitation of special group children at pre-school level through ICDS projects and the attitude of less qualified parents towards rehabilitation of special group children at pre-school level through ICDS projects.
- There exists no significant difference between the attitude of APL parents towards rehabilitation of special group children at pre-school level through ICDS projects and the attitude of BPL parents towards rehabilitation of special group children at pre-school level through ICDS projects.

5.2.4 Study of the Role and Functions of NIPCCD in the Context of Rehabilitation of Special Group Children

The National Institute of Public Co-operation and Child Development (NIPCCD) is an autonomous organization under Government of India. NIPCCD was established in 1966 under Societies Registration Act of 1860. It has its head office at New Delhi and four regional offices/centres at Guwahati (1978), Bangalore (1980), Lucknow (1982) and Indore (2001). The role and functions of NIPCCD in the context of rehabilitation of special group children are given under the following broad heads:

A) Health/Medical Rehabilitation

For the health/medical rehabilitation of the special group children, the NIPCCD provides various types of rehabilitation services which include scientific medical instrument for identification and screening of special group children, first-aid facility, regular health check-up, doctor-parent consultation etc. The NIPCCD has a

Child Guidance Center (CGC) comprising a team of competent rehabilitation professionals and specialists (i.e., pediatrician, psycho-therapist, physiotherapist, social worker, speech therapist, etc.) where they use some psychological tests such as MISIC, BKT, CARS, Draw a Person Test, NIMHANS Index, Pass a Long Test, DAPTs, SFB, DST etc., for assessing IQ, personality, attention and academic problems of the children with special needs. It is also found that the NIPCCD has the provision of first-aid facility for the emergency health and medical rehabilitation of the children with special needs. The basic first-aid items such as medicines for fever, pain, infections etc., and also bandage, dettol, savlon, band-aid, cotton etc., are available for first-aid services of the special group children. The NIPCCD organizes parent-doctor consultation programmes for knowing and understanding the psycho-physiological conditions of the children with special needs. The NIPCCD has the provision of physical and psychological therapy facility for the psycho-physical rehabilitation of the special group children. The Child Guidance Center (CGC) of NIPCCD has a team of therapists comprising of clinical psychologist, physio-occupational therapist, speech therapist etc., who provide therapeutical rehabilitation services in the different areas like mental, physical/locomotor, audio and speech etc., of the special group children. The NIPCCD has the provision of scientific health-based counseling for the better rehabilitation and empowerment of the special group children. Physical/health issues like epilepsy, thyroid, hyperactivity etc., and health intervention are addressed by medical doctors and accordingly appropriate health-based counseling are provided to parents/guardians for the sound health related rehabilitation and intervention of their special needs children. It is seen that the NIPCCD does not have any provision of proper immunization, nutrition and diet facility for special group children.

B) Educational Rehabilitation

For educational rehabilitation of special group children, it is seen that the NIPCCD appoints/engages special teachers/special educators, social workers and clinical psychologists having knowledge and experience of special education to deal with the different categories of special group children effectively. It is also found that the NIPCCD does not directly provide any integrated/inclusive educational services, but it has the provision of remedial education and educational assessment service facility for the special needs children. It is reflected that the NIPCCD does not have any provision of special curriculum/special learning materials/teaching aids, scholarship, talent search and talent development facilities to cater the divergent needs and demands of the special group children.

C) Economic Rehabilitation

In case of economic rehabilitation of special group children under NIPCCD, it is seen that there is not any provision for financial assistance under this institution (NIPCCD) for the economic rehabilitation of the special group children (or to the parents of special group children).

D) Social Rehabilitation

It is seen that the NIPCCD has undertaken some initiatives for providing life security and protection of rights of all children including the special group children. For protecting the different types of rights of children including special group children, the NIPCCD is running a central scheme called Integrated Child Protection Scheme (ICPS) which emphasizes on the rights of survival, development, protection and participation including civil, political, economic, education, social and cultural rights of all children irrespective of their caste, class, religion, disability, socio-economic status etc.

E) Adoption of Some Specific Innovative Practices for Overall Rehabilitation

For the overall rehabilitation and holistic development of special group children, the NIPCCD adopts and practices some innovative ideas. Under NIPCCD there is a provision of home-based rehabilitation which covers medical care, health check-up, physiotherapy, speech therapy, psychotherapy and nutrition facilities for special group children. The NIPCCD also conducts case study/research/project works on the issues of disability and makes recommendation to the governments/stakeholders to enact/formulate need based policy/scheme for the overall rehabilitation of special group children. It appoints/engages multi-category of trained as well as qualified rehabilitation workers/professionals for taking care of different categories of special needs children for socialization.

5.2.5 Study of the Role and Functions and Policies of Different Ministries (MHRD, MSJE and MWCD) in the Context of Rehabilitation of Special Group Children at Pre-school Level

After independence, Government of India constituted different Ministries from time to time for development of different sectors of the country. Among the different Ministries of Government of India, the Ministry of Human Resource Development (MHRD), Ministry of Social Justice and Empowerment (MSJE) and Ministry of Women and Child Development (MWCD) have been directly/indirectly playing a vital role in the context of rehabilitation of special group children at pre-school level. The role and functions and policies of different Ministries (MHRD, MSJE and MWCD) in the context of rehabilitation of special group children are given under the following broad heads:

A) Role and Functions and Policies of Ministry of Human Resource Development (MHRD) in the Context of Rehabilitation of Special Group Children

