

INCLUSIVE EDUCATION

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Directorate of Distance Education
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Reviewer

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SYLLABI-BOOK MAPPING TABLE

Inclusive Education

Syllabi	Mapping in Book
UNIT-I Meaning, Scope and Objectives of Inclusive Education; Integrated Education – Definition, Meaning, Objectives, Characteristics and its Educational Implication. A Brief History of the Evaluation of Inclusive Education in India. Special Education in India – Status, Issues and Problems.	Unit 1: Inclusive Education: An Overview (Pages 3-36)
UNIT-II Hearing Handicap – Types, Causes, Characteristics and Education.. Locomotors Disability – Types, Causes, Characteristics and Education. Mental Retardation – Types, Causes, Characteristics and Education.	Unit 2: Disabilities and Education–I (Pages 37-65)
UNIT-III Visually Handicap – Types, Causes, Characteristics and Education. Learning Disability – Types, Causes, Characteristics and Education. Social Disadvantage – Definition, Nature, Causes and Educational Programmes.	Unit 3: Disabilities and Education–II (Pages 67-105)
UNIT-IV Rehabilitation – Concept, Issues and Problems, Programmes of Rehabilitation. Role of Government and NGO’s National Institutions of Handicapped and the Role of Rehabilitation Council of India.	Unit 4: Rehabilitation of the Disabled (Pages 107-145)
UNIT-V Recommendations Suggested in the Kothari commission (1964– 66) and National Policy of Education (1986), POA (1992)(and Persons with Disability Act (1995).	Unit 5: Government Policies and Programmes for the Disabled (Pages 147-183)

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INTRODUCTION

Inclusive education essentially refers to the educational philosophy that students with disabilities should be placed in the same classroom environment as other students their age who do not have special needs. This allows special students to forge friendship with their peers and feel less socially tensed about their disabilities.

The ability to educate disabled people firstly requires an elementary understanding of the different types of disabilities and how they are identified. There is also a need to understand the wide variety of issues and emerging trends associated with special education.

Throughout the world, educators are seeking ways to create schools that promote justice and enhance the learning and performance of all children. They are discovering that old patterns of segregating students by race, gender, culture, language, and ability model oppression, reduce effective learning, and prevent the development of relationships among diverse children. Innovative and concerned educators are seeking to create inclusive schools where diversity is valued and children of great differences learn together.

This book is written in a self-instructional format and is divided into five units. Each unit begins with an Introduction to the topic followed by an outline of the Unit objectives. The content is then presented in a simple and easy-to-understand manner, and is interspersed with Check Your Progress questions to test the reader's understanding of the topic. A list of Questions and Exercises is also provided at the end of each unit, and includes short-answer as well as long-answer questions. The Summary and Key Terms section are useful tools for students and are meant for effective recapitulation of the text.

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UNIT 1 INCLUSIVE EDUCATION: AN OVERVIEW

*Inclusive Education:
An Overview*

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Structure

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1.0 INTRODUCTION

There exist innumerable opinions related to the meaning of inclusive education and how it can be utilized to serve children with disabilities. This unit will discuss the term ‘inclusive education’. It will also give a brief overview of comprehensive activities carried on by government agencies, NGOs and private organizations in this field.

Inclusive education in its real sense is nothing but a process of creating a system of education that caters to the needs of all children, which is not practised in India. Further, inclusive education has in the past dealt predominantly with children with disabilities, and the need to focus on these children remains the main objective, as they generally face exclusion due to various reasons. This unit aims to bring forth a background and synopsis of crucial issues, theories and schemes in relation to inclusive education, which are pertinent to circumstances where economic means and retrieval of information is limited.

The term ‘persons with disabilities’ has been used instead of ‘disabled people’ throughout the text. Disability is a range where language may be bound to discussion and modification. The term ‘persons with disabilities’ is in accordance with the language of the UN Convention on the Rights of Persons with Disabilities.

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Inclusive education encompasses an extensive range of approaches, activities and processes that try to administer reality of the worldwide right to quality, age-appropriate and suitable education for all. It acknowledges that the process of learning starts at the time of birth and carries on till the last breath of an individual. The process of learning carries on in an informal way at home, in the society, and in a formal way at the educational institutions. It is a self-motivated process which continually evolves with respect to the needs of the culture and context. It pursues to facilitate societies, organizations and structures to fight discrimination, rejoice diversity, stimulate contribution and overcome obstacles to learning and participation for all people. All dissimilarities related to age, gender, culture, language, health as well as economic status, religion, disability, life-style and other forms of discrepancies are accepted and respected. Inclusive education is part of a wider approach encouraging comprehensive development with the aim to create a world filled with harmony, acceptance, viable use of resources and social justice; where the fundamental requirements and rights of all are met. It deals with altering the system to fit the learner, and not changing the learner to fit the system. It locates the ‘problem’ of exclusion strictly within the system, not the individual or their individualities.

In the present times, when attempts are being made to provide education for all, it is important to reflect upon those who are devoid of the opportunity, due to various reasons. Children with special needs form an important category. Children with disabilities are often not given a chance to go to schools due to undesirable thought processes and non-inclusive education systems. Paving a way for an opportunity to children with special needs thus should be an important agenda for every society or nation so that equal and fair opportunities can be afforded to all human beings regardless of their physical, mental, social or economic status, which is the basic right of every human being.

In this unit, you will learn about the meaning, scope and objectives of inclusive education. Integrated education will be also be discussed. Towards the end of this unit, a brief history of the evaluation of inclusive education and special education in India will be discussed.

1.1 UNIT OBJECTIVES

After going through this unit, you will be able to:

- Assess the importance of inclusive education
- Differentiate between inclusive and integrated education
- Discuss the scope and objectives of inclusive, integrated and special education with reference to India
- Describe the various problems related to special education in India
- Analyse the solutions to the existing problems in inclusive education

1.2 INCLUSIVE EDUCATION AND INTEGRATED EDUCATION

According to a report prepared by United Nations Children's Fund (UNICEF) on the Status of Disability in India 2000, nearly 30 million children in India suffer from some or the other disability. According to the Sixth All-India Educational Survey (NCERT, 1998), out of India's 200 million school-aged children (six to fourteen years), 20 million need special education. Though the national average for total enrolment in school in the country is a heartening 90 per cent, but sadly, not even five per cent of children with disabilities ever get to study in a school.

According to the Census 2001, there are 2.19 crore persons with disabilities in India who constitute 2.13 per cent of the total population. This includes persons with visual, hearing, speech, locomotor and mental disabilities. Out of the total population of people with disability, 75 per cent reside in rural India, 49 per cent of this disabled population is literate and only 34 per cent out of them are self-sustained in terms of earning a livelihood. Disability is accepted as one of the least perceptible yet most powerful factors in educational marginalization. The United Nation's Convention on the Rights of Persons with Disabilities (UNCRPD), which was implemented in 2008, was indorsed by India in October, 2008. It can be safely assumed that accomplishing the Education for All (EFA) objectives and Millennium Development Goals will not be possible without refining entree to and quality of education for children with disabilities.

Inclusion in education can be made effective by practising the following:

- Realizing that inclusion in education is a key facet of inclusion in society
- Putting inclusive ethics into practice
- Considering life and death of every individual as of equal worth
- Increasing participation for children and adults in learning and teaching activities, relationships and communities of local schools
- Streamlining cultures, strategies and practices to respond to diversity in ways that gives everyone equal status
- Assisting all to foster a feeling of belongingness
- Reduction of barriers for children with disabilities to benefit them more widely.
- Decreasing exclusion, prejudice, and hurdles to learning and increasing participation
- Seeing differences between children and adults as means for acquiring knowledge
- Making schools better equipped for members of the staff and parents/ care takers and their wards
- Establishing a link between education and local/global realities

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- Recognizing the right of all children to a high quality education in their locality irrespective of their abilities and/or disabilities
- Nurturing reciprocally supporting relationships between schools and the communities around
- Stressing upon the expansion of school communities and ethos, giving due importance to achievements

Separating children into ‘special needs’ and ‘mainstream’ schools curbs the rightful equal access to social and educational prospects and puts children into tight compartments (United Nations Convention on the Rights of the Child, 2008; UNESCO, 1994). Hence, all efforts must be made by members of society to come together and strive to alleviate the condition of children with disabilities. To receive education is the basic right of every individual, which he/she must get at any cost. The dream of equal opportunity for all can be fulfilled by including children with disabilities into regular schools rather than segregating them.

The term ‘inclusive education’ entails an approach to imparting education to learners with special needs and including them in the formal education system with other children. In the inclusive method of education, children with disabilities (learners with special needs) spend their time with learners who do not need any special care or assistance. The inclusive method of education discards the use of special educational institutions or classrooms to segregate learners with disabilities from those without disabilities.

These practices are implemented in various forms in different learning institutions. Schools most commonly use the inclusive method of education for particular learners with slight to moderate special needs. Schools following the inclusive method of education completely, which are rare, do not segregate ‘general education’ and ‘special education’ programs; rather, such schools are simplified in such a way that all learners undergo the process of learning together.

The inclusive method of education is different from the integration method of education, the inclusive method of education considers it every child’s right to join in and be a part of the school and its ongoing activities. At the same time it is the school’s duty to accept the child as a part of the school. Complete care is taken to ensure full participation of learners with special needs, with focus on their social, civil, and educational rights. Such a feeling is not restricted to bodily and mental incapacities, but also comprises the various human needs related to aptitude, verbal needs, cultural needs, age or gender needs, and of other forms of human variances. Richard Wilkinson and Kate Pickett once wrote, ‘Learner performance and behaviour in educational tasks can be profoundly affected by the way we feel, we are seen and judged by others. When we expect to be viewed as inferior, our abilities seem to diminish.’

For an inclusive school to be successful there need to be organizational and administrative deviations, to make a move from the old-fashioned approaches to modern education. We are well aware of the fact that every child is different and

has diverse abilities. All children have different capabilities; they have different grasping abilities and their speed of learning varies. Hence, to cater to such diverse needs, inclusive, learning-friendly, and constraint-free atmosphere should be created in every school and community around the world to ensure that all learners are able to complete scholastic, societal, emotional, and physical education. It should never be forgotten that a child's scholastic capability cannot be advanced independently from her/his societal, emotional and physical potential, as all of these facets are interdependent aspects of a learner's growth.

With no or inadequate reach to an all-inclusive provision system, many learners with disabilities will not venture out to seek admission in mainstream schools. They will either drop out of school, or will stay there, and yet not be able to reach their full potential. It is important for the class teacher to provide adequate support. Such a child may also require support from permanent school staff and temporary visiting faculty to guarantee that he/she gets enough support according to his/her specific learning requirements. Majority of learners with disabilities in developing nations leave school, and others who choose to remain in school are registered in special needs' schools. However, in recent times, more and more youngsters with disabilities are mustering courage to be a part of regular schools where they play, learn, and develop with their non-disabled friends, this is the very essence of the inclusive method of education.

1.2.1 Inclusive Method of Teaching Practices

In recent times, the number of varied learners has increased at a rapid speed with overall inclusive education classrooms mushrooming in various educational institutions. Teachers have become aware of the importance of accepting every learner as exceptional. Special educators realize that the current education practices are indeed not suitable for learners with special needs, and regular teachers frequently turn to special educators for supplementary ways to impart knowledge to their ever increasing diverse groups of learners.

The national report on inclusive method of teaching practices recommend the following classroom practices:

The 'LESS' Theory

- Learners should be encouraged to be **less** passive.
- Teachers should lay **less** or rather no emphasis on rote learning of text book material.
- There should be **less** number of such activities in the class as filling the blanks, completing identical worksheets/workbooks, and other such static activities.
- Teacher's instructions should be **less** directed to the entire class.
- Learners should spend **less** time on simply reading textbooks in the classroom.

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- Teachers should waste **less** time in covering books and other study materials.
- Schools should emphasise **less** on competition and grades.
- Being silent in the classroom should be **less** rewarded.
- Standardized tests should be **less** relied upon.

The 'MORE' Theory:

- Schools should provide **more** choices for learners.
- Learning should be **more** activity oriented.
- Schools should lay **more** stress on democratic and free practices.
- Encouragement should be given to **more** detailed study of lesser number of topics.
- **More** cooperation and collaboration during activities should be encouraged.
- Schools should lay **more** stress on devoting time to reading complete and original text books.
- Teachers, administrators and parents, should play **more** varied and cooperative roles in imparting knowledge and evaluating learners' performance.
- Learning should be **more** investigational, inductive and practical.
- HOTS (Higher Order Thinking Skills) should be **more** emphasized upon, while understanding a subject.

1.2.2 Scope and Objectives of Inclusive Method of Education

The inclusive method of education is the result of various impacts:

- (a) **Societies:** This implicates pre-colonial and native methods of education, and community-based programmes.
- (b) **Campaigners and Promoters:** Refers to the united expressions of principal stakeholders—representatives of groups of learners are many a times removed and side-lined from education.
- (c) **Movement in favour of quality education and improvement of schools:** The issues of worth, access and inclusive education are powerfully connected, and contribute to the appreciation and exercise of inclusive education as being the responsibility of education systems and schools.
- (d) **Movement in favour of need for special education:** The concept and practical implementation of special needs is challenging in developed and developing nations. Nevertheless, the 'new thinking' of the special needs movement is creating a positive impact on inclusive method of education, facilitating schools and systems to respond well to a wide range of multiplicity.

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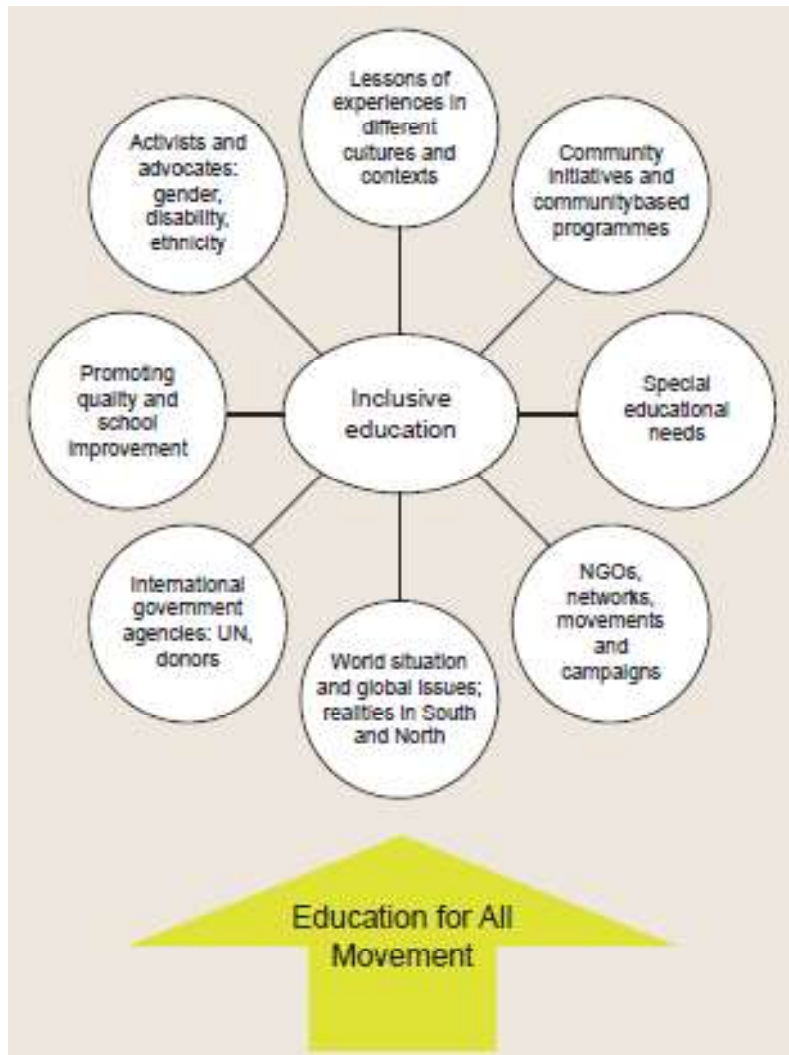


Fig.1.1 *Influences on the Development of Inclusive Education*

Objectives of Inclusive Method of Education

The concept of 'inclusive education' is being progressively encouraged and reinforced, not just by a handful of ardent persons and groups, but by UN agencies, NGOs and government bodies all across the globe. All of these private/government schools, agencies and organizations are directed towards the betterment of children with special needs. They work collectively with complete faith in the power of inclusive method of education, their concerted efforts are bound towards achieving certain goals:

1. To ensure monetary freedom and rehabilitation of individuals with disabilities by improving physical and functional capabilities and talent growth
2. To improve maintainable means for stoppage, early identification and mediation, integrated/inclusive education, occupation, entertainment, relief care and other needs in the community educating disabled persons, imparting knowledge to their families and society

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3. To empower children with special needs, educate their families (by means of frequent interaction) and work towards providing a congenial environment
4. To encourage activities oriented towards financial growth for the benefit of children with special needs
5. To lay foundation for vocational courses for senior students and employ other ventures for their economic self-dependence
6. To create such an environment in the schools by way of which other (not disabled) children accept their counterparts (children with special needs) as a part of the society
7. To develop a feeling of belongingness in special children towards their peers and classmates
8. To make special learners a part of the society and empower them to not only stand on their feet to fend for themselves but to also endeavour to contribute positively towards the society
9. To get basic education and that is what inclusive schools aim to provide to all children with special needs
10. To assist the government organizations to handle the growth of the children with special needs by way of giving required assistance
11. To provide work opportunities, (in clerical, assistance and other jobs) to ex-students in their organizations
12. To equip all special students enrolled in inclusive schools with social and communication skills which can afford them self-sustenance
13. To develop, operate and apply specific model programmes, plans and schemes which can be run by all-inclusive schools with or without government support
14. To provide special learners with equal chances to attain the same result, to accrue the same benefit, or to reach the same level of accomplishment as learners without disabilities
15. To provide education to learners with disabilities in the Least Restrictive Environment and to the full magnitude taught with non-disabled learners

1.2.3 Integrated Education

What is the literal meaning of the word ‘integration’? According to the Oxford Dictionary, the meaning of the word ‘integration’ is the action or process of integrating and the intermixing of people who were previously segregated. There should exist a feeling of mutual appreciation and respect for one another. Thus, it can be concluded that integration does not entail the participating parties to forego their individual characters, nor does it advocate stressing upon their variances. This in actuality is the correct and real form of integration.

Based on the above explanation, the theory of integrated education stresses upon those methods which lay emphasis on seeing the learner and his/her personality in totality. The ultimate aim of integrated education is not solely about how to secure a decent job or making ends meet, rather it focuses on developing the underprivileged

child as a complete human being. Integrated education works upon developing every individual facet of the child—mind, body, emotion and spirit, so that all of these can be integrated towards development of the individual as a whole person.

In addition to this, the ideology of integrated education does not only rest upon the idea of making a person smart, but it also focuses on developing a good human being. The idea here is not only to provide knowledge to people, but also help them to translate that knowledge into their day to day activities in order to attain wisdom. The concept of integrated education, does not believe in drawing line of demarcation between school and society, education and human life, awareness and goodness, rather it works on the concept of holistic development.

Now let us look at the origin of integrated education. How did the idea of integrated education come into existence? While in general there is no doubt that integrated education has originated from many sources, yet it is important to mention Whitehead's Philosophy of Education here. Whitehead's Philosophy of Education was constructed on the ideas of organism and the process thought. Whitehead was always of the opinion that understanding the relation of the whole system instead of just a portion was the focal point to appreciating reality. Relatedness is fundamental. According to Whitehead 'nothing is in isolation'. Everything is dependent on the other. 'Everything in this world is in some way connected with every other thing in this world; everything is a part of the whole.' Whitehead furnished us countless examples that emphasize on the significance of totality and relationship.

Whitehead implemented this belief into education. He often made use of the term 'nature alive' which empowered him to examine both the physical and biological science from a distinctive point of view. He was of the opinion that 'the learners are alive'. That the body encompasses both the mental and physical characteristics of combined experience. In Whitehead's words, 'No separation of mind and body in this philosophy; the body includes the mental state. That mental state—the mind, perception, and reasoning—is our concern as educators. Learners do not present to us isolated minds or bodies but themselves as integrated human beings whose relations in the world are experiences that Whitehead's philosophy of organism explains.'

Whitehead's philosophy motivates us to abandon the path of fractionising and, instead, to appreciate the whole with respect to the parts and the parts with respect to the whole. A learner observed from a process perspective is a learner seen as a whole. Teachers/facilitators do not deal with a mind, or a body, or an intellect, or an emotion, rather they look at a learner as a whole; learners come to school to learn as a whole.

Importance of Integrated System of Education

With the advancement of technology, the world has become one large society. Therefore, in order to cater to the educational needs of such a society a global educational approach ought to be adopted, which should be based on the theory of integrated system of education. Today it is very important to take into consideration the requirements of the present global society. Earth as a whole has been reduced to a small global village. Professor Dwight Allen, professor of education and an imminent

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scholar, is of the opinion that, considering the modern technological advancements, the schools are completely outdated. The schools' curriculums are based strictly on regional requirements of the place, e.g., Western schools were planned to fulfil the requirements of western civilization; Chinese schools cater to the needs of Chinese civilization, Asian schools do not dare to go beyond their limited ambits and so on. But we must not forget that the current world is no longer bound by geographical civilizations, rather we have now come to a stage of what can be easily termed as a 'global civilization'. Due to this reason, today communication and interactions amongst diverse cultures and civilizations are more significant than they were in earlier times.

Our schools must enable our children to recognize, comprehend and appreciate other cultures and the needs of different people. There is a dire need for our schools to sensitise all children towards understanding and accepting their differently abled counterparts. According to Professor Dwight Allen:

Unfortunately, in our schools children are more likely to be learning about a world that no longer exists. Knowledge is power; ignorance is oppression. We are oppressed if we don't know, understand, and appreciate our neighbours around the world. We need this knowledge to understand why they act the way they do, what they believe in, and what they consider to be important.

Clearly, simply studying cultures is not enough. Kids must appreciate those cultures. Teachers must become the translators of cultural differences. A child from any nation in the world may be in their classroom tomorrow, and different cultures are just down the street. We need to teach our children to celebrate diversity and the creative human spirit.

In reality, every nation and society has its own system of education. These distinct systems fulfil the requirements of their individual cultures but fail to cater to the needs of today's global society. This is one of the reasons why some American educators noted that although America is the richest nation in the world, however, its school system is failing. The modern global society needs a renewed system of education; which is based on the theory of integrated education, which enables its learners to fully understand their co-learners from varied backgrounds and ones with special needs.

1.2.4 Difference between Inclusive Education and Integrated Education

As our children with special needs arrive at the threshold of a school, we often hear the words 'integrated' or 'included' to label the classroom scenario they will experience. In some cases these terms can be interchanged with each other, denoting learners being 'integrated into a normal classroom' and 'included into a normal classroom'. There are, however, some notable differences between the two. Getting acquainted with these differences can help us appreciate an inclusive atmosphere that will help all learners achieve their potential.

Integration models work with a view that there is something wrong that ought to be fixed in order to play a part in the contemporary education system. The provisions and variations that happen are used to force a learner into an existing classroom

setting. The child has no choice, he/she either adjusts to these variations or faces failure. Ultimately, the child just ends up ‘going’ to school.

Whereas, the inclusive method of education is based on the belief that all learners are unique, and all children have the capability to learn. Inclusive method of education does not talk about a child that needs to be altered or changed to make that him/her fit into any system. In fact, it is the school system that is changed so that individual needs of all learners can be met. In such a scenario children do not just end up going to school rather they ‘participate’ in school.

What is the best way to differentiate between inclusive education and integrated education? An important factor for defining whether a school is integrating or including learners can be ascertained by the kind of language that is used by people in the school. If they talk about additional variations or facilities to help the child fit into a classroom, it means that the school is following the integration method. It talks about dealing with problems, obtaining functional capabilities and assistance workers for the children. There is a need to ascertain the Individual Education Plan. If that focuses on approaches to aid a child fit into a classroom, the method adopted is integration.

Schools using inclusive method of education will talk about helping everyone. People in the school will assert how the classroom/school will be changed to support the success of a child. The talk will be about how the extra variations and services will be of an advantage to everyone. Rejoicing diversity, assisting everyone and providing a support worker for the class are the basis of their ideology. When observing the Individual Education Plan, schemes will be used to adjust and develop the classroom so that each and every participant of the class comes out successful. Inclusion entails facilitating everyone. Now, how do parents ascertain their ward’s school to be inclusive? Inclusion is all about developing relations. In order to help a school become inclusive, relations must be worked upon. The parents’ role is to assist this process by establishing a connection with the principal and teachers. They must offer to be volunteers at the school, and take their child along during their visits. This lets the school know their child, which will ease any fears.

Parents must strive to learn how the funding mechanisms of their child’s school system works. This will help them talk to teachers and administrators about how extra supports will not only benefit their child, but other children also. Thus, by being aware of the differences in the functioning and ideologies of inclusive and integrated schools, we can contribute positively towards our society and provide a helping hand towards the betterment and education of children with special needs.

1.2.5 Objectives of Integrated Education and its Implementation

Objectives of the integrated approach towards education are not very different from objectives of inclusive method of learning, which have been discussed earlier in this unit, as both strive to achieve betterment of children with disabilities. However, we enlist the objectives of integration for the benefit of readers:

- (a) Promote vocational development activities in school for the benefit of children with special needs

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- (b) Construct such curriculum and activities to facilitate the holistic development of learners
- (c) Involve members of the community in contributing towards facilitating special learners' development
- (d) Provide an atmosphere and space for ensuring equal and fair opportunities to all learners
- (e) Boost a sense of equality and confidence in learners with disability
- (f) Ignite a sense of empathy and responsibility towards their lesser privileged counterparts in the minds of non-disabled learners
- (g) Establish training, quality control, process development, technology, common facility centres and other infrastructural activities for all students enrolled in the school, regardless of their mental or physical faculties

CHECK YOUR PROGRESS

1. State any three ways in which inclusive education can be made effective.
2. List any two objectives of inclusive method of education.
3. What is integration?

1.3 INCLUSIVE EDUCATION IN INDIA

India boasts of the second largest education system in the world. There are over 200 million children between the age of 6 and 14 in India, however, nearly 25 million of these children do not have the privilege of going to school (World Bank, 2004). Furthermore, only 35 per cent of children are registered at the time of birth (UNICEF, 2004), thus it may be estimated that between 35 to 80 million children remain devoid of formal education by remaining out of school (Singal, 2005a).

Census 2001 has revealed that over 21 million people in India suffer from one or the other kind of disability. This is equivalent to 2.1 per cent of the population. Among the total disabled in the country, 12.6 million are males and 9.3 million are females. Although the number of disabled is more in rural than urban areas. Such proportion has been reported between 57-58 per cent for males and 42-43 per cent females. The disability rate (number of disabled per 100,000 populations) for the country as whole works out to 2130. This is 2,369 in the case of males and 1,874 in the case of females.

Among the five types of disabilities on which data has been collected, disability in seeing is at 48.5 per cent and emerges as the top category. Others in sequence are: In movement 27.9 per cent, mental 10.3 per cent, in speech 7.5 per cent, and in hearing 5.8 per cent. The disabled by sex follow a similar pattern except for that the proportion of disabled females is higher in the category in seeing and in hearing.

Across the country, the highest number of disabled has been reported from the state of Uttar Pradesh (3.6 million). Significant numbers of disabled have also

been reported from the state like Bihar (1.9 million), West Bengal (1.8 million), Tamil Nadu and Maharashtra (1.6 million each). Tamil Nadu is the only state, which has a higher number of disabled females than males. Among the states, Arunachal Pradesh has the highest proportion of disabled males at 66.6 per cent and lowest proportion of female disabled.

However, statistics concerning children with disabilities may be unreliable due to Filmer's (2005: 3) 'selective reporting' of noticeable physical handicaps, or children being concealed by their families due to shame of their offspring being 'different'. A basic disability figure was incorporated in the 2001 Census for the first time, which was a result of the endeavours of the Indian Disability Movement (Thomas, 2005b). Despite there being no disability indicators in the influential EFA Global Monitoring Reports, the addition of this disability statistic may indicate positive influence of the introduction of the inclusive education concept. The census discovery of a 2.2 per cent disabled population, or 21,906,769, has been defied by NGOs in the field who are of the opinion that the figure is closer to 6 per cent, or 70 million (Thomas, 2005a; Thomas, 2005b).

In India disability is classified under five basic categories—vision, speaking, hearing, locomotors, and mental—this spectrum, however, is not broad enough to include disabilities like autism. In addition, it is compulsory for a person to hold a medical certificate of having 40 per cent or more of one of these disabilities in order to be considered as a disabled person and to gain services made available by the government for the persons with disabilities. According to the 2002 National Sample Survey, only 45 per cent of the disabled people in the country are literate, and about 9 per cent have studied at the secondary school or higher level of education. Although, there still may be discrepancies in the collection of data of persons with disabilities from state to state, however, the collection of data itself can be viewed as a step towards the realization of the fact that even persons with disabilities form an important part of the society.

1.3.1 Societal and Cultural Based Perceptions of Disability in India

Although disability may be defined in terms of a combination of impairment and/or social obstacles, the WHO manual asserts unequivocally that valuation of various disabilities depends on cultural norms. Therefore, it is important to understand Indian societal perceptions of disability in order to become aware of the cultural context based on which the theory of inclusive education is based.

In India, disability is often viewed, in a child or an adult, as a shortfall by cultural standards. In India, disability is seen as a shortfall because the person with disability may not be able to earn his/her livelihood or his family may not be able to look after him/her and may make the person worthy of charity.

N. Singal (2005a), shows how the individualization of disability in India as a special characteristic problem of mind and body emphasizes upon the image of a difficulty in need of a diagnosis and cure in order to make a person be or at least appear more 'normal'. This, Singal says, is due to the charity and welfare focus on helps and appliances to assist those suffering from disabilities to be 'normalized'.

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However, Singal does not shy away from saying that the supremacy of this medical viewpoint may be a result of numerous disabilities in India caused due to ill health and malnutrition of a large number of the country's population. Furthermore, inadequate access and lack of awareness to immunization programmes organised by private and government organizations may lead to one or another kind of disability. According to UNICEF (2004), only 60 per cent of women receive antenatal care, 43 per cent are assisted by a trained personnel during child birth, and 30 per cent of children are not immunised against polio.

Harmful and/or restricted living and working environment may also result in disability among Indians, however, such disabilities may be easily prevented. These 'disabling conditions' (Singal, 2005a: 7), which are widespread in most developing nations, are a vital cause of the ascendancy of the medical model at the expense of awareness or exploration of the social dimensions of disablement deemed so influential. Likewise, the pity meted out towards disabled people, who by many orthodox Indians are considered to be suffering for the sins of their previous birth, justifying that the providers of 'charity' can improve their own karma for their next life, stops the Indian society from understanding the actual problems of such individuals.

However, with just a projected 1,00,000 of around 15 million disabled children being taken care of in present institutions, only charity will not work towards helping children with disabilities. Post-independent India chose to make efforts to advance Scheduled Castes (SCs), Scheduled Tribes (STs), and Other Backward Castes (OBCs), through government job reservation, in the same way, a similar stand needs to be taken towards disabled children. Unfortunately, none of the ways adopted by governments seem to be having the required results on either the backward classes or people suffering from disability. Thus, it will not be wrong to say that it is high time that some introspection is done and measures are taken towards improving the existing policies concerning the disabled.

In the Indian social system, where do children with disability fit? Some of the Indians view disabled persons as the fifth caste, which is the last of all castes. Persons with disabilities are considered infected and remain invisible due to society's pressure or by choice and many a times do not appear for surveys or census data collection. People due to some unfounded reasons link poverty to disability, thus implying that most disabled children are members of families belonging to backward classes, which use their handicap to reinforce their desperate state. Although disabilities are not restricted to any particular class of people or age group, yet, invariably, people with disabilities are many a times found to be among the poorest of the poor (Hans, 2003; DFID, 2000). However, a caste/disability link has not been researched properly to date in the Indian context.

In India, many governmental organizations as well as NGOs have come up with programmes which are focused on caste and gender, however, not many are related to persons with disabilities and this adds to the already deplorable condition, of misery for persons with disabilities. A handicapped woman in India is often seen as having a doomed life because of being a female with disability. In India, with such

emphasis on marriage, and the perception of the society, it becomes difficult for women disabilities to get married. Society often views them as a burden.

These societal and cultural suppositions regarding women suffering from disabilities are worsened by the admiration of female beauty in the Indian society which worsens the situation in the largely illiterate population (Bhambani, 2003). Even in today's modern world, where the global society is echoing with 'woman empowerment' and 'gender equality', there are many sections of the Indian society where if a female child cannot be married and is unable to do domestic chores, then many consider her unworthy of receiving education, which might empower her with economic independence and a decent status in the society (Bhambani, 2003). However, there are families who feel that in case their daughter may not marry due to any reason then she must be provided with education and training as essential in order to grant her monetary freedom (Raja, Boyce & Boyce, 2003).

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Conceptual understanding of Inclusive Education in India

N. Singal (2005a: 9) looks at inclusive education as '... a concept that has been adopted from the international discourse, but has not been engaged with in the Indian scenario.' This view is supported by lack of conceptual engagement through data collected in semi-structured interviews for research, where it was found:

Many interviewees concurred with the opinions reflected in government documents that inclusion is about children with special needs, as reflected by a disabling condition. A handful of others argue that inclusive education should not be limited to children with disabilities, as it holds relevance for all marginalised groups. Though they were quick to accept that this thinking has not yet prevailed.

Children who require special education or assistance are considered to have some disability in the Indian society. On the contrary, according to Mary Warnock, an English philosopher of morality, education and mind, and writer on existentialism, the special education in the United Kingdom developed in 1978, recommended that a child abled or disabled, may require individual education need at any point in school life and thus, all teachers must adapt to such methods of teaching that may help such children. Further, it also emphasizes on the fact that a child with disabilities may not require special education but an able-bodied student can be in need of special education.

Furthermore, in spite of the 1987 Mental Health Act ultimately clearly differentiating between the connotation of learning disability from that of mental illness in India, people still failed to differentiate between the two, with the 1995 Persons with Disabilities Act in which both mental retardation and mental illness have been listed as types of disability (Thomas, 2005b). Being unaware and the fear of inheritance amplifies the societal stigma of both. As mentioned earlier, 'Inclusive' and 'integrated' education are theories which are used in place of one another, for a naïve person both mean placing of children with disabilities in regular classrooms, while providing them with aids and appliances, and also employing expert trainers for the teacher on how to 'handle' learners with disabilities. Time is not spent thinking over and trying to improve the school curriculum and teacher flexibility for all children.

Although, it may be easier to point out that there is lack of critical engagement with such terms in India, however, it may be noted that it could be the cause of less or weak local disabled people's organizations' (DPOs).

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1.3.2 A Brief Evaluation of History of Inclusive Education in India

In the year 1985-86, the erstwhile Ministry of Welfare was bifurcated into the Department of Women and Child Development and the Department of Welfare. Simultaneously, the Scheduled Castes Development Division, Tribal Development Division and the Minorities and Backward Classes Welfare Division were moved from the Ministry of Home Affairs and also the Wakf Division from the Ministry of Law to form the then Ministry of Welfare.

Subsequently, the name of the Ministry was changed to the Ministry of Social Justice and Empowerment in May, 1998. Further, in October, 1999, the Tribal Development Division had moved out to form a separate Ministry of Tribal Affairs. In January, 2007, the Minorities Division along with Wakf Unit have been moved out of the Ministry and formed as a separate Ministry and the Child Development Division has gone to the Ministry of Women and Child Development.

Though the subject of 'Disability' figures in the State List in the Seventh Schedule of the Constitution, The Government of India has always been proactive in the disability sector. It is not only running seven National Institutes (NIs) dealing with various types on disabilities and seven Composite Regional Centres (CRCs), which provide rehabilitation services to PwDs and run courses for rehabilitation professional but also funds a large number of NGOs for similar services and also a National Handicapped Finance and Development Corporation (NHFD) which provides loans at concessional rates of interest to PwDs for self-employment. Besides, the Union Government is a party to Proclamation on the Full Participation and Equality of People with Disabilities in the Asian and the Pacific Region adopted at Beijing in December, 1992, and The UN Convention on the Rights of Persons with Disabilities (UNCRPD), which came into effect in May, 2008.

