In this chapter, the concept of inclusive education and how it applies to children and youth with disability is discussed. While explaining inclusive education we will differentiate it from special and integrated education. Since, we are concerned particularly with children and youth with disability here, we will critically state the various approaches undertaken to define disability. We will finally give the important national and international level policy and legislative frameworks supporting the inclusion of children and youth with disability in education.

**Inclusive Education**

Over the years, the term ‘inclusive education’ has come to replace the term ‘integrated education’. Many people working in the field of education in our country consider these two terms to be meaning the same thing. They understand it as only a change in terminology and nothing else. In their words inclusive education means “including children with disability in regular classrooms that have been designed for children without disability”.

We must understand that the term inclusive education means much more than this. It refers to an education system that accommodates all children regardless of their physical, intellectual, social, emotional, linguistic or other conditions. The range of challenges confronting the school system while including children with diverse abilities and from diverse backgrounds have to be met by creating a child-centred pedagogy capable of successfully educating all children. An inclusive class may have amongst others, children with disability or gifted children, street or working children, children from remote or nomadic populations,
children belonging to ethnic, linguistic or cultural minorities or children from other disadvantaged or marginalised groups.¹

Inclusive Education is about restructuring the cultures, policies and practices in schools so that they respond to the diversity of students in their locality. It has the following characteristics:

**Inclusive Education**

- acknowledges that all children can learn;
- acknowledges and respects differences in children: age, gender, ethnicity, language, disability, HIV and TB status etc.;
- enables education structures, systems and methodologies to meet the needs of all children;
- is part of a wider strategy to promote an inclusive society; and
- is a dynamic process that is constantly evolving².


Inclusion in education involves the process of increasing the participating of students in, and reducing their exclusion from, the cultures, curricula and communities of local schools.

Inclusion involves restructuring the cultures, policies and practices in schools so that they respond to the diversity of students in their locality.

Inclusion is concerned with the learning and participation of all students vulnerable to exclusionary pressures not only those with impairments or those who are categorised ‘having special educational needs’.

Inclusion is concerned with improving schools for staff as well as for students.

A concern with overcoming barriers to the access and participation of particular students may reveal gaps in the attempts of a school to respond to diversity more generally.

All students have a right to an education in their locality.

Diversity is not viewed as a problem to be overcome, but as a rich resource to support the learning for all.

Inclusion is concerned with fostering mutually sustaining relationships between schools and communities.

Inclusion in education is one aspect of inclusion in society.

Index for Inclusion

Inclusive education is about all children learning together even if they differ from each other in styles and pace of learning. It is a dynamic process because it addresses all aspects of child development – emotional, physical, intellectual, creative, social etc. It is about celebrating diversity and

“All children and young people of the world, with their individual strengths and weaknesses, with their hopes and expectations, have the right to education. It is not our education system that have a right to certain type of children. Therefore, it is the school system of a country that must be adjusted to meet the needs of all children.”

B. Lindquist
UN-Rapporteur, 1994

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changing the rigid school system in order to meet the needs of all children. In an inclusive class all children are happy and participating.

**Benefits of inclusive education are as following:**

Inclusive Education:

- can help break the cycle of poverty and exclusion;
- enables disabled children to stay with their families and communities;
- can improve the quality of education for all;
- can help overcome discrimination; and
- promotes wider inclusion.4

**Special Education**

Children with disability study either in a special school or in a regular mainstream school. It is possible for these children to cross over from a special to a regular mainstream school if and when they want to. Special Education as a separate system of education for disabled children outside the mainstream education evolved way back in the 1880s in India. It was based on the assumption that children with disability had some special needs that could not be met in mainstream education.
schools and therefore, they need to study in a separate school with other children having similar needs. Special schools exists all over the world in the form of day or residential schools, and also special classes are attached to the mainstream schools. In 1947, India had a total of 32 schools for the blind, 30 for the deaf and 3 for mentally retarded (Disability in India: www.ccdisabilities.nic.in/Disability%20in%20India.html). The number of schools rose to around 3000 by the year 2000 (Department of Education, 2000).

The special schools are generally organised according to different disability categories. We have schools for children with visual impairments, for the intellectually challenged and for those with hearing impairments. The major disadvantages of separate education in separate environment are that, the children staying away from families may find it hard to readjust to their families, peers and communities, and children usually have to leave their families and communities to stay in a residential setting because these schools are usually not available in their immediate environment. In some cases, especially in the case of girls with disability, many times they are left on their own without seeing their parents ever again.

The special schools however, have some advantages like they can play an active role in giving resource support for the mainstream schools by providing specialised services. Also since the children are taught by a specialist having expertise on specific impairments, their needs may sometimes be understood better. In a special schools children grow up with their disability peers and develop a common culture.