The Ministry of Human Resource Development (MHRD) is a nodal Ministry, previously known as Ministry of Education, has been playing a significant role in the field of education in our country. The Govt. of India allocates adequate funds as well

as special financial assistance to the MHRD in every financial year for the expansion of education in general and particularly for the special educational needs children. The major policies, programmes and schemes relating to educational rehabilitation of all children including special needs children are discussed in the following heads-

Sarva Shiksha Abhiyan (SSA): The Ministry of Human Resource Development, Government of India launched a flagship (centrally sponsored) programme in 2001 under its Department of School Education and Literacy to achieve the goal of 'universalize elementary education'. The programme is named as Sarva Shiksha Abhiyan. Under this programme every kind of support services such as financial assistance, material supports as well as human resource services are provided for the special group children in order to make them active and productive members of the mainstream society so that they can enjoy the fundamental right of education. The major provisions under the SSA for the special needs children are-

- SSA provides financial assistance up to Rs. 3000/- (p.a.) per child for education and integration of special needs children.
- The interventions provided to the special needs children under SSA are: early detection and identification of disability, functional and formal assessment, appropriate educational placement, individualized educational plan, provision of aids and appliances, support services, resource support, teacher training, parental training and community mobilization, planning and management, strengthening of special schools, removal of architectural barriers, research in special education, monitoring and evaluation, and special focus on girl child with disability.
- Residential bridge courses are also provided with the main objective of preparing children with special needs for schools, thereby ensuring better quality of inclusion.
- Home-based-education is also provided to children with severe/profound disabilities.
- Provision of appointment of resource teachers at block level and cluster level, and annual training of in-service teachers for providing specialized support to strengthen inclusive education of the children with special needs.
- Provision of training of caregivers, parents, peers and volunteers to strengthen the academic support and to deal with the special group children effectively.
- Provision of barrier free access to physical environment especially for orthopedic impairment and visual impairment, and access to curriculum as well as teaching learning environment particularly for hearing impaired, visually impaired, cerebral palsy and children with multiple disabilities.

- ❖ SSA provides two sets of uniform to all school going children including special needs children studying in government as well as provincialized schools.
- ❖ Provision of 25% reservation in private unaided schools for children belonging to disadvantaged group and weaker sections including special needs children.

Right to Education (RTE) Act: After a long as well as continuous strives and demands from all sectors for making the elementary education a fundamental right, the Government of India made the 86th constitutional amendment in 2002, and added a new article 21 (A) for making the 'right to education' for all children in the age range from 6-14 years as a 'fundamental right'. The Right of Children to Free and Compulsory Education Act-2009, technically known as RTE Act was finally passed by the Parliament on 26th August, 2010 and came into effect from 1st April, 2010. This Act is trying to safeguard the rights of the children belonging to the disadvantaged groups and weaker sections, and to protect them from any kind of discrimination and ensure their completion of elementary education. The RTE (amended) Act, 2012 contains the following provisions relating to children with special needs-

- Inclusion of children with disabilities in the definition of 'child belonging to disadvantaged group' in clause (d) of section (2) of the RTE Act.
- The children with disabilities including children with cerebral palsy, mental retardation, autism and multiple disabilities shall have the right to pursue free and compulsory education in accordance with Chapter V of the PWD Act, 1995.
- Children with multiple disabilities and severe disabilities may also have the right to opt for home-based education.

Action Plan for Inclusive Education of Children and Youth with Disabilities (IECYD): The MHRD also developed and launched a comprehensive action plan for the inclusion in education of children and youth with disabilities in 2005. This plan emphasized the inclusion in education of children and young persons with disabilities covering from early childhood care and education to higher education including vocational and technical education. The main goal of this action plan is "to ensure the inclusion of children and youth with disabilities in all available general educational setting by providing them with a learning environment that is available, accessible, affordable and appropriate."

Inclusive Education for Disabled at Secondary Stage (IEDSS): Under the MHRD (Department of Secondary and Higher Education), Government of India launched a very important and comprehensive scheme of Inclusive Education for Disabled at Secondary Stage (IEDSS) in 2009-10 replacing the earlier Integrated Education for

Disabled Children (IEDC), 1974 which provides assistance for inclusive education of the children with special needs at secondary stage (classes IX-XII). The main aim of the IEDSS scheme is to enable all students with special needs after completing eight years elementary schooling, to complete four years of secondary schooling in an inclusive and enabling environment. The scheme covers all the children under 18 years studying at secondary stage in government, local body and government-aided schools with one or more disabilities as defined under the Persons with Disabilities Act, (1995) and the National Trust Act (1999) in the age group of 14-18 years, namely blindness, low vision, leprosy cured, hearing impairment, locomotor disabilities, mental retardation, mental illness, autism, cerebral palsy, speech impairment and learning disabilities.

Central Board of Secondary Education (CBSE): Central Board of Secondary Education (CBSE) is a nodal organization under the MHRD (Department of Secondary and Higher Education), Government of India that provides education at secondary level throughout the country. It extends some facilities to the students with special needs such as dyslexia, blind, spastic and visual impairment. The facilities are as follows-

i) The students with disabilities (dyslexia, blindness, spastic and visual impairment) have been given the option of studying one compulsory language as against two languages. The language opted by them should be in consonance with the overall spirit of the Three Language Formula prescribed by the Board. Besides one language, they are offered any four of the following subjects: Mathematics, Science and Technology, Social Science, Music, Painting, Home Science and Introductory Information Technology.
ii) From 2002 examination, alternative question in lieu of questions requiring special skills based on visual inputs have been provided in mathematics and science for junior secondary school examination, that is class X.
iii) Blind, physically handicapped and dyslexic students are permitted to use an amanuensis, but s/he must be a lower class student than the one who is taking the examination.
iv) The disabled students are allowed additional 1 hour for each paper for external examination.
v) Special seating arrangements are also made for conducting examination at the ground floor as per as possible.