The subject has received attention in various States Governments in varying degrees. At the Central level also disability being one of the several responsibilities of the M/o SJ&E, and being looked after by just one bureau, has resulted in inadequate attention, as most of its time and energy is spent only on implementing Ministry's own schemes, meeting their expenditure and physical targets, and organising annual time-bound activities like the National Awards for empowerment of PwDs. In the above background, it was stated in the 11th Five Year Plan that 'The Disability Division' of the Ministry of Social Justice and Empowerment will be strengthened by converting it into a separate Department, so that it can liaise effectively with all the other concerned Ministries/Departments and fulfil its responsibilities towards the disabled'. Looking to the specialised nature of the subject on 'Disability', the wide ranging work to be done in the light of the UNCRPT, and the inadequacy of existing implementation structure, the time has now come to upgrade the existing Disability Bureau in the M/o SJ&E. The decision to create a separate Department of Disability Affairs within the M/o SJ&E was taken up by the Government, in

principle on 3 January 2012. This was also announced by the President before both houses of Parliament on 12 March, 2012.

*Inclusive Education:
An Overview*

Two departments have been created under the Ministry of Social Justice and Empowerment vide notification dated 12 May, 2012, namely: Department of Social Justice and Empowerment (Samajik Nyaya aur Adhikarita Vibhag) and Department of Disability Affairs (Nishaktata Karya Vibhag). Now the Department of Disability Affairs (Nishaktata Karya Vibhag) has been renamed as Department of Empowerment of Persons with Disabilities (Viklangjan Sashaktikaran Vibhag) vide Cabinet Secretariat's Notification dated 9th December, 2014.

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A number of steps have been undertaken by the Government of India, since it attained independence in 1947, to make education available to children with disabilities. However, such initiatives have not had the desired effect. A large portion of the population of children with disabilities do not attend school even today. As little as 1 to 4 per cent of children with disabilities are able to acquire some form of education. In this part we will try to understand the reasons as to why India, which has progressed in other fields in leaps and bounds, has not been able to provide education to children with disabilities. Before discussing the difficulties faced by the country, we must make an attempt to understand the various schemes started and policies made by the Government of India with the aim to provide education to children with disabilities.

State of Inclusive Education in India (Pre-Independence)

There is not much proof of efforts for or against inclusive education in India during the pre-independence era. Some discoveries however were made by archaeologists about inclusion of people with disabilities in India some 2000 or more years ago in the form of modified toys made for children with disabilities. These tiny yet significant pieces of evidence were used in a schooling system known as the 'Gurukul' system of education that was prevalent in India before it was annexed by the arrival of the British. This system was sensitive to the distinct cultural, social, and economic requirements of the learners and those closely associated with them. Life skills training and education was imparted keeping in view the potential of each learner.

Though there are not many records about learners with disabilities in this system, the organization per se, seems to be inclusive. India remained a colony of England until 1947, and the Gurukul system breathed its last after India was colonized by the British. By virtue of India having been ruled by the British for a very long time, the Indian education system mainly, depicted the shades of, 'British style' very cut and dry. This system was based on rote memorization, with not many special education services due to its inflexible nature. Before and after independence, the Government of India theoretically supported many forms of inclusive special education in policy. However, during this period, majority of children with disabilities did not get an opportunity to go to school.

The earliest document related to education based on the British style in India goes back to 1835, which was titled, 'Minute on Education', subsequently nicknamed as 'Minute of Macaulay', this particular deliberation triggered the change from

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customary, 'Gurukul', Indian education to the British style of education. It bears testimony to the British Government's aim to produce a 'class of Indians who would be English in taste, in opinion, in morals and in intellect.' Authored by Thomas Macaulay, a British statesman who later joined the folds of the governor-general's council, the document noticeably ridicules the system of education being followed in India. An extract from the document reads, 'the entire native literature of India and Arabia was not worth a single shelf of a good European library'. However, it may be noted that there was no mention of education of people with disabilities in this document. This is so because people with disabilities generally never got the opportunity to undergo any formal education at that time. It may also be understood that people with disabilities were not regarded good enough to be moulded into British-style Indians, as they were looked down upon.

During the pre-Independence era, very little services for people with disabilities were available which were generally offered by the private sector or the existing NGOs that often had an affiliation to one or the other religion. The first school made to facilitate people with disabilities in India was a school for the visually impaired, which was initiated in 1869 by Jane Leupot, with the help of the Church Missionary Society. Fourteen years later, in the year 1883, a school for people suffering from hearing impairment was opened in Bombay. In the year 1887, Christian missionaries opened a school for the visually impaired in Amritsar (Punjab). During the 1800s, the privilege of formal education was made available by means of opening special schools to cater to the needs of people with physical disabilities only. It was not until 1918 that someone thought of providing education to children with mental disabilities and opening a school to facilitate them. By 1900, special schools started mushrooming in different parts of the country. Until the 1970s, most of the special schools employed the basic method of teaching children with disabilities. Most of these schools were for children who were blind or visually impaired, and majority of them got financial assistance from NGOs or from private organizations.

The first half of the 20th century in India was spent by the people of India struggling for freedom. Mahatma Gandhi tried to reduce the British effect over Indian education by introducing the concept of 'basic education'. Gandhi's notion of education fulfilled the requirements of the weaker section of the country's population as its main emphasis was on handicrafts, which was a task generally done by the lower castes and people with disabilities, many of these people were in a habit of working with their hands, they had little or absolutely no experience of academic work. Gandhi introduced the plan in 1937. There is no doubt that his plan swayed the governmental policy for over 30 years, but the sad thing is that it ultimately failed. 1909 witnessed the first piece of tried legislation related to inclusion and education in India. Gopal Krishna Gokhale, Professor of English literature, mathematics, and political economy, served, for example, on the Poona Municipal Council, the Bombay Legislative Council, and finally, the Imperial Legislative Council, introduced a bill under the Indian council act of 1909 according to which primary education was to be made compulsory. Had the proposed bill been passed with its original intent, Indian education would have boasted of a different history as it would have provided finance for mandatory education for all. However, it was voted down.

The policies made and steps taken by the Indian government related to inclusive special education in the 1940s were completely opposed to each other. The Sargent Report by the Central Advisory Board of Education in 1944 recommended that for the sake of education, children with disabilities should be completely put into the mainstream. Instead of evaluating the legitimacy of inclusion, the Sargent Report indicated that it was the only way to give an education. Yet both the action and lack of action by the Government of India, the 1940s completely contradicted this suggestion. Through the entire decade of 1940s, the Indian government started setting up isolated workshops and trade schools different from those for learners without disabilities to teach children with disabilities, skills to stand on their feet in order to earn a livelihood. Other than this, the decade witnessed huge sums of money being given to voluntary organizations as marked by a large increase in the amount of money given to voluntary organizations for the sake of setting up special schools. Majority of these isolated schools were costly and situated in urban areas, because of this people with disabilities living in rural areas were further marginalised.

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State of Inclusive Education in India (Post-Independence)

India freed itself from the clutches of British Raj in 1947, and inclusive education was endorsed in the Constitution of India as a fundamental right for all citizens. At this point it would be appropriate to understand the difference between constitutional rights and state policies and their legal effects. Fundamental Rights are written in the constitution of India; they are absolute and totally enforceable equally in all parts of India. State policies however are completely subjective on a state-by-state basis. Part IX, Article 45 of the Constitution states, the state shall endeavour to provide, within a period of ten years from the commencement of this constitution, for free and compulsory education for all children until they complete the age of fourteen years.

The importance of Article 45 was reiterated in 1993 with the Supreme Court's Unnikrishnan judgment, a case also popular by the name of *Unnikrishnan vs. the State of Andhra Pradesh*. In this case, the court ruled that Article 45 must be read in conjunction with Article 21 of the constitution, which states that 'No person shall be deprived of his life or personal liberty except according to procedure established by law.' By ordering these two articles to be read together, the court made elementary education extremely important to life and personal liberty of all citizens of India. A clause was added to the constitution of India in this regard which however, was not included till December 2002. The 86th Amendment to the Constitution, section 21A reads, 'The State shall provide free and compulsory education to all children of the age of six to fourteen years in such manner as the State may, by law, determine.'

Though most people looked at this amendment as a positive step, but there were some who were not happy with the restriction of age imposed. Another gap pointed out by some critics was that the type of education (inclusive, segregated, or other) had not been categorically specified within the law. The 1960s saw a relevant modification in the organization and funding of inclusive and special education in India. The Ministry of Education was divided, and a new branch called the Ministry of Social Welfare was established. The Ministry of Social Welfare was administered

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with the responsibility of the 'weak and vulnerable' fractions of the society. Rather than providing impetus and support to the prevalent system of education, the Ministry of Social Welfare started giving allowances to non-profit organizations which gave education to children with disabilities; unconsciously this act of the newly formed ministry prevented inclusion of these children within the public ambit or the mainstream.

1.3.3 National Policies, Programmes and Legislations

In India, the State and the Central governments are jointly responsible for the purpose of school education. Although it is the state that is largely concerned with the organization and structure of education, however, it is the central government, which is predominantly responsible for monitoring the standard of education. There is a slight variation between states in the process of organization of school education. There may be small differences in the schooling process of different states, but in almost every state, the stages of schooling include: primary school, middle school and secondary school. Students belonging to the age group of 5 to 10 years, are admitted to primary school which includes classes I to IV, students falling in the age group between 11 and 14 years are admitted to middle school which includes classes V to VII while those in the age group of 15 to 18 are admitted to secondary school, which is VIII to X. Every child, irrespective of being abled or disabled, has the right to get educated up to the age of fourteen years. However, in spite of this fundamental right a large number of children with disabilities are unable to become a part of the education system in India.

To understand the perspective of education in India, it is vital to shed light on the various initiatives undertaken by the Government of India towards educating children with disabilities. It is important to know that all the work in this field has been done only in the last forty years. The earliest initiative by the Indian government was the Integrated Education for Disabled Children (IEDC) scheme of 1974.

The goals of this scheme were to include the retention of children with disabilities in the regular school system, to provide pre-school training to children with disabilities and give 100 per cent financial support as per recommended standards for education of children with disabilities. This meant that the scheme would render monetary help to schools to bear expenses related to educating learners with disabilities in the mainstream classes.

Implementation of IEDC Scheme in NCT of Delhi: An Overview

This scheme covers the following points:

- Integrated Education for Disabled Children Scheme namely IEDC, a centrally sponsored Scheme run by the Directorate of Education now covers all the schools coming under the Directorate.
- Aim of IEDC is to provide not only the Educational opportunities for disabled children in common schools so as to facilitate their retention in the school system but also to integrate them with the general community at all levels as equal partners.

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- Need of IEDC: Population census gives the figure of about 10 million disabled in Indian population. Obviously such a vast percentage of people cannot be ignored while having any kind of vision or mission for our country. Integrating children in ordinary schools is the most effective and economical way of providing educational opportunities to them in large numbers. This also has the social and psychological advantages of giving a boost to their self-esteem to enable them to face life with courage and confidence (Moreover it is now mandatory for the State Govt. to comply with the provisions of the PWD Act 1995).
- Evaluation / History of IEDC in the Directorate of Education (DOE): To begin with this scheme was introduced in 1976-77 in the Selected Senior Secondary Schools run by the DoE. Presently all the schools are covered under this scheme. To avail benefits of this scheme, registration was required to be done at Administrative Cell, till the year 2000-01. Now the process of registration is decentralised and disabled children are registered at the level of school where they are studying. Complete record of the disabled child is prepared and maintained by the teacher incharge (IEDC) in the school.
- Eligibility Criterion for disabled children to be registered is the presence of forty per cent or more of disability(s). This has to be certified by any of the Government Hospitals.
- Disability Categories for extending benefits of this scheme include children who could be
 - Orthopedically Handicapped - (OH),
 - Mentally retarded (Educable) - (MR)
 - Visually Impaired - (VI)
 - Hearing Impaired - (HI)
 - Cerebral Palsied - (CP)
- Benefits of the scheme to the child consist of Books and Stationary Allowance, Uniform Allowance, Transport Allowance, Escort Allowance, Reader Allowance, Actual cost of Equipment (used by the disabled child) etc. (Sec. 30 C of IEDC Scheme 1992.) More details of the scheme are provided in Annex - 'A'
- Functional Structure of IEDC in N.C.T. of Delhi, an Administrative Cell, IEDC Scheme has been constituted on functional basis to implement and coordinate this scheme, though this cell is functioning with the Staff posted in diverted capacity. Deputy Director of Education (DDE) South is the Nodal Officer (Additional Charge). The Cell also has a coordinator and a Special Educator. At the District level, each District has one District Coordinator (IEDC).
- PWD Act, the Persons With Disabilities Opportunities. Protection of Right and Full Participations) Act, 1995 was passed by the Parliament in 1995.

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- Purpose of this Act is to elaborate the responsibility of the Central and State Govt., local bodies to provide services, facilities and equal opportunities to people with disabilities for participating as productive citizens of the Country. This is an important land mark.
- Step taken by the DOE: In implementing IEDC Scheme in N.C.T. of Delhi and to create awareness in community. The Directorate has taken various steps regarding the provisions of the scheme to be availed by the disabled children. Various circulars, orders regarding admission, age relaxation, time relaxation in examination, language, removal of architectural barriers, providing amanuensis to blind students, collections of information regarding disabled children ref etc. has been issued to all the Heads of the school. Moreover the data maintain by IEDC teacher incharge in the school is submitted in the prescribed proforma to the respective District Coordinator, which is then forwarded to the Cell. The Directorate has taken another step in the total integration of these children in co-curricular activities too. Children are being encouraged to participate in 'ABILYMPICS' and similar activities.

Awareness in the community is created regarding IEDC scheme by publishing articles in newsletters. In-service training programmes are also conducted by the IEDC Cell for Heads of schools, EVG Counsellors and teachers for their sensitization (towards this scheme and the Persons With Disabilities Act, 1995) and their role in the implementation of the Scheme. Officers of IEDC Cell also deliver lecture on the Scheme in the training programmes conducted by other agencies like NCERT, SCERT, and CIRTES.

Exhibitions are being arranged at District and Central level for creating awareness in the community. To spread awareness about the variety and level of skills of disabled children, Directorate of Education arranged to send hundreds of school children as spectators to the 6th International ABILYMPICS which were held in Delhi in the year 2003. These efforts were highly appreciated by the office of the Chief Commissioner for Persons With Disabilities.

1.3.4 Special Education in India

In India, there exists no clear cut definition of a learner with special educational needs, numerous documents define the term in their own way. For example, a child with special educational needs in a District Primary Education Programme (DPEP) document is defined as a child with disability, namely, visual, hearing, locomotor, and intellectual (DPEP, 2001).

A study conducted by the District Primary Education Programme (DPEP) revealed that out of twelve million children, only one million attend school. Another study conducted by the Spastics Society of Tamil Nadu showed that on an average there were only six disabled children, per school in Tamil Nadu. The goal of universal elementary education cannot be achieved unless all disabled children are included in the education system.

Laws on Education of the Disabled

The National Policy on Education (NPE) 1986 advocated integrated education in general school for locomotor impaired children and the mildly disabled children and special education to the severely handicapped children. It also recommended orientation and pre-service training for general teachers on disability management and provision of vocational training. The Policy document says that the objective should be to integrate the physically and the mentally handicapped with the general community as equal partners to prepare them to face life with courage and confidence.

There is, however, no dearth of laws and schemes in the country to promote education of children with special needs. Central and State governments and local authorities are legally bound to provide access to free education to all the disabled children till the age of 18 years and also promote integration of disabled children in normal schools under the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, better known as PWD Act. The Government, as per the Act, should formulate schemes to conduct part-time classes, impart non-formal education, and provide education through open schools and open universities for children with special needs. The Act also envisages a comprehensive education scheme to provide transport facilities, remove architectural barriers, supply free books, uniform and other materials, grant scholarship, restructure curriculum and modify the examination system for the benefit of children with special needs.

All children have the right to be educated regardless of their disability or learning difficulty, because education is a human right. Exclusionary policies and practices, however, are widely prevalent all over the country. Many premier schools in the country deny admission to disabled children in violation of their right to education.

Schemes for Disabled Children

The Integrated Education of Disabled Children (IEDC) launched in 1974 and revised in 1992 by the Central Government was one of the first schemes in this area. It aimed to provide educational opportunities for the moderately disabled children in the general school system. The scope of the Scheme included pre-school training, counselling for parents and community involvement. Further, it provided allowances for books and stationary, uniform, transportation, attendant, reader and escort, hostel facilities and assistive devices. IEDC also provides for one special teacher for every eight disabled children and also resource room in every cluster of 8 to 10 schools. The scheme is implemented in 15,000 schools of 26 States and Union Territories covering 65,000 disabled children.

United Nation agencies like UNDP and UNICEF have also initiated several interventions for these disadvantaged children in the country. The Ministry of Social Justice and Empowerment has several schemes, to assist these children in special schools. The most important among them are the scheme of assistance to voluntary organizations for the special schools for the handicapped and the scheme of assistance to the disabled persons for purchasing appliances. Also, a large number of NGOs are working in this area.

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The scheme that has made a major impact is the District Primary Education Programme (DPEP). The advantage of the scheme is that it takes care of all areas from identification, assessment, enrolment and provision of appliances to total integration of disabled children in schools with resource support, teacher training and parental counselling. Replicating interventions of DPEP in integrated education, many other schemes like Jan Shala, the joint programme of the Government of India and five UN agencies, has included this as an important component. The newly launched scheme of Sarva Shiksha Abhiyan (SSA), aimed to universalise elementary education, recognises the right of every disabled children to education.

International Statements

There are several international statements and conventions which proclaim the right of all disabled children to education. The UN World Programme of Action Concerning Disabled Persons (1983) was one of the earliest statements of the UN which called up on all States to adopt policies that recognise the rights of the disabled to equal educational opportunities. It also recommended that the education of the disabled persons should as far as possible take place in the general school system. Then came the UN convention on the Rights of the Child, adopted in 1989 and ratified by over 190 countries including India, which stressed on non-discrimination and universal access to basic education to all children. The World Declaration on Education For All (1990) exhorted States to provide equal access to education to every category of disabled person. Another important document of the UN on disability is the 'Standard Rules' on equalization of opportunities for persons with disabilities adopted in 1993.

The landmark International statement, however, is the UNESCO Salamanca statement and Framework for Action (1994). The statement proclaimed that every child has a fundamental right to education and children with special needs must have access to regular schools which should accommodate them with in a child centred pedagogy. Other International documents include the World Summit for Social Development (1995) and UNDP's inter-regional programme for the disabled people (1995).

Towards Inclusive Education

For over a century, the prevalent model for offering education to children with special needs has been the special school. This system had major drawbacks—it is expensive and has only limited reach. Moreover, segregating children based on disability was discriminatory and violation of the human rights. Subsequently, the philosophy of 'integration' emerged which advocated education of children with mild and moderate disabilities in general schools along with others with adequate resource support. But children under integration method were still treated separately in schools and integration or mainstreaming was only partial.

This led to the emergence of the new concept called Inclusive Education (IE) which argues that all children irrespective of the nature and degree of the disability should be educated in general schools with normal children. More and more experts in special needs education are now advocating inclusive education not only on educational grounds but also on social and moral grounds. Inclusive education is all

about making classrooms responsive to the needs of the learner. It stresses on child centred pedagogy using peer tutoring, co-operative learning and group learning.

Inclusive education has been introduced in the schools in the project areas of DPEP on a limited scale. Success of IE depends on teachers and good classroom practices. A beginning has been made in this area, but a lot more has to be done. Inclusive education may be the mantra to provide education to all children with special needs in the country. Then only the country will be able to achieve the elusive goal of Universal Elementary Education (UEE).

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Inclusive Education of the Disabled at Secondary Stage (IEDSS)

Overview

The scheme of Inclusive Education for Disabled at Secondary Stage (IEDSS) has been launched from the year 2009-10. This Scheme replaces the earlier scheme of Integrated Education for Disabled Children (IEDC) and provides assistance for the inclusive education of the disabled children in classes IX-XII. This scheme now subsumed under Rashtriya Madhyamik Shiksha Abhiyan (RMSA) from 2013. The States/UTs are also in the process of subsuming under RMSA as RMSA subsumed scheme.

Aims

It aims to enable all students with disabilities, to pursue further four years of secondary schooling after completing eight years of elementary schooling in an inclusive and enabling environment.

Objectives

The scheme covers all children studying at the 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 class IX to XII, namely blindness, low vision, leprosy cured, hearing impairment, locomotor disabilities, mental retardation, mental illness, autism, and cerebral palsy and may eventually cover speech impairment, learning disabilities, etc. Girls with the disabilities receive special focus to help them gain access to secondary schools, as also to information and guidance for developing their potential. Setting up of model inclusive schools in every State is envisaged under the scheme.

Components

Student-oriented components, such as medical and educational assessment, books and stationery, uniforms, transport allowance, reader allowance, stipend for girls, support services, assistive devices, boarding the lodging facility, therapeutic services, and teaching learning materials.

Other components include appointment of special education teachers, allowances for general teachers for teaching such children, teacher training, orientation of school administrators, establishment of resource room, providing barrier free environment, etc.

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Implementing Agency

The School Education Department of the State Governments/Union Territory (UT) Administrations are the implementing agencies. They may involve NGOs having experience in the field of education of the disabled in the implementation of the scheme.

Financial Assistance

Central assistance for all items covered in the scheme is on 100 per cent basis. The State governments are only required to make provisions for scholarship of Rs 600/- per disabled child per annum

The Gender Bias

It is a known fact that in India, women with disabilities have to face not only physical but also psychological problems, some of which are depression, anxiety, low self-respect, and loneliness (Nosek and Hughes, 2003). Based on evidence, it can also be said that women are generally limited to activities based around their homes, and men are more outgoing who venture out of the house for the sake of earning a livelihood, social interactions, and community based activities. There is no doubt that the modern era has seen a lot of changes in condition of women, where now lesser number of them are home-bound, however, there is still a long way to go before we reach a significant change in the scenario. Stereotypes in every culture stand out which, come what may, can never be overlooked, these can only be understood by trying to find out their relations to each other in the cultural system.

Gender stereotypes clubbed with disability create a deep milieu of gender based disability in every culture, which might have originated within particular historical circumstances, and these circumstances are affected over a period of time. Thus, it is the culture where social relations of gendered disability continue in constant recurrences of typecasts and expectations (Meekosha). As far as the education scenario is concerned, gender based discrimination is not a new thing in many societies. Girls, in many counties are seen as objects rather than people who need not be groomed or educated, and things only become worse when a girl is disabled. Girls with disabilities have never got a worthy mention in articles or books either on gender or on disability. Thus, it can be said that, the needs of girls with disabilities may be more special than requirements of other people with disabilities so they have to be catered for in all domains of education. Policies formulated ideologically on the human rights model begin by categorizing obstructions that constrain the societal participation of people with disabilities. This has made a difference in the approach towards the way environments are organized. For example, in the field of education, where people (especially with disabilities) used to be looked down upon as not worthy of education, the human rights way of working looks into the approachability of schools with respect to both physical access (i.e., comfortable approach, small steps, ramps etc.) and instructional policies.

1.3.5 Issues and Problems Related to Special Education in India

The Government of India is striving to work towards the betterment of special education in the country. Many policies have been formulated and new schemes have started to benefit children with disability in the best possible ways. Nevertheless, there exists a wide gap in promulgation and implementation of policies in the country with respect to special education. There are numerous obstacles that thwart proper practice of special education in India. Following are some barriers, which pose an obstacle in the smooth implementation of special education for children with disabilities:

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1. Expertise of facilitators, teachers and assistants: Expertise of teachers and others involved in imparting education to children with special educational needs are not as necessary for educating children without disabilities. Das, Kuyini and Desai (2013) surveyed the contemporary ability levels of regular primary and secondary school teachers in Delhi, India for the purpose of teaching learners with disabilities in inclusive or integrated education set ups. They stated that practically 70 per cent of the regular school teachers had neither been given any training in imparting special education nor did they have any experience in handling learners with disabilities. In addition, 87 per cent of the teachers had no provision of support services in their classes. Lastly, though teachers handling students at primary and secondary levels graded themselves as having restricted or narrow capability for handling learners with disabilities, no statistically noteworthy variance could be seen between their perceived ability levels. The incapability of teachers to develop and use instructional materials for learners with disabilities (Coskun, Tosun, & Macaroglu, 2009) is also a problematic area.

2. Societal outlook towards inclusive/special education and disability: Over and above the numerous necessary requirements for successful execution of inclusive education the most essential requirement is of a positive outlook from facilitators, parents, friends, administrators and policy makers towards inclusive education and disability. Nevertheless, sadly though, negative attitudes prevail among members of society with regard to people with disabilities and special education. This attitude impacts the inclusive education scenario in India in a detrimental way. Negative attitude of regular school teachers contributes in slowing down the process to successful inclusive practices in mainstream schools.

Teachers are generally found to be positive towards the principle of inclusive education but the challenge lies in implementing the theory of inclusion practically (Avramidis & Norwich, 2002; Scruggs & Mastropieri, 1996). Undoubtedly, teachers in special schools were found to be more positive towards regular capabilities of children with learning disabilities than those teaching in regular schools. Including children with societal, emotional and behavioural difficulties has always been found challenging for regular school teachers, because of the accompanying problems they develop a negative attitude towards teaching children with disabilities.

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Teachers having a negative attitude towards inclusion consider inclusion as a load on themselves. Numerous researches have revealed that regular school teachers fail to support inclusive method of education. Principals of regular schools play a pivotal role in encouraging inclusive education process in their institutions. Regular schools can be transformed into seats of learning for children with disabilities if principals of schools take keen and personal interest in the process and expect their teachers to do the needful. Other than teachers and principals of schools, prevalent negative attitudes have also been reported amongst parents, friends, administrators and policy makers towards disability as well as the system of inclusive education.

- 3. Lack of awareness about children with disabilities among regular school teachers (Unianu, 2012):** It has been seen that generally a large number of regular school teachers, do not have the basic awareness about children with disabilities. They carry on with self-constructed ideas about some perceived disabilities and have no technical and/or educational awareness about the disabilities, for instance grouping, category, special requirements and adaptations.
- 4. Inappropriate syllabus alteration:** To make the concept of inclusive education successful, there is a requirement to alter existing syllabi in order to meet the special needs of every learner, including children with disabilities. Models like ‘Universal Instructional Design’ need to be appropriately developed and integrated with the syllabus. Sadly though, desired curricular alterations are either not good enough to benefit children with disabilities or do not exist at all.
- 5. Suitable school surroundings:** All schools need to develop such surroundings that facilitate children with disabilities, only then can the aim of inclusive education be achieved in actuality. Nevertheless, generally all regular schools lack basic amenities which are mandatory for physical ease of disabled children. Provision of ramps, lifts, special toilets, signs, directions, indications, do not exist in most schools.
- 6. Support services:** For implementation of inclusive education in regular schools, there is a need to have a strong support system. Other than the teaching staff, all schools must have trained helpers, physiotherapists, special evaluators, who can facilitate the development of children having special needs. They should be present in required numbers and should be well qualified. However, the truth is that hardly any regular schools are equipped with adequate and well-trained service staff.
- 7. Family cooperation:** For attainment of success in alleviating the condition of special children, family support is a very important factor. Family members of special children must visit their school regularly, take active part in all activities organized by the school and be of assistance to the school whenever required. However, unfortunately, due to lack of awareness and involvement amongst parents, they fail to do their part, transferring their entire responsibility to the school.

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- 8. Lack of proper pre-service teacher training:** Unfortunately, the pre-service teacher training programmes being run country wide are well designed to prepare and train potential teachers with regard to inclusive education. Alterations need to be made in designs of these existing pre-service teacher training programmes. Presently, teacher training programmes preparing special teachers come under the purview of Rehabilitation Council of India while those training regular teachers are managed by National Council for Teacher Education. There is a dire need for these two apex organizations to work together and formulate processes for making accomplished teachers adept at executing inclusive education.
- 9. Low self-esteem of children with disabilities:** Low self-esteem of children with disabilities poses a very big problem in effective implementation of inclusive education. The worse thing is that people around such children, generally, instead of boosting their morale further lower their feelings by playing a negative role. In order to achieve the real objectives of inclusive education, it is important to somehow make these children feel good about themselves.
- 10. Lack of proper and competent policies:** Government of India boasts of comprehensive implementation of inclusive education at all levels of regular schools. Nevertheless, on paper it may have been so, but due to poor policy planning and improper means of implementation, they fail to achieve desired results. Moreover, government has been able to implement inclusive education only in public or funded schools, whereas the same has not been enforced and ensured in many regular private schools.
- 11. Unavailability of funds:** For a huge and diverse country like India, implementation of inclusive education at all levels needs huge amount of money. Being a developing country, the apprehensions of the government are not completely unfounded.

1.3.6 Suggestions for Overcoming the Challenges

The complications are characteristic to any alteration or improvement, but it is essential to develop a system of education which is competent to cater to all the needs, individualities and distinct dissimilarities of all children in school.

India follows dual system of education wherein children with disabilities and others are provided education on different platforms based on different strategies. Despite all the shortfalls, the government is trying to promote scholastic changes that encourage an inclusive approach to education. A strive towards an inclusive approach to education is being promoted through teamwork and of teachers trained in regular and special education in the country. A need is felt for improved teacher training because of lack of knowledge regarding inclusive education. Implementation of the following measures can pave a path towards improving the prospects of special and inclusive education in India:

- The attitude of regular teachers towards inclusive education can be reformed and developed.

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- Syllabi can be restructured to meet the needs of all students with different abilities.
- Teachers can render more support and time for preparing special educational activities, suiting all kinds of requirements.
- Decreasing the learner to teacher ratio in every class can prove beneficial.
- Generating and evolving prospects for interactive exchanges between teachers, learners, assistant teachers, parents, etc.
- The changes in the curriculum should be done along with proper training for teachers regarding knowledge of inclusion and its principles.
- The notion of training regular and special teachers should be done away with in order to equip teachers with integrated knowledge of the expected roles, functions and responsibilities to meet the diversity of learning needs in the classroom.

CHECK YOUR PROGRESS

4. What is IEDC? When was it launched?
5. What did the National Policy on Education (NDE) 1986 advocate?

1.4 SUMMARY

- According to a report prepared by UNICEF on the Status of Disability in India 2000, nearly 30 million children in India suffer from some or the other disability. According to the Sixth All-India Educational Survey (NCERT, 1998), out of India's 200 million school-aged children (six to fourteen years), 20 million need special education. Though the national average for total enrolment in school in the country is a heartening 90 per cent, but sadly, not even five per cent of children with disabilities ever get to study in a school.
- Inclusion in education needs to be made effective. Some of the ways in which it can be made effective include: (a) Realizing that inclusion in education is a key facet of inclusion in society. (b) Putting inclusive ethics into practice. (c) Assisting all to foster a feeling of belongingness, (d) Decreasing exclusion, prejudice, and hurdles to learning and increasing participation.
- The term 'inclusive education' entails an approach to imparting education to learners with special needs and including them in the formal education system with other children. In the inclusive method of education, children with disabilities (learners with special needs) spend their time with learners who do not need any special care or assistance. The inclusive method of education discards the use of special educational institutions or classrooms to segregate learners with disabilities from those without disabilities.
- The concept of 'inclusive education' is being progressively encouraged and reinforced, not just by a handful of ardent persons and groups, but by UN

agencies, NGOs and government bodies all cross the globe. All of these private / government schools, agencies and organizations are directed towards the betterment of children with special needs.

- Schools using inclusive method of education will talk about helping everyone. People in the school will assert how the classroom/school will be changed to support the success of a child. The talk will be about how the extra variations and services will be of an advantage to everyone. Rejoicing diversity, assisting everyone and providing a support worker for the class are the basis of their ideology.
- According to the Oxford Dictionary, the meaning of the word ‘integration’ is the action or process of integrating and the intermixing of people who were previously segregated. There should exist a feeling of mutual appreciation and respect for one another. Thus, it can be concluded that integration does not entail the participating parties to forego their individual characters, nor does it advocate stressing upon their variances. This in actuality is the correct and real form of integration.
- Our schools must enable our children to recognize, comprehend and appreciate other cultures and the needs of different people. There is a dire need for our schools to sensitise all children towards understanding and accepting their differently abled counterparts.
- India boasts of the second largest education system in the world. There are over 200 million children between the age of 6 and 14 in India, however, nearly 25 million of these children do not have the privilege of going to school (World Bank, 2004). Furthermore, only 35 per cent of children are registered at the time of birth (UNICEF, 2004), thus it may be estimated that between 35 to 80 million children remain devoid of formal education by remaining out of school (Singal, 2005a).
- Among the five types of disabilities on which data has been collected, disability in seeing is at 48.5 per cent and emerges as the top category. Others in sequence are: In movement 27.9 per cent, Mental 10.3 per cent, in speech 7.5 per cent, and in hearing 5.8 per cent. The disabled by sex follow a similar pattern except for that the proportion of disabled females is higher in the category in seeing and in hearing.
- In India, disability is often viewed, in child or an adult, as a shortfall by cultural standards. In India, disability is seen as shortfall because the person with disability may not be able to earn his/her livelihood or his family may not be able to look after him/her and may make the person worthy of charity.
- A number of steps have been undertaken by the Government of India, since it attained independence in 1947, to make education available to children with disabilities. However, such initiatives have not had the desired effect. A large portion of the population of children with disabilities do not attend school even today. As little as 1 to 4 per cent of children with disabilities are able to acquire some form education.

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- There is not much proof of efforts for or against inclusive education in India during the pre-independence era. Some discoveries however were made by archaeologists about inclusion of people with disabilities in India some 2000 or more years ago in the form of modified toys made for children with disabilities.
- The earliest document related to education based on the British style in India goes back to 1835, which was titled, 'Minute on Education', subsequently nicknamed as 'Minute of Macaulay', this particular deliberation triggered the change from customary, 'Gurukul', Indian education to the British style of education.
- During the pre-Independence era, very little services for people with disabilities were available which were generally offered by the private sector or the existing NGOs that often had an affiliation to one or the other religion. The first school made to facilitate people with disabilities in India was a school for the visually impaired, which was initiated in 1869 by Jane Leupot, with the help of the Church Missionary Society.
- The Integrated Education of Disabled Children (IEDC) launched in 1974 and revised in 1992 by the Central Government was one of the first schemes in this area. It aimed to provide educational opportunities for the moderately disabled children in the general school system. The scope of the Scheme included pre-school training, counselling for parents and community involvement.

1.5 KEY TERMS

- **Inclusive education:** It means that all students, including those with disabilities, attend and are welcomed by their neighbourhood schools in age-appropriate, regular classes and are supported to learn, contribute and participate in all aspects of the life of the school.
- **Disability:** It is a physical or mental condition that limits a person's movements, senses, or activities.
- **Integration:** It is the action or process of integrating and the intermixing of people who were previously segregated.

1.6 ANSWERS TO 'CHECK YOUR PROGRESS'

1. The three ways in which inclusive education can be made effective are:
 - (a) Realizing that inclusion in education is a key facet of inclusion in society
 - (b) Putting inclusive ethics into practice
 - (c) Considering life and death of every individual as of equal worth

2. Three objectives of inclusive method of education are as follows:
 - (a) To ensure monetary freedom and rehabilitation of individuals with disabilities by improving physical and functional capabilities and talent growth
 - (b) To improve maintainable means for stoppage, early identification and mediation, integrated/inclusive education, occupation, entertainment, relief care and other needs in the community educating disabled persons, imparting knowledge to their families and society.
3. According to the Oxford Dictionary, the meaning of the word 'integration' is the action or process of integrating and the intermixing of people who were previously segregated.
4. The earliest initiative by the Indian government was the Integrated Education for Disabled Children (IEDC) scheme, which was launched in 1974.
5. The National Policy on Education (NPE) 1986 advocated integrated education in general school for locomotor impaired children and the mildly disabled children and special education to the severely handicapped children.

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1.7 QUESTIONS AND EXERCISES

Short-Answer Questions

1. State the various ways in which inclusive education can be made more effective.
2. What is the recommendation of the National Report on inclusive method of teaching practices in classrooms?
3. Write a short note on the scope of inclusive method of education.
4. Differentiate between inclusive method of education and integrated method of education.
5. What are the various issues and problems related to special education in India?

Long-Answer Questions

1. Define inclusive education. What are the various objectives of the inclusive method of education?
2. Describe the importance of integrated education with suitable examples.
3. How can integrated education be implemented?
4. Describe the societal and cultural based perceptions of disability in India.
5. Discuss briefly the history of inclusive education in India.
6. What are the ways in which the Government India is trying to establish inclusive education?
7. Discuss Inclusive Education of the Disabled at Secondary Stage (IEDSS).