Inspite of the benefits of inclusive education, if a child with disability is not getting the required resource support in the mainstream school and is not developing upto her/his potential a special school remains a viable option.

Integrated Education

We already know that integrated education is not the same as inclusive education. There is a vast difference between the two approaches. Integrated education emphasises placement of children with disability in mainstream school. The major thrust is on attendance. The school system remains rigid and as a result very few children with disability are able to cope with the demands of such a rigid system. This is a system that does not accept many of our children with disability on the basis of not being prepared enough.
In other words, in integrated education, the child is seen as a problem and not the system. S/he is considered to be different from others and if s/he cannot learn it is her/his problem. Hence, integrated education is based on the medical model of disability and views a child with disability with clinical blinders needing remedy. Inclusive education, on the other hand, is all about effective learning by all children including children with disability. It is based on the social model of disability and considers that if the child is not learning then the system needs to be blamed. Inclusive education emphasises quality of education and not mere placement in education. Integrated education can be a stepping stone for inclusive education. Broadly one can say:

**Differences between Special, Integrated and Inclusive Education**

The difference between the three approaches is given below in the form of diagrams:
INTEGRATED EDUCATION

- Child Brought near Normal
- Selected Regular School
- Cost not so High
- Rights Recognised not Realised
- Teacher Effectiveness Unchanged – Limited to other Children
- Partial Opportunities for Participation
- Regular Resource Teacher, Specialist
- Curriculum and Methodology Subject Centred
- Self-esteem Unchanged

INCLUSIVE EDUCATION

- Child Remains as She is
- School – She would naturally go to the Neighbourhood
- Most Cost Effective
- Rights Recognised and Actualised
- Teacher Effectiveness in Including all in the Learning Process
- Equal Opportunities for Participation
- Least Restrictive
- Class Teacher
- Curriculum and Methodology Child Centred-Constructivist
Before we discuss any further, we would like to define what is meant by disability especially in the Indian context.

**Defining Disability**

There is no single agreed upon definition of disability. There are different conceptual models of disability that suggest significant changes in the way disability is understood and explained. These models, programmes, and the rights instruments reflect two primary approaches or discourses: disability as an individual pathology (defect) or a social pathology. In other words, these approaches can be expressed in a dialect of “medical model” versus “social model”.

The medical model views disability as a problem of the individual requiring medical care. This is to be provided to the individual as a treatment by professionals. In other words, it considers disability as an individual defect that needs to be corrected. The implication is that to be normal like others, persons with disability need to be cured by miracles or medicine. This has led people to believe that persons with disability are not capable, not educable and not fit to study especially in mainstream schools. They are to be kept safely away in special schools amongst their own kinds.

On the other hand, the social model of disability views disability, as a socially created problem. For example, if the child with disability is having problem in gaining access to the school and participate in the classroom it is not because of her disability *per se* but because of the school system that has failed to fulfil its obligation to be accessible to children with disability. According to International Classification of Functioning, Disability
and Health (ICF, 20015), 

disability under the social 
model is not an attribute of 
an individual, but rather a 
complex collection of 
conditions, many of which are created by the social environment.

Hence, the management of the problem requires social action, 
and it is the collective responsibility of the society at large to make 
environmental modifications necessary for the full participation of 
people with disability in all areas 
of social life. The issue is therefore 
an attitudinal or ideological one requiring social change, which at 
the political level becomes a question of human rights.

The Persons with Disability Act, 1995 considers Disability as 
an individual pathology. According to the Act, “Disability” means –
(i) Blindness 
(ii) Low vision 
(iii) Leprosy cured 
(iv) Hearing impairment 
(v) Locomotor disability 
(vi) Mental retardation 
(vii) Mental illness

Further, the different categories given are defined in the 
following ways:

Blindness refers to a condition where a person suffers from any of 
the following conditions, namely:
(i) Total absence of sight; or 
(ii) Visual acuity not exceeding 6160 or 201200 (snellen) in the 
better eye with correcting lenses; or 
(iii) Limitation of the field of vision subtending an angle of 20 degree 
or worse.

Person with low vision means a person with impairment of visual functioning even after treatment or standard refractive correction 
but who uses or is potentially capable of using vision for the 
planning or execution of a task with appropriate assistive device.

5 World Health Organisation (2001). International Classification of 
Functioning, Disability and Health, Geneva.
**Leprosy cured person** means any person who has been cured of leprosy but is suffering from:

(i) Loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye-lid but with no manifest deformity;

(ii) Manifest deformity and paresis, but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity;

(iii) Extreme physical deformity as well as advanced age which prevents him from undertaking any gainful occupation, and the expression “leprosy cured” shall be construed accordingly.