National Institute of Open Schooling (NIOS): National Institute of Open Schooling (NIOS) is an autonomous organization under the MHRD, GOI with international recognition and presence, and this institute provides access to sustainable and learner-centric quality education, skill up-gradation and training through open and distance learning mode up to pre-degree level. It provides both academic and vocational courses up to pre-degree education to its prioritized target groups who are mostly drop-outs from formal education system, disadvantaged

segment population who are unable to avail formal education due to various reasons like poor socio-economic condition, communication problems, psycho-emotional reasons etc. One of such prioritized groups is differently-abled/special needs learners who are termed as children with special needs. The NIOS provides education to the special educational needs children with the help of Special Accredited Institutions for the Education of Disadvantaged (SAIED), which are located in different States throughout India in special schools and NGOs premises.

B) Role and Functions and Policies of Ministry of Social Justice and Empowerment (MSJE) in the Context of Rehabilitation of Special Group Children

The Ministry of Social Justice and Empowerment is a nodal body that has been playing a significant role by enacting and implementing various policies, programmes and welfare schemes for the rehabilitation and empowerment of the special group children and/or the persons with disabilities. The Government of India under the MSJE is running seven national institutes dealing with various categories of disabilities, eight Composite Regional Centers (CRCs) and four major policies/ legislations which provide rehabilitation services and run courses for rehabilitation professionals. Besides, under the aegis of this Ministry, four Regional Rehabilitation Centres and 120 District Disability Rehabilitation Centres (DDRCs) have been providing various kinds of rehabilitation services such as early identification and prevention of disability, disability certificate, integrated/ inclusive education, financial assistance, medical and physical rehabilitation etc., to the special group children and/or the persons with disabilities. The details of the role and functions and policies of MSJE in the context of rehabilitation of special group children are discussed in the following heads:

Rehabilitation Council of India (RCI): Rehabilitation Council of India (RCI) is a statutory body under the Ministry of Social Justice and Empowerment which was enacted in 1992 for standardizing and monitoring courses for rehabilitation professionals and granting recognition to institutions running courses. The RCI Act was amended by Parliament in 2000 to make it more broad-based covering important components such as regulating and monitoring services given to persons with disability to standardize syllabi and to maintain a central rehabilitation register of all qualified professionals and personnel working in the field of rehabilitation and special education. It also conducts and organizes a number of programmes like seminars, workshops, conferences, projects and awareness campaigns in the field of rehabilitation and special education. The RCI launched a joint venture with Indian Space Research Organization (ISRO) and Media Lab Asia (MLA) namely ‘EDUSAT’ up-linking station and TV studio located in the RCI building to connect more than 500 study-centers/recognized institutions via satellite to disseminate

information for improving the quality of training in the field of disability rehabilitation and special education.

The Persons with Disabilities (PWD) Act: Another important legislation was formulated by the Government of India under the MSJE viz., Persons with Disabilities (PWD) Act, 1995 for ensuring equal opportunities, protection of rights and full participation in society of the persons with disabilities. This Act provides various kinds of rehabilitation services such as prevention, early intervention, education, vocational training and employment, research and human resource development, creation of barrier-free environment, special insurance scheme for the disabled employees etc. The PWD Act for the first time opened the door of 3% reservation for blindness or low vision, hearing impaired and locomotor disability or cerebral palsy in government as well as non-government job sectors.

The National Trust Act: The Ministry of Social Justice and Empowerment enacted a legislation viz., the National Trust Act, 1999 under the National Trust for the welfare of persons with autism, cerebral palsy, mental retardation and multiple disabilities. The main goal of the Act is to ensure persons with disabilities to lead independent life with dignity, support and strengthen philanthropic organizations and other service providers, and appoint legal guardians to take care of special needs children and/or persons with disabilities.

The National Policy for Persons with Disabilities (NPPD): Another landmark policy enacted by the Government of India under the MSJE is the National Policy for Persons with Disabilities in 2006, which recognizes that special needs children are the valuable human resources for the nation and seeks to create an environment that provides them equal opportunities, protection of their rights and full participation in society. This policy recognizes the fact 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 National Handicapped Finance and Development Corporation (NHFDC): The National Handicapped Finance and Development Corporation has been incorporated by the Ministry of Social Justice and Empowerment, Government of India from 1997 under Section- 25 of the Companies Act, 1956 as a non-profit company. It runs several schemes to financially assist the disabled children/ disabled persons in the way of giving loan for setting up small business in service/trading sector and small industrial unit.

Scheme of Assistance to Disabled Persons for Purchase/Fitting of Aids and Appliances (ADIP): The Scheme of Assistance to Disabled Persons for Purchase/ Fitting of Aids and Appliances was launched in 2005 under the Ministry of Social Justice and Empowerment for assisting and rehabilitating the special group children

and/or the persons with disabilities. 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.

The Scheme of National Scholarships for Persons with Disabilities: The Ministry of Social Justice and Empowerment has been awarding 500 scholarships every year under the Scheme of National Scholarships for Persons with Disabilities for pursuing education from post-metric to PhD level including professional and technical courses of duration more than one year. However, in respect of students with cerebral palsy, mental retardation, multiple disabilities, severe hearing impairment etc., scholarships are provided for pursuing education from IX standard onwards.