1.8 FURTHER READING

NOTES

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UNIT 2 DISABILITIES AND EDUCATION-I

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Structure

- 2.0 Introduction
- 2.1 Unit Objectives
- 2.2 Hearing Impairment as a Form of Physical Disability
 - 2.2.1 Types, Characteristics and Causes of Hearing Impairment
 - 2.2.2 Provisions and Educational Facilities for Persons with Hearing Impairment
 - 2.2.3 Catering to the Educational Needs of Hearing Impaired Children
- 2.3 Locomotors Disability as a Form of Physical infirmity
 - 2.3.1 Types, Characteristics and Causes of Locomotors Disabilities
 - 2.3.2 Some Common Causes of Locomotors Disability
 - 2.3.3 Provisions and Educational Facilities for People Suffering from Locomotors Disability
- 2.4 Mental Retardation as a Form of Intellectual Disability
 - 2.4.1 Types and Characteristics of Mental Retardation
 - 2.4.2 Causes and Symptoms
 - 2.4.3 Provisions and Educational Facilities for Persons Suffering from Mental Retardation
- 2.5 Summary
- 2.6 Key Terms
- 2.7 Answers to 'Check Your Progress'
- 2.8 Questions and Exercises
- 2.9 Further Readings

2.0 INTRODUCTION

Disability is a comprehensive word, encompassing conditions like impairments, limitations to perform certain activities and participation constraints. Impairment relates to difficulty in bodily function or construction. A person is said to have activity limitation when he finds difficulty in performing a task or doing an action; while a participation constraint means problems faced by a person during normal life situations.

Thus, disability cannot be termed merely as a health problem. Rather, it should be called a complex occurrence, showing the relation between features of a person's body and that of the society which he or she is a part of. In order to counter the difficulties faced by people with disabilities, there is a serious need to device ways for removing environmental and societal obstacles that curb their independence and growth.

The health needs of the people with disabilities are not very different from non-disabled people, for example, like other people they also need to undergo regular vaccinations, blood tests, screenings etc. The only difference found, based on evidence, is that they have to face many obstacles while reaching these services

they need in many settings. This could be attributed to their physical, mental or economic conditions. This unit discusses various types of disabilities such as hearing impairment, locomotors disability and mental retardation.

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Various types of disabilities exist which include many physical and mental impairments that come in the way of a person's ability to perform his/her activities. Some disabilities have been discussed as follows:

- (a) **Physical impairments:** People may face physical impairments of various kinds, for example, disability of the upper or lower limb(s), physical agility and problem of co-ordination of different body parts. Physical impairments may either be by birth or acquired with growing age or can be due to other problems. They could also be the result of an illness.
- (b) **Disability of the spinal cord:** An injury suffered in the spinal cord may lead to lifelong disabilities. This may happen due to an accident. A person may suffer a complete or an incomplete injury. In an incomplete injury, the messages carried by the spinal cord are not fully lost. On the other hand, a complete injury causes complete dysfunctioning of the sensory organs. In certain cases, spinal cord disability could be a defect by birth.
- (c) **Brain disability:** Any type of injury to the brain may cause a disability in the brain. The enormosity of the brain injury can vary from mild to moderate and severe.
- (d) **Disability of the sight:** Numerous people in the world live with partial or complete loss or impairment of the vision. Such a vision disability could be the result of some injury and sometimes these injuries can take the shape of serious problems or diseases like blindness and ocular trauma. Sometimes a person may be born with a vision disability.
- (e) **Hearing disability:** Hearing disabled person may be partially or completely unable to hear. Deafness may be a defect by birth or may occur later in life due to any biologic reason. People with hearing disability use sign language to communicate.
- (f) **Intellectual or learning disability:** People suffering from learning or intellectual disabilities encounter difficulty in comprehending or learning various things, such difficulties may sometimes be accompanied by speech disorders.
- (g) **Mental disability:** Impairment of the mind is suffered by those people who may have undergone some psychiatric complications or suffered ailments like: Personality Disorders—showcasing inadequate patterns of behaviour; or Schizophrenia—a mental disability categorized by instabilities of reasoning, temperament, and behaviour.

2.1 UNIT OBJECTIVES

After going through this unit, you will be able to:

- Explain hearing impairment as a form of physical disability
- Describe the types, characteristics and causes of hearing impairment

- Discuss the provisions and educational facilities for hearing impaired children
- Discuss the types, characteristics and causes of locomotors disabilities
- Assess the educational facilities provided for the people suffering from locomotors disability
- Describe the types and characteristics of mental retardation
- Analyse the causes, symptoms and prevention of mental retardation

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2.2 HEARING IMPAIRMENT AS A FORM OF PHYSICAL DISABILITY

Though there lies a difference between hearing impairment and deafness, they are more or less treated similarly for the purpose of deciding their disability category. According to the Individuals with Disabilities Education Act (IDEA), hearing impairment can be defined as ‘an impairment in hearing, whether permanent or fluctuating, that adversely affects a child’s educational performance but is not included under the definition of “deafness”’. In order to comprehend this definition better, it is imperative to understand deafness so that there is a clarity about the type of disabilities that fall under the category of hearing impairment. A person suffering from a hearing loss above 90 decibels is termed as deaf. Thus, it can be said that a hearing loss below 90 decibels would be termed as hearing impairment.

The type of hearing loss is determined as per the location inside the ear where the hearing impairment occurs. Certain types of hearing loss may be encountered with the help of hearing aids. But the same may not hold true for all types of hearing loss. Hearing loss is classified as slight, mild, moderate, severe or profound, depending on how well an individual can hear the frequencies that are commonly associated with speech.

Hearing impairment can cause many problems in the lives of the people suffering from it, especially in the lives of students who experience difficulties due to this impairment such as understanding the language subjects, taking important notes during lectures, taking part in discussions, comprehending educational videos, giving PowerPoint presentations, etc.

The American system of education is set up to meet disability requirements. It is a model based on shortfalls, planned to react when the student deviates or fails in a way that can be chased back indisputably to the condition that disables him or her. After ascertaining the shortfall, the system tries to make up for it through special education. Seeing the student’s shortfalls due to his or her disability, a need to incorporate specialized instructions in teaching was felt. Defining and determining the curriculum, teaching learning tools and mode of instruction for the specialized instruction should be a collective effort on part of the special educators, learner’s parents or guardians and others involved in the activity (for example speech-language pathologists, occupational therapists, parents, psychologists, interpreters, general educators, counsellors and other applicable representatives). This group would function as a team to create a document called the Individual Education Programme

(IEP), which sets rolling the educational aims and objectives for learners, based on their special needs.

2.2.1 Types, Characteristics and Causes of Hearing Impairment

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After getting a general overview of what hearing impairment is, the various types of hearing loss will be discussed. It is also important to understand the degree and descriptors associated with them.

The three basic types of hearing loss are as follows:

- (a) Conductive hearing loss
- (b) Sensorineural hearing loss
- (c) Mixed hearing loss

(a) **Conductive hearing loss:** It is a condition in which sound is not directed easily via the outer ear canal to the eardrum and the small bones (ossicles) of the middle ear. A person suffering from conductive hearing loss is able to hear soft sounds and encounters difficulty in hearing. This type of hearing loss is generally temporary and can normally be rectified through medical or surgical means.

Conductive hearing loss could be caused due to the following reasons:

- Accumulation of liquid in the middle ear due to common cold or an allergy
- Malformation of the outer ear, ear canal, or middle ear
- Accumulation of earwax
- An infection in the ear
- Water retention in the outer ear due to swimming, rafting, etc.
- Malfunctioning of the Eustachian tube
- Foreign body in the ear canal
- Hole in the eardrum

(b) **Sensorineural hearing loss (SNHL):** It occurs in cases of damage to the inner ear or to the nerves attaching the inner ear to the brain. Generally, this condition is beyond medical or surgical correction. This is the most common type of permanent hearing loss. A person suffering from SNHL is able to hear only faint sounds. An individual suffering from hearing impairment due to SNHL may hear unclear or muffled sound even when the sound is actually loud and clear.

SNHL could be caused due to following reasons:

- Ingestion of drugs which are harmful to hearing
- Genetic or hereditary SNHL
- SNHL due to increasing age
- Some kind of an injury to the head
- Problem with formation of the inner ear
- Close and prolonged contact with loud noise

- (c) **Mixed hearing loss:** It is the result of combination of conductive hearing loss and sensorineural hearing loss. This condition occurs when there is a damage in the outer or middle ear along with a damage to the inner ear or the auditory nerve.

Degree of Hearing Loss

Degree of hearing loss indicates the severity of the loss. The table below illustrates one of the normally used grouping systems. The numbers are demonstrative of an individual's hearing loss range in decibels (dB HL).

Degree of hearing	Hearing loss range (dB HL)
Normal	10 to 15
Slight	16 to 25
Mild	26 to 40
Moderate	41 to 55
Moderately severe	50 to 70
Severe	71 to 90
Profound	91+

Source: Clark, J. G. (1981). Uses and Abuses of Hearing Loss Classification. *Asha*, 23, 493–500.

Other Descriptors Related with Hearing Loss

Some other descriptors related with hearing loss are as follows:

- (a) **Bilateral or unilateral hearing loss:** The literal meaning of the word 'bilateral' is 'effecting both sides'. Thus, a bilateral hearing loss means loss of hearing in both ears.

However, unilateral hearing loss on the other hand means that a person is able to hear normally in one ear but suffers hearing loss in the other. The hearing loss can range from mild to very severe. Both adults and children can be afflicted by unilateral hearing loss. Nearly 1 out of every 10,000 children suffers from a unilateral hearing loss by birth, and approximately 3 per cent of school going children suffer from unilateral hearing loss. Children suffering from unilateral hearing loss have to face many challenges in the academic, speech-language, and social-emotional fields as compared to those not suffering from this condition. In most cases, unilateral hearing loss goes unnoticed, because of which children remain devoid of any kind of medical assistance or other intervention.

Unilateral hearing loss could be a result of any of the following conditions:

- Genetic or hereditary reasons
- An abnormality in the outer, middle, or inner ear
- Downs, Usher syndrome, etc.
- Rubella, CMV or other such ailments and infections
- Injury to the head

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- Exposure to loud noise
- Traumatic brain injury (TBI)

- (b) **Symmetrical or asymmetrical hearing loss:** When a person experiences same degree of hearing loss in both ears, it is known as symmetrical hearing loss. Asymmetrical, on the other hand, means different degree of loss and configuration in each ear.
- (c) **Progressive or sudden hearing loss.** In instances when a person loses his/her hearing power gradually over a period of time it is said to be a progressive hearing loss. On the other hand, quick and immediate hearing loss is termed as sudden hearing loss, which needs immediate medical attention in order to find out its cause and start the required treatment.
- (d) **Fluctuating or stable hearing loss.** When the hearing capability varies at different times, it is called a fluctuating hearing loss. Whereas, in a stable hearing loss, condition of the child does not change over time and remains constant.

2.2.2 Provisions and Educational Facilities for Persons with Hearing Impairment

Ali Yavar Jung National Institute for the Hearing Handicapped is an independent organization providing services to the hearing impaired in India. It began in 1983 under the aegis of Ministry of Social Justice and Empowerment, Government of India, to be of service to people suffering from hearing impairment.

The organization and its centres located in different districts provide wide-ranging investigative, healing, scholastic and occupational services to people suffering from hearing and speech impairment. An interdisciplinary crew comprising audiologists, speech therapists, special teachers, psychologists, social workers, ENT (Ear, Nose and Throat) specialists, child specialists and neurologists are constantly attempting to retain a high standard of rehabilitation services.

Steps taken by the Government of India

Numerous legislations have been passed by the Government of India on disability in the last ten years. Following are some of the prominent statutes:

- **Persons with Disability Act (1995):** Hearing impairment has been included as a disability in the Persons with Disabilities Act, 1995. It also defines hearing impairment (vide supra). The Act undertakes the promotion and integration of learners with disabilities in regular schools. It includes a section allocated to condensed syllabus for children with disabilities and granting an allowance of a single language to the student suffering from hearing impairment.
- **National Programme for Prevention and Control of Deafness (2006):** National Programme for Prevention and Control of Deafness was introduced with the long term aim of preventing and controlling major causes of hearing impairment and deafness. The initial project was concluded in 2008. According to a survey conducted by National Sample Survey Organization (NSSO),

presently 291 people per one lakh in India suffer from severe to profound hearing loss (NSSO, 2001). A huge fraction of these are children between 0 to 14 years of age. These young Indians suffering from hearing impairment are a setback to the national productivity. To counter the problem of hearing impairment, it is imperative that rehabilitation and relief programmes reach all over the country, especially in the rural areas.

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2.2.3 Catering to the Educational Needs of Hearing Impaired Children

Before rendering support to hearing impaired children in a regular school environment, it is a good idea to assess the kind of support required which will help in eliminating potential obstructions to growth and development of the children. A precise and detailed knowledge of a learner's requirements reinforces good preparation and development. A good assessment will entail:

- Learner's self-assessment of any support needs
- Contemplation of support required to cater to any specific subject necessities
- Incorporation of technology and communication in teaching
- Participation of professionals, e.g. a teacher trained to teach students who are deaf
- Parents' opinions about suitable facilities
- Use of expert evaluations
- Data and information at all levels of accomplishment

Teaching Approaches with Regard to Hearing Impaired Learners

Adoption of certain measures in imparting education to children with hearing disability can help speed up the process of special education. Some of these measures are as follows:

- Meeting specific requirements of individual learners
- Widespread use of visual aids
- Reading around the class by the teacher
- Making use of whiteboard and PowerPoint presentations
- Using videos/DVDs/online clips
- Helping children in taking notes
- Pre- and post-tutoring sessions for clarifications and doubt clearing
- Creation of small group for the purpose of teaching, assignments, projects, etc.
- Supporting language development
- Making demonstrations for better explanation
- Classroom displays for better perception and understanding
- Making efforts to reduce tiredness by giving short breaks

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- Providing vocabulary and support hand-outs
- Checking and re-checking comprehension of the learner
- Provide help and support during sports, swimming and other physical education activities
- Providing subject specific support to higher class students
- Making required changes in the syllabus
- Giving prepared notes to learners for better reception of teaching
- Making liberal use of mind maps to facilitate comprehension

CHECK YOUR PROGRESS

1. How is the type of hearing loss determined?
2. What are the basic types of hearing loss?
3. Define conductive hearing loss.
4. What does degree of hearing loss indicate?

2.3 LOCOMOTORS DISABILITY AS A FORM OF PHYSICAL INFIRMITY

A person's inability to perform typical activities connected to movement, of both oneself and objects, from one place to another, and such inability which is a result of diseases of musculoskeletal and, or nervous system, has been defined as Locomotors Disability. Disability or impairment is a permanent or temporary bodily, physical or mental loss or irregularity. For example, a missing arm or leg, paralysis as a result of polio or any other cause, mental retardation etc. An individual suffering from locomotors impairment may encounter partial or complete functional limitations. He/she may experience difficulty in performing activities necessary for motor, sensory or mental functions in comparison to people who do not suffer from any such disability. Activities including common day to day activities like walking, seeing, hearing, speaking, are affected.

It has been estimated that about 16 million Indians today, are affected by locomotors disabilities. Physical challenges perhaps have been existing since the beginning of the civilization. Endeavours made by human beings to make conditions better only aggravated them. Physical disabilities cannot be eradicated but we must constantly struggle to lessen their effect through resolute combined efforts.

There is no doubt that locomotors impairments need medical attention and sometimes specialized ones, but social difficulties attached with them need to be addressed in an integrated manner. A person suffering from locomotors disability is in as much need of a happy environment as medical attention, so it is important to provide them with a congenial atmosphere. The entire global society must take a

step forward to eliminate isolation from the lives of people with disabilities and provide them with a wholesome ambience. No single section of the society can handle the problem on its own.

Around ten per cent of the entire population of the world is said to be suffering from some kind of a disability. In India, the figure of people afflicted with various disabilities such as locomotors, mental, visual or deafness is estimated to be around 100 million. No precise estimates are, however, available because of various definitions adopted during the different surveys. The following pie charts present an indicative figure of the prevalence of locomotors disability in India.

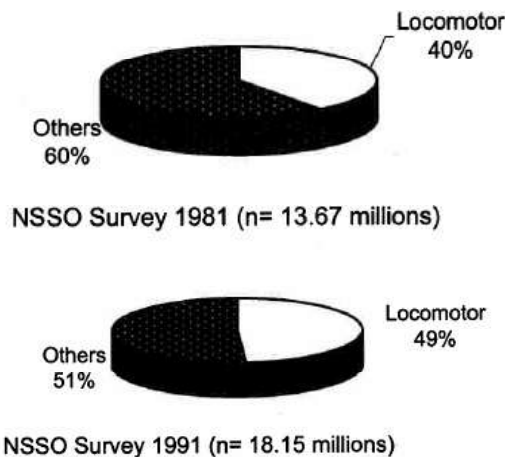


Fig. 2.1 Number of Physically Disabled Persons in India

2.3.1 Types, Characteristics and Causes of Locomotors Disabilities

Locomotors disability can be categorized into the following:

- **Congenital locomotors disability:** The common causes of these two forms of conditions can be classified as congenital and developmental. Cerebral palsy, CTEV, meningocele, meningomyelocele, phocomelias, congenital dislocation of hip are some examples of such locomotors disabilities.
- **Acquired locomotors disability:** Causes of the acquired disability can be further categorized into:
 - Infective locomotors disability which is caused due to a severe bodily infection e.g., tuberculosis of spine or other joints, chronic osteomyelitis, septic arthritis, acute poliomyelitis, G.B. syndrome, leprosy, encephalitis, AIDS, etc.
 - Traumatic locomotors disability is caused due to a physical trauma from road, water or air accidents, domestic accidents, industrial accidents, agricultural accidents, fall from height, bullet injuries, explosions, violence, sports injuries, natural catastrophes like earthquakes, floods.

A person with locomotors disability will have partial or no movement in his/her body parts. The main causes could be injuries, diseases or disfigurements in the bones or muscles or any injuries of the brain, spinal codes or the nerves.

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Any loss or deformity of physical or body structure or function in a human being is called an impairment. These impairments restrict a person's physical and mental capacities to a partial extent or completely. Any part of a person's body or the entire body may be affected due to the disability. There exist a number of locomotors disabilities which have been mentioned below and discussed in detail in different sections of the book. Some locomotors disabilities are as follows:

(a) **Disability due to visual impairment:** Visual impairment or disability relates to a vision that has less strength, quality, or value than normal. People's vision weakens or gets damaged due to some reason after birth or at the time of birth. Some characteristics of visual disability are as follows:

- **Twin vision:** An eye which is unable to properly line up the images generated by each eye suffers from twin vision.
- **Blurry vision:** This happens when one or both eyes lose sharpness of eyesight, which makes objects appear out of focus and hazy. Blurry vision could cause myopia, hypermetropia, astigmatism or presbyopia.
- **Cloudy vision:** Opaqueness in the eye caused by cataract, gives a cloudy vision.
- **Colour blindness:** Inability to see or differentiate between colours, this condition is usually genetic.
- **Night blindness:** This condition could be a result of any of the reasons discussed above e.g., near-sightedness, cataract, etc.

(b) **Disability due to hearing impairment:** According to World Health Organization, disability caused due to hearing impairment is a broad term used to describe the loss of hearing in one or both ears. There are different levels of hearing impairment. This topic has been discussed in detail in the previous section of the unit.

(c) **Disability due to speech impairment:** Speech or language impairment is a category that can also be termed as communication disorders. The Individuals with Disabilities Education Act (IDEA) uses the term speech or language impairment as a communication disorder such as stuttering, impaired articulation, language impairment, or voice impairment. Language impairment is a result of damage to the brain that makes use or comprehension of words difficult or in certain cases even impossible. Following are some causes of speech impairment:

- Brain/throat or tongue cancer
- Psychological difficulties
- Injury suffered by brain and muscles
- Paralysis, immobility or weakness of muscle

2.3.2 Some Common Causes of Locomotors Disability

Some common causes of various locomotors disabilities have been briefly enumerated below:

- **Poliomyelitis (commonly known as polio):** According to World Health Organization, Polio cases all around the world have decreased by over 99 per cent since 1988, from an estimated 350000 cases then, to 74 reported cases in 2015. The reduction is the result of the global effort to eradicate the disease. As long as a single child remains infected, children in all countries are at a risk of contracting polio.
- **AIDS:** The problem of AIDS is growing at a shocking pace all over the world. HIV is the cause of AIDS, this is a progressive disease which slowly eats up a person completely. HIV infection mainly attacks the immune system, ultimately making the infected person's immunity ineffective. Progression of AIDS causes malfunctioning of many organs of the body. Disabilities arising from HIV disease are in many respects identical to the ones caused by cancer.
- **Cerebral palsy:** Cerebral palsy is a tenacious condition of movement and stance appearing early in life and due to slow or non-development of the brain.
- **Arthritis:** Literal meaning of the word arthritis is inflammation in the joints. It is characterized by pain, swelling and limitation of joint movement. Osteoarthritis, which is a more common type of arthritis marks degeneration of the joints. The patient suffers loss of joint cartilage and the formation of bony out-growths at the edges of the affected joints.
- **Spinal cord injury:** It occurs due to severe damage to the spinal cord that can effect conduct of normal motor, sensory or autonomic functions. It can result in paraplegia, i.e., involvement of lower extremities, or quadriplegia, i.e., involvement of all extremities. It is estimated that in our country there are 12000 fresh cases of paraplegia every year.
- **Muscular dystrophies:** The muscular dystrophies is a condition of genetic disorders with slow deterioration of the muscle fibres. This condition occurs only in male children. It is marked by normal or slightly delayed early development of the child. First symptoms of this condition are difficulty in walking, running and climbing stairs.
- **Tuberculosis (TB) of bones and joints:** Locomotors disability may also be caused by tuberculosis of bones and joints which retards the movement of joints, causing loss of motion. A person may have a hunchback or paralysis of limbs, because of envelopment of spinal cord, rendering him/her disabled.
- **Amputation:** Amputation means elimination of the entire or a part of a limb. Amputations are musculoskeletal complications of a distinct kind because the disability is not a result of any pathologic condition, rather it is the result of a treatment that has removed the pathologic condition.
- **Stroke:** Stroke results in sudden loss of motor control usually of the face, arm and leg of one side. It may be accompanied by unconsciousness, speech

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disturbance, visual and hearing loss, numbness, burning pain, sensory deficit and psychiatric disturbances.

- **Cancer:** Cancer was considered to be an indomitable and invincible disease a few decades ago. But due to medical and technological advancements in early cancer detection and treatment of cancer, many people are able to sail through the deadly disease and lead a healthy, normal life. However, some cancer survivors are left to suffer substantial physical and psychological problems. They get afflicted by a number of disabilities related to cancer and the treatment received. Neuromyopathies, pathological fracture, pain, gait problems are some common significant problems suffered by cancer survivors in their day to day lives.
- **Lathyrism:** Lathyrism is a crippling disease caused by the consumption of the pulse lathyrus laturis (*Kesari dal*) in large quantities. *Kesari dal* is a cheap product and is used to adulterate other dals. The disease is prevalent mostly in parts of Madhya Pradesh, Uttar Pradesh, Bihar and Odisha. The scourge of lathyrism can be eliminated only if cultivation of *Kesari dal* that causes it, is banned.

2.3.3 Provisions and Educational Facilities for People Suffering from Locomotors Disability

It has been found that in India 25 per cent of the literate people with disabilities received education up to the primary level (five years of schooling), 11 per cent up to the secondary level (eight years), and only a sparse 9 per cent had gone up to the senior secondary level. Well, it is a matter of interest that more number of children with disabilities, between 5 to 18 years of age, had been enrolled in regular schools in rural areas as compared to urban areas. These numbers however do not remain constant and every year witnesses a change. Year 2003–04 witnessed enrolment of 1.75 million disabled children as compared to 1.40 million in 2004–05. In 2006–07, around 1.42 million children with disabilities were registered in elementary classes around India, of which 1.04 million studied in primary classes and 0.38 million in middle school.

Table 2.1 shows the variances in registration based on the type of disability. Nearly one in every three children with disabilities in elementary classes has a problem in moving around (28.56 per cent). About 24 per cent suffer from disability due to sight, 12 per cent are deaf, 12 per cent are disabled due to speech, about 17 per cent suffer from mental retardation and 7 per cent have other kinds of disabilities. Some interesting differences can be seen as children make a shift from primary to middle school classes. In comparison with 20.79 per cent of children suffering from visual impairment in primary classes, their percentage in middle classes goes up to 32.87 per cent. Whereas, number of children suffering from mental retardation show a marked decrease.

Table 2.1 Enrolment According to the Type of Disability

	I – V	VI – VIII	I – VIII
Seeing	20.79	32.87	24.02
Hearing	11.69	11.04	11.52
Speech	13.04	8.28	11.77
Moving	27.28	32.09	28.56
Mentally	19.68	8.62	16.73
Retarded Others	7.51	7.10	7.40
Percent to Total Enrolment	0.79	0.80	0.80

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Source: Compiled from DISE 2006–2007.

Policy and Governmental Frameworks for Children with Disabilities

International and national level policy frameworks and statutes pertinent to education of children with disabilities are discussed below.

1. **Constitutional safeguards:** The right to equality of status and opportunity is clearly endorsed in the Preamble of our constitution. The constitutional provision ensures for all its citizens equality before the law, non-discrimination and the right to life and liberty (Article 14, 15, 19 and 21, respectively, of the Constitution). These Articles do not make a specific mention of persons with disabilities but are generic in nature. Article 45 states the provision of free and compulsory education for all children up to the age of 14 years. On the basis of this provision, the Constitution (86th Amendment) Act 2002, has been enacted by the parliament which makes education a fundamental right of all children between 6–14 years of age.
2. **Kothari Commission (1964–66):** The Kothari Commission laid down the need of a common school system for all children irrespective of caste, creed, community, religion, economic condition and social status. In 1968, the National Education Policy towing the line of the recommendations made by the commission, recommended the growth of scholastic provisions for children suffering from physical and mental disabilities. It advocated the development of an integrated programme empowering disabled children to study in mainstream schools. Details of the provision of this legislation will be discussed at length in the last unit of the book.
3. **National Policy on Education (NPE) (1986):** The NPE highlighted the critical need of equality. Section 4.9 of the policy evidently emphasises upon the needs of the children with disabilities.
4. **Integrated Education of Disabled Children (IEDC):** The Government of India realised the need to integrate children with disabilities in the year 1974; it was then that the Union Ministry of Welfare initiated the scheme of Integrated Education of Disabled Children (IEDC) sponsored by the centre.

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The centrally sponsored scheme of Integrated Education of the Disabled Children makes available educational opportunities for children with disabilities in regular schools, to assist their retention in the regular school system, so that these children are able to acquire the communication life skills necessary for existence at the functional level.

5. **Rehabilitation Council of India Act (RCI–1992):** The POA got impetus by the adoption of the RCI Act, 1992. There was enough evidence to show that there was no fool proof system deployed to regulate and observe the preparation of special teachers and other rehabilitation professionals in the country. Hence, the RCI Act was initiated by the Parliament of India in 1992, which was later on amended in 2000, to implement a constitutional system for observing and regulating courses for the training of special educationists to facilitate children with disability. In regular schools of the country, this training lies within the ambit of RCI.
6. **Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995:** The Persons with Disabilities Act, 1995 can undoubtedly be stated as the breakthrough statute in the history of special education in India. This wide-ranging Act encompasses seven disabilities namely blindness, low vision, hearing impaired, locomotors impairment, mental retardation, leprosy cured and mental illness.
7. **National Trust Act, 1999:** In 1999, the Parliament of India passed an Act named ‘National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disability’. Although this statute does not overtly addresses the issue of education of children with special needs, but it lays down stress upon and promotes programmes, which work towards inclusion and independence of children with disabilities.
8. **Project for Integrated Education for the Disabled (PIED):** In 1987, to accomplish the requirements for children with disabilities laid down in the NPE (1986), the government launched the Project for Integrated Education for the Disabled (PIED). It was a joint venture of MHRD and UNICEF. It states ‘wherever feasible, the education of children with motor handicaps and other mild handicaps will be in common with that of others’.
9. **District Primary Education Programme (DPEP):** The successful response to PIED paved the way for the constituent of Integrated Education of the Disabled (IED) in DPEP, a scheme launched in 1994 by the Government for the attainment of fundamental education for disabled children.
10. **The Sarva Shiksha Abhiyan (SSA):** SSA has been effective since 2000-01 and jointly been run with state governments to achieve the goal of giving a universal shape to elementary education. This is based on 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
- Education placement
- Aids and appliances
- Support services
- Teacher training
- Resource support
- Individual Educational Plan (IEP)
- Parental training and community mobilization
- Planning and management
- Strengthening of special schools
- Removal of architectural barriers
- Research
- Monitoring and evaluation
- Girls with disability

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11. **The RTE Act, 2009:** The Right of Children to Free and Compulsory Education Act, 2009, commonly known as RTE Act, 2009 was passed by the parliament on the 26 August, 2009 (notified on 16 February, 2010 to come into effect from 1 April, 2010). This act makes the government of the country responsible for ensuring admission and completion of free education for all children between the ages of 6 to 14. The RTE Act tries to protect the rights of the children from the less fortunate sections of the country, safeguard them against any kind of discrimination and guarantee the completion of their elementary education.

CHECK YOUR PROGRESS

5. Define locomotor disability.
6. Name the two types of locomotor disability.
7. What are muscular dystrophies?
8. What does the Integrated Education of the Disabled Children scheme aim at?

2.4 MENTAL RETARDATION AS A FORM OF INTELLECTUAL DISABILITY

According to the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, mental retardation has been defined as 'condition of arrested or incomplete development of mind of a person which is specially characterized by sub-normality of intelligence'. People and experts related to mental retardation in India are of the opinion that there is a scope for improvement for this

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definition cited in the act. Due to vast expanse of the Indian terrain no methodical accounting of the figure of persons with disabilities in the country has been done. Statistics on scholastic and other needs of mentally retarded children and adults is not available.

Changing Perceptions of Mental Retardation

The term 'mental retardation', was used for describing apparently unusual people who were relatively much slower at learning and in their conduct of day to day activities. Fortunately, today mental retardation is comprehensively termed as 'intellectual disability'.

The American Association on Mental Deficiency (AAMD) has made an official modification between 1959 and 1983, to comprise both measured intelligence and adaptive behaviour. With the WHO definition clubbed with that of the Persons with Disabilities Act, 1995 in India, the AAMD definition (1983) is more predominant amid organizations and institutions catering to these needs, as it is more oriented towards academic interests. As per AAMD (1983) 'Mental retardation refers to a significantly sub-average general intellectual functioning resulting in or associated with concurrent impairments in adaptive behaviour and manifested during the developmental period' (Grossman, 1983). The definition given by AAMD is a practical definition which lays stress upon the interaction between an individual's competencies, the surroundings in which he/she works, and the necessity of support systems.

Definition of mental retardation given by the American Association on Mental Retardation (AAMR), 1992, showing signs before the age of 18, is indicative of significant limitations in present functioning, characterized by marked below average functioning of the brain which is present parallel to limitations in two or more of the following adaptive ability ranges- communication, taking care of one self, day to day living, social abilities, civic usage, self-direction, health and safety, practical academics, rest and work. While implementing this definition and the complementary grouping system, AAMR (1992) talks about the mild, moderate, severe and profound classification in the previous definitions to be substituted with 'levels' of support which a person suffering from retardation needs- intermittent, limited, extensive, and pervasive.

Let us try to understand these terms in brief:

- **Intermittent:** This is a need based support given to the disabled. This support may be termed as short-termed support which is rendered during shifts.
- **Limited:** A consistent kind of a support provided over a period of time. It does not generally vary or increase at any time. Such a support may not require many staff members and it may also be less expensive as compared to extensive support.
- **Extensive:** Regular support rendered to the mentally retarded person in any particular environment (e.g., either home or school) such a support is not limited and may also cost a lot.

- **Pervasive:** Constant support provided in all kinds of environments, which may be of life sustaining and intrusive nature. This kind of a support may be expensive and involve more number of people.

2.4.1 Types and Characteristics of Mental Retardation

Based on the various assessment criteria and the kind of support needed by a mentally retarded person, mental retardation (MR) can be categorized into following four levels of intellectual disability.

1. Mild Mental Retardation

A person with mild MR will demonstrate the following characteristics:

- Will have an IQ between 50-70
- Such a person does not appear (physically) disabled in any way
- Takes a slightly longer time in performing all tasks
- Starts to speak and communicate later than an average child
- Is capable of independently taking care of oneself
- Is capable of acquiring practical abilities
- Has a limited knowledge of reading or writing
- Can acquire mathematical skills only up to class 6
- Can handle social interactions well
- Is able to communicate, and adapts socially
- Is capable of functioning in society

2. Moderate Mental Retardation

A person with moderate MR will demonstrate the following characteristics:

- Will have an IQ between 35-49
- May or may not have any unusual physical indications
- Is prominently picking up aspects like talking, reading, and writing
- Is able to comprehend simple communicative skills
- Is able to grasp simple health, self-care, and safety skills
- Is able to carry out simple activities and work under supervision
- Is able to travel to familiar places without anyone accompanying

3. Severe Mental Retardation

A person with severe MR will demonstrate the following characteristics:

- Will have an IQ between 20-34
- Motor capabilities are prominently impaired
- Is considerably delayed in starting simple physical activities like walking
- Has slight or completely no communicative skills, but does not lack complete ability to comprehend speech

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- Is able to exhibit limited responses
- Can be taught daily with repetitive activities
- May be trained to manage simple self-care activities
- Needs control and instructions in social settings

4. Profound Mental Retardation

A person with profound MR will demonstrate following characteristics:

- Will have an IQ lesser than 20
- Is ominously sluggish and delayed in all facets
- Congenital abnormalities are overtly evident
- Needs close supervision
- Cannot function without an attendant
- May show positive response to bodily and social activities, if made to undergo regular practice
- Is not able to perform self-care activities

Mental retardation can impact a person physically, intellectually and behaviourally. Children suffering from MR have a slower rate of physical growth. Nevertheless, they do not show any explicit physical characteristics that distinguish them from other people. They may display disorders like hypotonocity, some abnormality in the facial features, and unstable walk. Talking of behavioural characteristics, these children may show characteristics like restricted self-control, fierceness, or tendency to injure themselves. Some children suffering from severe mental retardation may even show signs of obsessive compulsive disorder.

This fact needs to be understood well that mental retardation is not an infectious disease that can be contracted from someone. MR cannot even be compared with mental illnesses such as depression or schizophrenia. Unfortunately, MR has no cure and a person suffering from it has to carry on with it throughout his/her life. However, mentally retarded children generally learn to do quite a few things and some of them even manage to take up simple jobs and attain economic self-dependence (if trained appropriately).

2.4.2 Causes and Symptoms

Some factors that lead to mental retardation are known and being worked upon but there are many which go unidentified and are beyond the purview of study. To develop ways of prevention and treatment, it is imperative to identify specific causes of mental retardation. After identification of the cause it becomes easier to prevent the incapacitating effects of mental disabilities. To prevent or reduce the impact of MR is a toiling and time consuming task which requires patience of all those who form a part of the effected person's life.

Out of the known causes for mental retardation, some most common causes have been explained below. At first we will generalize the causes based on the time of their occurrence and then deal with them one by one at length:

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- **Causes that arise before birth (Prenatal Causes):** Prenatal causes bring to bear their effects before the birth of a child. Examples include genetic and heredity, toxins taken by the pregnant mother, disease and neural tube defects. A child inside a mother's womb could be effected by numerous factors which may lead to conditions such as, fragile X syndrome and Down syndrome may be a part of the child's heredity. Excessive use or use of harmful medicines by an expectant mother, intake of prenatal toxins such as alcohol, tobacco, or drugs could cause prenatal MR. Diseases and infection, such as HIV/AIDS, can prove to be very harmful for a child in a mother's womb. Neural tube disorders, such as anencephaly (where most of the child's brain is missing at birth) and spina bifida (incomplete closure of the spinal column), are also prenatal causes of mental retardation.
- **Causes that arise at the time of birth (Perinatal Causes):** Perinatal causes arise during the process of giving birth. These include complications at the time of child birth, premature delivery, birth injuries due to apparatus used during delivery, oxygen deficiency (anoxia or asphyxia), umbilical cord mishaps, obstetrical accident, and head injury.
- **Causes that arise after birth or during childhood (Postnatal Causes):** Postnatal causes refer to reasons of MR that occur after birth or during development of the child. The environment works as a predominant factor in several of these situations. Child abuse and neglect, toxins present in the environment, and occurrence of accidents are a few examples of postnatal causes. Social prejudices, chiefly towards different or special learners have also been known to cause mental retardation.

Some chief causes of mental retardation through the three periods of their beginning will now be discussed in detail.