**Hearing impairment** means loss of sixty decibels or more in the better ear in the conversational range of frequencies.

**Locomotor disability** means disability of the bones and joints muscles leading to substantial restriction of the movement of the limbs or any form of cerebral palsy.

**Mental illness** means any mental disorder other than mental retardation.

**Mental retardation** means a condition of arrested or incomplete development of mind of a person which is specially characterised by sub normality of intelligence.

The use of medical definitions of disability as given in the Act, 1995 have been defended on the grounds of being useful in procuring resources. Although identifying children by labelling or classifying them is a custom in India for the sake of providing them appropriate provisions but in the long run labelling does segregate students with disability from their classmates without disability. It may also result in lowering the expectations of the teachers. For example, how will a teacher look at a boy named Ravi, if she knew nothing about him except that he suffers from some form of mental retardation.

This label of mental retardation given to Ravi may result in her assuming that he will be having a number of problems in functioning. She may believe that he will not be able to read, and would require life-long assistance and support and that he should be in a special school because his disability may interfere in the functioning of the class. The other children in the class may avoid Ravi because of the label given to him. Alternatively think of a situation where Ravi or any child is given an esteemed label like ‘strong’ or ‘competent, s/he may get positive reactions from her/
his peers. Similarly, if one views children with disability in terms of their strengths and not their weaknesses, their chances of being included and finding friendships in their class increase manifold.

### Examples of Model of Functioning and Disability

One may:

- have impairment without capacity limitation (e.g. a disfigurement in leprosy may have no effect on a person’s capacity);
- have performance problems and capacity limitations without evident impairments (e.g. reduced performance in daily activities associated with many diseases);
- have performance problems without impairments or capacity limitations (e.g. an HIV-Positive individual or ex-patient recovered from mental illness, facing stigmatisation or discrimination in interpersonal relations or work);
- have capacity limitations without assistance, and no performance problems in the current environment (e.g. an individual with mobility limitations may be provided by society with assistive technology to move around); and
- experience a degree of influence in a reverse direction (e.g. lack of use of limbs can cause muscle atrophy: institutionalisation may result in loss of social skills.  

**ICF, 2001**

Disability has also been defined in the ICF, 2001. The definitions are based on a biopsychosocial approach that has resulted from the combination of both medical and social models. The approach adopted by the ICF provides a coherent view of different perspectives of health from a biological, individual and social perspective. According to ICF, 2001: “an individual’s functioning in a specific domain is an interaction or complex relationship between the health conditions and contextual factors (i.e. environment and personal factors). There is a dynamic interaction among these entities: intervention in one entity has the potential to modify one or more of the other entities”.

### Policy and Legislative Frameworks

In this section the main international and national level policy frameworks and legislations are explained that are relevant to education and to children with disability.
The Constitution of India (26 November 1949) clearly states in the Preamble that everyone has the right to equality of status and of opportunity. The Article 41 of the Directive Principles of the Indian Constitution supports the right to work, to education and to public assistance in certain cases including disablement. Further, Article 45 commits to the provision of free and compulsory education for all children up to the age of 14 years. Based on this, the Constitution (86th Amendment) Act, 2002, has been enacted by the Parliament making education a fundamental right of all children in the age group of 6-14 years.

The National Policy on Education, 1986 (NPE, 1986) and the Programme of Action (1992) stresses the need for integrating children with disability with other groups. The objective to be achieved as stated in the NPE, 1986 is "to integrate the physically and mentally handicapped with general community as equal partners, to prepare them for normal growth and to enable them to face life with courage and confidence".

Integrated Education for Disabled Children (IEDC). In the 1970s, the government launched the Centrally Sponsored Scheme of IEDC. The scheme aimed to provide educational opportunities to learners with disability in regular schools and to facilitate their achievement and retention. Under the scheme, hundred per cent financial assistance is provided for setting up resource centres, surveys and assessment of children with disability, purchase and production of instruction materials and training and orientation of teachers. The scheme is currently being revised to reflect the paradigm shift towards inclusive education.

The followings are some of the popular service delivery models of Integrated Education practiced in India:
The right of every child to an education is proclaimed in the **Universal Declaration of Human Rights** and was strongly reaffirmed by the **World Declaration on Education for All**. The philosophy agreed upon at the Jometien World Declaration included the following statements:

- Every person – child, youth and adult – shall be able to benefit from educational opportunities designed to meet their basic learning needs.
- The learning needs of the disabled demand special attention. Steps need to be taken to provide equal access to education to every category of disabled persons as an integral part of the education system.