The Scheme of National Awards for the Empowerment of Persons with Disabilities: The Ministry of Social Justice and Empowerment has been giving the National Awards for the Empowerment of Persons with Disabilities every year on the occasion of 'International Disability Day' on 3rd December. The scheme was approved in 1969 by the Government of India for giving national awards to the outstanding employers of person with disabilities as well as the most outstanding employees.

The Deendayal Disability Rehabilitation Scheme (DDRS): The Deendayal Disability Rehabilitation Scheme came into existence from 2003 that is operating under the Ministry of Social Justice and Empowerment, Government of India. The main objectives of this scheme are: i) to create an enabling environment to ensure equal opportunities, equity, social justice and empowerment of persons with disabilities, and ii) to encourage voluntary action for ensuring effective implementation of the People with Disabilities Act of 1995.

C) Role and Functions and Policies of Ministry of Women and Child Development (MWCD) in the Context of Rehabilitation of Special Group Children

The Ministry of Women and Child Development became a nodal Ministry from 2006 for the development of women and child in our country. This Ministry is created only for the holistic development of women and children of our country because children are the asset and future property of the nation and the women are considered as the home makers as well as contributors of human resources. The details of the role and functions and policies of Ministry of Women and Child Development in the context of rehabilitation of special group children at pre-school level are discussed in the following heads:

The Integrated Child Development Service (ICDS) Scheme: The Ministry of Women and Child Development (formerly known as Department of Women and Child Development, MHRD) has been implementing the world's largest and most unique as well as outreach programme of Integrated Child Development Service (ICDS) since 1975. The scheme of ICDS has been providing a package of rehabilitation services comprising supplementary nutrition, immunization, health check-up, referral service and pre-school non-formal education to all children including disabled children up to 6 years of age. Recently ICDS has undertaken a landmark step for early detection and identification of special needs children by the Anganwadi workers in the Anganwadi centers throughout the country for the intervention and prevention of disability. In this regard, the MWCD also provides training to the ICDS functionaries towards disability; organizes seminars, workshops, conferences and awareness programmes; conducts research and project works in the field of disability and special education through NIPCCD.

The Integrated Child Protection Scheme (ICPS): The Integrated Child Protection Scheme was introduced during 2009-10 under the Ministry of Women and Child Development for creating a safe and secure and/or protecting environment for all children in need of care and protection for their holistic development- physically, mentally, emotionally, psychologically, intellectually as well as socially. It aims at achieving well being of children in difficult circumstances and reduction of their vulnerability to abusive and exploitative situations by establishing statutory support and service delivery structures throughout the country.

The National Policy for Children (NPC): The National Policy for Children, 2013 is another landmark endeavour undertaken by the Ministry of Women and Child Development, which recognizes that all children have equal rights and no child shall be discriminated on the grounds of religion, gender, caste, race, language, colour, disability, socio-economic status etc. Every child has the right to dignified life, free from exploitation; and hence, survival, health, nutrition, education, protection and participation are the undeniable rights of the children, which are the key priorities of this policy.

The National Plan of Action for Children (NPAC): The Government of India enacted a National Plan of Action for Children (NPAC) in 2005 under the Ministry of Women and Child Development. The NPAC ensure to protect the rights of all children (normal and special needs children) up to the age of 18 years.

The National Early Childhood Care and Education (ECCE) Policy: The National Early Childhood Care and Education Policy was adopted in 2013 under the aegis of MWCD which envisages promotion of inclusive, equitable and contextualized opportunities for promoting optimal development and active learning capacity of all children including special needs children below 6 years of age. This policy conforms to the vision of holistic and integrated development of the child, with focus on care

and early learning at each sub-stage of the developmental continuum in order to support children's all round and holistic development. The key goals of this policy include: universal access with equity and inclusion; quality in early childhood care and education; and strengthening capacity, monitoring and supervision, advocacy, research and review.

5.3.0 Conclusions of the Study

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

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

The study helped to find out/analyse rehabilitation mechanisms for special group children under ICDS projects. The study stated that in 36 Anganwadi Centres (under 36 ICDS projects) total 75 special group children are found and they belong to 7 categories of special group children, i.e., orthopedically handicapped, speech impaired, visually impaired, mentally challenged, hearing impaired, mental illness, cerebral palsy, learning disabled and multiple disabled children. In AWCs, the personnel like health officers, doctors, health supervisors, Anganwadi workers, ANM, ASHA, Anganwadi helpers, community/local people, NGO workers, MPWs and other health service providers are generally involved to take care of the health problems of special group children in case of their emergency. In AWCs the Mother and Child Protection (MCP) card, screening checklist, behavioural checklist, case study technique, observation method etc. are used for screening and identification of special group children. In AWCs immunization and nutrition facilities are available for all children including the special group children. In AWCs regular parent-doctor consultation programme is held where doctors/health visitors/health supervisors and parents make open discussion regarding the health related issues of their (parent's) special group children. In AWCs the AWWs make door-to-door campaign/pay home visit to identify/detect the special group children and also bring them to AWCs to take care and provide rehabilitation services for their holistic development. In AWCs no special teacher/worker is appointed/engaged to take care/ teach the special group children. In AWCs the AWWs/teachers do not possess/have any special qualification