1. **Genetic causes:** Currently, over 500 genetic causes have been identified that are related to mental retardation, many of these causes are uncommon genetic conditions. For example, fragile X syndrome is an inherited disability caused by the transformation on the X chromosome. This cause is now known to be the most common inherited cause of mental retardation, which effects nearly 1 in 4,000 males and 1 in 8,000 females (Crawford, Acuna, & Sherman, 2001).

One more instance of a genetic cause for mental retardation due to a chromosomal defect is Down syndrome (a chromosomal disorder wherein the individual has too few or too many chromosomes).

Phenylketonuria (PKU), also hereditary, happens in case of people who are unable to metabolize phenylalanine, which accumulates in the body to dangerously poisonous levels that damage the brain.

2. **Toxins:** Poisons hanging about in the environment sometimes become the cause of mental retardation. Toxins, can be responsible for prenatal and postnatal MR. It is believed that intellectual disabilities such as attention deficit, hyperactivity, learning disabilities, and in some cases even autism

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could be a result of combine effects of heredity, environmental and social factors (Office of Special Education Programs, 2000; Schettler et al., 2000). Undoubtedly, contact with toxins has an adverse effect on children and could result in disabilities. Mental Retardation caused due to toxins needs to be addressed aggressively because it is highly possible to prevent the exposure to toxins around us. And there is a need to control the abundance of environmental toxins which are going way beyond acceptance levels, especially in developing countries like India.

Ingestion of toxins like alcohol, drugs and tobacco by expectant mothers can expose their unborn children to grave risk of premature birth, low birth weight, and mental retardation (The Arc, 2001). Fetal alcohol syndrome (FAS) is a well-known cause of birth defects which is strongly connected to MR that occurs because of the mother's intake of alcohol during pregnancy.

All types of dangerous wastes are concealed in surroundings and societies. Lead is one such major toxin that leads to mental retardation. Lead poisoning can be attributed to exhaust fumes from leaded gasoline, and the other source of this toxin is lead-based paint. Mercury found in fish, pesticides, and industrial pollution from chemical waste are some other environmental toxins which can lead to lead poisoning, ultimately resulting in mental retardation. Hence, it is imperative that governments should take a serious step forward in this direction to curb the spread of this intellectual disability.

3. **Low birth weight:** Low birth weight of the newly born may be a cause of disability in the child. This cause can undeniably be linked with poverty and with little or no access to prenatal care. Due to the present day medical advancements, survival of infants weighing less than 2 pounds at the time of birth has become highly possible. But the problem is that these premature deliveries of very small infants make up less than 1.4 per cent of all new-borns and such children are at great risk of various disabilities such as mental retardation (Allen, 2002).
4. **Child abuse and neglect:** A certain connection between child abuse and reduced intellectual functioning has been established, but the reasons for this impairment are yet to be ascertained. The effects of such abuse may not result in very prominent brain damage but the disorder in development of the child's language as a result of being exposed to abusive situations may cause permanent and deep effects on language ability and reasoning. Sometimes difficulties related with raising children with disabilities lead to frustrations, due to which the care taker or at times parent of the disabled may end up abusing the child mentally or physically.
5. **Discrimination and bias:** It is vital to keep in mind that children are enrolled in special schools for education due to various subjective reasons.

There is little doubt that poverty and its risk factors are clearly linked to disabilities (CDF, 2004; National Research Council, 2002). It is also true that culturally and linguistically diverse children are overrepresented in some categories of special education (Hosp & Reschly, 2002, 2003; U.S. Department of Education, 2005a). Poverty along with ethnicity and gender bias can be blamed to be one of the chief culprits causing many disabilities like mental retardation. However, this relationship may be somewhat different from what one might initially suspect. The risk factors of poverty (limited access to health care, poor living conditions) do not entirely explain this disproportionate representation (Ford et al., 2002; Neal et al., 2003). Rather, 'the increased rate of identification among students of colour may be attributable to systemic bias' (Oswald et al., 2001, p. 361).

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6. **Childhood illnesses and injuries:** Diseases such as whooping cough, chickenpox, measles, and Hib disease (a bacterial infection), hyperthyroidism, etc., may cause mental retardation when not subjected to proper medical intervention or treatment. Meningitis, a medical condition in which the covering of the brain gets infected or encephalitis, a condition in which the brain itself gets inflamed cause swelling which in turn may damage the brain, such a damage may lead to mental retardation. Injury to the brain due to a jolt or a forceful shake to the head may also cause brain damage leading to mental retardation in small children.
7. **Environmental factors:** Infants, whose health and care has been ignored or neglected or such young children who have not been exposed to the required levels of mental and physical stimulation essential for normal growth of every child may be agonized by permanent learning impairments. Children suffering from malnutrition due to poverty, those living in unhealthy conditions, and the ones who are devoid of proper medical care and attention are at a higher risk of disabilities like MR.

Prevention of Mental Retardation

While there exist certain conditions or causes of mental retardation which are beyond prevention, at least for the time being, but there are some conditions leading to MR, which if handled well can be set right, thus avoiding mental retardation. Control of adverse conditions may in some cases not help in complete eradication of the abnormality but at least the effect can be reduced to a great extent. For example, it has been discussed earlier that PKU is a genetic cause for mental retardation but for the condition to cause a devastating effect on the individual it is impacted by environmental factors also. This problem can be detected by Infant screening. And based on the results, rectifying measures can be adopted for preventing PKU from having disastrous effects on the child.

Table 2.2 suggests some measures which can be adopted for prevention of mental retardation in children, thus positively impacting the society.

Table 2.2 Prevention of Mental Retardation

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For Pregnant Women	For Children	For Society
Obtain early prenatal medical care.	Guarantee universal infant screening.	Eliminate the risks of child poverty.
Seek genetic counselling.	Ensure proper nutrition.	Make early intervention programs universally available.
Maintain good health.	Place household chemicals out of reach.	Provide parent education and support.
Avoid alcohol, drugs, and tobacco.	Use automobile seatbelts, safety seats, and cycle helmets.	Protect children from abuse and neglect.
Obtain good nutrition.	Provide immunizations.	Remove environmental toxins.
Prevent premature births.	Prevent or treat infections.	Provide family planning services.
Take precautions against injuries and accidents.	Have quick and easy access to health care.	Provide public education about prevention techniques.
Prevent or immediately treat infections.	Prevent lead poisoning.	Have universal access to health care.
Avoid sexually transmitted diseases.	Guarantee proper medical care for all children.	Vaccinate all children.
	Provide early intervention programs.	
	Eliminate child abuse and neglect.	

Excerpt from Introduction to Special Education: Making a Difference, by D.D. Smith, 2007 edition, p. 286-292

2.4.3 Provisions and Educational Facilities for Persons Suffering from Mental Retardation

The past two decades and more have seen a paradigm shift in the process of teaching children with mental retardation, both globally and in India. With programmes designed to cater to individual needs of children, mentally retarded children have been transformed into active learners. Today, due to increased awareness about the need to help children with intellectual disabilities, people are trying harder than before to do their bit. They endeavour to scrutinize their plans with utmost care and do not hesitate in restructuring their policies after introspection of their formulations. Many effective methods have been evolved in educating children with mental retardation, some of these have been discussed below for better understanding.

- **The Montessori Method:** Maria Montessori has been a pioneer in educating children. Her multisensory methodology made a significant impact and is being widely used all across the country. The possibility of teaching children with mental retardation was subsequently increased to take in children who

were not mentally retarded. While adopting the multisensory method, above and beyond hearing and vision, other sensory capabilities are also employed, the sense of touch is largely relied upon, while handling pre-school and kindergarten children. Realising the differences in weights, colours, sounds, etc., was reinforced to help in invoking the children's judgement and reasoning.

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- **The Project Method–John Dewey:** The 'Project Method' initiated by John Dewey visualizes an enthusiastic and focused activity, carried on in a social environment. A noteworthy breakthrough in the history of educational approach, Dewey's technique suggests the ideologies and fulfils the conditions of a beneficial learning process. William Heard Kilpatrick has articulated this method.
- **Play Way Method– Henry Caldwell Cook:** Cook was the first person to promote the play way method of educating children. The play way method of training individuals works as a brilliant method of making school education interesting and practical. Children with mental retardation benefit from this technique a lot as this method is able to hold their attention and enhance their grasping power.
- **Behavioural Approach:** Teacher-centred process of teaching has long made way for a child-centred technique, which has largely benefitted the area of special education with stress upon the Individualized Education Programme (IEP) planning for children with mental retardation. Along with individualized instruction, the teaching strategies introduced are cooperative learning, peer tutoring, computer aided learning (CAL), multi-sensory teaching and clinical-diagnostic teaching.
- **Procedure of Individualised Programme Plan (IPP):** The individualised programme plan (IPP) is centred around evaluating an individual and developing a baseline entry point into the program, setting goals and objectives in the order of significance and translating the goals and objectives into tangible lesson plans which contain the steps involved in teaching, the planning approaches for use, collection of teaching material and lastly, appraisal.
- **Behavioural Technology:** At the National Institute of Mentally Handicapped (NIMH), Peshwaria and Venkatesan (1992) established the *Behavioural Approach in Teaching Mentally Retarded Children* which has been widely put into practice in classrooms and has been successful in achieving desired results. Parents and teachers can cultivate programmes according to the explicit needs of every child. While planning these programmes, the planner must assess each child's requirement and then his/her capability and extent of performance rather than its deficiency, which means that it is more important to assess what a child can do rather than what he cannot do. The behavioural assessment tools available in India are: MDPS, NIMH assessment schedule, functional assessment tools, and problem behaviour management system (NIMH). While teaching, the teacher has to identify and analyse problem behaviour and use behavioural techniques to manage the same.

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Assessment/Evaluation of Learning

Evaluation of learning should be done continuously. Effectiveness of a particular technique or activity in achieving a desired goal must be recorded by developing a criteria to assess the same. Whenever possible, and when appropriate, self-monitoring should be encouraged.

Teaching-Learning Materials (TLM) for Persons with Mental Retardation

The Department of Special Education, NIMH, had started a project on the development of learning materials for teaching learners with mental retardation. Some material was designed in such a versatile way that the same unit could be used for imparting knowledge to learners from the pre-primary to pre-vocational level in definite core area and also in different core areas based on the purpose of the teacher. The samples were tested in actual environment and certain aspects were altered based on the lacking features that were found.

While preparing the teaching-learning materials for mentally retarded learners, following points must be kept in mind that:

- The teaching-learning materials being put into use should be age appropriate, easily accessible, made from locally available material, cost-effective, eye-catching and vibrant.
- The teacher should be well versed with the process of concept development, e.g., the concept of colour is taught in the stages of matching, identification and naming. Similarly, the concept of counting meaningfully cannot be taught without teaching one-to-one correspondence.
- Concept teaching should be transformed into a series of joyful games, e.g., Ludo, Bingo, Treasure Hunt, etc.
- Much repetition with variations is required.
- Different ways to use the same teaching-learning material in the form of activities and games must be thought of.

Persons with mental retardation need tailored made programme plans in adaptive behaviour. Teaching-learning materials have to be procured/prepared for training of the target behaviour selected. Individualized program plan, a complete plan, has been introduced in all teaching and training programs all over the country. However, its implementation falls short of the thoroughness and the accountability desired. Social accounting and social audit systems have to be put in place.

The teaching-learning process involved in special education of mentally retarded children should enable active participation of learners. Since students with mental retardation have less ability to grasp, maintain and generalize the learned concepts, widespread use of suitable learning material is what is needed. For education to be more significant, learners must be given the exposure of handling the material themselves.

Special teachers must make use of both learning aids and functional aids. Once the learner grasps a concept, the utility of a specific learning aid ceases, whereas, the same may continue to be used as a functional aid.

CHECK YOUR PROGRESS

9. Give one instance of a genetic cause for mental retardation that occurs due to a chromosomal defect.
10. What is Fetal Alcohol Syndrome (FAS)?

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2.5 SUMMARY

- Disability is a comprehensive word, encompassing conditions like impairments, limitations to perform certain activities and participation constraints.
- Various types of disabilities exist which include many physical and mental impairments that come in the way of a person's ability to perform his/her activities. Some of the disabilities are as follows:
 - o Physical impairments
 - o Disability of the spinal cord
 - o Brain disability
 - o Disability of the sight
 - o Hearing disability
 - o Intellectual or learning disability
 - o Mental disability
- According to the Individuals with Disabilities Education Act (IDEA), hearing impairment can be defined as 'an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but is not included under the definition of "deafness."'
- Ali Yavar Jung National Institute for the Hearing Handicapped is an independent organization providing services to the hearing impaired in India.
- Hearing impairment has been included as a disability in the Persons with Disabilities Act, 1995.
- National Programme for Prevention and Control of Deafness was introduced with the long term aim of preventing and controlling major causes of hearing impairment and deafness.
- Before rendering support to hearing impaired children in a regular school environment, it is a good idea to assess the kind of support required which will help in eliminating potential obstructions to growth and development of the children.
- A person's inability to perform typical activities connected to movement, of both oneself and objects, from one place to another, and such inability which is a result of diseases of musculoskeletal and, or nervous system, has been defined as the Locomotors Disability.

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- An individual suffering from locomotors impairment may encounter partial or complete functional limitations.
- Some common cause of various locomotors disabilities have been enumerated below briefly:
 - o Poliomyelitis (Commonly known as Polio)
 - o AIDS
 - o Cerebral palsy
 - o Arthritis
 - o Spinal cord injury
 - o Muscular dystrophies
 - o Tuberculosis [TB] of bones and joints
 - o Amputation
 - o Stroke
 - o Cancer
 - o Lathyrism
- International and national level policy frameworks and statutes pertinent to education of children with disabilities have been set up.
- The right to equality of status and opportunity is clearly endorsed in the Preamble of our constitution. The constitutional provision ensures for all its citizens equality before the law, non-discrimination and the right to life and liberty (Article 14, 15, 19 and 21, respectively, of the Constitution).
- These Articles do not make a specific mention of persons with disabilities but are generic in nature.
- The Sarva Shiksha Abhiyan (SSA): SSA has been effective since 2000-01 and jointly been run with state governments to achieve the goal of giving a universal shape to elementary education.
- According to the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, mental retardation has been defined as ‘condition of arrested or incomplete development of mind of a person which is specially characterized by sub-normality of intelligence’.
- The American Association on Mental Deficiency (AAMD) has made an official modification between 1959 and 1983, to comprise both measured intelligence and adaptive behaviour.
- Mental retardation can impact a person physically, intellectually and behaviourally. Children suffering from MR have a slower rate of physical growth.
- Currently, over 500 genetic causes have been identified that are related to mental retardation, many of these causes are uncommon genetic conditions.

- With programmes designed to cater to individual needs of children, mentally retarded children have been transformed into active learners.
- Evaluation of learning should be done continuously. Effectiveness of a particular technique or activity in achieving a desired goal must be recorded by developing a criteria to assess the same.
- Teaching-learning materials have to be procured/prepared for training of the target behaviour selected.
- Special teachers must make use of both learning aids and functional aids. Once the learner grasps a concept, the utility of a specific learning aid ceases, whereas, the same may continue to be used as a functional aid.

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2.6 KEY TERMS

- **Hypotonicity:** It refers to having less than normal tone or tension, as of muscles or arteries.
- **Conductive hearing loss:** It is a condition in which sound is not directed easily via the outer ear canal to the eardrum and the small bones (ossicles) of the middle ear.
- **Locomotors disability:** It means disability of the bones, joints or muscles leading to substantial restriction of the movement of the limbs or any form of cerebral palsy.
- **Mental retardation:** It is a developmental disability that first appears in children under the age of 18. It is defined as an intellectual functioning level (as measured by standard tests for intelligence quotient) that is well below average and significant limitations in daily living skills (adaptive functioning).

2.7 ANSWERS TO ‘CHECK YOUR PROGRESS’

1. The type of hearing loss is determined as per the location inside the ear where the hearing impairment occurs.
2. The three basic types of hearing loss are as follows:
 - (a) Conductive Hearing Loss
 - (b) Sensorineural Hearing Loss
 - (c) Mixed Hearing Loss
3. Conductive hearing loss is a condition in which sound is not directed easily via the outer ear canal to the eardrum and the small bones (ossicles) of the middle ear.
4. Degree of hearing loss indicates the severity of the loss.
5. A person’s inability to perform typical activities connected to movement, of both oneself and objects, from one place to another, and such inability which

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is a result of diseases of musculoskeletal and, or nervous system, has been defined as Locomotors Disability.

6. The two types of locomotors disability are congenital locomotors disability and acquired locomotors disability.
7. The muscular dystrophies is a condition of genetic disorders with slow deterioration of the muscle fibres.
8. The centrally sponsored scheme of Integrated Education of the Disabled Children makes available educational opportunities for children with disabilities in regular schools, to assist their retention in the regular school system, so that these children are able to acquire the communication life skills necessary for existence at the functional level.
9. One instance of a genetic cause for mental retardation due to a chromosomal defect is Down syndrome (a chromosomal disorder wherein the individual has too few or too many chromosomes).
10. Fetal Alcohol Syndrome (FAS) is a well-known cause of birth defects which is strongly connected to MR that occurs because of the mother's intake of alcohol during pregnancy.

2.8 QUESTIONS AND EXERCISES

Short-Answer Questions

1. Write a short note on Ali Yavar Jung National Institute for the Hearing Handicapped.
2. How can we assess the kind of support required by hearing impaired children in a regular school environment?
3. Name the various teaching approaches with regard to hearing impaired learners.
4. How has the meaning of mental retardation changed or evolved over time?
5. List the types of mental retardation. Also give the characteristics of each.

Long-Answer Questions

1. Discuss the various types of hearing impairment. Also explain other descriptors related with hearing loss.
2. What are the steps taken by the Government of India on disability?
3. Explain locomotors disability in detail. How does visual, hearing and speech impairment result in locomotors disability?
4. Discuss the various common causes of locomotors disability.
5. What are the provisions and educational facilities for people suffering from locomotors disability? Discuss in detail.
6. What are the factors that lead to mental retardation? Discuss the causes and symptoms at length.

7. What are the measures that can be taken to prevent or control mental retardation and its effects?
8. Describe the effective methods that have been evolved in educating children with mental retardation.

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2.9 FURTHER READING

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Website

<http://www.rehabcouncil.nic.in/writereaddata/mr.pdf>

UNIT 3 DISABILITIES AND EDUCATION–II

NOTES

Structure

- 3.0 Introduction
- 3.1 Unit Objectives
- 3.2 Visually Impaired Children
 - 3.2.1 Classification of Visually Impaired Children
 - 3.2.2 Causes of Visual Impairment
 - 3.2.3 Characteristics of Visually Impaired Children
 - 3.2.4 Educational Programmes for the Visually Impaired Children
- 3.3 Learning Disability
 - 3.3.1 Definition
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- 3.4 Socially Disadvantaged Children
 - 3.4.1 Definition and Nature
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 - 3.4.3 Educational Programme for the Disadvantaged Children
- 3.5 Summary
- 3.6 Key Terms
- 3.7 Answers to ‘Check Your Progress’
- 3.8 Questions and Exercises
- 3.9 Further Reading

3.0 INTRODUCTION

This unit will provide an overview of various disabilities. Their types, causes, characteristics and education have been discussed in detail. Disability or impairment refer to a physical condition that limits a person’s movements, senses or activities. Visual impairment refers to the loss of vision and varies from partial to severe. In some cases, there is a sub-average general intellectual functioning, which results in an adaptive behaviour, this is termed as mental retardation. Such a disorder is more quantitative than qualitative in nature.

Children who are slow in learning and grasping are often mistaken as mentally retarded, which however is not the case. Children with slow learning capacity suffer from learning disability which keeps them away from taking part in activities with other normal children and friends. Other than learning disability, there is social disadvantage.

This unit will focus on various such disabilities and disadvantages and will shed light on their causes and characteristics. The unit will also discuss the role of education in the lives of the disabled.

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3.1 UNIT OBJECTIVES

After going through this unit, you will be able to:

- Explain the types of visual impairment
- Discuss the causes and characteristics of visually impaired children
- Describe educational reforms for the visually impaired
- Define learning disability and discuss its characteristics
- Assess the causes of learning disability
- Discuss the educational provisions for learning disabled children
- Define and discuss the meaning and nature of socially disadvantaged children
- Examine the causes of the disadvantages faced by the socially disadvantaged children

3.2 VISUALLY IMPAIRED CHILDREN

Eyes help an individual perceive the world around him. They carry impressions from the surroundings to the brain and gives the sensation of vision. Since more impressions are conveyed to the brain through the eyes, the visual anomalies may influence the life of the individual in physical, mental, social, vocational and educational aspects. Thus, it can be said that any kind of defect in the eyes may lead the child to be visually impaired.

Visual impairment is also referred to as vision impairment or vision loss. It refers to one's decreased ability to see to a degree that causes problems not fixable by usual means, such as spectacles. Visual impairment is usually defined as best corrected visual acuity of worse than either 20/40 or 20/60. Those with complete or nearly complete vision loss can be termed as blind. Visual impairment leads to hindrances in an individual's day-to-day activities such as driving, reading, and writing.

Uncorrected refractive errors, cataracts, and glaucoma are said to be the most common causes of visual impairment. Refractive errors include near-sighted, far-sighted, presbyopia, and astigmatism. Other disorders that may cause visual problems include age related macular degeneration, diabetic retinopathy, corneal clouding, childhood blindness, and so on and so forth. Problems in the brain due to various reasons such as stroke, prematurity, or trauma among others can also lead to visual impairment and are known as cortical visual impairment. Early and timely screening for problems in vision in children can improve future vision and can thus facilitate educational achievement.

The World Health Organization (WHO) estimates that 80 per cent of visual impairment is either preventable or curable with treatment. Vision rehabilitation tends to help people with extreme visual impairment.

The visually impaired children are those who have problems with vision. Some visually impaired children can read large prints and are functional in their environment,

whereas some have severe vision loss and cannot be taught through visual methods. The visual loss is measured with the help of Snellen Eye Chart. Depending upon the degree of loss, they may be partially sighted or blind.

The partially sighted are those who require large print or magnified print materials. Their visual acuity (sharpness of visual image) is very low (20/70 in the better eye). This means that the child can see at 20 ft. distance what a normal child sees at 70 ft. distance.

Their eye sight may be weak due to short-sightedness, astigmatism, glaucoma or muscle detachment. Children who are blind need to be taught through braille or nasal method. Their visual acuity may fall at 2/20.9, such children must be prepared in pre academic before they are admitted in general schools. They need orientation training, mobility training and more of oral instructions depending upon the degree of loss of vision.

Visual impairment is defined in terms of visual acuity, field of vision and visual efficiency. Visual ability is the ability of the eyes to see distant objects clearly which is assessed using the Snellen Eye Chart, developed by Herbert Snellen, a Dutch doctor. The chart starts with the alphabet 'E' which can be seen by a normal eye at a distance of 200 ft. If the vision of a person is so impaired that to see it clearly it has to come within 20 ft. or nearer, he is then considered legally blind. His vision is assessed as 20/200 in the better eye. It simply means a legally blind person sees something in 20 ft. distance which can be seen by a normal eye at 200 ft. easily.

The normal field of vision is 180 degrees in the better eye with correction. But if it is 20 degrees or less, it amounts to blindness. Visual efficiency refers to the manner in which a person uses his vision. This means how the visual information is processed, analysed and interpreted in the brain.

Functionally, visual impairment presents a different problem. There are children who have low vision or residual vision. The children can read large prints and are sometimes not benefitted by visual aids in reading and writing. These children are partially sighted and their visual acuity does not exceed 20/70. But as opposed to touch reading, they use print. Low vision and partial sightedness are not synonymous. Low vision is defined in terms of closing reduction whereas, partial sightedness is defined in terms of distance from the Snellen chart.

Educationally, blind children are those visually impaired children who use braille, and partially seeing are those who use print for education.

As per the National Sample Survey (1991) the visually impaired in India is 4.005 million in the chronological age of 0 – 14 years which constitutes 3 per cent of school children.

Various Health Effects

Visual impairments may take many forms and can be of varying degrees. It is noted that visual acuity alone is not always a good predictor of the degree of problems a person may have.

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The American Medical Association has estimated that the loss of one eye is equivalent to 25 per cent impairment of the visual system, and 24 per cent impairment of the whole person.

The low vision specialist works towards maximizing the functional level of a patient's vision by the use of optical or non-optical methods. This can be done using magnification in the form of telescopic systems for distance vision and optical or electronic magnification for near vision.

Training led by individuals trained in the provision of technical aids can considerably benefit people who have reduced acuity. Low vision professionals, some of whom are connected to an agency for the blind, can provide advice on lighting and contrast to maximize remaining vision. These professionals also have access to non-visual aids, and can instruct patients in their uses.

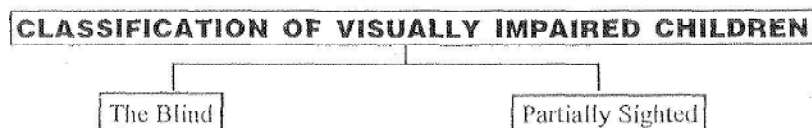
Those with worsening eyesight and the prognosis of eventual blindness are at a higher risk of suicide, and thus, may be in need of immediate supportive services. These observations advocate the establishment and extension of therapeutic and preventative programmes to include patients with impending and current severe visual impairment who do not qualify for services for the blind. Ophthalmologists should be made aware of these potential consequences and incorporate a place for mental health professionals in their treatment of these types of patients, and work towards preventing the onset of depressive symptomatology, avoid self-destructive behavior and improve the quality of life of these patients. It is imperative that this kind of intervention occur in the early stages of diagnosis, particularly as many studies have demonstrated how rapid acceptance of the serious visual impairment has led to a better, more productive compliance with rehabilitation programmes. Professionals should aim at enabling successful psychological adjustment of such people.

Associated problems

Also, blindness can occur in combination with conditions such as intellectual disability, autism spectrum disorders, cerebral palsy, hearing impairments and epilepsy. Blindness in combination with hearing loss is known as deafblindness.

It has been estimated that over half of totally blind people have non-24-hour sleep-wake disorder, a condition in which a person's circadian rhythm, normally slightly longer than 24 hours, is not entrained (re-set) to the light/dark cycle.

3.2.1 Classification of Visually Impaired Children



Educationally, the children with marked visual defects are often classified into two broad categories, i.e., the blind and the partially sighted.

- (a) **The blind:** A blind child is one whose vision is so defective that he cannot be educated through visual methods, and hence, has to be educated through channels other than vision.
- (b) **Partially sighted:** A partially sighted child is one who is able to utilise vision in acquiring educational skills. A child who is partially sighted has a defective vision even after correction. He requires adoption of the visual materials and special methods of instruction.

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Identification of Visually Impaired Children

The children who are born blind can be identified by their parents within the first year of life. But children with lesser visual impairments may not be singled out until elementary school when vision becomes important in the performance of school work. However, such children can be identified by using various techniques, which are listed below.

- (a) **Identification by the teacher and parents:** To identify visually impaired children, there are certain signs which parents can use. These signs are as follows:
- The child rubs the eyes excessively.
 - He has watery eyes.
 - He has reddened eyelids.
 - He covers one eye and tilts the head forward.
 - He holds objects and books close to his eyes.
 - He asks other children for help while taking notes from the black board.
 - He blinks more frequently.
 - He has squints.
 - He complains about headache following classroom eye work.
 - He bumps into objects or people.
 - He has poor eye-hand coordination.
 - He moves head forward and backward while looking at distant objects.
 - He has smaller eyelids.
 - He seems very sensitive to light.
- (b) **Identification using tests:** Certain tests can also be used to identify visually impaired children. These are as follows:
- Interim Hayes-Binet Test for I.Q. Age 6 +
 - WISC – R
 - Perkins-Binet Tests
 - The Blind Learning Aptitude Test (BLAT) - chronological age (6 – 20)
 - Kohs Block Design Test

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- The Haptic intelligence scale for adult blind
- Wechsler Adult Intelligence Scale (WAIS Test) (verbal)
- The Slosson Intelligence test
- Peabody Picture Vocabulary Test (PPVT) (partially sighted)
- Illinois Test of Psycholinguistic Abilities
- Boehm Test of Basic Concepts

(c) **Identification by the tests of behaviour and social development characteristics:** Behavioural and social development characteristics can be assessed by using the following tests:

- Bayley Scales of Infant Development (BSID)
- Denver Developmental Screening Test
- Maxfield-Buchholz scale of social maturity for use with preschool blind children
- Wide Range Achievement Test

(d) **Identification by the tests of vision:** The tests that can be used are as follows:

- Visual Efficiency Scale
- Functional Vision Assessment tool
- Snellen Chart

(e) **Identification by using Indian tests**

- C. M. Bhatia's Battery of Performance Tests of Intelligence
- Vithoba Paknikar Performance Tests for the Blind

3.2.2 Causes of Visual Impairment

The causes of visual impairment may be classified into three main categories. These are as follows:

- Ocular
- General disease
- Injuries

(a) **Ocular:** Congenital and development disorders have been stated to be one of the major causes of visual impairment in children. These are as follows:

- **Anophthalmia:** One or both eyes do not develop at all.
- **Microphthalmia:** One or both eyeballs are abnormally small.
- **Oxycephaly:** An abnormality of the skull bones resulting in optic atrophy.
- **Antridia:** In which the iris fails to develop and visual acuity becomes poor and there is rapid involuntary movement of the eyeball.

There are various other eye disorders such as Buphthalmia, Albinism, Retinoblastoma so on and so forth.

- **Congenital Cataract:** It occurs due to Rubella infection.
- **Conjunctivitis:** It is an inflammation of the conjunctiva. In a new born, it is now prevented just after birth by dropping 1 per cent silver nitrate solution in the baby's eyes.

Sometimes there is a fibrous mesh behind lens (Retrolental fibroplasia). It is caused due to excessive use of Oxygen to premature babies while in incubators.

- **Trachoma:** It is occurs due to crowding home conditions and as a result of chronic contagious disease of conjunctiva and cornea.
- **Glaucoma:** It is a potent factor of blindness in middle ages. In early stages, it can be cured.
- **Cataract:** Although it is a disease of the old age, yet it can occur at any time due to the rupturing of the lens.

- (b) **General diseases:** Syphilis is considered one of the common causes of blindness in India. It is hereditary in origin and manifests during 5th and 15th year of one's life. Atrophy of optic nerve is associated with neuro-syphilis. Chronic diarrhoea is also a cause of blindness in rural India. Subsistence on barley water results in loss of Vitamin A which softens the cornea. Hypertension, diabetes, kidney diseases too cause visual impairment.

Malnutrition is the cause in most cases not only for visual impairment but also for several sensors and cognitive dysfunction.

- (c) **Injuries:** Injuries and accidents which tend to inflict trauma and are chemically damaging cause eye problems.

Eye injuries, most often occurring in people under 30, are the leading cause of monocular blindness (vision loss in one eye).

Vision is a sense that helps a person navigate or interact with the world. In an increasing number of cases, depriving a person of this sense has become a horrifying act of vengeance. For example, throwing acid due to personal grudges scars the victim for life.

Genetic Defects

People with albinism often have vision loss to the extent that many are legally blind, though few of them actually cannot see. Leber's congenital amaurosis can cause total blindness or severe sight loss from birth or early childhood.

Recent advances in mapping of the human genome have identified other genetic causes of low vision or blindness. For example, the Bardet-Biedl syndrome.

Poisoning

Intake of certain chemicals can also lead to blindness. For example, methanol, which is only mildly toxic and minimally intoxicating and breaks down into formaldehyde and formic acid, can cause blindness and can also lead to other health complications

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and at times even death. Methanol is commonly found in methylated spirits, denatured ethyl alcohol. Methylated spirits are sometimes used by alcoholics as a cheap substitute for regular ethanol alcoholic beverages.

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Others Causes of Visual Impairment

Some of the other causes of visual impairment are as follows:

- Amblyopia
- Corneal opacification
- Degenerative myopia
- Diabetic retinopathy
- Xerophthalmia
- Retinitis pigmentosa

3.2.3 Characteristics of Visually Impaired Children

It can now be said that visual impairment is of two types, i.e., partially sighted and blind. Both of these categories have their own characteristics which may be discussed as follows:

- (a) **Characteristics of partially sighted children:** Partially sighted children are considered for all practical purposes just as children who can see. Their impairment does not affect them in any different way.

The research evidence indicates that the development of partially sighted children does not deviate from that of children who can see clearly nor does it show discrepancies in growth in the child. But Marzoll P. C. has rightly remarked, 'any degree or kind of visual defect is likely to have consequences for adjustment, and severe handicap is a major problem of adjustment in itself.' The partially sighted children show various characteristics, which are sometimes known as defects of vision. These characteristics are as follows:

1. **Myopia or short sightedness:** The child suffering from this defect can see nearby objects but the distant objects appear blurred to him. This defect is due to the elongation of the eyeball or excessive curvature of the cornea. Such children hold books or other things very close to eye. This can be corrected by using spectacles fitted with concave lens.
2. **Hypermetropia or far sightedness:** A person suffering from this defect can see distant objects but nearby objects appear blurred to him. This defect is due to the contraction of the eyeball, which results in the formation of image behind the retina. Therefore, such children find it difficult to read and write. This defect can be corrected by using spectacles fitted with convex lens.
3. **Astigmatism:** It is a defect due to which a child is unable to focus on vertical and horizontal lines at the same time. It occurs due to the irregularity in the shape of the cornea or lens which results in the blurred

vision for both distant and near objects. This type of defect can be corrected by using spectacles fitted with cylindrical lens.

4. **Cataract:** Sometimes, a thin membrane is formed in front of the eye-lens which creates cloudiness of the lens and blocks the light entering the eye, which in turn results in incomplete or distorted vision. This defect can be corrected by surgery through which this layer is removed.
 5. **Glaucoma:** When there is an abnormally high pressure within the eyeball, then it leads to the disease called glaucoma. It is very painful if it is not detected and assessed, it can cause total blindness.
 6. **Squints:** This defect can be detected very easily. In this defect, one eye turns outwards or inwards, so the two eyes cannot focus, which leads to double vision. Double vision can result in a problem known as 'lazy eye', where vision from the weak eye is suppressed by the brain to avoid interference. The result is that the child sees only monocularly apart from using the weak eye for peripheral vision.
 7. **Nystagmus:** It is a condition of involuntary eye movement wherein the eyes oscillate in a jerky manner. Despite their odd appearance many of these children do well at school, although it may indicate brain malfunction. Spectacles, exercises or surgery may be used to correct this disorder.
 8. **Educational characteristics:** Parents recall that the partially sighted children do not differ significantly from normal children in educational achievement. These children exhibit average intelligence (IQ of 95 to 98).
 9. **Social characteristics:** Studies conducted by R. Pintner and G. Forlano indicate that there is no difference in social adjustment of partially sighted children and normal children. But such children are less popular among their peers.
 10. **Personality characteristics:** Such children possess personality traits as that of normal children. They do not differ significantly from normal peers. However, sometimes they develop poor self-esteem due to their low vision.
- (b) **Characteristics of blind children:** The various characteristics of blind children are listed below:
- Many studies reveal that the language development of the blind is not affected by his impairment. A blind child is still able to learn language and may even be more motivated than the sighted child to use language because it becomes the major way in which he communicates with his parents and peers.
 - Although, language development of blind is unimpaired, yet it is different from the normal child's language. The language of the normal child is consistent with his sensory experiences. A blind child explores the world

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primarily through his auditory, tactful and olfactory senses rather than the visual senses, this fact is reflected in his use of language. A blind child is more perceptive of things as he is more at a tangent.

- Visual impairment has no effect on the child's physique. Their height and weight are not affected by their blindness. However, they are inferior in motor performance as compared to normal and partially sighted children.
- Children who are blind are not markedly lower in intelligence as compared to the sighted children. However, research analysis reveal that they have poor IQ, since their exploration of their environment is limited. They have impairment in concept formation resulting in their poor performance in intelligence tests. However, the concept formation qualities can develop when the children are provided with adequate educational opportunities. Scores of children, who have shown low IQ for a number of years in a sheltered environment, suddenly made dramatic gains when provided with adequate educational opportunities.
- The conceptual or cognitive abilities of blind children are at least different if not inferior to those of sighted children. Deficiencies in conceptual development of blind children are due to lack of appropriate learning experiences.
- The blind children have difficulty in comprehending space. As they are unable to see distances, they are at a distinct disadvantage in apprehending spatial concepts. The blind learn spatial concepts by the use of other senses than vision, they may use time, audition etc. for this.
- The blind children develop concepts by two kinds of tactual perception—synthetic touch and analytic touch. Synthetic touch refers to a person's tactual exploration of small objects which are small enough to be enveloped by one or both hands. Unfortunately, most physical objects are too large for synthetic touch to be useful. For these physical objects analytic touch has to be used. Analytic touch involves the touching of various parts of an object and then mentally contracting these separate parts. Whereas the sighted person is able to perceive different objects or the parts of an object simultaneously, the blind must perceive things successively. This necessity for perception in a successive manner restricts the blind child's ability to gain conceptual understanding of the world.
- The visually impaired people develop an increased ability in being attentive because their reliance on other senses requires to be greater. They are very good at listening tasks. They score high on measures of creativity. Thus, even though they are greatly disadvantaged in terms of cognitive development, they are able to compensate in many other ways.
- The blind children have poor academic achievement even if they use large types or Braille. They are noted to be retarded by at least one to two years and are found to be under achievers. Visual impairment is the main factor for slower acquisition of information by observation. These children

have a slower reading rate and lack concreteness in instructional procedures.