**The Salamanca Statement and Framework for Action** on Disability Education (1994) emerged as a result of deliberations held by more than 300 participants representing 92 governments including India and 25 international organisations in June 1994. For furthering the objectives of education for all, it considered the fundamental policy shifts required to promote inclusive education. It emphasises that schools should accommodate all children regardless of their physical, intellectual, social, emotional, linguistic or other conditions. The term ‘Special Educational Needs’ refers to all those children and youth whose needs arise from disability or learning difficulties. The statement affirms, **“Those with special educational needs must have access to regular schools which should accommodate them within a child centred pedagogy capable of meeting these needs”**.

Furthermore, the **Standard Rules on the Equalisation of Opportunities for Persons with Disability** (1993) was an important resolution for improving the educational conditions of persons with disability. This had major implications for the Indian situation in the form of three legislative Acts – **The Rehabilitation Council of India Act, 1992** (RCI, 1992), **The Persons with Disability (Equal Opportunities, Protections of Rights and Full Participation) Act, 1995** (PWD Act, 1995), and **The National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disability Act, 1999**. While the RCI Act was solely concerned with manpower development for the rehabilitation of persons with disability, the National Trust Act aims to provide total care to persons with autism, mental disabilities, and other related conditions.
retardation and cerebral palsy and also manage the properties bequeathed to the Trust.

**The Persons with Disabilities (Equal Opportunities, Protections of Right and Full Participation) Act, 1995** stresses the need to provide free of cost education to all children in an appropriate environment till they are 18 years old and further emphasise their right to measures like:

(a) Transport facilities to students with disability or alternative financial incentives to the parents or guardians to enable their children with disability to attend schools;

(b) Removal of architectural barriers from schools, colleges or other institutions imparting vocational and professional training;

(c) Supply of books, uniforms and other materials to students with disability attending school;

(d) Grant of scholarship to the students with disability;

(e) Setting up of appropriate fora for the redressal of grievances of parents regarding the placement of their children with disability;

(f) Suitable modification in the examination system to eliminate purely mathematical questions for the benefit of blind students and students with low vision;

(g) Restructuring of curriculum for the benefit of students with disability; and

(h) Restructuring the curriculum for the benefit of students with hearing impairment to facilitate them to take only one language as part of their curriculum.

**The Tenth Five Year Plan (2002–2007)** aimed to provide Universal Elementary Education by the end of the Plan. It also aimed to provide basic education for the un-reached segments and special
groups. The special interventions and strategies like pedagogic improvement and adoption of child-centred practices are focused on groups like girls, Scheduled Castes and Scheduled Tribes, working children, children with disability, urban deprived children, children from minority groups, children below the poverty line, migratory children and in the hardest-to-reach groups.

**The Sarva Shiksha Abhiyan** was launched to achieve the goal of Universalisation of Elementary Education. This adopts a ZERO rejection policy and uses an approach of converging various existing schemes and programmes.

It covers the following components under education for children with disability—

- Early detection and identification
- Functional and formal assessment
- Educational placement
- Aids and appliances
- Support services
- Teacher training
- Resource support
- Individual Educational Plan (IEP)
- Parental training and community mobilisation
- Planning and management
- Strengthening of special schools
- Removal of architectural barriers
- Research
- Monitoring and evaluation
- Girls with disability.

**Comprehensive Action Plan**

In order to provide education through mainstream schools to children with disabilities in accordance with the provisions of the Persons with Disabilities Act, 1995, a Comprehensive Action Plan for including children and youth with disabilities has been formulated. The different sectors to be covered in the plan are (1) Early Childhood Care and Education (2) Elementary Education (3) Secondary Education (4) Higher and Technical Education (5) Vocational Education.

The Plan will be implemented through various departments at the Central and State level agencies, NGOs, Parents groups etc.
The outputs of the plan would include:
1. Enrolment and retention of all children with disabilities in the mainstream education system.
2. Providing need based educational and other support in mainstream schools to children.
3. Support higher and vocational education.
4. Disability focused research and interventions in universities and educational institutions.

Some of the important milestones in the field of disability are shown in the diagram:

- **1880s**: Establishment of Special Schools
- **1974**: Formulation of Centrally Sponsored Scheme of IEDC
- **1992**: The Rehabilitation Council of India Act
- **1994**: The Salamanca Statement and Framework for Action
- **1995**: The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act
- **1999**: National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities
- **2000**: Sarva Shiksha Abhiyan
- **2005**: Comprehensive Action Plan for Inclusion in Education of Children
- **2006**: National Policy for Persons with disabilities

**Important Milestones**