(or certificate) to deal with the special group children. In AWCs there is no provision of separate subjects/content materials to teach/educate the special group children. In AWCs no any special learning technique/strategy is applied/ used for dealing/educating the special group children. In AWCS there is no provision of separate seating arrangement for special group children. In AWCs there is no provision of scholarship/learning aid facility, recreational centres and financial aid to the parents of special group children for the education and rehabilitation of the special group children. For meeting the multiple demands of different categories of special group children (i.e., mentally retarded, visual impaired, locomotor disabled/orthopedically handicapped, hearing impaired, speech impaired, learning disabled and multiple disabled) there is not any special facility available in the AWCs. Hence, it is suggested that in AWCs special teachers/special workers should be engaged/appointed by the concerned authority/govt. to take care/teach the special group children effectively; the AWWs/teachers should posses/have special qualification (or certificate) to deal with special group children; there should be provision of separate subjects/content materials in AWCs to teach/educate the special group children; special learning technique/strategy should be made available in AWCs and also be used/applied in order to deal/educate the special group children; there should be provision of separate seating arrangement with adequate scientific infrastructures such as special room, resource room, disabled friendly desk, bench etc., in AWCs for special group children; there should be provision of scholarship, learning aid facility, recreational centres and financial assistance to the parents/guardians of special group children for the education, care and rehabilitation of special group children; and for meeting the multiple demands of different categories of special group children (i.e., mentally retarded, visual impaired, locomotor disabled/orthopedically handicapped, hearing impaired, speech impaired, learning disabled and multiple disabled) there should be available/provision of all kind of special facility in AWCs.

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

variable (i.e., experience) acts as a determining factor for determining their attitude towards rehabilitation of special group children at pre-school level through ICDS projects; out of three background variables of the AWWs (i.e., age, qualification and experience), none of the background variables acts as a determining factor for determining their attitude towards rehabilitation of special group children at pre-school level through ICDS projects; and out of four background variables of the parents (i.e., gender, age, qualification and socio-economic status), none of the background variables acts as a determining factor for determining their attitude towards rehabilitation of special group children at pre-school level through ICDS projects. It is suggested that systematic efforts should be made to enhance and accelerate the attitude of the ICDS functionaries and parents (irrespective of their differences among them) towards rehabilitation of special group children at pre-school level through ICDS projects.

The study helped to find out/ analyse the role and functions of NIPCCD in the context of rehabilitation of special group children. From the study it is found that for health/medical rehabilitation of special group children, the NIPCCD provide various types of rehabilitation services which include the scientific medical instruments such as MISIC, BKT, CARS, Draw a Person Test, Pass a Long Test, SNDT grade level checklist, MDPS etc., for identification and screening of special group children. It is also found that first-aid facility, regular health check-up, parent-doctor consultation etc., are also provided through NIPCCD for the health/medical rehabilitation of the special group children. For educational rehabilitation of special group children, it is found that the NIPCCD appoints/engages special teachers/special educators, social workers and clinical psychologists to deal with the different categories of special group children. For economic rehabilitation of special group children under NIPCCD, it is found that there is not any provision for financial assistance. For social rehabilitation of special group children, it is found that the NIPCCD has undertaken some initiatives like Integrated Child Protection Scheme, Integrated Child Development Service scheme etc., for providing life security and protection of the rights of all children including the special group children. For the overall rehabilitation and holistic development of special group children, the NIPCCD adopts and practices some innovative ideas such as home-based rehabilitation (medical care, health check-up, different types of therapies etc.), conducts case study/ research/ project works, appoints/ engages trained as well as qualified rehabilitation workers and/or professionals, organizes public/ parental awareness programmes, implements various government schemes/ plans/ policies, collaborates with local/ national/ international organizations (MHRD, UNESCO, UNICEF etc.) etc. It is suggested that for better rehabilitation and empowerment of special group children, the role and functions of NIPCCD should be reorganized. NIPCCD should include proper immunization and diet facility for special group children in its health rehabilitation scheme. NIPCCD should adopt inclusive education policy; and also

provide special curriculum/learning materials, special teaching aids, scholarship etc., for comprehensive educational development of special group children at pre-school level. NIPCCD should also provide economic as well as vocational rehabilitation to the special group children for making them financially self-reliant. NIPCCD should take step to provide every kind of necessary facilities for socialization of special group children. To conclude, NIPCCD should take care of the diversified needs and demands of special group children for their overall rehabilitation.

The study helped to find out/ analyse the role and functions and policies of different Ministries (MHRD, MSJE and MWCD) in the context of rehabilitation of special group children. The MHRD runs many programmes or regulates many action plans like SSA, RTE Act, Action Plan for Inclusive Education of Children and Youth with Disabilities, National Institute of Open Schooling etc., which includes some sorts of provisions for rehabilitation of special group children. But in MHRD very few programmes/ action plans are there, which are directly related to the rehabilitation of the special group children at pre-school level. The MSJE runs many programmes or regulates many action plans like Rehabilitation Council of India- 1992, Persons with Disabilities Act-1995, National Trust Act-1999, National Policy for Persons with Disabilities-2006, Scheme of Assistance to Disabled Persons for Purchases/Fitting of Aids/Appliances- 2005, Scheme of National Scholarships for Persons with Disabilities etc., which are mostly related with the rehabilitation of special group children. But in MSJE very few programmes/ action plans are there which are directly related to the rehabilitation of the special group children at pre-school level. The MWCD runs many programmes/ regulates many action plans such as ICDS scheme, ICPS scheme, National Policy for Children, National Early Childhood Care and Education Policy etc., which are in many ways associated with different categories of special group children at pre-school level. Many of the programmes/ action plans of MWCD are directly related with rehabilitation of special group children at pre-school level. Therefore, it is suggested that for better rehabilitation of the special group children, all these three Ministries should make some special provisions, and among such provisions rehabilitation of special group children should be one of their programme schedules. These Ministries (MHRD, MSJE and MWCD) should also formulate some converging policies among themselves or work jointly for the better rehabilitation of special group children at pre-school level.