- Speech is learnt by imitation. Hence, totally blind children cannot learn the art of speech by imitation. They can only learn through what they hear and through occasional touch observation. Progress in speech development is not significant in comparison with normal children due to the above reason. Through research it has been discovered that acquisition of words may get hampered by blindness as well.
- The most important ability for the successful adjustment of the most visually impaired children is their mobility. Mobility refers to the skill of moving about in their environment. Mobility skills vary considerably in the visually impaired population. Some blind persons can move relatively easily through crowded city streets, some walk down in a quiet street, while some cannot move without a helper. The fact is that mobility would be better among those who have more residue vision than among those who have less. More significant is the fact that it is the motivation to become mobile that makes the difference.
- Personality problems are not inherent in the condition of blindness. If maladjustment does occur in a blind individual, it is more than likely due to the fact that society has treated him differently. In other words, it is society's reaction to the blind person that determines his adjustment or lack of it.
- It is not necessarily a fact that blind people tend to be dependent and helpless. The dependency and helplessness of blind persons are a result of society's attitude towards and expectations from the blind.
- The visually impaired children are negatively disposed when they sense the attitude of seeing people towards them. It gives them the feeling of inadequacy, leading to frustration and maladjustment.
- Normally, the visually impaired children are looked down upon and ridiculed by normal children every now and then. They face both personal and social adjustment problems. As a result, they feel inferior and ultimately, this leads to maladjustment. There is controversy among psychologists regarding the adjustment problems of these children. Some researchers feel that the blind are maladjusted in school; but others refute it completely.
- Visually impaired children speak at a slower rate and have less vocal variety.
- They talk louder, modulate their voices less and project their voices appropriately.
- They use less body movements, facial expressions and gestures while talking.

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3.2.4 Educational Programmes for the Visually Impaired Children

Educational provision for the visually impaired children can be made according to the degree of impairment, i.e., for partially sighted and blind children, which can be stated as given.

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(a) **Educational provision for the partially sighted children:**

1. **Use of remaining sight:** The visually impaired children will have to rely on sensory modalities other than vision to acquire information and knowledge. But they are to be encouraged to use their remaining sight or residual vision as much as possible. This is particularly for partially sighted children.
2. **Providing medical treatment:** If the teacher finds a child who is partially blind, he should bring the case to the notice of the primary health centre or hospital for an eye check-up. His parents must be informed immediately and warned to be aware of their child's health. If some sort of malady is found than it should be treated.
3. **Use of closed circuit television:** In western countries, a closed circuit television reader has been developed to aid partially sighted children. A camera with a 300m lens, photographs parts of a page of print and projects a magnified image on the television screen. The student moves the book while reading so that the appropriate portion of the page is magnified. The size of the magnified print can be controlled and adjusted depending upon the requirements.
4. **Provision for special classes:** Special classes should be introduced for the education of partially sighted children. It is true that the number of partially seeing children requiring special educational facilities is not wanting in our country. The District Educational Authority may decide whether special classes should be arranged or some other provisions be made for these children. Different grades may also be introduced in a class. The school must be centrally located and good transportation facilities must be available. In rural areas, hostel and boarding facilities should be made available for them.
5. **Use of magnifying glasses and hand magnifiers:** The partially sighted children should be encouraged to read the print through magnifying glasses or hand magnifiers which enlarges the print and hence makes reading easy for them.
6. **Use of large print materials:** The partially sighted children should be provided with large print materials. Large print books are simply volumes that contain print that is considerably larger than usual. The most common type recommended for such children is 18 print type or letters approximately one-eight inch-high. This large print is useful in case of reference books, dictionaries, mathematics and maps.
7. **Provision for co-curricular activities:** The partially sighted children may develop some kind of inferiority complex which is dangerous for them. They are always compared with other normal children. If co-curricular activities are introduced, these act as source of satisfaction and arrest their self-demanding feeling. Thus, organisation of co-

- curricular activities and involving the children in these activities can avoid development of complexes among them.
8. **Use of talking calculators:** Talking calculators can also be used for the education of partially sighted and blind children. In the talking calculator, numerical entries are read aloud to the students through an ear plug. This helps them in learning mathematics.
 9. **Assigning minimum visual tasks:** Partially sighted children should be provided with minimum visual tasks. The tasks which never put strain on their eyes should be assigned to them. Delicate mathematical constructions, laboratory work and meticulous observations are strictly prohibited for them.
 10. **Changing attitude of parents and teachers:** Partially sighted children require love and affection. Hence, parents, teachers and friends must be sympathetic towards them. They must show much affection and adjustive behaviour. They should behave with them in such a way that they should never feel that they are inferior to them in any way.
- (b) **Educational provisions for the blind children:** A visually impaired child in a regular class is one among many children in that class. The curriculum should be the same for all. However, the visually impaired child receives the information predominantly from touch and hearing. Hence, there is no need of special curriculum but the approach to teaching should be *multi-sensory* and the child should be exposed to a *plus curriculum*.

General curriculum should be explained in terms of nonvisual experience. *Duplicate* experience, *modify* experience, *substitute* experience, and *omit* lesson.

1. **Plus curriculum:** Plus curriculum is not extra but compensatory. This skill development always facilitates better learning. Areas of special plus curriculum include:
 - (a) Braille
 - (b) Orientation and mobility
 - (c) Daily living skills
 - (d) Sensory training
 - (e) Social skills for integration
 - (f) Use of equipment
2. **Resource room:** Resource room forms a part of the integrated education programme when there are sufficient number of visually impaired children. It is necessary for:
 - (a) Preparation of material
 - (b) Teaching plus curriculum

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(c) Locating the Braille materials

(d) Remedial teaching

A resource teacher is not a subject matter specialist, but a specialist in teaching skills and integrated education peculiar to blindness. They should have a minimum knowledge of the subject matter. He may discuss the matter with regular teachers and act accordingly. Regular teacher can also engage these children in remedial instruction. There is no hard and fast rule regarding the nature of instruction in the resource room. It may consist of:

(a) Before classroom instruction

(b) In between classroom instruction

(c) After classroom instruction every follow-up may be necessary for some children

Teachers should have the patience to practice with persistence.

3. **Equipment necessary for resource room**

1. Braille writer for teacher
2. Braille slates and stylus for pupils
3. Abacus for teaching mathematics
4. Braille sheets of paper
5. Classroom furniture
6. Low vision aids
7. Large print books
8. Bulletin boards (Braille)
9. Braille books
10. Hammer, saw, pliers etc. for teaching industrial art
11. Tape recorders and cassettes
12. Duplicating machines (Braille type)
13. Teaching aids

Development of visual efficiency in partially sighted

The following measures help the partially sighted children develop competence and they gain much from schooling:

1. Draw forms in dotted lines, draw forms free hand, throw and catch ball and reinforce vocabulary
2. Find omission of parts and present objects in ascending/descending order
3. Teach figure and ground discrimination

4. Teach visual motor coordination: paper shapes, clay modelling, folding paper, bead-stringing, tracing, wearing ropes

CHECK YOUR PROGRESS

1. Name the three terms that are used to define visual impairment.
2. What is visual ability?
3. State the difference between low vision and partial sightedness.
4. What is deafblindness?
5. How are children with marked visual defects classified?
6. Name two tests of behavioural and social development characteristics used to identify visually impaired children.
7. Define myopia or short sightedness. How does it affect a child?

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3.3 LEARNING DISABILITY

Learning disability refers to learning problems which manifest in an imperfect ability to listen, think, speak, read, write or do mathematical calculations which are not primarily due to visual impairment, hearing impairment, motor handicap, mental retardation, environmental or economic disadvantages, but due to a disorder in the psychological process involved in understanding or in using language.

3.3.1 Definition

In the years since 1965, many people have tried to define learning disabilities, but no one has yet developed a definition that is acceptable to everyone. The federal definition (USA) of learning disabilities included in public law (94-142), the Education for All Handicapped Children Act of 1975, reads:

The term 'children with specific learning disabilities' means those children who have a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. Such disorders include such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Such term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disturbance, or environmental, cultural, or economic disadvantage.

– Federal Register, 1977

Some children who in most ways seem normal, have difficulty in learning or remembering. They have difficulty in educational performance—copying, writing, listening, understanding, number speech and communication.

The enigma of the youngster who has difficulty in learning is not new. Some children are quite normal and yet all of them display learning problems. They write

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‘deb’ for ‘bed’, ‘was’ for ‘saw’ etc. Hence, learning disability refers to learning problems which manifest in an imperfect ability to listen, think, speak, read, write or do calculation which are not primarily due to any kind of impairment, but due to a disorder in the psychological process involved in understanding or in using language.

The learning disabled children are similar to normal children but in the field of education they face difficulty as they are incapable in writing, listening, understanding, grasping and even in discussion. The National Advisory Committee on Handicapped Children (USA 1986) has defined these learning disabled children as:

Children with specific learning disabilities exhibit a disorder in one or more of the basic psychological processes involved in understanding or using spoken or written language. These may be manifested in disorders of listening, thinking, talking, reading, writing, spelling or arithmetic. They include conditions which have been referred to as perceptual handicaps, dyslexia, development aesthesia, etc. They do not include learning problems which are due primarily to visual, learning, motor handicaps, mental retardation, emotional disturbances, or environmental disadvantages.

In fact a learning disability is a neurological disorder. In simple terms, a learning disability result from a difference in a way a person’s brain is ‘wired’. Children with learning disabilities are as smart as or smarter than their peers. But they may have difficulty in reading, writing, spelling, reasoning, recalling and/or organizing information if left to figure things out by themselves or if taught in conventional ways.

A learning disability cannot be cured or fixed; it is a lifelong issue. With the right support and intervention, however, children with learning disabilities can succeed in school and go on to successful, often distinguished careers later in life.

Parents can help children with learning disabilities achieve success by encouraging their strengths, knowing their weaknesses, understanding the educational system, working with professionals and learning about strategies for dealing with specific difficulties.

The National Joint Committee of Learning Disabilities (USA, 1981) gave the following definition of learning disability which is unanimously accepted at international level.

Learning disability is a generic term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading writing, reasoning or mathematical abilities. These disorders are intrinsic to the individual and presumed to be due to central nervous system’s dysfunction. Even though learning disability may occur concomitantly with other handicapping conditions (e.g., sensory impairment, mental retardation, social and emotional disturbance) or environmental influences (e.g., cultural differences, insufficient/inappropriate instruction, psychogenic factors) it is not the direct result of these condition or influence.

3.3.2 Characteristics of Learning Disabled Children

The characteristics of learning disabled children are as follows:

(a) **Clements in 1966 identified the following characteristics of learning disabled children:**

1. Hyperactivity
2. Perceptual motor impairments
3. Disorder of attention
4. Emotional liability
5. Central coordination deficits
6. Impulsivity
7. Disorders of memory and thinking
8. Specific learning disabilities
9. Disorders of speech and hearing
10. Equivocal neurological signs

(b) **Language:** Learning disabled children have difficulty both in expressive and receptive language, however it is relatively more in the case of the former.

1. They have poor receptive auditory ability.
2. They exhibit receptive visual difficulty.
3. They have poor expressive vocal ability.
4. They manifest expressive motor difficulties.

(c) **Perceptual motor ability**

1. They are unable to identify, discriminate, and interpret sensation.
2. They have poor auditory decoding.
3. They have poor visual decoding.
4. They cannot identify familiar objects by touch alone.
5. They have poor kinesthetic and vestibular perception.

(d) **Motor activity:** These characteristics vary according to the type of motor activity. These are as follows:

1. **Hyperactivity:** Constantly engaged in movements, unable to sit still, too much of talking in the class, very much inattentive
2. **Hypo-activity:** Lethargic, quiet, passive
3. **Incoordination:** Physical awkwardness, poor motor integration, poor activities in running, catching, skipping and jumping, walking is rigid and stiff, clumsy behaviour
4. **Preservation:** Involuntary coordination of behaviour

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(e) **Social and emotional:** They show lower self-concept, more external locus of control:

1. They are quiet and obedient but they also day dream and cannot read.
2. They have frequent temper out-bursts, sometimes for no apparent reason.
3. They are nervous, attention is difficult to hold.
4. They jump from one thing to another and mind every one's business.
5. They talk of self-control but cannot work with other children.
6. They are emotionally liable and unstable.

(f) **Attention disorders**

1. They cannot sustain attention for the required amount of time.
2. They are unable to attend to the relevant in order to ignore the irrelevant.
3. They can be diverted easily from one topic to another.
4. They put excessive attention to unimportant details while disregarding the essentials.

(g) **Memory:** These children are poor task planners and organisers.

1. Disorder of memory involves difficulty in the assimilation, storage and retrieval of information.
2. The learning disabled children have difficulties in reproducing rhythm pattern, sequence of digits, words or phrases.
3. They have difficulty in re-visualizing letters, words or forms.
4. Both the short term and the long term memory of the learning disabled child are poor.
5. They fail to see the relationship between his present and past experiences.

(h) **Reading:** Nearly 85 per cent to 90 per cent of learning disabled children have reading problems and therefore, have poor academic achievement these include mispronunciation, skipping, adding or substituting words as well as problem in memory, reversing letters or words and blending sound together. They display both oral reading and comprehension problems.

(i) **Common characteristics:** Based on the report of physicians, psychologists and educators mentioned below are the common characteristics:

1. Poor auditory memory
2. Poor auditory discrimination
3. Poor sound blending
4. Poor visual memory

5. Poor visual discrimination
6. Inadequate ability in visual and visual motor sequencing
7. Lack of or weakly established cerebral dominance
8. Right-left confusion
9. Poor motor coordination
10. Non-specific awkwardness or clumsiness
11. Ocular imbalance
12. Attention defect, disordered or hyperkinetic behaviour

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Sandra Rief's Check List for Learning Disabled Children

In this check list, Sandra Rief, an internationally known speaker, educational consultant and author, prepared 69 behaviour patterns under the following heads:

1. Cognitive learning related characteristics
 - (a) They learn at slow rate.
 - (b) They prefer concrete learning rather than abstract learning.
 - (c) They find it hard to retain information.
 - (d) They lack judgement and common sense.
 - (e) They are highly distractible.
 - (f) Their learning sets are difficult.
2. Social-emotional characteristics
 - (a) They cannot sit still for an appropriate amount of time.
 - (b) They achieve below expectancy.
 - (c) They are unable to make friends.
 - (d) They are aggressive towards their peers.
 - (e) They show withdrawal tendency and are hyperactive.
 - (f) They feel anxious to try new things.
 - (g) They possess inconsistent behaviour.
 - (h) They change their moods frequently.
 - (i) They are extremely fearful.
 - (j) They possess constant fantasizing or lying.
 - (k) They show tendency of excessive day dreaming.
 - (l) They show excessive body movements of twitching.
 - (m) They are extremely self-conscious.
 - (n) They have anti-school attitude.
 - (o) They do not work well in group.

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- (p) They show the tendency of nail biting.
 - (q) They show symptoms of inappropriateness or excessiveness.
3. They have poor expressive-vocal ability (disorganised through inadequate syntax, and dearth of ideas for expression).
 4. They manifest expressive-motor difficulties (spelling disorders, drawing disorders, omission and reversal of letters, omission of whole words).

Perceptual and motor ability of learning disabled children: Lerner (1985) demonstrated that learning disabled children display problems in spatial relations, visual discrimination, figure and ground discrimination of similarities and differences, auditory sequencing, auditory blending and auditory memory. Lerner (1985) further stated that learning disabled children do display haptic and movements as well as have defects in social perception.

Motor activity: These characteristics vary according to the type of motor activity. These are described below:

- (a) **Hyperactivity:** Constantly engaged in movements, unable to sit still, too much of talking in the class, very much inattentive. Reverse of hyperactivity would be lethargic, quiet and passive.
- (b) **Incoordination:** Physical awkwardness, poor motor integration, poor activities in running, catching, skipping and jumping; walking is rigid and stiff, poor performance in writing, drawing; frequent falls, stubbing, and clumsy behaviour.
- (c) **Preservation:** Involuntary continuation of behaviour; this behaviour is witnessed in speaking, writing, drawing, pointing, and oral reading, incorrect spelling and repetition of error.

Language problems: The learning disabled children demonstrate delayed or slow development of speech articulation and an inability to organise words to form phrases, clauses, or sentences.

Social emotional behaviour problems: The learning disabled children are impulsive in nature. They fail to think about consequences of their behaviour. At times they exhibit explosive behaviour. They display rage reactions or throw tantrums when crossed. They lack social competence. Their social competence is often below average for their age and ability. They are unable to adjust to changes. They exhibit rapid mood variation.

Orientation problems: The learning disabled children process poorly developed concept of space, and distorted body image. They have difficulty in judging distance and size and in discriminating figure from ground, parts from the whole and left from right. They are disoriented in time and experience trouble relating to concepts like before and after, now and then, and today and tomorrow.

Work habits: The learning disabled children organise work poorly. They work slowly, and frequently confuse directions or rush through work carelessly.

Academic disabilities: The learning disabled children have problems in reading, arithmetic, writing, spelling, telling time and even locating places on the map.

In general, learning disabled children possess these characteristics. But not all learning disabled children demonstrate these characteristics. Some learning disabled children may have one or more such characteristics.

3.3.3 Measurement and Identification of the Learning Disabled Children

Individuals are assessed usually as learning disabled after they start having problems in school. A variety of tests are administered even after certain tell-tale signs. The indicators of learning disabled children have to be identified.

The following questions can be used to assess the learning disabled children:

- Has difficulty in telling the time, remembering the order of days, months and seasons and mathematical tables
- Finds it difficult to organise his work and is often late in submitting his class-work
- Seems dull and slow in responding to others
- Cannot correctly recall oral instructions when asked to repeat them
- Does not seem to listen to or understand instructions given at home or in the classroom (asks for repetition)
- Shows excessive inconsistency in the quality of performance, from time to time, seems to be bright in many ways, but still does poorly in school
- Gets easily distracted even by a slight disturbance
- Confuses between left and right
- Gets so excited that he cannot sit still in the classroom even for a short period
- While reading, misses out lines or reads them twice
- Finds difficulty in synthesising a word after spelling its component letters: Example: says b/e/g but cannot say beg, or may say bed instead
- Makes wild guesses at words whether they make sense or not (for example, 'huge' for 'hurt', 'turned' for 'trainer')
- Reads words backwards (for example 'on' for 'no', 'saw' for 'was')
- Puts letters in the wrong order (reading 'felt' as 'left', 'act' as 'cat')
- Shortens words ('sunly' for 'suddenly', 'member' for 'remember')
- Misreads words which look similar ('help' for 'held', 'holes' for 'horse')
- Has difficulty in recollecting words automatically and correct sentences

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- Misreads numbers ('e' as '9', '3' as '8'), writes letters in the wrong order (time for 'item')
- Writes the mirror image (ram for mar)
- Reverses letters ('b' as 'd', 'p' as 'q')
- Mirror writes ('6' as '9', 'q' as 'e')
- Omits letters ('limp' as 'lip', 'went' as 'wet')
- Adds letters ('want' as 'what', 'what' as 'whart')
- Does not write the appropriate letters when given the sound
- Does not pick out letter of the alphabet when the name of the letter is called out
- Does not match the letters when asked to
- Difficulty in academic subjects. Sometimes the student is deficient in only one subject or a combination of subjects

There are certain behaviour indices of learning disabilities in children. These are as follows:

- Near average or above average in intellectual ability
- Impulsive behaviour in talk and action
- Inability to focus on one activity
- Easily distractible
- Inability to shift from one activity to another
- Easy onset of fatigue
- Wrong or inappropriate perception
- Reversal in writing and reading and transposition
- Difficulty in understanding and remembering oral message
- Difficulty in interpreting and remembering visual images
- Language and organisation difficulties
- Trial and error approach to work
- Poor motor coordination
- Clumsiness in thinking
- Hyperactivity
- Hypo-activity
- Omits, adds, subtracts, reverses letters in words
- Skips lines while reading
- Unable to follow verbal direction

- Does not build letters B-A-T not BAT
- Reverses numbers 6, 9; 36, 63; 14, 41
- Gets confused with arithmetic signs $>$, $<$, $-$, $+$
- Does not know carry over
- Appears to be moody
- Appears to be forgetting

Early identification of such difficulties is important so that remedial education can be provided. In fact, the sooner the high risk children are recognised the greater is the chance of preventing failure.

Dr Samuel Kirk suggested the following methods to identify the learning disabled children.

- (i) Medical examination:** Any child who shows any deviant behavioural manifestation should be constantly observed in home by parents and by teacher in school and should be referred to the team of experts for medical examination.

This stage of the school evaluation would consist of:

- (a) Development disabilities
- (b) Discrepancy between ability and achievement
- (c) Process of child's learning
- (d) Analysis of why he does not learn by case history, informal test observation and standardised test
- (e) Psychological test findings
- (f) Case history relating to health, development, present activities identifying information, birth history, physical and developmental data, special and emotional factors, educational factors adjustments
- (g) Teacher's rating on auditory comprehension, spoken language orientation, behaviour and motor
- (h) Spelling errors, informal arithmetic tests, reading tests, graded word recognition tests

The following tests are commonly used in diagnosis of the learning disabled children.

- (a) Information Reading Inventory
- (b) Informal Graded Word Recognition Test
- (c) Informal Arithmetic Test
- (d) Wechsler-Intelligence Scale for Children (Revised)

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- (e) Stanford-Binet Intelligence Scale
- (f) Peabody Picture Vocabulary Test
- (g) Illinois test of Psycholinguistic Abilities
- (h) Lincoln Oseretsky Motor Development Scale
- (i) Vineland Social Maturity Scale
- (j) Kauffman Assessment Battery for children
- (k) Kauffman Test of Educational Assessment
- (l) Wide Range Achievement Test

The language processing, perceptual processing, and cognitive processing are measured by using Detroit Test of Learning Aptitude.

This test consists of:

- (a) Word opposites - Vocabulary
- (b) Sentence imitation - Repeat sentence
- (c) Word sequences - STM and attention
- (d) Oral direction - Follow complex direction
- (e) Story construction - Verbal skills
- (f) Design reproduction - Drawing geometric figures from memory
- (g) Object sequence - Primary visual memory
- (h) Conceptual matching - Relationship between objects
- (i) Symbolic relation - Problem solving and reasoning
- (j) Word fragment - Recognise parental presented words
- (k) Letter sequences - Visual memory and attention

Most definition of learning disabled involve some kind of achievement discrepancy model.

Types of Learning Disabilities

The learning disabled children have significant difficulties in the acquisition of use of listening, speaking, reading, writing, reasoning and mathematical knowledge. Based on these factors, ten types of learning disabilities are found which are as follows:

- (a) Dyslexia
- (b) Visual dyslexia
- (c) Auditory dyslexia
- (d) Mixed dyslexia
- (e) Dysphasia
- (f) Finger agnosia

- (g) Dyscalculia
- (h) Number Alexia
- (i) Dysgraphia
- (j) Apraxia

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3.3.4 Causes and Education

Causes of learning disabilities are many and no single factor can be attributed as the cause of learning disability. Some of the causes are as follows:

1. **Maturation lag:** Children who fail to achieve maturation in physical and mental development fail to achieve the anticipated standard required for learning to write, read, spell and speak.
2. **Neurological disorganisation:** The incomplete neurological disorganisation due to brain injury prevents the child's nervous system from becoming fully organised.
3. **Educational deficiency:** Langer and Colson gave the following secondary factors as the causes of educational deficiency—poor teaching, poor attendance, poor curriculum, poor material, poor attitude, emotional blocks due to poor self-concept, lack of study skills.
4. **Neurologic syndrome:** In 1973, Ray C. Wunderlich found a significant relationship between allergic reaction, and hyperactivity and learning disabilities.
5. **Malnutrition and vitamin deficiency:** Lack of essential vitamins causes learning disabilities. A study conducted in 1968 by Vitale was reported by Scott in 1972 on this problem.
6. **Central processing dysfunction:** There is a defect in the central processing of information. Children suffering from such problems may or may not have brain injury.
7. **Minimal brain dysfunction:** Some physicians and educators attribute the cause of learning disability to the minimal brain damage.
8. **Defective cerebral functioning:** Learning disability may be due to defective cerebral functioning caused by cerebral palsy. This dysfunction may cause neuromotor handicap. As nervous system is the motor control centre of all the bodily systems, any disorder in nervous system can cause sensory and physical disorders which may be a contributory factor to learning disabilities.
9. **Low intelligence:** A child with low intelligence is unable to show same proficiency as a normal child in specific areas such as mental traits and abilities.
10. **Physical defects:** Physical defects or deformation also contribute to the learning disabilities. These defects drag the child behind the average children. About 15 per cent of the learning disabilities are due to physical defects.

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11. **Genetic causes:** Heredity also contributes to learning disability. Some visual, auditory, motor and cognitive defects are found with a child only for major abnormalities. These may be due to dominant or recessive defects or spontaneous mutation. The defective genes are sometimes responsible for learning disabilities, learning problem and hyperactivity that run in families. Nearly 20 per cent of hyperactive children had one hyperactive parent. Children with Turner's syndrome have higher incidence of learning disabilities.
12. **Emotional causes:** Sometimes a child may become a learning disabled child if his emotional life is disturbed. The child comes to the classroom and brings his emotional life along with him. The tensions at home, the relationship between the siblings, between the parents and themselves and the frustration which may be prevalent in the home, all come along with him into the class. All these factors affect his learning in a negative manner.

Educational provisions for learning disabled children

The educational provisions for learning disabled children primarily consists of:

1. **Day school:** In these schools, learning disabled children receive specialized schooling using special teachers essentially on the same curriculum but with greater care and pace.
2. **Special class in a regular school:** Here learning disabled children are given special instruction in a self-contained classroom by special teacher as well as regular classroom teacher to assist in learning subject matter.

It can be said that learning disabilities arise out of several factors. In regular schools, learning disabled students can be handled well if regular and resource teachers become conscious and sensitive to the problems of these children.

Care and Training of Learning Disabled Children

There are two approaches for the care and treatment of the learning disabled children. These are medical neurological approach and psycho-educational approach (Hewett and Forness, 1984). Care and training can be attained through:

- Sound-proofing of walls and ceilings
- Carpeting
- Opaque windows
- Enclosed book cases and cupboards
- Limited use of bulletin boards
- Use of cubicles, three-sided work areas
- Removing the pictures, calendars and other hanging objects from the walls.
- Ensuring a noise-free and in other ways a distraction-free environment outside the classroom.

- Enhancing the intensity of the teaching materials in terms of colour, size and vividness.

CHECK YOUR PROGRESS

8. What is learning disability?
9. List few behaviour indices of learning disabilities.
10. Name three types of learning disabilities.
11. What are the two approaches for the care and treatment of the learning disabled children?

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3.4 SOCIALLY DISADVANTAGED CHILDREN

It is understood that impaired children are of different types depending upon the nature of their impairment which can be mental, physical or educational. These children have over the years been subjected to various types of educational programmes and the cry for integration has become the order of today. What about the greater number of children who do not belong to any organic, intellectually impaired category? These are socially disadvantaged groups who had been in the integrated system light from the beginning but were pushed back due to discrimination, neglect, poverty, caste membership etc. There is a greater need to attend to them.

3.4.1 Definition and Nature

The term ‘disadvantaged’ means children who come from socio-economically backward sections of the community who cannot profit from school because of deprivation of one sort or another; and children who belong to the tribal and rural areas of a country where educational facilities have not penetrated as much as in metropolitan cities.

In other words, the term disadvantaged would include children who not only belong to the above criteria but also the children who are exposed to disadvantaged schools in the rural and slum areas. Hence, both the ecology of the family and the ecology of the institution contribute to the educational deficits of the disadvantaged.

Prof. D. Sinha made a strong plea for an ecological model of cultural deprivation (1977). In addition, it also emphasized the perceived awareness of poverty, be it environmental, economic, effective or psychological groups that a number of children in rural and urban slums belong to the category of the underprivileged. One of the prevailing features of modern society in rural areas and slums is poverty of one sort or another, and as such for the education of disadvantaged a new sociological perspective is needed. Our constitutional directives for universalization of school education will be achieved not only by providing equal opportunity for enrolment, changing the quality of facilities, increasing the teaching personnel and services

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provided or through shifts in curriculum, but by providing significant improvement in the quality of guiding, teaching and learning processes.

The enlightened citizen is the most valuable asset of a society which cherishes the pursuit and preservations of democratic ideals and human values. Towards this goal, all the world over, developed, developing and backward nations have been investing their precious resources in ever increasing measure in providing the avenues for education. In our country too, the importance and the primary obligation to catch and to find the necessary means for education was recognized as of central importance. After independence, the goal of universal education was given a very important place. The Indian Constitution, Article 45, has enjoined the need to provide for compulsory education. There is a growing awareness of the need for education and there have been initiatives by people for achieving this goal. There has been a phenomenal increase in student enrolment at all levels of education. The explosion of number has naturally led to heterogeneity in the student community, which comprises the 'first generation students', those who hail from the socio-economically backward communities and other students from the other sections of the society. But students who hail from the socio-economically backward sections and those who are first generation students are disadvantaged and cannot be compared with their counterparts hailing from the other communities.

The term 'disadvantaged' is a very broad term which has the widest possible connotations. In one sense or the other, every one of us can be considered as disadvantaged. To avoid this kind of vagueness, it is necessary to put a limit to the consideration of one or two categories of the disadvantaged sections of students. First of all we have those hailing from the socio-economically and culturally disadvantaged sections, more commonly known as the Harijans. Years of neglect, discrimination and exploitation have made this section the most disadvantaged section. The second category of the disadvantaged students are the first generation students, this category of students differ from their counterparts with regard to self-concept, motivation, social life, language and intellectual performance among other things.

Social disadvantage has a wider definition than some people seem to think, and a lot depends on the cultural attitudes of the country in which it occurs. For example, the caste system that exists in some parts of India, ensures that all those who exist within it know their place and there is no scope for social mobility—those at the bottom stay at the bottom, and thus, are extremely socially disadvantaged.

But if a lowest caste Indian was living in a country with a different social structure, for example, the UK, it would be possible to move up in society, with the right education, etc. because he/she would be seen as an Indian and would not be judged by the caste.

Thus, on the basis of the above discussion, we can say that the term 'socially disadvantaged' or simply 'disadvantaged' is used to refer to those children who are economically, educationally, linguistically, or socially disadvantaged. So, a disadvantaged child is one who:

- (a) Suffers from a continuing inadequacy of basic necessities of life
- (b) Is subject to detrimental environmental stresses of any kind
- (c) Has been denied the basic and universal rights of children
- (d) Is at the risk of future psycho-educational problems
- (e) Is handicapped or disabled because of certain conditions of exogenous origin (i.e., not due to any condition arising out of within his/her own body)
- (f) Has been denied the opportunity to grow normally at his/her own natural rate

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Hence, the term disadvantage refers to an inner condition of a child resulting from an outer deprivation.

3.4.2 Causes of Disadvantages

Cultural deprivation or disadvantages arise due to a complex set of conditions which create intellectual deficiency in a child. Some of these conditions are attributed to unstimulating environment, lack of verbal interaction, environmental factors generally associated with poverty, low social status, malnutrition, broken-homes etc.

The various causes of disadvantaged conditions may be listed under the following heads:

1. Economic causes

- (a) Parents from lower income backgrounds
- (b) Those suffering from social exclusion and having limited access of natural resources and economic opportunities
- (c) Often landless or marginal farmers operating on most unproductive land.
- (d) Poor occupational status of parents
- (e) Unemployment or underemployment
- (f) Mismanagement of money in the home
- (g) Poor housing
- (h) Poor diet
- (i) Poor clothing

2. Home and neighbourhood related causes

- (a) Depressed or slum-type neighbourhood
- (b) Lack of space for outdoor games
- (c) Shared, inadequate and crowded homes
- (d) Lack of educational stimulation

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3. Health related causes

- (a) Malnutrition or under nutrition of children
- (b) Inadequate medical care of children
- (c) Pre-natal and post-natal complications
- (d) Lack of health care, cleanliness and preventive immunization

4. Socio-cultural factors related causes

- (a) Lack of cultural stimulation
- (b) Defective child rearing and parenting behaviours
- (c) Parental rejection
- (d) Over indulgence

5. Mental health related causes

- (a) Psychiatric problems
- (b) Behaviour problems
- (c) Mental retardation and disorders

6. Intellectual factors related causes

- (a) Retarded cognitive growth
- (b) Delayed speech
- (c) Over or under stimulation
- (d) Educational under achievement
- (e) Failure, stagnation and drop out
- (f) Progressive decline in intellectual functioning in school
- (g) Poor language learning
- (h) Lack of proficiency in higher form of cognitive learning and transfer
- (i) Lack of abstract and state sequence of events in a learning situation
- (j) Inability to classify and form logical concepts
- (k) Lack of analytic ability which is essential for learning
- (l) They have poor self-concept, low achievement aspiration, and low need for achievement including lack of desire for self-actualisation

3.4.3 Educational Programme for the Disadvantaged Children

Whether socially or economically, the disadvantaged children are not to be considered as objects who deserve mercy from the society. In an enlightened society. It seems strange to think in terms of advantaged, disadvantaged and deprived or privileged children. Socio-economic policies and programmes are based upon equalities of

opportunities in all spheres of life to all, irrespective of caste, creed and community. If the disadvantaged children are allowed to remain as such, it simply means keeping the valuable human resources of the society working far below their optimum levels of productivity. Therefore, facilitating the all-round growth of a country, which can be achieved by understanding the background, needs and problems of such children and improvement in their quality of life, special educational programmes are to be organised so that the disadvantaged children can receive education which is meaningful and have worth for them. A child has many deficiencies when he enters the school, due to his deficiencies, he is unable to adjust with the school atmosphere which in turn results in failure. Due to his failure, he feels discouraged and his deficiencies become accentuated. Thus, each year produces increasing frustration and failure. Eventually he becomes alienated from school and seek satisfaction elsewhere. The child develops unsatisfactory self-concept and an antagonistic attitude towards school and learning in general. Thus, special educational programmes for the disadvantaged should be designed to develop intellectual and social competencies, positive self-concept, social attitudes and marketable vocational skills.

The two main programmes for the education of disadvantaged children are as follows:

- (a) Enrichment programme for the disadvantaged children
- (b) Remedial programme for the disadvantaged children

A. Enrichment Programme

The meaning of enrichment is to make environment rich. Hence, this enrichment programme provides specialized help to some special class of children. It refers to the adaptation of the regular programme to provide educational experiences over and above those provided in the regular programme. Keeping in view the disadvantage children, it refers to the type of activity devoted to the further development of particular skills and talents of such children. According to this programme the school and the curriculum are to be adjusted according to the students' needs.

The curriculum should be enriched in such a way that it should cater to the students' local needs and aspirations. Curriculum should be designed keeping in view their unique geographical and cultural backgrounds, customs and traditions and their social and vocational lives. Hence, the curriculum should be revised accordingly. Special primers should be developed through mixed language approach. Methodology for teaching these students should be lively. The environment of the class room should be healthy. The classroom instruction should be accompanied by audio visual aids and concrete examples.

Measures should be taken to enrich the school environment so as to improve their communicative skills. In the area of intellectual and social competence, enrichment programme should be designed to develop and enlarge the child's perceptual and conceptual ability. At preschool level, the child's experiences should be enriched by local songs, dance, play, stories and conversations. At later stage

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field trips, wide reading, co-curricular activities, extra assignments should be provided as additional sources in the enrichment programme. Besides these school based programmes, special programmes should be planned and organised for their parents. They should be provided with functional literacy in non-formal centres. Thus, the disadvantaged children can be provided education by enriching the school activities.