5.4.0 Juxtaposition of the Findings

The present piece of study is a significant attempt to study various issues of rehabilitation mechanisms for special group children at pre-school level with special reference to ICDS projects. More specifically, the present study identified the different categories of special group children who need to be cared at pre-school level; studied the rehabilitation mechanisms for special group children under ICDS projects; compared the attitude of ICDS functionaries (CDPOs, Supervisors and

AWWs) and parents towards rehabilitation of special group children at pre-school level through ICDS projects; studied the role and functions of NIPCCD in the context of rehabilitation of special group children; and studied the role and functions and policies of different Ministries (MHRD, MSJE and MWCD) in the context of rehabilitation of special group children at pre-school level.

Many other studies have been conducted earlier by many other researchers relating to the present study area. The results of such studies in one way or other juxtaposed with the findings of the present study. While the results of some of such studies are intimately corroborated with the results of present study, the results of some other studies differ from the results of the present study. Some of the major studies which are conducted earlier relating to the present study area and the relationship of those studies with the present study are given below.

From the present study, it is found that physically challenged children, sensory impaired children, speech impaired children, mentally challenged children, learning disabled children, behavioural disordered children, autism spectrum disordered children and multiple disabled children are some of the common categories of special group children who need to be cared at pre-school level. The study stated that in 36 Anganwadi Centres (under 36 ICDS projects) total 75 special group children are found and they belong to 7 categories of special group children, i.e., orthopedically handicapped, speech impaired, visually impaired, mentally challenged, hearing impaired, mental illness, cerebral palsy, learning disabled and multiple disabled children. The results of the studies of Alom (2011); Mathur, Gupta, Mathur, Singh, Kushwaha and Lele (1995); Mathur, Gupta, Singh and Mishra (1983); NIPCCD (1982); and Srivastava and Rangasayee (2011) are intimately corroborated in this context. Alom (2011) carried out a survey-cum-explorative study on "Practice of learning mechanisms and their effect on learners' development in schools for special children of Assam." The results of the study indicated that total 662 different categories of special group students (i.e., 221 hearing impaired students, 129 multiple disabled students, 100 orthopedically handicapped students, 87 mentally retarded students etc.) were found in the 9 sample special schools of Assam. The results of the study by Mathur, Mathur, Singh, Kushwaha and Lele (1995) indicated that, the AWWs identified total 126 different categories of disabled children (i.e., visually impaired, mentally retarded, orthopedically handicapped, speech impaired and hearing impaired children) from the 10 sample AWCs under 1 ICDS project. The results of the study by Mathur, Gupta, Mathur, Singh and Mishra (1983) revealed that total 86 different categories of youth and children identified as handicapped by the AWWs from the 20 sample AWCs of the study. NIPCCD (1982) studied on "Prevention and early intervention of childhood disabilities: Role of AWWs." The findings of the study indicated that after given short orientation, the AWWs identified various categories of disabled children (i.e., 60 mentally retarded children, 38 visually impaired children, 92 orthopedically handicapped children, 60 hearing

impaired children and 82 speech impaired children) and their correctnes of diagnosis were 100%. Further, the findings of the study indicated that the detection of visual and hearing impairments and mental retardation was commendable as the symptoms of these disabilities were not very obvious. The findings of the study by Srivastava and Rangasayee (2011) indicated that, the AWWs have adequate skills and awareness about identification of children with hearing impairment.

The results of the present study state that in AWCs, the personnel like health officers, doctors, health supervisors, Anganwadi workers, ANM, ASHA, Anganwadi helpers, community/local people, NGO workers, MPWs and other health service providers are generally involved to take care of the health problems of special group children in case of their emergency. In AWCs the Mother and Child Protection (MCP) card, screening checklist, behavioural checklist, case study technique, observation method etc., are used for screening and identification of special group children. In AWCs immunization and nutrition facilities are available for all children including the special group children. In AWCs regular parent-doctor consultation programme is held where doctors/health visitors/health supervisors and parents make open discussion regarding the health related issues of their (parent's) special group children. In AWCs the AWWs make door-to-door campaign/pay home visit to identify/detect the special group children and also bring them to AWCs to take care and provide rehabilitation services for their holistic development. In AWCs no special teacher/worker is appointed/engaged to take care/ teach the special group children. In AWCs the AWWs/teachers do not possess/have any special qualification (or certificate) to deal with the special group children. In AWCs there is no provision of separate subjects/content materials to teach/educate the special group children. In AWCs no any special learning technique/strategy is applied/ used for dealing/educating the special group children. In AWCS there is no provision of separate seating arrangement for special group children. In AWCs there is no provision of scholarship/learning aid facility, recreational centres and financial aid to the parents of special group children for the education and rehabilitation of the special group children. For meeting the multiple demands of different categories of special group children (i.e., mentally retarded, visual impaired, locomotor disabled/orthopedically handicapped, hearing impaired, speech impaired, learning disabled and multiple disabled) there is not any special facility available in the AWCs. The results of the studies of Bhandari, Mathur and Parmar (1989); Shah (2011); Chaudhury, Pranab and Bharali (2008); Chaudasama, Jadeja and Mehta (2006); Soni (2005); and Rane (1983) are corroborated with results of the present study in this regard. Bhandari, Mathur and Parmar (1989) conducted a study referring to a problem entitled "Role of Anganwadi workers in early detection, prevention and treatment of childhood disability." The findings of the study indicated that AWWs identified different categories of disabled children, and necessary advice was given regarding treatment, prevention and rehabilitation of children suffering

from various types of handicaps at the community level. The results of the study of Shah (2011) indicated that the language development scale measures the level of mental retardation with high reliability and validity. The mentally retarded children communicate mostly in telegraphic speech with delayed reaction time. Chaudhury, Pranab and Bharali (2008) made a comparative study regarding the impact of IED intervention in the areas with full resource support and partial resource support provided from SSA. The results of the study showed that home-based education is provided to the disabled children by the resource teachers and volunteers for mainstreaming the disabled children. It was also revealed that around 50% parents felt that their children with special needs are treated like other children by the resource teachers and volunteers. The finding of the study by Chudasama, Jadeja and Mehta (2006) stated that facility of ramp existed in the schools; medical camps were arranged to identify disabled children; and disabled children were given certificates (61.3%). The study of Soni (2005) indicated that the teaching-learning strategies used in the classroom did not meet the specific needs of different categories of disabled children. Further, the study indicated that no special teacher was appointed to help the children with disabilities in any of the states of the study. Rane (1983) evaluated that officials of the director had many difficulties such as non-availability of trained and experienced teachers, lack of proper machinery to identify disabled children etc., in implementing the 'scheme of integrated education for disabled children'.

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

projects. The results of the studies of Kaur (2010); Azad (2005); Alom (2011); Singh (2007); Mukhapadhyay and Sharma (1990); and Paranjape (1991) are intimately corroborated with the results of the present study in this context. The results of the study by Kaur (2010) revealed that the primary school principals' perception about children with special needs was in part related to their attitude towards inclusion, and most of the principals' showed favourable attitude towards inclusion of special needs children. Azad (2005) made a study referring to the problem entitled "Emerging shape of inclusive classrooms at pre-primary and primary levels." The findings of the study indicated that, 91% stakeholders (head teachers, special educator's, special teachers and general teachers) showed positive attitude towards inclusive education. The results of the study of Alom (2011) indicated that out of total 45 parents, maximum number of parents (31 parents) have expressed high attitude and a few number of parents (only 3 parents) have expressed low attitude towards the schools for special children for the education of their special needs children. Singh (2007) in his study stated that majority of the students did not face stigmatization due to their disability and many of them had positive social relation due to positive attitudes prevailing in the schools. Mukhapodhyay and Sharma (1990) in their study on "Identifying teaching competencies specifically for integrated education for the disabled children" indicated that the teachers had a positive attitude towards equal educational opportunity for disabled children in integrated classrooms. The results of the study of Paranjape (1991) stated that the parents showed positive attitude towards their hearing impaired children and became more free and open minded in disclosing the facts regarding the consultations with different doctors or following other methods besides medical measures.

Present study reveals that in case of health/medical rehabilitation of special group children, the NIPCCD provide various types of rehabilitation services which include the scientific medical instruments such as MISIC, BKT, CARS, Draw a Person Test, Pass a Long Test, SNDT grade level checklist, MDPS etc., for screening and dentification of special group children. It is also found that first-aid facility, regular health check-up, parent-doctor consultation etc., are also provided through NIPCCD for the health/medical rehabilitation of the special group children. For educational rehabilitation of special group children, it is found that the NIPCCD appoints/ engages special teachers/special educators, social workers and clinical psychologists to deal with the different categories of special group children. For economic rehabilitation of special group children under NIPCCD, it is found that there is not any provision for financial assistance. For social rehabilitation of special group children, it is found that the NIPCCD has undertaken some initiatives like Integrated Child Protection Scheme, Integrated Child Development Service scheme etc., for providing life security and protection of the rights of all children including the special group children. For the overall rehabilitation and holistic development of special group children, the NIPCCD adopts and practices some innovative ideas such

as home-based rehabilitation (medical care, health check-up, different types of therapies etc.), conducts case study/ research/ project works, appoints/ engages trained as well as qualified rehabilitation workers and/or professionals, organizes public/ parental awareness programmes, implements various government schemes/ plans/ policies, collaborates with local/ national/ international organizations (MHRD, UNESCO, UNICEF etc.) etc. The results of the studies of Das (2007); Chaudhury, Pranab and Bharali (2008); Pushpa (2005b); and Santhanam (2005) are corroborated with the results of the present study. The findings of the study by Das (2007 indicated that 52.7% parents stated that IED intervention has improved their children with special needs to some extent. Chaudhury, Pranab and Bharali (2008) in their study indicated that home-based education is provided to the children with special needs by the resource teachers and volunteers. Pushpa (2005b) stated that most of the schools carried out the personal study programme, revision and examination of special needs children and more than 60% schools provided study materials and financial assistance to such children. Further, 94% resource teachers expressed that, the heads of the schools are extending very good support and encouragement for the project and more than 86% of classroom teachers have been extending their total support. Santhanam (2005) studied on remedial programmes for children with learning disabilities. The findings of the study indicated that children with learning disabilities showed better academic performance after remedial programme.