B. Remedial Programme

This programme is mainly of the compensatory and preparatory education type for the younger disadvantaged children. Such compensatory and preparatory education can be given through early childhood care and education programmes organised by government agencies or voluntary agencies. Programmes recommended for younger disadvantaged children can be as follows:

- (a) Preventive programme consisting of health, nutrition and care
- (b) Compensatory health, nutritional, educational and social welfare programme
- (c) Preschool educational programmes based on the objectives of compensation, preparation and remediation

The various remedial programmes for the older disadvantaged children may include the following activities:

- (a) To solve the learning difficulties of disadvantaged children at different grade points, screening, remediation and the follow up programmes should be arranged.
- (b) Non-formal approach for compensatory and preparatory programmes may be used.
- (c) Extra classes, extra coaching and extra help can be given to them to solve their learning problems.
- (d) Providing better and more educational and vocational training programmes.
- (e) Establishing pre-school programmes which affect child's perceptual, conceptual, linguistic motivational and communicative systems.
- (f) If given instructions are effective, these students are to be simultaneously trained to achieve the three objectives that is knowledge, skills and attitudes.
- (g) For the students who are deficit in cognition, a special hour may be kept aside for remedial teaching language and training in how to increase some of their non-intellectual characteristics, i.e., self-concept, level of aspiration and sense of responsibility etc.
- (h) Learning of concepts and ideas may be sequenced before they are presented to the under privileged group, using more on concrete and life like situations. Training for analytic thinking may also constitute a part of the instructional programme design.

- (i) The imposition of standardized expectations regarding performance should be replaced by more of individualization in the rate of learning exposure to varied materials. Instruction must be given on how to pace performance according to their ability. The teacher has to ascertain the pre-requisites before instructing the students to move to the next step and make provisions for acting initial success experiences by the group.
- (j) For educating the underprivileged, giving recognition, responsibility, tangible rewards, positive affective remarks and encouragement have been found to be effective and should be encouraged in schools. Affective interactions and developments are to be supported in a school programme.
- (k) They also need to be acculturated through sensitivity training, exposure to literature, discussions and group contacts, role playing and case conferences.
- (l) These disadvantaged children can be provided self-instructional material for their benefit.
- (m) The curriculum of these disadvantaged children should have a direct link with their life and work especially for tribal population.

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It is now required that our schools and educational systems develop a better understanding of the implications of the social and psychological dynamics of deprivation and translate this understanding into education programme, into training of teachers and administrators and into planning of curriculum and instruction. No single device will suffice to counteract or to remedy the complex factors, those are associated with the education of the underprivileged. Administratively, the problem can also be taken on by dealing with acculturation problems and school learning by providing early school experience to these children and following an ungraded sequence or multiple entry system. To bring out the hidden potential among these children, a radical change in curriculum and teaching is required. At least the new curriculum which has been introduced is constructed in such a way that it is related to the psychological realities of the child, is tuned to our social and community life, is geared towards achieving needs and aspirations of our people and the educational climate that is promulgated in the frame-work is more motivating in terms of teaching techniques for which orientation of teachers are conducted in a massive way by NCERT, SCERT and state department of education.

In brief, it is possible to conceive of education as a countervailing force to overcome the deficits accumulated in underprivileged groups or what is currently understood as the broomstick effect. In fact, it is not only the educators function to reverse the negative impacts of educational deprivation, social and effective institution, caste discrimination and economic deprivation. It involves all aspects of the community. The task surely calls for creative innovation. All along the line the crucial pedagogical problem involved is that of understanding the mechanism of learning facility and learning dysfunction and applying this knowledge to optimum development of a

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heterogeneous population characteristics by differential backgrounds, opportunities send patters of social and intellectual function.

The psychological studies on deprivation tell us in general that deprivation exists among a larger section of student community whether we call it as due to inadequacy of early socialisation, organic deficits, mark of oppression, inadequate social reinforcement, culture conflicts and educational deprivation.

Role of a Regular Teacher

For educating the disadvantaged, many instructional strategies are suggested considering the objectives of instructions and their entering behaviour to an instructional situation. Basically there is no difference in the way in which the underprivileged children learn. Their learning process is subject to the same general principles of learning as is the learning process of the average or normal children but with a difference in the rate, the sequence, the type of materials and presentation modes. Hence, these are a few guidelines needed such as:

A continuous appraisal of progress and comprehensive measures of assessment diagnosis via feedback should become a part of every teaching and basis of planning the next learning experience.

Identification of Disadvantaged Children

It is not too difficult to identify the disadvantaged children. They can be identified by observing their behavioural characteristics. The following checklist of such behavioural characteristics can be used to identify them and will prove helpful for the teacher in the identification. In addition to the checklist, the teacher can examine the school records, interview the parents and children and, if possible, pay a visit to their homes to confirm identification.

The identification checklist is as given below:

- (a) The child appears lifeless and incurious
- (b) He appears deceptively unintelligent
- (c) He shows lack of interest, involvement and motivation for academic success
- (d) He shows lack of confidence and competence in expressing himself
- (e) He does not participate in classroom discussions
- (f) He usually fails to profit from classroom instruction
- (g) He shows specific learning difficulties in language subject and or general academic underachievement
- (h) He shows progressive academic deterioration resulting in failure, repetition of grades and drop-out

CHECK YOUR PROGRESS

12. What does the term 'disadvantaged' mean?
13. List two characteristics of a socially disadvantaged child.
14. Give two causes of disadvantaged conditions faced by children.

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3.5 SUMMARY

- Visual impairment is also referred to as vision impairment or vision loss. It refers to one's decreased ability to see to a degree that causes problems not fixable by usual means, such as spectacles.
- Those with complete or nearly complete vision loss can be termed as blind.
- Uncorrected refractive errors, cataracts, and glaucoma are said to be the most common causes of visual impairment.
- The partially sighted are those who require large print or magnified print materials. Their visual acuity (sharpness of visual image) is very low (20/70 in the better eye).
- Visual impairment is defined in terms of visual acuity, field of vision and visual efficiency.
- Visual ability is the ability of the eyes to see distant objects clearly which is assessed using the Snellen Eye Chart, developed by Herbert Snellen.
- The normal field of vision is 180 degrees in the better eye with correction. But if it is 20 degrees or less, it amounts to blindness. Visual efficiency refers to the manner in which a person uses his vision.
- Training led by individuals trained in the provision of technical aids can considerably benefit people who have reduced acuity.
- Blindness can occur in combination with conditions such as intellectual disability, autism spectrum disorders, cerebral palsy, hearing impairments and epilepsy. Blindness in combination with hearing loss is known as deafblindness.
- Educationally, the children with marked visual defects are often classified into two broad categories, i.e. the blind and the partially sighted.
- The children who are born blind can be identified by their parents within the first year of life. But children with lesser visual impairments may not be singled out until elementary school when vision becomes important in the performance of school work.
- The causes of visual impairment may be classified into three main categories. These are as follows:
 - (a) Ocular
 - (b) General disease
 - (c) Injuries

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- Congenital and development disorders have been stated to be one of the major causes of visual impairment in children.
- Syphilis is considered one of the common causes of blindness in India. It is hereditary in origin and manifests during 5th and 15th year of one's life.
- Partially sighted children are considered for all practical purposes just as children who can see. Their handicap does not affect them in any different way.
- Myopia or short sightedness: The child suffering from this defect can see nearby objects but the distant objects appear blurred to him.
- Many studies reveal that the language development of the blind is not affected by his impairment.
- Educational provision for the visually impaired children can be made according to the degree of impairment i.e., for partially sighted and blind children.
- Plus curriculum is not extra but compensatory. This skill development always facilitates better learning.
- Learning disability refers to learning problems which manifest in an imperfect ability to listen, think, speak, read, write or do mathematical calculations which are not primarily due to visual impairment, hearing impairment, motor handicap, mental retardation environmental or economic disadvantages, but due to a disorder in the psychological process involved in understanding or in using language.
- A learning disability can't be cured or fixed; it is a lifelong issue. With the right support and intervention, however, children with learning disabilities can succeed in school and go on to successful, often distinguished careers later in life.
- Learning disabled children have difficulty both in expressive and receptive language, however it is relatively more in the case of the former.
- Lerner (1985) demonstrated that learning disabled children display problems in spatial relations, visual discrimination, figure and ground discrimination of similarities and differences, auditory sequencing, auditory blending and auditory memory.
- Individuals are assessed usually as learning disabled after they start having problems in school.
- There are two approaches for the care and treatment of the learning disabled children. These are medical neurological approach and psycho-educational approach (Hewett and Forness, 1984).
- It is understood that handicapped children are of different types depending upon the nature of their handicap which can be mental, physical or educational.
- The term 'disadvantaged' means children who come from socio-economically backward sections of the community who cannot profit from school because

of deprivation of one sort or another; and children who belong to the tribal and rural areas of a country where educational facilities have not penetrated as much as in metropolitan cities.

- In can be said that the term ‘socially disadvantaged or simply ‘disadvantaged’ is used to refer to those children who are economically, educationally, linguistically, or socially disadvantaged.
- Cultural deprivation or disadvantages arise due to a complex set of conditions which create intellectual deficiency in a child.
- For educating the disadvantaged, many instructional strategies are suggested considering the objectives of instructions and their entering behaviour towards an instructional situation.
- A continuous appraisal of progress and comprehensive measures of assessment diagnosis via feedback should become a part of every teaching and basis of planning the next learning experience.

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3.6 KEY TERMS

- **Cortical visual impairment:** It is a form of visual impairment that is caused by a brain problem rather than an eye problem.
- **External locus of control:** Students with an ‘external locus of control’ generally believe that their successes or failures result from external factors beyond their control, such as luck, fate, bias, or teachers who are unfair, prejudiced, or unskilled.

3.7 ANSWERS TO ‘CHECK YOUR PROGRESS’

1. Visual impairment is defined in terms of visual acuity, field of vision and visual efficiency.
2. Visual ability is the ability of the eyes to see distant objects clearly which is assessed using the Snellen Eye Chart, developed by Herbert Snellen, a Dutch doctor.
3. Low vision is defined in terms of closing reduction whereas, partial sightedness is defined in terms of distance from the Snellen chart.
4. Blindness in combination with hearing loss is known as deafblindness.
5. Educationally, the children with marked visual defects are often classified into two broad categories, i.e., the blind and the partially sighted.
6. Behavioural and social development characteristics can be assessed by using the following two tests:
 - (a) Bayley Scales of Infant Development (BSID)
 - (b) Wide Range Achievement Test

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7. A child suffering from myopia or short sightedness can see nearby objects but the distant objects appear blurred to him. This defect is due to the elongation of the eyeball or excessive curvature of the cornea.
8. Learning disability is a generic term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading writing, reasoning or mathematical abilities.
9. Certain behaviour indices of learning disabilities in children are as follows:
 - (a) Near average or above average in intellectual ability
 - (b) Impulsive behaviour in talk and action
 - (c) Inability to focus on one activity
10. The three types of learning disabilities are as follows:
 - (a) Dysphasia
 - (b) Finger agnosia
 - (c) Dyscalculia
11. The two approaches for the care and treatment of the learning disabled children are medical neurological approach and psycho-educational approach.
12. The term ‘disadvantaged’ means children who come from socio-economically backward sections of the community who cannot profit from school because of deprivation of one sort or another; and children who belong to the tribal and rural areas of a country where educational facilities have not penetrated as much as in metropolitan cities.
13. A disadvantaged child is one who:
 - (a) Suffers from a continuing inadequacy of basic necessities of life
 - (b) Is subject to detrimental environmental stresses of any kind
14. Two causes of disadvantaged conditions faced by children are as follows:
 - (a) Parents from lower income backgrounds
 - (b) Those suffering from social exclusion and having limited access of natural resources and economic opportunities

3.8 QUESTIONS AND EXERCISES

Short-Answer Questions

1. State the various causes of visual impairment.
2. Elucidate on the health effects and genetic defects that lead to visual impairment.
3. Write a short note explaining the characteristics of partially sighted children.
4. Give Sandra Rief’s check list for learning disabled children.
5. Write a brief note on motor activity.

6. List the causes of learning disabilities.
7. What are the educational provisions for learning disabled children?
8. Define and discuss the nature of socially disadvantaged children.

Long-Answer Questions

1. How are visually impaired children classified and identified? Explain in detail.
2. Explain the characteristics of blind children.
3. What are the educational provisions for the partially sighted children?
4. Assess the educational provisions for the blind children.
5. Who are learning disabled children? How are they similar to or different from normal children?
6. Discuss the characteristics of learning disabled children.
7. How are learning disabled children identified? What method was suggested by Dr Samuel Kirk to identify learning disabled children?
8. What are the types of educational programmes for the disadvantaged children? Discuss each in detail.

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3.9 FURTHER READING

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Website

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UNIT 4 REHABILITATION OF THE DISABLED

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Structure

- 4.0 Introduction
- 4.1 Unit Objectives
- 4.2 Rehabilitation of the Disabled: Concept, Issues and Problems
 - 4.2.1 Issues and Problems Related to Disability and Rehabilitation Services in India
- 4.3 Role of Rehabilitation Council of India
 - 4.3.1 Programmes of Rehabilitation and National Institutions of Handicapped
- 4.4 Role of Government and NGOs
 - 4.4.1 Role of a Teacher
- 4.5 Summary
- 4.6 Key Terms
- 4.7 Answers to 'Check Your Progress'
- 4.8 Questions and Exercises
- 4.9 Further Reading

4.0 INTRODUCTION

The noun 'rehabilitation' comes from the Latin prefix re-, meaning again, and habitat meaning 'made fit.' In this way rehabilitation can be defined as the restoration of someone who is useful in society or indication of a person's character and the reestablishment of that person's reputation as the conversion of wasteland into land suitable for use for habitation or cultivation. When something falls into despair and needs to be restored to a better condition, it needs rehabilitation. People seek rehabilitation after an accident or surgery to restore their strength, or to learn to live without drugs or other addictive substances or behaviours. This unit deals with rehabilitation of the disabled.

4.1 UNIT OBJECTIVES

- Describe the concept of rehabilitation of the disabled
- Analyse the issues and problems associated with their rehabilitation
- Explain the various programmes initiated for their rehabilitation
- Discuss the role of government, NGOs and the national institutions of the handicapped
- Describe the role of Rehabilitation Council of India.

4.2 REHABILITATION OF THE DISABLED: CONCEPT, ISSUES AND PROBLEMS

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Rehabilitation is the act of restoring something to its original state, like the rehabilitation of the forest that had once been cleared for use as an amusement park.

Rehabilitation describes specialized health care dedicated to improving, maintaining or restoring physical strength, cognition and mobility with maximized results. Typically, rehabilitation helps people gain greater independence after illness, injury or surgery. Rehabilitation can also be explained as the process of helping an individual achieve the highest level of function, independence and quality of life possible. Rehabilitation does not reverse or undo the damage functioning and well-being.

Disability is an important public health problem especially in developing countries like India. The problem will increase in future because of the increase in trend of non-communicable diseases and change in age structure with an increase in life expectancy. The issues are different in developed and developing countries, and rehabilitation measures should be targeted according to the needs of the disabled with community participation. In India, majority of the disabled reside in rural areas where accessibility, availability and utilization of rehabilitation services and its cost-effectiveness are the major issues to be considered.

4.2.1 Issues and Problems Related to Disability and Rehabilitation Services in India

There are various issues and challenges related to disability and rehabilitation services.

Globally, around 785-795 million persons aged 15 years and older are living with disability based on 2010 population estimates. Of these, the World Health Survey estimates that 110 million people (2.2 per cent) have very significant difficulties in functioning while the Global Burden of Disease Survey estimates 190 million have (3.8 per cent) have severe disability. Including children, over a billion people (about 15 per cent of the world's population) were estimated to be living with disability.

Systematic research into prevalence and determinants of disability has been scanty from India although it is an important public health problem. Disability is the best example of the iceberg phenomenon of disease. This is because of difficulty in identifying the mild and moderate degrees of physical and mental disability which are unrecognized by the health care delivery system and the survey team members. The WHO estimates that 10 per cent of the world's population has some form of disability. In contrast, the National Sample Survey Organization (NSSO) report and Census data of 2001 stated that its prevalence was as low as 2 per cent in India. A recent community-based study in India found the prevalence of all types of disability as 6.3 per cent out of which mental disability was found to be the most common type of disability (36.7 per cent).

The disability prevalence varies in different age groups and urban-rural areas. The burden of disability is more among the geriatric (>60 years) age group with

6401 and 5511 per lakh population in rural and urban areas respectively. A study in Chandigarh reported that 87.5 per cent of elderly people had minimal to severe disabilities. Another study in Dehradun showed that visual disability was the most common (74.1 per cent) among the geriatric age group. A community-based study conducted in Rajasthan among children below 14 years found that 7 per cent of them had at least one or other form of disability. Another study in Gorakhpur found that in children below the age of 6 years the disability rate was 7638 per lakh population. In India, NSSO reported that a total of 1,40,85,000 and 44,06,000 people are disabled in rural and urban areas, respectively. Overall, 1846 and 1499 per lakh population had any type of disability during the survey in rural and urban areas respectively. With respect to gender distribution, some studies showed proportionately more disability among males, while some other studies more among females. Lack of education among disabled is an important barrier for effective delivery of services and 54.7 per cent of disabled belonged to illiterate category according to NSSO 2002 survey findings. The differences observed in various studies are mainly due to difference in the methodology adopted, conceptual framework, the scope and coverage of surveys undertaken, operational definitions used for various types of disabilities along with different socio-cultural, and risk factors prevailing in that area. Social attitudes and stigma, international evidence, gap driven by mental retardation, and mental health measurement are also important factors related to prevalence of disability.

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Determinants

The Global Burden of Disease study (GBD) provides a standardized approach for epidemiological assessment and uses a standard unit called as the Disability-Adjusted Life Year (DALY), to aid international comparison. DALYs express years of life lost to premature death and Years Lived with Disability (YLD), adjusted for the severity of disability. One DALY is one lost year of healthy life. Only about one-quarter of the total disability burden at global level is due to Group I conditions that includes communicable, maternal and perinatal factors reported mainly from South Saharan Africa and India. In terms of numbers or years lived with a disability, there is more non-communicable disability in India than in the established market economies. As countries pass through the health transition, the distribution of YLD shifts away from Group I conditions. In 1998, an estimated 43 per cent of all DALYs globally were attributable to non-communicable diseases and in low and middle income countries, the figure was 39 per cent.

Problems

The major challenge includes understanding the concept of disability and acceptance of Community-Based Rehabilitation (CBR) as a valid intervention. Hospital-based rehabilitation services will lead to mystification of knowledge with social isolation and low efficiency of services which will benefit fewer disabled. Prioritization of resources like finance, manpower, and materials will be another important issue to be considered. Poor planning and management of CBR with lack of inter-sectoral coordination leads to poor functioning of the services to disabled. Non-availability of evidence-based facts, lack of coordination between the Government and NGOs, the

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absence of a coherent community level strategy, limited competence and capacity of decentralizing services, limited models of good practices are the other lacunas in the system. Disability should be considered as an important issue by the government so that this important public health problem can be tackled in the community. The services should cover all types of disabled who need rehabilitation services and it should be part of mainstream development in the community. A multi-sectoral approach including social integration interventions, health, education, and vocational programmes are important issues related to rehabilitation services.

Primary health care system must play a major role both as a provider and supporter, and should engage with initiatives such as early identification of impairments and providing basic interventions, referrals to specialized services such as physical, occupational, and speech therapies and so on and so forth. The educational sector should be more inclusive by adapting newer techniques with respect to content of the curriculum and methods of teaching and ensuring that classrooms, facilities, and educational materials are more accessible. Children with multiple or severe disabilities who might require extensive additional support may access education through the use of innovative methods best suited to their context. Collaboration with the employment and labour sectors is essential to ensure that both youth and adults with disabilities have access to training and work opportunities at community level. Productive and decent work in a conducive environment is essential for the social and economic integration of individual persons with disability (PwDs).

Monitoring and evaluation in the service delivery should be strengthened with information dissemination related to impact on disabled, community mobilization, opportunity for education, opportunity for work, transfer skills to community level, program activities, and involvement of disabled people. Research with respect to services, fund allocation, cost-effectiveness, manpower, training, and technical aid of disabled people should be strengthened. One of the biggest challenges is providing rehabilitation services to the unreached persons with disabilities living in rural areas and small towns.

CHECK YOUR PROGRESS

1. What are the major issues for the disabled residing in India?
2. What are the important issues related to rehabilitation services?

4.3 ROLE OF REHABILITATION COUNCIL OF INDIA

The Rehabilitation Council of India (RCI) was set up as a registered society in 1986. On September, 1992, the RCI Act was enacted by Parliament and it became a Statutory Body on 22 June 1993. The Act was amended by the Parliament in 2000 to make it more broad-based. The mandate given to RCI is to regulate and monitor services given to persons with disability, to standardise syllabi and to maintain a Central Rehabilitation Register of all qualified professionals and personnel working

in the field of Rehabilitation and Special Education. The Act also prescribes punitive action against unqualified persons delivering services to persons with disability.

The Rehabilitation Council of India is the apex government body, set up under an Act of Parliament, to regulate training programmes and courses targeted at disabled, disadvantaged, and special education requirement communities. It is the only statutory council in India that is required to maintain the Central Rehabilitation Register which mainly documents details of all qualified professionals who operate and deliver training and educational programmes for the targeted communities. In the year 2000, the Rehabilitation Council of India (Amendment) Act, 2000, was introduced and notified consequently by the government of India Act, 1992, under the ambit of a larger act, namely Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995.

Its main function is to regulate training, its recognition and derecognition and quality improvement in special education.

Aims and Objectives

The aims and objectives of the Rehabilitation Council are as follows:

1. To regulate the training policies and programme in the field of Rehabilitation of disabled people
2. To bring about standardization of training causes for professionals dealing with disabled persons
3. To prescribe minimum standards of education and training for various categories of professionals dealing with disabled persons
4. To regulate these standards in Government institutions—Central as well as state, uniformly throughout the country
5. To recognize institutions training professionals in the field and recognise the Degree/Diploma/Certificates awarded by these institutions and to withdraw recognition institution
6. To recognise foreign Degree/Diploma/Certificates on reciprocal basis and to get Indian Degrees/Diploma/Certificates recognised abroad and to withdraw such recognition
7. To maintain an Indian Rehabilitation Register
8. To collect information on a regular basis, on education and training in the field of Rehabilitation of disabled persons from institution on India and Abroad

The Council has standardized several courses for different categories of manpower requirement in the field of special education.

Training Programmes Standardized by RCE

The Rehabilitation training programmes mentioned below, being conducted by various institutes in the country, have been standardized and approved by RCI. The Council

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keeps on updating and adding new training programmes as per the requirement of the country.

Table 4.1 Rehabilitation Training Programmes Conducted by Various Institution

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	<i>Name of the Course</i>	<i>Duration</i>	<i>Qualification</i>
(a)	M. Sc. Speech & Hearing	2 years	Degree
(b)	B.Sc. Speech & Hearing	3 years	Degree
(c)	Diploma Speech & Hearing	1 year	Diploma
(d)	B.Ed. (HI)	1 year	Degree
(e)	D. Ed. (HI)	1 year	Diploma
	<i>Mental Retardation</i>		
(a)	Bachelor in Mental Retardation	3 years	Degree
(b)	Diploma in Mental Retardation	1 year	Diploma
	<i>Visually Handicapped</i>		
(a)	B.Ed. Special Education	1 year	Degree
(b)	Course for Training Teachers of Visually Handicapped Children at Primary Level.	1 year	Diploma
(c)	Course for Training Teachers of Visually Handicapped Children at Secondary Level.	1 year	Diploma
(d)	Orientation and Mobility Training Course	6 months	Certificate
	<i>Locomotor Handicapped</i>		
(a)	B.Sc. in Prosthetic and Orthotic	3 1/2 years	Degree
(b)	Diploma in Prosthetic and Orthotic Engrs.	2 1/2 years	Diploma
(c)	Multi Rehabilitation Workers	1 1/2 years	Certificate
	<i>Multi Handicapped</i>		
(a)	Post Graduate Course on the Education of Physically and Neurologically Handicapped Children.	1 year	Degree
(b)	Basic Development Therapy Course for Children with Cerebral Palsy.	1 year	Certificate

4.3.1 Programmes of Rehabilitation and National Institutions of Handicapped

There are various programmes initiated for and aimed at the rehabilitation of the disabled. Some of these programmes are discussed in this section.

- (A) National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act

This legislation led to the setting up of a trust, which works to strengthen family guardianship of those suffering from autism, cerebral palsy, mental retardation and multiple disabilities. It also looks after the disabled with no family support.

There are many measures initiated by Ministry of Social Justice and Empowerment and Health and Family Welfare in India. These are as follows:

1. District Rehabilitation Center (DRC) Project started in 1985
2. Four Regional Rehabilitation Training Centers (RRTC) have been functioning under the DRCs scheme at Mumbai, Chennai, Cuttack, and Lucknow since 1985 for the training of village level functionaries and DRCs professionals, orientation and training of State Government officials, research in service delivery, and low cost aids. Apart from developing training material and manuals for actual field use, RRTCs also produce material for creating community awareness through the medium of folders, posters, audio-visuals, films, and traditional forms.
3. National Information Center on Disability and Rehabilitation
4. National council for Handicapped Welfare
5. National Level Institutes
6. A new scheme 'District Disability Rehabilitation Centre for persons with disabilities' is a step towards providing rehabilitation services and implementation of Persons with Disability Act, 1995. The scheme of setting up DDRCs was initiated in Ninth Five Year Plan and is continuing during Twelfth Five Year Plan. The DDRCs are provided financial, infrastructure, administrative and technical support by the Central and State Governments, so that they are in a position to provide rehabilitative services to persons with disabilities in the concerned districts.

Thus, all the above mentioned legislations were a step for the rehabilitation of the disabled. Besides these acts, the government of India has opened about hundred Special Employment Information and Registration Centres all over the country, keeping in view the abilities and employment of the disabled. 'Vocational-Rehabilitation Centres' have also been opened to provide special employment training to the handicapped according to their physical, social and vocational needs. The Employment and Rehabilitation Department of Human Resource Development has opened Vocational Rehabilitation Centres in the metropolitan cities like Mumbai, Hyderabad, Delhi, Kanpur, Chennai etc. The main purpose of all these centres is to help rehabilitation of the disabled so that they may become productive members of the society.

- (B) National Institute for the Mentally Handicapped, Secunderabad:** The National Institute for the Mentally Handicapped (NIMH) was established in the year 1984 as an autonomous body under the Ministry of Welfare, Government of India. The Institute serves as an apex body with specific emphasis on training and research in the field of mental retardation. The

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NIMH offers specialized services keeping in view the various requirements of the mentally handicapped persons.

The aim and objectives of NIHM are as follows:

- (a) To develop appropriate models of care and rehabilitation for the mentally retarded persons appropriate to Indian conditions
- (b) To develop manpower for delivery of services to the mentally handicapped
- (c) To identify, conduct and coordinate research in the area of mental retardation
- (d) To provide consultancy services to voluntary organisations in the area of mental handicap and to assist them wherever necessary
- (e) To serve as a documentation and information centre in the area of mental retardation
- (f) To acquire, relevant data to assess the magnitude, causes, rural-urban composition, socio-economic factors etc. of mental retardation in the country
- (g) To promote and stimulate growth of various kind of quality services for persons with mental retardation throughout the country

At the institute's headquarters at Secunderabad, there are six departments, namely, medical sciences, psychology, special education, speech pathology and audiology, information and documentation services and vocational training. The institute has three regional training centres located at Bombay, Calcutta and New Delhi, while, Model School for the Mentally Deficient Children at New Delhi was taken over by the Institute in the year 1986. Some of the institute's training programmes are also carried by a network of supported and affiliated centres spread across the country.

The National Institute runs the following pre-service, in-service, seminar and other training programmes:

- (a) Three years Bachelor's Degree Course in Mental Retardation (BMR) at Secunderabad
- (b) Diploma Course in Mental Retardation
- (c) Post Graduate Diploma in Mental Retardation

The Institute organises 10 to 12 short term courses every year. The duration of such courses is 3 to 5 days and the courses cover: (a) portage programme, (b) vocational training, (c) behaviour modification, (d) appreciation programme for AIR producers and (e) media workshop on disability.

Each year a national level seminar on mental retardation is organised by the institute, which serves as a platform for professionals working in the field of mental retardation to exchange information including parent training programmes.

The institute provides multi-disciplinary team services for helping the mentally handicapped persons and their parents. Usually all the cases that come to NIMH are assessed by a general service team for psychological, clinical and educational assessments. After identifying the different requirements of the mentally handicapped individuals and their families, intervention programmes are decided which include appropriate referrals, further remediation in special services of the institute and providing consultancy to organisations such as special schools. The services available include:

- Behaviour modification
- Early intervention for preschool children
- Group activities
- Medical management
- Parent/family guidance and counselling
- Physiotherapy
- Special education intervention
- Vocational training and guidance
- Psycho social services

(C) **Keravalamban Kendra:** This special education centre, located at NIMH headquarters at Secunderabad, admits about 85 children with mental retardation in the age range of 3 to 16 years. Children are grouped into pre-primary, primary, secondary and pre-vocational levels. Admission is offered for a period of 2 years to children with mental retardation who have been regularly attending the group activity training programme of the institute. This special education centre also runs group activities for children with mental retardation during the afternoon hours. About 250 children per week benefit from this programme. The children in the morning school programme as well as in the group activity programme are provided systematic training and in addition to participate in extra-curricular activities which include music, dance, drama, sports and other recreational activities. Special programmes such as Special Olympics are also actively organised. Parents' or family interaction in all programmes is encouraged.

The institute has 12 family cottages which offer stay and training facilities in its campus at Secunderabad. Parents who come from far off places and like to spend time with the expert staff at NIMH find the facility of such a service extremely useful.

The Model School was established in Delhi in the year 1964 by Government of India and later, in the year 1986 was transferred to NIMH. About 110 children, both boys and girls, in the age range from 5 to 18 years are currently on roll. Of them, 40 stay in the residential hostel. There are 12 classes at various levels of pre-primary, primary, secondary, pre-vocational and vocational. Apart from regular school programmes of training in skills, extra-

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curricular activities like sports, music, drama and recreational activities are encouraged.

Early intervention services are offered by the NIMH Regional Training Centre (North), Delhi for very young children with delayed development and mental retardation up to 5 years of age. Every month about 40 to 50 children benefit from this programme. The parents are given instructions for home management programme after demonstration of the skill training activities at the centre by the trained staff.

In 1992, the vocational training centre was established which offers services of vocational training to persons with mental retardation above the age of 16 years.

To reach people living in remote areas, the institute periodically conducts rural camps. The activities include: (a) screening and case detection, (b) individual assessment and counselling, (c) training of parents, (d) creation of awareness, and (e) reference.

In collaboration with NCERT and Central Institute of Educational Technology, the institute has produced programmes which are regularly telecast as a part of the school TV programmes on Doordarshan every alternate Saturday. This programme is directed towards parents having children with mental retardation and provides instructions for home management of children. This programme is telecast in different languages.

(D) National Institute for the Visually Handicapped, Dehradun: The National Institute for the Visually Handicapped (NIVH), Dehradun, was established in July 1979, amalgamating with the National Centre for the Blind. The latter was started in January 1950 with a training centre for the adult Blind, taken over from St. Dunstan's Hostel for the Indian War Blinded. Subsequently, other units such as a women's wing, a workshop for making braille appliances, a sheltered workshop, a central braille press, and schools for blind and partially sighted children and a national library for the blind were added.

The basic objectives of the institute are as follows:

- To promote research
- To undertake the training of personnel
- To provide certain national level services

The National Institute for Visually Handicapped is a registered society under the Ministry of Social and Women's Welfare. Its director is the executive head. The institute has the following divisions: (i) School Division, (ii) Training Division, (iii) Aids and Appliances Division, (iv) Research Division, (v) Book Division and (vi) Industrial Psychology Division.

The activities of the institute include operating schools for the blind, imparting occupational training, running of a sheltered workshop, a braille press, a teacher's training centre, and conducting research on several aspects of blindness.

The institute operates two schools, one each for the blind and for the partially sighted children. These schools prepare the blind children for the secondary examination. It is the task of these two schools to try out new methods of teaching and equipment.

Adult blind persons are imparted occupational training in handicrafts, braille typewriting, braille shorthand, music, book binding, radio engineering etc. by the Training Centre for the Adult Blind. The institute manages a workshop where blind workers are engaged in caning chairs, manufacturing woollen and cotton textiles, making candles and engineering products. It has four teachers training centres which offer a one-year diploma course through a common all-India examination. Research on several aspects of blindness is also carried out in the institute. Experiments in occupational and psychological research are conducted for evolving new methods of helping the blind. The Aids and Appliances Division is engaged in developing and fabricating aids for the visually handicapped which could be manufactured in the country itself. Factors influencing the work environment of the blind and the visually handicapped are examined by the Industrial Psychology Division.

The institute has a central braille press which produces braille literature in Hindi and English. The United Nations Children's Fund (UNICEF) entrusted the press with the task of producing braille textbooks up to class VI for free distribution. The library of the institute circulates braille books free of charge to blind readers all over the country. It has now decided to make the material available on tapes to serve other disabled persons not able to read in print.

- (E) Model School for the Visually Handicapped:** The school provides education to the blind and partially seeing children up to the secondary level. Both types of children are given education through media compatible with the nature of their limitations. Blind children are taught through braille while partially sighted children make use of magnifying devices to read print. The children are provided free boarding, lodging, clothing, tuition and other facilities besides monthly pocket money.

The school is affiliated to the Central Board of Secondary Education for its 9th and 10th classes. The school has opened a pre-school unit.

The Institute has taken up research studies on case study of various disabling conditions and preparations of reports for complete set of management; effect of exercises in Physiotherapy treatment; innovative method of treatment in management of paraplegia/orthopaedic conditions; construction of indigenous activities of daily living use of simple methods in Occupational Therapy; develop simple method of treatment programmes in Occupational Therapy in the zone of hand functions; and role of Electromyographic studies in different pathological conditions.

- (F) Workshops for Manufacture of Braille Appliances:** Various aids and appliances like braille slate, arithmetic slate, plastic stylus, chess board, playing cards, pocket frame, folding stick, braille scale, etc. are produced at low cost

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in this workshop. The workshop has also produced during the period of collaboration with ALIMCO, Kanpur braille shorthand machines, which were being imported earlier.

The institute's Braille Press is producing reading materials in braille for the blind on a large scale and braille books are supplied at highly subsidised rates to school children. The press took up printing of textbooks for the states of Bihar, Punjab, Haryana, Uttar Pradesh, Karnataka, Madhya Pradesh and Delhi.

The library offers free lending services to the visually handicapped readers all over the country. It has 38,453 braille volumes and 4539 printing books. It also has a Talking Book Unit with 105 recorded books. A total of 65 new members were added to the library during the year raising total membership to 1890. The new recorded monthly journal namely *Chayanika* has been circulated to 160 people during the period.

Assessment and therapeutic services were also extended to the trainees and students referred for consultation at the Crisis Intervention Clinic of the Institute.

The institute conducted long-term as well as short-term training programmes for various personnel engaged in the work for the blind in NIVH and its regional centres.

The institute has a sheltered workshop and units for rural expansion programmes, management of newly blinded, home management, guidance and counselling, orientation and mobility services.

The courses run by NIVH are: Diploma in Teaching the Blind, Contact cum Correspondence Courses for In-service Teachers of Blind, Diploma Course for Secondary Teachers of V.H., Training Course for Primary School teachers of V.H., Certificate Course Orientation and Mobility Instructors of the V.H. at different times. The other courses are: B.Sc. (Hons) in Physiotherapy, B.Sc. (Hons) in Occupational Therapy, and the 2 years Diploma Course in Orthotics and Prosthetic.

(G) The National Institute for Orthopaedically Handicapped, Calcutta: The Institute has been established in 1979 by the Government of India to:

- Conduct research on early detection, prevention, medical and physical rehabilitation of orthopaedically handicapped children and adults.
- Conduct education and training of orthopaedically handicapped children and adults, and training of teachers.
- Plan economic rehabilitation of orthopaedically handicapped.

The National Institute in collaboration with Spastic Society of West Bengal have conducted a course to train special teachers. The schools that are being started in the National Institute will primarily act as a model in teaching the handicapped as well as training special teachers.

ALIMCO has located a limb fitting centre in the institute's premises. An orthotic and prosthetic unit is also functioning.

The NIOH has taken up large number of research projects and studies. These include effect of exercises in physiotherapy treatment, occupational therapy, and several immature methods of treatment in the management of orthopaedic conditions.

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(H) Ali Yavar Jung National Institute for the Hearing Handicapped, Bombay (AYJNIHH): The National Institute for the hearing handicap has been set up in Bombay. The foundation stone was laid in 25 December, 1978. The institute is functioning since 1981. It has its regional centres in the country.