It is found from the present study that, the MHRD runs many programmes or regulates many action plans like SSA, RTE Act, Action Plan for Inclusive Education of Children and Youth with Disabilities, National Institute of Open Schooling etc., which includes some sorts of provisions for rehabilitation of special group children. But in MHRD very few programmes/ action plans are there, which are directly related to the rehabilitation of the special group children at pre-school level. The MSJE runs many programmes or regulates many action plans like Rehabilitation Council of India-1992, Persons with Disabilities Act-1995, National Trust Act-1999, National Policy for Persons with Disabilities-2006, Scheme of Assistance to Disabled Persons for Purchases/ Fitting of Aids/ Appliances- 2005, Scheme of National Scholarships for Persons with Disabilities etc., which are mostly related with the rehabilitation of special group children. But in MSJE very few programmes/ action plans are there which are directly related to the rehabilitation of the special group children at pre-school level. The MWCD runs many programmes/ regulates many action plans such as ICDS scheme, ICPS scheme, National Policy for Children, National Early Childhood Care and Education Policy etc., which are in many ways associated with children at pre-school level. Many of the programmes/ action plans of MWCD are directly related with rehabilitation of special group children at pre-school level. The results of the studies of Baruah, Sarkar and Hazarika (2009); Dogru and Kayilli (2012); Kamalam (1989); Khader and Ramaa (1988); Singh (1987) and Cowasji (1985) are intimately corroborated with the findings of the present study in

this context. But, the results of the studies by Julka (2010); and Soni (2005) are somewhat different from the findings of the present study. Baruah, Sarkar and Hazarika (2009) in their study on "Impact of aids and appliances on educational performance of children with special needs" indicated that, the children mainly used three types of aids and appliances: hearing aids, wheelchairs or tricycle and other blind stick, crutch etc. The findings of the study by Dogru and Kayilli (2012) indicated that inclusive education implemented in early childhood has positive effects on preparing child for school education. The study also revealed that inclusive education implemented in early childhood improves the social skills among the children. Kamalam (1989) stated that a substantial number of AWWs became knowledgeable about integration, reservation in employment and provision of loans for the disabled children. Further, the findings of the study indicated that most of the AWWs of the study were better able to conceptualize the management and rehabilitation services for the disabled children, after they underwent the training. Khader and Ramaa (1988) in their study stated that remedial programme was effective in improving the level of letter and word recognition, and reading comprehension in Kannada language among EMR children. The findings of the study by Singh (1987) indicated that the facilities granted by the govt. were not availed of by the schools. Further, it was also found that, the facilities available in the schools were not enjoyed by the students for whom they had been provided. The results of the study of Cowasji (1985) indicated that, the financial assistance was received from the govt. and the greatest beneficiaries were the physically handicapped children. Further, the study revealed that the resource rooms for the disabled children in those schools were in good conditions. On the other hand Julka (2010) studied the perception of teachers, educational administrators and satisfaction of parents towards home-based education. The findings of the study revealed that there is a strong need to connect home-based education and regular education, and to facilitate proper trained resource support for children under the home-based programme. The results of the study by Soni (2005) indicated that, the aids and appliances for education of different categories of disabled children were not found in the schools where the study was conducted. Further, the findings of the study indicated that the grant of Rs. 1200/ per disabled child was not reaching the beneficiaries although the authorities claimed so.

5.5.0 Educational Implications of the Study

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

1) The findings of this kind of study would provide a gateway to answer many challenging research questions in the area of rehabilitation of special group children at pre-school level.

2) The study would help to identify different categories of special group children at pre-school level and provide necessary rehabilitation services for them for their holistic development.

3) The study would help to bring the necessary change and modification in the programmes like ICDS, ICPS etc., in the context of better rehabilitation and development of special group children.

4) The study would help to create a sense of awareness and positive attitude among parents, community members, govt. officials, NGO workers etc., about rehabilitation of special group children.

5) This study would help to strengthen the role and functions of NIPCCD for the better caring and rehabilitation of special group children at pre-school level.

6) The study would help to reorient and converge the policy practices of different Ministries like MHRD, MSJE, MWCD etc., in the context of rehabilitation of special group children.

7) The study would help to create many new schemes, programmes, policies, rules and regulations etc., for caring and rehabilitation of special group children.

8) The study would help to take right kind of intiatives to make strong foundation from grass root level for better rehabilitation of special group children.

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

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

5.6.0 Suggestions for Further Research

1) The present study is confined at pre-school level only. But, similar kind of studies may be extended to school and higher education levels also.

2) In the present study, the investigator has taken ICDS functionaries (CDPOs, Supervisors and AWWs), parents and NIPCCD personnel as the participants and source of analysis. But, the therapists, rehabilitation professionals, psychiatrists, counselors etc., may be taken as the source of analysis in many other such studies.

3) This study is delimited to NIPCCD Regional Centre, Guwahati only. But, similar studies may be extended to other NIPCCD centres of the country.

4) A study may be conducted to know the converging policies/programmes of different Ministries like MHRD, MWCD, MSJE, Ministry of Health etc., towards the rehabilitation of special group children at pre-school, school and higher education levels.

5) Studies should also be carried out at both private pre-school level and govt. pre-school level in order to know their rehabilitation mechanisms for special group children.

6) A comparative study can be conducted to know the rehabilitation mechanisms for special group children under NGO based schools and Govt. schools/ Govt. provincialized schools.

7) Some experimental studies may be conducted for knowing the effects of different rehabilitation techniques for special group children for their overall development.

8) A developmental study can be conducted to know the growth and status of rehabilitation mechanisms for special group children at pre-school level.

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