There is also a training centre for adult deaf which was established in 1962 at Hyderabad which continued to provide occupational training to deaf boys and girls in the area of sheet metal works, fitting, carpentry, electric workmanship, cutting and tailoring, welding, photography, turning. These students are drawn from all over the country. Recently the institute has made further studies by expanding education and training activities with latest audio-logical equipment to provide service facilities. Research programmes include early identification of hearing impaired. The courses run by AYJNIHH are: D.Ed. (Deaf), B.Ed. (Deaf), B.Sc. (AST), D.C.D.

(I) National Institute of Rehabilitation Training and Research (NIRTAR), Olatpur, Cuttack: National Institute of Rehabilitation Training and Research (NIRTAR) came into existence when National Institute of Prosthetic and Orthotic Training (NIPOT), a unit of Artificial Limbs Manufacturing Corporation of India (ALIMCO), established in 1975, was converted into an autonomous body on 22 February, 1984 under the Ministry of Welfare, Government of India.

Its objectives are as follows:

- To undertake, sponsor or co-ordinate the training of personnel such as doctors, engineers, prosthetist, orthotist, prosthetic and orthotic technicians, physiotherapists, occupational therapists, multipurpose rehabilitation therapists and such other personnel deemed necessary for the rehabilitation of the physically handicapped
- To conduct, coordinate, sponsor or subsidise research into bio-medical engineering, both fundamental and applied, leading to the effective evaluation of mobility aids for the orthopaedically disabled persons or suitable surgical or medical procedures or development of new aids
- To develop models of service delivery programmes for rehabilitation of the physically handicapped
- To promote or distribute or subsidise the manufacture of prototypes and distribution of any or all aids designed to promote any aspects of the education and rehabilitation therapy of the physically handicapped

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- To undertake vocational training, placement and social, economic, educational and any form of rehabilitation and any activity incidental to these
- To undertake any other action in the area of rehabilitation of the physically handicapped

A Regional Rehabilitation Training Centre is also attached to this institute, besides a leprosy rehabilitation unit.

Rehabilitation camps are organised periodically in rural and tribal areas to make the rehabilitation services available to the physically handicapped, almost at their doorsteps.

Medical Services

Patients reporting at NIRTAR are registered at the Out Patient Department and examined by the Duty Medical Officer. They are advised and referred to other departments as per the individual requirements of treatment and rehabilitation.

A well-equipped operation theatre is available at NIRTAR for surgical purposes for the orthopaedically handicapped people. Radiological investigations are done at the X-ray Department. Pathological investigations are carried on in the Clinical Laboratory of the institute. Physiotherapy Department is well-equipped with hydrotherapy, exercise therapy, electrotherapy and heat therapy. Physiotherapists by using the various physical modalities contribute towards the fullest functional restoration of handicapped. Occupational therapist provides treatment towards functional restoration, giving psychological support, training in use of aid appliances and pre-vocations training of the disabled on activities of daily living. Prosthetic and orthotic appliances are fabricated using standard ALIMCO components and equipment in the prosthetic and orthotic workshop.

The institute runs several courses such as:

- Diploma in Prosthetics/Orthotic Engineering
- Degree in Physiotherapy
- Degree in Occupational Therapy

Short-term orientation courses are run for:

- Rehabilitation for orthopaedic surgeons and physiotherapy medicine specialists
- Physiotherapists
- Occupational therapists
- Psychologists and employment officer
- Medical social workers/teachers in integrated education
- Nurses in rehabilitation

- Voluntary organisations
- Prosthetists and orthotists

(J) Thakur Hariprasad Institute of Research and Rehabilitation of the Mentally Handicapped, Hyderabad: Thakur Hariprasad Institute of Research and Rehabilitation for the Mentally Handicapped was established in the year 1968. It offers:

1. Special education programmes tailored to meet each student's special needs
2. Health care services
3. Transitional services from school to work and other programmes
4. Extensive vocational and rehabilitation programmes
5. Therapeutic recreational activities
6. Special programmes for children and young with autism and behavioural programmes

It has made significant contribution in the field of MR in India over the last decade. More specifically, THPI runs the courses such as:

1. Programmes
 - Diploma in MR
 - Diploma in Medical Pedagogy
 - Diploma in Development Therapy
 - Course for Paediatricians and Clinical Psychologists in Neuro-Kinsiological Diagnosis
 - Diploma in Vojta Therapy
 - Training for para-professionals etc.
 - Need Based Training Programmes
 - Certificate course in Vocational Training
2. Several specialised service wings:
 - Rehabilitation of children under judicial custody
 - Rural camps
 - Training of school teachers
 - Consultation services
 - Resource services
3. In addition to general services:
 - Behaviour modification
 - Speech therapy

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- Occupation therapy
- Physiotherapy
- Family therapy
- Home guidance clinic
- Sibling counselling
- Need-based interventions
- Psycho-linguistic therapy
- Development therapy
- Vojta therapy
- Medical pedagogy therapy
- Early social integration
- Cognitive therapy

The responsibility of the Council is to monitor various manpower development programmes including maintenance of a rehabilitation register. Graduate programmes in speech and hearing, masters level programme in speech and hearing, B.M.R., Diploma in Special Education MR, B.Ed., special education, MRW courses, Prosthetics and Orthotic diploma courses, courses on All India basis on Occupational Therapy (BOT) and Physiotherapy (BPT) have been in operation.

The NIMH at Secunderabad basically covers care and habilitation programme in the area of Mental Retardation, running BMR and Diploma in special education (MR) courses, various research, development, extension programmes including running an experimental school in the campus for MR children called 'Karavaibamban Kendra'.

The NIVH at Dehradun, promotes research, teacher training, school education, braille printing, library and documentation and vocational training in the area of visually handicapped.

The AYJNIHH located at Bombay deals with hearing handicapped, which runs training centres in the areas of deaf, occupational training, and extension programmes.

The NIRTAR and RRTC located at Olatpur, Odisha, undertakes programmes of preparation of occupational and physiotherapists, MRWs, CBR programme workers, rehabilitation, and provide services to orthopaedically handicapped and allied health problems. It also runs diploma in orthotic and prosthetic engineering.

The THPI at Hyderabad is a voluntary organisation of repute in the area of rehabilitation, teacher training, extension programmes relating to mentally retarded. Its contribution to bring MR into a policy and national focus have been its major contributions besides services.

CHECK YOUR PROGRESS

3. What is the role of the Rehabilitation Council of India?
4. List two objectives of the Rehabilitation Council of India.
5. Name two national institutions that aim at the rehabilitation of the disabled.

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4.4 ROLE OF GOVERNMENT AND NGOS

For the development of disabled, India has witnessed the emergence of many NGOs in the last few decades. These are as follows:

1. Large bi-lateral funding institutions
2. Intermediary NGO's generally comprises individuals who have for some reasons and motivations started to work either on behalf or with the people with disabilities
3. Grass root organisations/disabled people's organizations (DPO)/parent's organisations, women's group etc. who are mainly peoples organisations, comprised individuals, who came together by particular interest or common characteristics

Disability and development sector is reaching the people who are in need.

This sector is:

- (a) Effective, efficient and innovative
- (b) Responsible to the problems at grass roots
- (c) Speak to and speak for economically, socially and politically marginalised people
- (d) Working for an inclusive society with equal rights and opportunities for 'all'

Major Players

The major players are:

- **NGOs:** These are the disability/development organisations including the support organisations.
- People's organisations
- Community
- Government (Central and State different departments)
- The Constitution of India clearly defines the role of central and state government in relation to the fundamental rights of the citizens of India.

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- The fundamental rights are contained in exclusive part III of the constitution. They are as follows:
 - (i) Right to equality
 - (ii) Right to freedom
 - (iii) Right against exploitation
 - (iv) Right to freedom of religion
 - (v) Cultural and educational rights
- Health, education, livelihood, social security are the components of disability and development.
- Government is primarily responsible for all these major sectors which requires availability of adequate funds, appropriate policy framework and effective delivery machinery.
- The Government of India is involved in a large number of programmes in these sectors/area.
- It is important for the national government to make policies to minimize inequalities not only amongst individuals or groups of people living in few state but also amongst the people residing in different areas of the country/all states.
- All the government programmes/facilities should maintain a standard/quality and not just the quantity.
- Government facilities should be delivered with due respect to the individuals/people who are in need.
- Disability, women and children should be a cross cutting agenda.

Existing Schemes and Facilities

Government plays an important role in the development of the disabled. It formulates and implements various schemes for the same and also work towards providing necessary facilities for the disabled. Further:

- Government is responsible for the implementation of existing schemes and facilities for the development of economically and socially disadvantaged people.
- Monitoring and evaluation of the impact in their life.
- Service delivery through different departments for the economically and socially marginalised people with a special focus on women and children.
- Appropriate amendments of the existing scheme and facilities in consultation with the stakeholders.
- Mass awareness/dissemination of information.
- Sensitisation/orientation of the service providers.
- Use of media (print and audio visual) and IEC.

There have been new policies, new laws and new programmes based on the needs and rights of people. Government should:

- Have proper data base on number and needs of grass root level people and should be ready with allocation of budget based on that information.
- Formulate new policies new laws new programmes in consultation with the stakeholders/Civil society/uses of the programmes:
- Use blue experience and expertise of the NGO. Sector in developing implementation, monitoring of all Government Programmes.
- Use the disability and development sector reach the grass root level people who are in need of Government support.
- Have good network with the NGO's at all level.

Stated below are areas on which government should focus upon:

- Working with the private sector and funding institution to influence their policies and practices to include issues of disabilities and other development issues, especially those related to women and children.
- Working with UN and other international bodies for regular updates from all the world.
- Signing and ratification of different UN treaty and policy formulation to fulfil the obligations. The policies should govern the various laws and programmes and the proper budget allocation for implementation of those programmes.
- Formulation of rules and provisions for the corporate and private sector to motivate them to join hands with the Government and NGOs for the development of the nation through a right based model.
- Government and NGOs should join hands at all levels.
- Government must find out replicable models developed by the NGOs with an aim to take up and implement the same throughout the country. The model should ensure inclusion of the underprivileged.
- Government must use/utilize the vast experience and expertise and the network of the NGO sector.
- Institutionalization of the good practices of NGOs in a systematic manner to bring changes in the life of the people.
- Monitoring and evaluation should be done by the civil society.
- Government should be transparent and accountable to the people.

At last it can be said that this will require coordinate efforts by ministers, local district and provincial authorities, and non-governmental organizations in the different sectors involved in rehabilitation. It is necessary to connect the government with the people at all levels. NGOs also need to be more transparent and accountable to motivate government to join hands. There is a need for more collaborative efforts from the government.

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The conditions for disabled children can also be improved by adopting certain measures such as:

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(a) **Modifying classrooms:** For these children classroom arrangement should be in such a way that they may get optimum benefit from the class. Teacher should be very careful while handling them. The following points should be kept in mind by the teachers in the classroom:

1. As these children face problem in reading from the black board, teacher should adjust such children in front rows from where the board is clearly visible.
2. Teacher should write in bold letters which are readable.
3. While writing on the black board the teacher should explain what is being written.
4. The child may be encouraged to glance out of the window now and then while reading from the back board.
5. Books for such children should be in bold letters.
6. The Hospitals and District Rehabilitation Centres may provide hand lens, magnifying glasses, etc. for the children who require correction beyond spectacles.
7. These children may be supplied with the time schedule for the radio educational programme. They must be encouraged to listen to it. Wherever such facilities are available, audio-cassettes may be used. The State Institute of Educational Technology, State Councils of Educational Research and Training and Central Institute of Educational Technology and NCERT may be approached for cassettes in different curriculums.
8. It is essential to provide sufficient light facilities at the working place.
9. Teacher should guide the pupil in walking around the class room until he is comfortable in doing it.
10. One should concentrate on movement in one area at a time.
11. One should be sure to rehearse.
12. They should be given specific verbal description.
13. When speaking to such children, their name should be called as he may not know that you are looking at him.
14. Pupil should be acquainted with the changes that are made in the school.

(b) **Braille:** This is a type of language for those who cannot read regular print even with a magnifying device or large print materials. Braille is a basic system of reading and writing for the blind. It consists of six dots. All that provides for sixty three different characters. 26 combinations

of dots are used for 26 letters of the alphabet. The remaining 3+ combinations represent punctuation signs and contractions that allow for shortening or abbreviating words. In some ways braille is a system of short hand since each word is not spelled out letter for letter. Consequently blind children have difficulty with spelling because of frequent abbreviations used in the braille system. In addition to a braille code for reading and writing there are codes for music, mathematics, computer science and chemistry.

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- (c) **Training or teaching daily living skills:** The visually impaired children should be taught eating, dressing, body hygiene—cleanliness, personal grading, taking bath, washing clothes, handling money, shopping, using electrical appliances, using telephone, cleaning a place, using medicines, and other such tasks in order to make him well versed with such daily chores.
- (d) **Sensory training:** To provide sensory training, the teacher should expose the children to various lighting conditions and encourage children to discuss what they hear to improve vocabulary by giving them enough time to observe and to listen. To provide training to their senses, multisensory material should be used.
- (e) **Social skills:** Due lack of experience and over protection, occasionally visually handicapped children display deficiency in social skills. They should be rewarded for any positive social gesture. Peer acceptance should be encouraged. Allow them to speak to the class in order to develop self-confidence.
- (f) **Appropriate environment:** Visually handicapped children should be provided least restrictive environment. Several factors should be considered for providing appropriate environment according to the varying degree of handicap.
- Illumination should be bright, diffused and free from glass.
 - For partially sighted pupils figure and ground contrast is a must.
 - For these pupil font size of printed paper should be appropriately visible.
 - These children should be asked to sit close to the black board.
 - Multi coloured chalk, blue and white stencils and grey pencils are difficult to see, so these should be avoided.
- (g) **Teaching procedure:** The general teaching procedures should be used with increased time allotment for task completion. For the partial sighted, the actual size of the printed word or image has to be increased, whereas for the severely impaired, braille has to be used. Compressed speech presentation are adjusted to suit to the needs of visually handicapped children. In the text of teaching mathematics, languages, writing, spelling, science etc., specific out lines are provided.

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Use of equipment

Technology has provided a big way to help the blind and partially sighted students. Raised numeral watches, calculators that actually announce data entries and results of computation, low vision aids-magnifiers, electronic magnifiers which run on the printed page and the image is enlarged and projected on to a monitor, video camera, portable telescope etc. can now be used.

- (i) **Calculators:** These are the machines which function like a tape recorder. They announce the data entries and result of computation, verbally.
- (ii) **Magnifier: A low vision aid:** Magnification refers to the enlarging of images of small things. Those things which can magnify are called magnifiers. These are suitable for those children who have a low eye sight.
- (iii) **Electronic magnifier:** Electronic magnifier run on the printed page and the image is enlarged and projected on to the monitor.
- (iv) **Portable telescope:** The children who are not able to see the object from large distance can use portable telescopes.
- (v) **Laser case:** It is a type of stick from which three types of beams are emitted. These beams tell the children about coming object at three levels. Objects straight ahead, objects at the level of the head and changes in walking elevations. When the beam's path is inhabited by any object at any level then sounds are emitted. With the help of these sounds, a visually handicapped child can detect the presence of the object.
- (vi) **Sonic glasses:** These glasses are worn like normal eye glasses. However, these glasses produce ultrasonic sound waves. When these sounds strike an object, they produce echoes. These echoes can only be heard by a blind man and not others. These echoes are helpful in detecting how far or near the object is and its direction.
- (vii) **Kurzweil reading machine:** Kurzweil reading machine works like a tape recorder. It provides material or subject matter to the listener in English. It delivers its speech messages at the normal human speed rate.
- (viii) **Optacon:** It is a type of machine which can be held in hand by a visually handicapped child. It translates images from the scanner letter by letter into tactile stimuli, and printed matter can be read by the visually impaired student without having to be first translated into braille.
- (ix) **Microcomputer:** Visually impaired children can get a great advantage by using microcomputer and Computer Braille translator.

4.4.1 Role of a Teacher

It is not an easy task for a regular classroom teacher to learn braille, but, for the partially sighted children, they have to make certain arrangements in the classroom, for example they can adjust furniture to ensure maximum visual efficiency. Other methods involve use of magnifiers, keeping background noise minimum, so on and so forth. These children rely on sound to a great extent. Hence, the teacher has to

use distinct sound during reading instruction. Children must learn to focus attention on all letters of a word. Use of large materials also aid learning for the partially sighted. Talking books, cassette players, audio tapes are available. Compressed speech recorders are also available.

Burt opines that a backward child is one who in mind-school career is unable to do the work class below that which is normal for his age. He gives book on, “Backwardness”, in terms of ‘educational quotient’ or “educational ratio”.

$$\text{Educational Quotient} = \frac{\text{Attainment level}}{\text{Chronological Age}} \times 100$$

According to Burt, ‘A backward child is one whose educational quotient is below 85, whereas an average child has educational quotient ranging from 95 to 155.’

Hence, a simple perusal of all these views lead us to conclude the following facts about a learning disabled child that:

- Learning disabled child is unable to keep pace with the normal school work.
- Learning disabled child is unable to attain the required educational achievement.
- Learning disabled child falls far behind other children of his age in matters of study.
- Learning disabled child feels difficulty in learning with children of lower classes, who are younger to him in age.
- Learning disabled child lags behind from other children in his school work.
- Learning disabled child fails in the academic field.

Some facts about learning disabilities

Some facts about learning disabilities are as follows:

- According to the National Institute of Health, 15 per cent of the US population, or one in seven Americans, has some type of learning disability.
- The most common learning disabilities are difficulty in basic reading and language skills; as many as 80 per cent of students with learning disabilities have reading problems.
- Learning disabilities often run in families.
- Learning disabilities should not be confused with other disabilities such as autism, intellectual disability, behavioural disorders, deafness and blindness. None of these conditions are learning disabilities. In addition, they should not be confused with lack of educational opportunities like frequently changing schools or attendance problems. Also, children do not necessarily have a learning disability.

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- Attention disorders, such as attention deficit/hyperactivity disorder (ADHD) and learning disabilities, often occur at the same time, but the two disorders are not the same.

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Diagnosis of Learning Disabled Children: Testing by DIAL

Assessment of pre-school level children can be made as per DIAL model (Developmental Indicators for the Assessment of Learning). It is meant for 2 and a half to 5 and a half year old child in the areas of sensory, motor, affective, social, conceptual, language communication in less than 30 minutes. The test consists of visual and auditory activity, gross motor movements, fine motor movements, finger agility, anxiety, task attention, focus and persistence, social skills, identifying objects, colours, sorting, receiving and expressing language, articulation etc.

The identification of learning disabilities became relatively easier at the elementary and secondary level because of availability of instruments, teacher observations and achievement index. Each learning disabled child undergoes neurological examinations, reading tests, visual-motor Gestalt Test requiring them to copy various geometric forms and are made aware of one's body parts. Gross-motor tests, fine motor tests, hyper kinesis, reading problems, otological findings (hearing sounds) and biochemical screening. These medical characteristics are necessary to deal with learning disabled children besides intellectual and achievement scores.

Remedies for Learning Disabled Children

Mostly learning disabled children are benefited by remedial instruction. Remedial instruction is nothing but good teaching with two definite and specific objectives such as if a child has ineffective habits, these should be eliminated. The skills which have been incorrectly learned, should be retaught. This refers to remediation of defects.

The child should be taught those habits, skills and behaviour which have never been learned. This refers to developmental teaching or development of increased competencies.

Proper diagnosis of a child's abilities and disabilities in specific school subjects is required for remedial instructions. To identify skills and processes which require remediation, and then teaching the child in areas of his weakness through systematic planning, individualised instruction, tutoring in one to one or small group situation, evaluating his progress periodically and necessary re-teaching, encouraging intensive drill, practice or repetition and modifying the programme and adoption alternate materials and methods using work-books, supplementary materials and multisensory approach. Most of the learning disabled children improve their performance dramatically after exposure to remedial instruction in resource rooms which seem difficult in regular classroom settings.

Remedial programme varies according to deficiencies and the amount of training required. Remedial instruction in the resource room can vary time to time and from programme to programme. An important fact is that the sooner the remedial

instruction starts in elementary school, the easier for the child to compensate his deficiencies and the better for his later progress in upper classes.

- I. **Medical neurological approach:** This approach views the learning disabled child as a patient afflicted with minimal brain dysfunction. Such a child should be treated just like any other individual afflicted with a disease or injury. The most common symptoms of medical neurological approach are associated with hyperactivity. Thus, quite logically, medication of some type would be sought to alleviate the child's symptoms. The most widely prescribed drugs to alleviate the symptom of hyperactivity are psycho stimulants. Psycho stimulants may bring about improvements in the behaviour of the learning disabled child, but their effect on improving the learning of such children is not clearly established by researcher. Psycho stimulant drugs can have a positive effect on a child's classroom behaviour in reducing his activity level and making learn more manageable and teachable. In addition to psycho stimulant drugs, mega-vitamin therapy and diet management are sometimes recommended for learning disabled children.
- II. **Psycho-educational approach:** The psycho education and approach considers the learning disabled child not as a patient but as a learner waiting to be taught. From the psycho-educational perspectives, these children (learning disabled) should be identified early, assessed medically and psychologically to arrive at a correct diagnosis of their difficulties and weaknesses and provided with appropriate instruction and training in regular schools, resource rooms, special classes or special schools depending upon their degree of disabilities.

There are various approaches for the education and training of learning disabled children. These can be divided into five types, which are as follows:

- (a) **Process training:** This approach is based on the contention that learning academic subjects require understanding the underlying psychological processes.

These children have a disorder pertaining to the psychological process which hinders understanding or using speech in reading arithmetic etc. Thus, it may be of value to train the learning disabled child in the psychological processes which underlie various academic subjects. For example, a learning disabled child believed to have reading problems, because of difficulties in visual perception, will be trained in visual perception.

- (b) **Multisensory approach:** It is based on the assumption that the child is more likely to learn if more than one of his senses are involved in the learning experiences. This method is called the 'VHKT' method (Visual, Auditory, Kinesthetic and Tactual). For example, the teacher asks the child to tell a story. The teacher writes down the words of the story on the blackboard. These

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words serve as material as the child learns to read. In learning the words, the child first sees the word (visual). He hears the teacher saying the word (auditory). He says the word. Finally the child traces the word (kinesthetic and tactual).

- (c) **Environmental approach:** Learning disabled children are usually distractible and hyperactive. For these children, an environmental approach is recommended by some educators. Environmental approach emphasises on reducing the irrelevant stimuli in the classroom environment which might distract the child's attention from the learning task. The classroom environment may be modified in the following ways as far as possible and as per necessity to make it free from unnecessary distractions.
- (d) **Cognitive training:** Some learning disabled children show deficiency in problem solving skills. They are likely to act impulsively rather than reflectively, responding quickly without considering the various alternatives. To reduce their impulsivity and to increase their reflectivity two techniques are found successful, these are as follows:
- (i) Cognitive modelling
 - (ii) Self-instructional training

Cognitive modelling is also known as metacognition, meta memory and cognitive behaviour modification strategy. This approach is directed towards providing learning disabled children with an awareness of how people learn or remember. In cognitive modelling the learning disabled child is exposed to models (adults or peers) who tend to be more reflective so that he can imitate the model and learn the appropriate strategy. With the help of this technique the learning disabled child is taught how to slow himself down before he reads a word or gives an answer, look carefully at all cues and possibilities, considers his response carefully and then responds. In remembering, he is taught to group information into small bits or clusters, rehearse these by saying them over and over to himself and even use mnemonic devices to aid in memory storage. Many learning disabled children improve dramatically when they are simply made aware of the most effective way to learn and remember.

Modelling can also be combined with self-instructional training. In self-instructional training, the impulsive child is encouraged to learn to develop verbal control of his behaviour, for example:

- The teacher performs a task (solving an arithmetic problem) while talking out to himself loudly.
- The child also performs the same task under the direction and supervision of the teacher.

- The child whispers the instructions himself as he goes through the task.
- Finally the child performs the task while guiding his performance via private speech.

The learning disabled child is helped through self-instructional training. He learns to monitor his own performance in learning situation.

(e) **Some other special approaches and techniques:** The learning disabled children possess some characteristics which are unique to them. Although they are not visually impaired yet they have difficulty in visual perception. They have difficulty in visual reception, visual discrimination and auditory memory. They have problem in attention and retention. These difficulties hinder their acquisition of language, their ability to read and write, listening etc. Hence, special training in these areas is very useful for learning disabled children. The resource teacher can provide such training to the teaching disabled children in the resource room. There are approaches and activities which are useful for them, some of these are as follows:

- (i) **Visual reception training:** By identifying common objects by name and telling their proper use, their visual reception can be encouraged. It also can be told to whom each object belongs. These children can be asked to stand in front of a mirror each day in the resource room and comment on what they see. They can be given pictures to interpret in terms of objects seen, colours, sizes, motion and other details.
- (ii) **Visual memory training:** It can be developed by having children close their eyes and describe their clothing, a bulletin board in the room, etc.
- (iii) **Listening exercise:** The learning disabled children have difficulty in distractibility which hinder their acquisition of listening skills and hence, their ability to follow directions. Listening exercises for such children are often helpful. One exercise involves having someone who is out of sight, produce various sounds for the children to identify. Such as bouncing a ball, clapping and shutting a door.

Another exercise is, when the group goes for a walk, the children can be instructed to listen to common sounds, including a car running, a train chugging, or a bird singing. To improve comprehension of spoken words in children with listening problems, the teacher can give direction orally, beginning with short and simple ones and increasing the difficulty as the child progresses (stand up, turnabout and

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then sit down. Riddles can also be used to develop listening power and comprehension.

- (iv) **Discrimination learning:** Learning disabled children are poor in discriminating power. They face difficulties in discriminating one letter from another, one word from another and one number from another. Discrimination learning can be encouraged among such children for the above purpose. In discrimination learning children must be trained to attend to the similarities and differences between two letters, words or numbers (e.g., b, d; p, q; 6, 9; 3, 8; hat, bat; etc.) and then to make the correct response. In teaching words, numbers or letters to such children, they should be written in the beginning in large font in crayon on news print paper. The children can trace the letters with their index fingers while saying the letters, words or numbers aloud. Visual and auditory attention is thus heightened in relation to those letters, words or numbers. In order to improve their retention ability repetition or over learning may be encouraged.
- (v) **Spatial training:** For learning disabled children spatial training can be introduced by having children find the top, bottom, sides and back of an object. The concepts of up, down, over, under, in bigger, heavier etc. can be demonstrated.
- (vi) **Auditory awareness training:** It can be encouraged by having children remember various types of sounds heard during a walk. The children can identify the source of each sound and give it an appropriate label. The teacher can hold a wrist watch to a child's ear at varying distances and train the child to listen and to raise a hand when the ticking is no longer audible. Directions can be whispered to the child at varying distances from each ear. Quiet periods can be held during which children are asked to listen to various sounds.
- (vii) **Auditory discrimination exercises:** It can include hiding a ticking clock and asking a child to point to the direction of the clock. The teacher can tap several times on the desk and have the children listen, count to themselves and report the number of taps. While blind folded, a child can identify a classmate by his voice.
- (viii) **Auditory memory and sequencing training:** It can be developed by asking children to repeat directions, phone numbers and clapping patterns. They can listen to nursery rhymes and songs and pick out details they will be asked to repeat afterwards. The teacher can tell simple jokes and have the children repeat them.

- III. **Providing individual attention:** These children have varied problems related with learning. So the teacher should provide special attention to individuals with learning disability. The teacher should be kind and sympathetic towards such children. He should respect the individuality of the child and should provide him a helpful environment. The child should be allowed to learn at his own pace and proper attention should be provided to him.
- IV. **Integration in regular classroom:** If these children are less in number and they do not pose organic problems or problems of low IQ, then these children can be integrated in the regular classroom with resource room facilities.
- V. **Provision of co-curricular activities:** These children do not receive much inspiration and stimulation from the regular class. So, the usual curricular activities should be diversified. The children should be provided with adequate opportunities for different co-curricular activities.
- VI. **Improving school interaction with community:** A sound link between school and community proves good for both. So keeping this view point, school-community relationship should be improved. Parent-teacher association should be established and parent's day should be observed in schools. So that the parents may get acquainted with the school and the school authorities may get additional information from the parents. They can then plan for effective learning of the children. Hence, school community interaction can help to plan and execute effective remedial programmes for learning disabled children.
- VII. **To be vigilant about truancy and absence:** It is noticed that sometimes a child becomes learning disabled due to irregular attendance, truancy or long absence from school. So, the teachers should try to diagnose the causes of these problems and try to keep a check on the students' attendance. He should take desirable steps to prevent truant behaviour of the child and ensure his regular attendance in school.
- VIII. **Teacher's home visit:** Teacher should regularly visit the parents of his students regularly because it strengthens the relation between the students and the teacher. The teacher can discuss the problems of the child with his parents and they can collectively try to solve their problems. It enables the parents and the teachers to work efficiently for the betterment of the child.
- IX. **Provision for guidance:** Sometimes, the students make wrong choices while selecting the causes of instruction and field work in the absence of proper guidance which also leads to learning disability.

So, in each school a guidance cell should be established and students should be provided with proper guidance. The children and their parents should be made aware of their ability, interest and aptitude and they should be guided to choose the

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courses according to their talents and aptitude. Hence, by providing guidance services to the students, learning disability resulting from wrong choices can be minimized.

Role of a Special Teacher

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The environment at the preschool level should be arranged to promote efficiency, accessibility, independence and functionality. The elementary level children's classrooms should not be noisy, visually distracting and sterile. Also, the special educator and the regular classroom teacher should provide a less distracting environment for students who are overtly distractible and hence, learning disabled.

Direct instruction which includes assessment, instruction and evaluation are used. DISTAR is one of the direct instructed system in which teaching sequences are so arranged that errors are minimized It provides sample practice, and gives immediate and positive feedback. DISTAR includes mathematics and reading components. Learning strategies are also used for helping learning disabled children to learn. CAI (Computer Assisted Instruction) is also being introduced in the school system for the management of integrated educational programme.

Role of a Regular Classroom Teacher

The regular classroom teacher should promote independence, cooperative functioning and problem solving ability among all students.

Specifically, they should accept the perception of a learner about classroom environment. They should provide varieties of options to motivate each child and should encourage independent and small groups. The teacher should increase pupil's commitment, control and responsibility to make these implementable in the regular classroom.

Some of the other steps a teacher can take are as follows:

- (a) Teacher should allow distractible students to sit in the centre.
- (b) They should use peer teaching and allow the learning disabled child to be tutored.
- (c) They should give homework on the curricular taught.
- (d) Teacher should keep close contact with parents.
- (e) Teacher should tailor the programme as per students' needs, make task analysis and lead students step by step in learning.

French (1966) has suggested the following techniques which can help to achieve the goals of remedial education:

- (a) They should be provided individualised programming.
- (b) There should be flexibility of demand.
- (c) Balanced schedule grading
- (d) Therapeutic grading
- (e) Control of competition

Thus, the fact that each disabled child has specific disability, there should be a continuous evaluation process to enable the teacher to modify his instructional strategies in the light of the test results. Every learning disabled child should be individually attended for his maximum development.

The learning disabled children as a group are heterogeneous as they require a variety of technique approaches as well as materials to satisfy their unique education needs at different levels of development.

At the pre-school level, the environment should be arranged to promote efficiency, accessibility, independence and functionality. Safety also is a concerning factor in the pre-school setting. Heavy, breakable and dangerous materials should be out of reach of these children. At the elementary class level, children classrooms should not be noisy. The special educator and the regular classroom teaching should provide a less distracting environment for students who are overtly distractible and hence, learning disabled. Such children can be placed in the centre of the classroom where more of the teacher's attention is focussed.

Individualised instruction can be given to the small group but peer tutoring is also very effective for seat work and special projects. Care should be taken to select a good regular peer.

Structure in planning the instructional programme is a must for learning disabled children. The curriculum should be organised, sequential and routine based so that the learning disabled child can attend to it carefully. For this task, analysis procedure is most relevant. This enables the teacher to break the task into components and helps the student at each stage.

It is good for a teacher to provide a summary presentation after each sub plan of teaching so that learning disabled children can learn well in school.

Precision teaching is a system of evaluating and improving instruction. It is a direct, continuous and precise measure of student progress where the teacher records a wide range of behaviours. They help teachers be on track and make accurate instructional decisions.

For learning disabled children the teaching contents and materials should be motivating, non-complex, and appropriate for child's level of functioning and learning style using students name, talents or interest is one way a teacher can make assignments more motivating. Illustrations, use of colours grab students' attention and make learning exciting.

A wide range of literature also deals with the trainability of intellectual function and reversibility of early deprivation, which was in fact, the concern of Binet and Montessori since a long time. Very few research support that intellectual functions continue to be malleable into adult periods of life and compensatory programmes are myth, while this may be largely true, it is possible to accelerate the educational achievement of the underprivileged if we attack the issue from a more attractive and interpersonal relationship angle. In fact, all learning occur in an emotional climate. Zigter has tried to account for the changes in the affective state (motivation, task involvement, etc.). Affective processes are more manipulable than cognitive processes

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and as such use of social reinforcement giving attention and approval, building positive expectancies through initial success, elaborate comments and praise, non-verbal attention through a smile, in fact improve cognitive performance.

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There is a research in which data are available for the desegregation of underprivileged children into a separate school system—special schools and rural schools. Consistently poor children attending school in poor neighbourhood tend to display poor achievements. Achievement levels raise with desegregation and it also brings about an overall increase in quality of education throughout the system. In fact, in any society, segregated classrooms are not available for the disadvantaged, but these are schools in rural areas which represents the ecology of a special school, Ashram schools and schools where minority group children are few in a regular school. In such schools, the teachers hold stigmas and try to have their self-fulfilling prophecies achieved. The belief that ‘he comes from a SC/ST, or his parents are labourers and that he cannot learn’, this attitude of teachers is detrimental to the educational growth of the disadvantaged. Hence, each teacher must deal with all students in an equal manner and try to foster their curiosity, creativity and make them all-active participators in the teaching-learning process. The warm, permissive and encouraging behaviour of the teacher can attract underprivileged children to the school. The whole educational process has to be humanized and building up of interpersonal relationship can effectively contribute to academic exchange and improvements.

Teachers can make a huge difference in the life of the pupils and more so in the life of the underprivileged. We have to engineer what this difference ought to be in our policy, planning and implementation of an educational programme.

The education of the disadvantaged children can be escalated by disseminating appropriate methods of child rearing system and values among the parents much before the child enters school. This will definitely reduce the discontinuities in the norms of children and normal of school. This will definitely reduce the discontinuities in the norms of children and that of the school. However, the situation is reverse. It is strange that the psychologists in this country do not take care for these varied, detailed and sometimes adequately designed studies. These generalizations should reach the common man who contributes to a great majority of the underprivileged children in school.

An important measure is to make education accessible to the Scheduled Castes and Scheduled Tribes who constitute a major block of the underprivileged group and make education relevant to them.

Role of Educational Guidance in the Life of Disadvantaged Children

The aim of education is to bring changes in the life of a student. It is a relevant concern for all educators. In the case of disadvantaged children, the challenges are even greater. The likelihood that these children will overcome the handicaps of poverty in rural as well as slum areas seem to be related as to how effectively the school personnel assist them. In fact, individuality can be fostered and realized through

effective guidance, service and the establishment and development of these services can be enhanced by an appreciation of the ecology of the individual and ecology of the school.

The disadvantaged children who live in rural areas, live in an isolated and less densely populated area. This situation or circumstance limit their opportunities for adequate health, social and recreational activities, relevant educational experiences and exposure to vocational lifestyle which could be a means for changing their future. The characteristics of the rural community further inhibit the learning of new behaviours for coping with the urban life. It is the special task of the counsellors and teachers to enable students to discover how they can exercise more control over their life choices. This in each school and for a school complex institution of student personnel services is a must. In small schools, part-time counsellors may be the only source of specialized student personnel services. In general, hopelessness and powerlessness are so strong among teachers/counsellors that they should change much more than the students in order to make this possible. A counsellor can make a significant contribution by making any student's identity, introducing a belief in himself as the most significant determinant of his own destiny, which is referred to as intellectual achievement responsibility. In fact, there is much that rural disadvantaged children can learn and do about themselves and their environment, but the counsellor will work with other persons significant in the lives of these students and help them develop realistic self-concept.

After considering it from every point of view, guidance activities may be organized for the disadvantaged, in small group of eight to twelve. Information giving, task orientation and counselling type of activities will be more effective in small groups for the disadvantaged children because they will not be inhabited before an adult authority of individual counselling situation. Role playing is the most suitable technique for guiding the activities of the disadvantaged. Next, for helping the rural disadvantaged, guidance services programmes need be extended through parental counselling community resource clubs and referral to a psychologist who should be available at least in each school. Guidance must form a part of the entire educational programme which students should perceive as personally relevant for them.

Socially disadvantaged is a socio-cultural economic deprivation combined with deficit in cognitive stimulation at home which is then carried away to school. In school, social disadvantage is characterized in terms of achievement deficits, drop out and deficit language and competence. Discrimination and isolation accelerate the deficit process. Remedial educational strategies, guidance, suggested teacher behaviour would eventually contribute to reducing disparities, difference and deficits whenever they arise.

Rehabilitation based on Community

Disabled children also need socialization as normal children because they are also a part of the society and they will have to live in the same society. Hence, they should be provided with opportunities to mix up with other children and share their views and thoughts with them. This can be possible only by integrated education. By means

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of integrated education, the handicapped children can be brought into the mainstream of the education of the normal children. Hence, they can be related to the community by the processes such as, inclusion, normalization, main streaming and deinstitutionalization.

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In earlier time, handicapped or disabled children were considered as a burden on family and society because they were to be dependent on their parents, or some other member of family or any compassionate member of the society. However, today the scenario has changed, the attitude of the people have changed. Now, the disabled are treated as equal members of the society and citizens of a country at large. According to the recent trends in the education of exceptional children, it has now been made clear that providing education to the disabled children is not sufficient. The task of education of the children is complete only when our education is able to make the individual understand the nature of his disability, its severity and the extent of adaptation required to be better adjusted in the society. The education should be able to make him dependent. He should be able enough to make proper choices of his vocation according to his capacities and interests. These children should be provided with vocational training so that they may become economically self-sufficient and socially efficient. Thus, there is an urgent need for the rehabilitation of these disabled children.

Thus, it can be said that the handicapped children no longer require sympathy or mercy, moreover they require co-operation from the society. Hence, it is the duty of the society to provide them proper employment which in turn facilitates their rehabilitati

Alma Ata declaration in 1978 stated that compressive primary health care should include primitive, preventive, curative, and rehabilitative care. There are three approaches to rehabilitation, namely institution based, outreach based and community based. The major objective of community based rehabilitation is to ensure that people with disabilities are able to maximize their physical and mental abilities, have access to regular services and opportunities, and achieve full integration within their communities. Community based rehabilitation is a comprehensive approach at primary health care level used for situations where resources for rehabilitation are available in the community. In addition to transfer of knowledge related to skill development in various types of rehabilitation methods, community also will be involved in planning, decision making and evaluation of the programme with multi-sectoral coordination. Besides, referral system will be there for those disabled who cannot be managed at community level and referred to district, provincial and national levels.

At early stage, disability limitation are amenable to preventive and rehabilitative measures, so that progression to serve disability can be minimized in a vital component in rehabilitation of disabled. It is shown that very few disabled people get benefit from rehabilitation services in India. In general, out of total people with disability, one-third needs no rehabilitation, one-third can be helped through community based rehabilitation alone and one-third needs specialized referred services. Basic principles of a community based rehabilitation programme for the disabled include inclusion, participation, sustainability, empowerment, and advocacy. These principles are

overlapping, complementary and interdependent and they cannot be addressed in isolation.

The constitution of India has also made provisions for the rehabilitation of the disabled as has been discussed in the sections above. It directs the states to make effective provisions in securing the right to education, work and public assistance.

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CHECK YOUR PROGRESS

6. What is the role of government in the development of economically and socially disadvantaged people?
7. What are the areas on which government should focus upon?
8. What do you understand by remedial instruction?
9. Name the three approaches to rehabilitation.
10. What is the major objective of community based rehabilitation?

4.5 SUMMARY

- Rehabilitation is the act of restoring something to its original state.
- Rehabilitation describes specialized health care dedicated to improving, maintaining or restoring physical strength, cognition and mobility with maximized results.
- In India, a majority of the disabled resides in rural areas where accessibility, availability and utilization of rehabilitation services and its cost-effectiveness are the major issues to be considered.
- The global burden of disease study (GBD) provides a standardized approach for epidemiological assessment and uses a standard unit called as the Disability-Adjusted Life Year (DALY), to aid international comparison.
- DALYs express years of life lost to premature death and Years Lived with Disability (YLD), adjusted for the severity of disability.
- The major challenge includes understanding the concept of disability and acceptance of Community-Based Rehabilitation (CBR) as a valid intervention.
- A multi-sectoral approach including social integration interventions, health, education, and vocational programs are important issues related to rehabilitation services.
- The Rehabilitation Council of India (RCI) was set up as a registered society in 1986.
- The Rehabilitation Council of India is the apex government body, set up under an Act of Parliament, to regulate training programmes and courses targeted at disabled, disadvantaged, and special education requirement communities.

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- It is the only statutory council in India that is required to maintain the Central Rehabilitation Register which mainly documents details of all qualified professionals who operate and deliver training and educational programmes for the targeted communities.
- Some of the aims and objectives of the Rehabilitation council is to regulate the training policies and programme in the field of Rehabilitation of disabled people and to bring about standardization of training causes for professionals dealing with disabled persons.
- The National Institute for the Mentally Handicapped (NIMH) was established in the year 1984 as an autonomous body under the Ministry of Welfare, Government of India. The Institute serves as an apex body with specific emphasis on training and research in the field of mental retardation.
- The National Institute runs the following pre-service, in-service, seminar and other training programmes:
 - o Three years Bachelor's Degree Course in Mental Retardation (BMR) at Secunderabad
 - o Diploma Course in Mental Retardation
 - o Post Graduate Diploma in Mental Retardation
- The National Institute for the Visually Handicapped (NIVH), Dehradun, was established in July 1979, amalgamating with the National Centre for the Blind.
- Government plays an important role in the development of the disabled. It formulates and implements various schemes for the same and also work towards providing necessary facilities for the disabled.
- Government is responsible for the implementation of existing schemes and facilities for the development of economically and socially disadvantaged people.
- For these children classroom arrangement should be in such a way that they may get optimum benefit from the class. Teacher should be very careful while handling them.
- Due lack of experience and over protection, occasionally visually handicapped children display deficiency in social skills. They should be rewarded for any positive social gesture.
- Technology has provided a big way to help the blind and partially sighted students. Raised numeral watches, calculators that actually announce data entries and results of computation, low vision aids-magnifiers, electronic magnifiers which run on the printed page and the image is enlarged and projected on to a monitor, video camera, portable telescope etc. can now be used.
- Assessment of pre-school level children can be made as per DIAL model (Developmental Indicators for the Assessment of Learning). It is meant for 2 and a half to 5 and a half year old child in the areas of sensory, motor, affective, social, conceptual, language communication in less than 30 minutes.

- Mostly, learning disabled children are benefited by remedial instruction.
- Remedial instruction is nothing but good teaching with two definite and specific objectives such as if a child has ineffective habits, these should be eliminated.
- Medical neurological approach: This approach views the learning disabled child as a patient afflicted with minimal brain dysfunction.
- Psycho-educational approach: The psycho education and approach considers the learning disabled child not as a patient but at a learner waiting to be taught.
- For learning disabled children the teaching contents and materials should be motivating, non-complex, and appropriate for child's level of functioning and learning style using students name, talents or interest is one way a teacher can make assignments more motivating.
- Alma Ata declaration in 1978 stated that compressive primary health care should include primitive, preventive, curative, and rehabilitative care.
- There are three approaches to rehabilitation, namely institution based, outreach based and community based.

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4.6 KEY TERMS

- **Rehabilitation:** Rehabilitation of people with disabilities is a process aimed at enabling them to reach and maintain their optimal physical, sensory, intellectual, psychological and social functional levels.
- **Disability-adjusted life year (DALY):** It is a measure of overall disease burden, expressed as the number of years lost due to ill-health, disability or early death.
- **Braille:** It is a form of written language for blind people, in which characters are represented by patterns of raised dots that are felt with the fingertips.
- **Metacognition:** It refers to the awareness and understanding of one's own thought processes.

4.7 ANSWERS TO 'CHECK YOUR PROGRESS'

1. Majority of the disabled resides in rural area in India where accessibility, availability and utilization of rehabilitation services and its cost-effectiveness are the major issues to be considered.
2. A multi-sectoral approach including social integration interventions, health, education, and vocational programs are important issues related to rehabilitation services. Its main function is to regulate training, its recognition and de-recognition and quality improvement in special education.
3. The Rehabilitation Council of India is the apex government body, set up under an Act of Parliament, to regulate training programmes and courses targeted

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- at disabled, disadvantaged, and special education requirement communities.
4. The aims and objectives of the Rehabilitation Council of India are as follows:
 - (a) To regulate the training policies and programme in the field of Rehabilitation of disabled people
 - (b) To bring about standardization of training causes for professionals dealing with disabled persons
 5. Two national institutions that aim at the rehabilitation of the disabled are National Institute for the Mentally Handicapped in Secunderabad and National Institute for the Visually Handicapped in Dehradun.
 6. Government is responsible for the implementation of existing schemes and facilities for the development of economically and socially disadvantaged people.
 7. The government should focus upon working with the private sector and funding institution to influence their policies and practices to include issues of disabilities and other development issues, especially those related to women and children.
 8. Remedial instruction refers to good teaching with definite and specific objectives such as if a child has ineffective habits, these should be eliminated and the skills which have been incorrectly learned, should be retaught.
 9. The three approaches to rehabilitation are, namely, institution based, outreach based and community based approach.
 10. The major objective of community based rehabilitation is to ensure that people with disabilities are able to maximize their physical and mental abilities, have access to regular services and opportunities, and achieve full integration within their communities.

4.8 QUESTIONS AND EXERCISES

Short-Answer Questions

1. What do you understand by rehabilitation of the disabled?
2. Write a brief note on National Institute of Rehabilitation Training and Research (NIRTAR).
3. What are the initiatives taken by the government and the NGOs for the betterment of education of the disabled?
4. In what ways can classrooms be modified in order to facilitate learning of the disabled?
5. Write short notes on medical neurological approach and psycho-educational approach to education and training of learning disabled children.

Long-Answer Questions

1. Assess the challenges and issues that arise in the rehabilitation of the disabled. How are these issues tackled?

2. What role does the Rehabilitation of India play in special education? What are its various aims and objectives for the same?
3. Discuss any four national institutions that aim towards the welfare of the disabled and their rehabilitation.
4. Assess the role of a special teacher and a classroom teacher in aiding the learning disabled children.

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4.9 FURTHER READING

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UNIT 5 GOVERNMENT POLICIES AND PROGRAMMES FOR THE DISABLED

*Government Policies
and Programmes
for the Disabled*

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Structure

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- 5.1 Unit Objectives
- 5.2 Kothari Commission (1964–66)
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 - 5.3.7 Evaluation Process and Examination Reform
 - 5.3.8 Advantages of NPE
- 5.4 Implementation of Policy Programme of Action (POA)
 - 5.4.1 Main Schemes Launched as a Result of POA 1986
- 5.5 Persons with Disability Act (1995)/PWD Act 1995
- 5.6 Summary
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- 5.8 Answers to ‘Check Your Progress’
- 5.9 Questions and Exercises
- 5.10 Further Reading

5.0 INTRODUCTION

In a democratic country, there is need of democratization of education. In order to achieve education for all, many initiatives and attempts have been made by the Government of India. Through policy formulation, the government lays down directives for the future course of action towards realizing some perceived goals. In a democratic society, the goal lies in the various aspects of the welfare of the people.

For the well-being of the Indian nation and the Indian society at the national and local level, definite thrust has been laid down on education. Even in early Indian

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history, education figured in the administrative policies of the government. Such efforts and measures are still being continued in post-independent India.

This unit lays emphasis on the important initiatives of the Government of India towards democratizing education. The unit provides a very comprehensive description of the recommendations suggested in the Kothari Commission (1964-66). It also discusses at length the National Policy of Education (1986), Programme of Action (POA) (1986) and Persons with Disability Act (1995) so as to give an idea of the kind of education system that prevailed in the country. A study of these various policies will enable you to analyse and compare the recommendations given by these policies.

5.1 UNIT OBJECTIVES

After going through this unit you will be able to:

- Explain the background of the formation of the Kothari Commission
- Discuss the recommendations suggested in the Kothari Commission
- Describe the programmes recommended by the Kothari Commission
- Assess the objectives of the formulation of National Policy of Education (NPE) 1986
- Describe the main features of NPE 1986 and evaluate its significance
- Discuss the features of Policy Programme of Action (POA, 1986)
- Analyse the features of the Persons with Disabilities Act (1995)

5.2 KOTHARI COMMISSION (1964–66)

Education Commission of 1964–66 is popularly known as Kothari Commission after the name of its Chairman, D.S. Kothari. It was the third commission on Education since independence. It was the only Commission that went into all aspects of education at all stages and made detailed recommendations on the reconstruction of education in India.

The composition of the Kothari Commission was of international level. As education remains the common quest of mankind, it was found profitable to draw upon the experience and thinking of educationists and scientists from other countries and to take advantage of the latest developments in the educationally advanced countries. As such the Commission included seven Indian members and five others; one each from Japan, France, UK, USA and USSR as well as 20 consultants from different countries of the world.

In spite of a number of Committees and Commissions on education, even after independence, satisfactory progress could not be achieved. It was hoped that the traditional system of education would undergo a great change after independence.

For this, a comprehensive policy was needed and hence, this Education Commission was appointed.

In the post-Independence period, a great deal of expansion had taken place in the field of education at various levels, but this was done mostly at the expense of quality. The Commission was appointed to make people realize that they also have a share in the reconstruction of the country, through education, even though the main responsibility lay with the government.

During this period, there was an explosion of knowledge, particularly in science and technology. To meet the need of the education system and the society, the appointment of a Commission was ardently felt. A Commission was needed to study the entire education system and its development as the various parts of the educational system interact with and strongly influence one another in various ways. Education was needed to be studied as a single unit, i.e., not in fragments.

A very important component of the education system is the teacher and without the cooperation of teachers, the strengthening of this system was not possible. It was felt that the teacher community had been neglected to a considerable extent. In many years, the teachers had been subjected to great financial hardships. Therefore, a positive approach to the problems of the teacher was an urgent and immediate need to be looked into.

The objective of the Commission was to advise the Government on the problems of medical or legal education on the general principles and politics for the development of education at all stages and in all aspects.

5.2.1 Major Recommendations of Kothari Commission

The report of Kothari Commission was divided into four sections:

Section I: Deals with general problems

Section II: Deals with education at different stages and in different sectors

Section III: Deals with the implementation of the various recommendations and programmes suggested by the Commission

Section IV: Consists of supplementary papers

The programmes of educational reconstructions proposed in the report fall into three broad categories:

- (i) Internal transformation of the educational system so as to relate it to the needs and aspirations of the nation
- (ii) Qualitative improvement of education so that the standards achieved are adequate, keep continuously rising and, at least in a few sectors become internationally comparable
- (iii) Expansion of educational facilities on the basis of man-power needs and with an accent on equalization of educational opportunities

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The following were the major recommendations of Kothari Commission:

- Important role of education in national development
- Stress on science and mathematics
- Introduction of work experience as an integral part of the school curriculum
- Need for vocationalization of education.
- Introduction of a common school system
- Educational structure—12 years of schooling and a 3-year degree course
- About 234 instructional days with at least 1000 hours in the schools and 216 days in colleges
- Free textbooks at the primary stage
- Adequate number of scholarships
- Identification of gifted students and their nurture
- One residential school in each community development block
- Provision of mid-day meals
- Facilities for learning while earning
- Promotion of the education for the handicapped
- Special measures for the education of the backward students
- Development plan for each district
- Schools should have the freedom for experimentation in their curricula
- Moral and religious education
- Continuous and objective evaluation
- Establishment of school complexes
- Establishment of neighbourhood schools
- Organization of State Evaluation
- Make Correspondence courses available
- Better pay scales and service conditions for teachers
- Passing of Education Acts
- Three Language Formula
- Delinking degrees from jobs
- Six per cent of Gross National Product (GNP) to be spent on education

An important contribution of the Commission is a detailed analysis of financing of education in India. The financial analysis attempted in this report was the first of its kind in India. In fact, there were very few studies on the economics and financing of education even in other countries at that time. The Commission made a detailed expenditure analysis—by levels and objects, a detailed source-wise analysis of funds, unit cost analysis, and a detailed estimate of resources required for education for the

next 20 years in constant prices. The detailed framework provided insightful analysis and was of great significance for the researchers in economics and financing of education and for educational planners as well. The Commission noted the absence of studies and the critical need for such studies and recommended support to universities for research to:

- Look into a scheme for expansion and improvement
- Constitute the Indian Education service

Internal transformation of the education system

For the internal transformation of the system of education, the following programmes were to be given highest priority:

- (a) Work experience as an integral part of general education, vocationalization of education at the secondary level, improvement of professional education and research and promoting national consciousness
- (b) Introducing a common school system, making social and national service compulsory and developing all modern Indian languages
- (c) Making science education an integral part of all school education and developing scientific research
- (d) Inculcation of high values—social, moral and spiritual—at all stages of education

Qualitative and quantitative programmes

Educational revolution: Kothari Commission identified three important facets of education that would bring about the desired ‘educational revolution’, these are as follows:

- (a) Internal transformation in order to relate education to the needs and aspirations of the nation
- (b) Qualitative improvement to achieve the adequate standard, to keep it continually rising, and to become internationally comparable in some of the sectors
- (c) Expansion of education facilities on the basis of manpower needs and with the consideration of equalization of educational opportunities

Public school and the Education Commission: The Commission has spoken of these institutions in scathing terms. The system of schools was largely reserved for those who have the capacity to pay high fees, ‘was transplanted in India by British administration and we have clung to it so long because it happened to be in tune with the traditional hierarchal structure of our society’.

Wide gulf between the classes and masses: The Commission noted that ‘what is worse, this segregation is increasing and tending to widen the gulf between the classes and the masses’.

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Undemocratic nature of Indian school system: The undemocratic feature of the Indian school system has been described by the Commission as one of the major weaknesses of the present educational structure. The number of children who receive scholarships is not very large, sometimes even the most able among them are unable to find access to good schools, while the economically privileged parents are able to 'buy good education for their children'.

The Commission said that whatever the past history of the so-called public schools, they had no valid place in the new democratic society the Indians desired to create.

According to the Commission, education had a very extensive role to play in changing the members of society, and society itself. It had to be entirely reformed and relate to the needs and aspirations of the people so that it may serve as a powerful tool of social, economic and cultural transformation.

Programmes for improving the quality of education: For national development, the quality of education is crucial for the nation, and the nation must be prepared to provide this. According to the Commission's recommendations, the major programmes for qualitative improvement are as follows:

- Raising the economic, social and professional status of teachers
- Improving the quality and scope of teacher education and in-service programmes
- Radical reform, especially in Science and Mathematics
- Vigorous improvement in the method of teaching and evaluation
- Providing quality textbooks and other teaching material
- Introduction of a nation-wide programme for the improvement of schools and colleges where each institute finds congenial conditions to strive for continually, to achieve the best results of which it is capable
- Establishment of 'quality' schools to act as pace-setters in all districts
- Supervision and reorganizing of the State departments
- Reorganization of the education structure on the 10+2+3 pattern

Expansion programmes

The Commission hoped that by 1986, 5 per cent of the 3–5 age groups and 50 per cent of the 5–6 age groups would find places in nursery schools or classes. As per the recommendations of the Commission, five years of education should be given to all and seven years of such education by 1985–86. It gave highest priority to free and compulsory education up to the age of 14 years. The Commission realized that it would not be financially possible for several years to provide universal secondary education as the problems and policies of expansion at the secondary stage are different from those in primary education. Another problem faced would be to enlist half the enrolment at the higher secondary stage in vocational education. According to the recommendation, the expansion of higher secondary and collegiate education should be related to manpower needs and must be selective. The programme of

equalization of educational opportunities, visualized by Kothari Commission, included the reduction of the regional imbalances to the minimum, increasing the provision of free education and scholarships, paying special attention to the education of girls and placing adequate emphasis on the spread of education among backward classes including the Scheduled Castes and the Scheduled Tribes. A nationwide campaign was to be launched for the complete liquidation of illiteracy within 20 years.

The Commission also recommended that 6 per cent of the GNP should be spent on education. The Commission made a detailed analysis of the past trends in financing education in the post-Independence period, estimated the financial requirements of the educational system in India up to 1985–86, and recommended that ‘if education is to develop adequately, the proportion of GNP allocated to education should rise to 6 per cent in 1985–86’. Of the several recommendations made by the Commission, this 6 per cent of GNP is one that was accepted and resolved by the Government of India (1968). In the National Policy on Education (NPE) 1968, it was recommended ‘to increase the investment in education so as to reach a level of expenditure of 6 per cent of the national income as early as possible’. Since the goal could not be reached, the Government of India reiterated in 1986 its commitment to reach the target and stated in the NPE 1968: ‘it will be ensured that from the Eighth Five-Year Plan onwards it (the outlay on education) will uniformly exceed to 6 per cent of the national income’.

Given the inadequate performance, the goal was to be reiterated again in the NPE (revised) 1992. The review committee on National Policy on Education (also known as Acharya Ramamurti Committee, 1990) made it clear that 6 per cent of national income should be devoted to education.

Other recommendations

In order to relate education, the Commission recommended the following objectives:

- (a) **Increase in productivity:** The Commission suggested that education must be related to productivity, to increase national income. In order to link education and productivity, the Indian Education Commission made the following recommendations:
- Science is the basic component of education and culture; so it should be made an integral part of school education.
 - To inculcate the value of manual work, the Commission recommended the introduction of work experience in school education.

To meet the increasing needs of technical personnel in industry, agriculture and trade, the Education Commission recommended introducing vocational subjects in the school curriculum. It also opined that vocationalization will bring education into a closer relationship with productivity.

- (b) **Promoting social and national integration:** According to the Commission, social and national integration is an important objective of a national system of education. The Commission made the following recommendations for strengthening social and national integration through education:

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- To make education a powerful instrument of national development, the common school system of public education should be adopted.
- Bridge the gulf between the educated and the uneducated, intellectuals and masses, social and national service should be made an integral part of school education.
- A language is a firm adhesive for social and national integration, suitable provisions should be made for teaching the mother tongue, Hindi and other modern Indian languages in schools.

(c) **Education and modernization:** The present society is a science-based society. The present century has made tremendous advancements in scientific and technical knowledge as a result of an explosion of knowledge. In such a situation, one of the main functions of education is to keep pace with this advancement of knowledge. Another feature of modern society is the rapid social change. In this situation of change, the school must always be alert if it is to keep abreast of significant changes. An education system which does not renovate itself continuously becomes outdated and is a hindrance to progress. To keep pace with modernization, the Education Commission was of the opinion that ‘greater emphasis must be placed on vocational subjects, science education and research’.

(d) **Developing social, moral and spiritual values:** The national system of education should emphasize on the cultivation of social, moral and spiritual values among students. For this purpose, the Commission made the following recommendations:

- The Central and State Governments should ensure the inclusion of educating the students about moral, social and spiritual values at all levels. This has been recommended by University Education Commission under the section on religious and moral instruction.
- In order to develop social, moral and religious values, some periods should be provided in the timetable for teaching of the same. Instruction of this type should be given by general teachers.
- The university departments should be especially concerned with the ways in which these values can be taught wisely and effectively, and should undertake preparation of the special literature for use by students and teacher.

(e) **A common school system:** ‘In a situation of the type we have in India, it is the responsibility of the educational system to bring the different social classes and groups together, and thus promote the emergence of an egalitarian and integrated society’.

The Commission commented that if the education system was to be seen as a tool of national integration, with the aim of bringing the different sections of Indian society together, a common school system of public education was the best solution to this problem.

Characteristics of the common school system

According to the Commission, the characteristics of a common school system are:

- All children, irrespective of caste, creed, community, religion, economic sanctions or social status will have access to education.
- Getting access to good education will depend on not how much money one has or to which class in society the person belongs to, but on talent in this system.
- Schools will maintain adequate standards, and there will be a fair number of good institutions.
- Under this system, education will be free and the average parent will not feel the pressure to send his children to an expensive school which is outside the system.

(f) **Recommendations which received little attention:** The following areas from among the recommendations are by and large still neglected. They have not received the due attention they deserved.

- Creation of school complexes
- Development of 'neighbourhood' concept of educational institutions
- Establishment of suitable organizations for assessing manpower needs and of employment opportunities at the national and state levels
- Provision of part-time education on a large scale
- Evolving integrated plans of development
- Development of a large programme of scholarships in all states and sectors
- Creation of the Indian Education Service
- Creation of District School Boards
- Strengthening of the Offices of the District Educational Officers
- National Education Act
- Creation of a National Board of School Education
- Establishment of a Farm University in each State
- Recognition of autonomous educational institutions
- Freedom to Headmasters
- Making Institutional Plans as an integral part of District, State and National Plan of Education
- Developing partnership between educational authorities and industry
- Discouragement to public schools
- Spending 6 per cent of GNP on education

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5.2.2 Implementation of the Recommendations of Education Commission (1964–66)

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The implementation of the recommendations of Education Commission has been discussed below.

National Policy Resolution (1968)

Various educational organizations and institutions considered the recommendations of the Education Commission (1964–66). Discussions were held by educators all over the country and many educational conferences were held to think over these recommendations. Meetings of Vice-Chancellors, State Education Secretaries and Directors of Education were convened. All these discussions and debates resulted in the adoption of a Resolution on National Policy on Education in 1968.

Introduction of the New Pattern of Education

On the recommendations of the Education Commission and in accordance with National Policy on Education (adopted by Parliament in 1968), the Central Advisory Board of Education adopted a resolution in its meeting held in November 1974 and recommended the introduction of the 10+2+3 pattern of education all over India in the Fifth Plan. Almost all States and Union Territories have adopted this pattern of education by now.

Vocationalization of Higher Secondary Education

Under the Fifth Five-Year Plan period, the State Governments were provided with Central assistance for the formulation of a centrally sponsored scheme for Vocationalization during 1976–77, and thereafter the programme was run on a regular basis as a State scheme.

Work Experience

As recommended by the Education Commission, work experience was made an integral part of the new scheme of education under the pattern 10+2+3.

Book Banks

Book banks were to be established in educational institutions to provide books to the students who belonged to the weaker sections of society.

Two Levels of Courses

Under the new pattern of education, provision was to be made for the students to select courses in some subjects at two levels, i.e., ordinary and advanced, depending upon their capacity to work and comprehend.

Revised Pay Scale of Teachers

As per the recommendations of the Education Commission, the pay scales of teachers working in schools were to be revised almost in all the States.

Setting up of NIEPA

In the Fourth Five-Year Plan, the Working Party on Educational Planning, Administration and Evaluation reiterated the recommendation of Kothari Commission

for the setting up of the National Staff College. This recommendation was accepted by the Government of India and the National Staff College for Educational Planners and Administrators was set up, which began to function on 1 January 1971. The Staff College was renamed as National Institute of Education, Planning and Administration (NIEPA) in 1980.

5.2.3 Report of Education Commission

No other report of any Educational Commission and Committee in India had given such a valuable contribution to the role of education, its contents, development, expansion, planning, etc., as the report of Education Commission (1964–66). The present system of education in India, by and large, draws its inspiration from this report. The report has undoubtedly brought about radical changes in education in India. The National Policy of Education (1986) is also based on it.

The most important contribution of the report is the provision of sound philosophical and sociological bases of education, and also a very reasonable working programme for implementation.

Even the financial aspects of various programmes suggested by the Education Commission were taken care of.

The entire programme of educational reconstruction was considered in the light of the needs, aspirations, ideals and values set forth in the Constitution of a free India by the Commission.

5.2.4 National Structure of Education

According to the recommendations of the Education Commission, the new educational structure would consist of:

- (a) **Duration:** One to three years of pre-school education.
 - A primary stage of 7 to 8 years divided into a lower primary stage of 4 or 5 years and a higher primary stage of 3 or 2 years
 - A lower secondary stage of 3 to 2 years
 - A higher secondary stage of two years of general education or one to three years of vocational education
 - A higher education stage with the duration of three years or more for the first degree and followed by a course for the second or research degree of varying durations
- (b) **Admission age:** The age of admission to Class I would ordinarily be not less than 6.
- (c) **Public examination:** The first public examination was to be taken at the end of the first 10 years of schooling.
- (d) **Diversification of courses:** The system of streaming in school of general education was to be done beyond Class X.

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- (e) **Types of secondary schools:** Two types of secondary schools were to be developed. The high schools were to provide a 10-year course and higher secondary schools were to provide a course of 11 or 12 years.
- (f) **Upgrading of schools:** Schools were to be upgraded to become bigger and more efficient. Attempts to upgrade all the secondary schools to the higher secondary stage were to be abandoned.
- (g) **Location of pre-university course:** Transfer of the pre-university course from the universities and affiliated colleges to secondary schools by 1975–76 was to be accomplished and the duration of the course to be lengthened to two years by 1985–86. University Grants Commission (UGC) was the body responsible for affecting the transfer of all pre-university or intermediate work from university and affiliated colleges to schools.
- (h) **Boards of education:** The Education Commission recommended reconstituting the Boards of Secondary Education for accepting the responsibility for the higher secondary stage also.
- (i) **Vocational courses:** Vocationalization of education was recommended at the secondary stage at two points, at the end of Class VII (VIII) and also at the end of Class X. Provision was to be made for the introduction of different types of vocational courses at the lower and higher secondary stages. The duration of these courses could vary from one to three years, and the main objective of these courses was to prepare the young people for employment.
- (j) **Ten years of schooling of general education:** According to the recommendations of Kothari Commission, the first 10 years of schooling should cover a primary stage of seven or eight years, and a lower secondary stage of three or two years providing a course of general education without any specialization.
- (k) **Two years of higher secondary stage:** The Higher Secondary stage should be extended to cover a period of two years and to be located exclusively in schools according to the recommendations of the Commission.

The Commission also recommended that steps had to be taken to implement these reforms through a phased programme spread over the next 20 years (1965–85).

5.2.5 Curriculum Reform by Education Commission

The Commission observed that the expanding knowledge and the growing power, which it places at the disposal of modern society must, therefore, be combined with strengthening and deepening of the sense of social responsibility and keener appreciation of moral and spiritual values is required.

Secularism and Religion

According to the Commission, in a secular country like India, great care must be taken to avoid bias in favour of a particular religion or caste. All citizens irrespective of their political, economic and social standing should enjoy equality of rights. No

school or state-run educational institution should discriminate on grounds of religion. This did not mean that the State did not recognize the importance of religion in an individual's life, but that it wanted individuals to respect and learn tolerance for other religions.

The Commission explained the difference between 'religious education' and 'education about religions'. The former being the teaching of the dictates of a particular religion, and the latter being the teaching of the tenets of all religions so that students would grow up as broad-minded individuals who would learn to live amicably with each other. The State did not want children growing up without any knowledge of either their own or other religions. A practical syllabus should be developed with information about each of the major religions and should be taught in schools and colleges up to the first degree. This would encourage students to learn about the similarities in the different religions as well as develop tolerance for all of them.

Organization of the Curriculum

The Commission made the following recommendations regarding the curriculum:

- (a) **Common curriculum for 10 years:** In general or non-vocational schools, a common curriculum of general education should be provided for the first 10 years of school education, and diversification of studies and specialization should begin only at the higher secondary stage. Moreover, standards of attainment should be clearly defined at the end of each sub-stage.
- (b) **Curriculum at the lower primary stage:** At the lower primary stage, the curriculum should be simple with a reduced load of formal subjects and an emphasis on language and elementary mathematics. A study of problems relating to beginning with reading accompanied by a vigorous programme of improving reading instructions at the lower primary stage should be given great emphasis. At the lower secondary stage, study of subjects should gain in vigour and depth.
- (c) **Curriculum at the higher primary stage:** At the higher primary stage, the curriculum should broaden and deepen, the teaching methods should become more systematic and standards of attainment to be more specific.
- (d) **Curriculum at higher secondary stage:** At the higher secondary stage of general education, courses should be diversified in a way as to enable pupils to study a group of any three subjects in depth with considerable freedom and elasticity in the grouping of subjects. For example, a student may specialize in any three subjects of the science group, or in combination of subjects from the science and the humanities. In order to ensure the balanced development of the adolescent's total personality, the curriculum at this stage should provide half the time to the electives, one-fourth of the time to the languages, and one-fourth to physical education, art and crafts, and moral and spiritual education.
- (e) **Provision for ordinary and advanced course:** Wherever possible, courses should be of two levels—ordinary and advanced—beginning with Class IX.

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For the lower classes, beginning with Class V, enrichment programmes should be provided for the talented children, which may take the form of an additional subject or greater depth in the same subject. The programme may be conducted within or outside school hours or on a self-study basis. A beginning may be made with advanced courses in mathematics, science and languages at the lower secondary stage, and in all the specialized subjects at the higher secondary stage.

- (f) **Enrichment programmes for different stages:** Enrichment programmes should be created for talented children to make them a more challenging and satisfying learning experience from their studies. Such programmes should be started in Class V or VI. Some additional work in language or art leading to the development of creative self-expression should also be started. It is better if the planning of the enrichment programme is done by teachers and pupils together. In the curriculum materials, general guidelines can be given. The teacher may also need some additional help in the form of special types of work-books. The establishment of subject clubs can also be facilitated. Work under this programme may be done outside the schools hours.
- (g) **Standards of attainment at different stages:** Though the curriculum of the first 10 years of general education seven years of primary education (four years of lower primary + three years of upper primary and three years of lower secondary education) should be organized as a continuous programme of studies and the results should be clearly indicated at the end of every sub-stage.

5.2.6 Education Commission and Teachers

Important recommendations as given by Kothari Commission regarding teachers are outlined below.

- (a) **Stimulating conditions for teachers:** The Commission observed: ‘In creative work like teaching or research, the provision of stimulating conditions of work and adequate opportunities for professional advancement are extremely important, and can play a very significant role in attracting and retaining the right type of persons in the profession. The conditions of work in educational institutions should be such as to enable teachers to function at their highest level of efficiency’.
- (b) **Same pay in different managements:** The Commission recommended that the scales of pay for school teachers who are in the same category should be the same, even if they work for different managements, i.e., government, local bodies or private organizations.
- (c) The minimum salaries of primary, secondary and university teachers should be in the ratio of 1:2:3.
- (d) **Liberal assistance to states:** Liberal Central assistance should be given to the State Governments.

- (e) **Retirement age:** The recommended retirement age for teachers as per the Commission was 60 years, with a provision for extension up to 65 years if the individual was physically and mentally fit to discharge his duties efficiently.

5.2.7 Evaluation of the Recommendations

Kothari Commission sought to advise the Government on how to develop education at all levels and to probe in the problems faced by education due to India's economic and social situation. The Commission was to examine all sections of education other than legal and medical education; and provided quite reasonable and respectable pay scales and service conditions for the teachers. The Commission's recommendations on teacher's status, service conditions, pay scales and civic and political rights have been considered as the 'Magna Carta' for the teachers.

Earlier, the teachers used to receive different pay scales and other benefits even for teaching the same classes in schools under different managements, like local bodies, aided schools, public schools and government schools. The Commission removed this distinction. Almost all recommendations for teachers were accepted.

The approach of the Commission was very pragmatic. It served as a practical basis of compromise on various schools of thought. The structure of education 10+2+3 as recommended by Kothari Commission was basically made to raise the standard of India to its rightful place among other nations.

CHECK YOUR PROGRESS

1. What was the Education Commission of 1964–66 also known as?
2. Give one method recommended by Kothari Commission to improve the quality of education.
3. What was the most important contribution of the Report of Education Commission (1964–66)?
4. Give one recommendation regarding the curriculum as made by Kothari Commission
5. What was an important recommendation made by Kothari Commission with regard to teachers?

5.3 NATIONAL POLICY ON EDUCATION (1986)

A document entitled 'Challenges of Education: A Policy Perspective' was prepared as a result of the nation-wide debate for the formulation of the new policy on education, and various seminars were organised by the Ministry of Education and its national organisations. The Ministry of Human Resource Development brought out a revised document—National Policy on Education (NPE) 1986. This was discussed at the meetings of the State Ministers of Education, Central Advisory Board of Education

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and National Development Council. A draft National Policy on Education was adopted by the Lok Sabha on 8 May 1986 and Rajya Sabha on 13 May 1986, 20 years after the formulation of NPE 1968.

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After the formulation of the Policy in 1968, it was stipulated that various educational programmes would be undertaken, and these programmes will be reviewed every five years. But no such review was done for the next 17 years.

5.3.1 Main Features of NPE

Mentioned below are the main features of NPE:

- (a) **Essence and role of education:** This includes education for all, for cultural development, for the development of the mind and spirit and scientific temper, for the development of manpower for economy, and for developing the ideals of socialism and democracy as per the Constitution.
- (b) **National system of education:** It was the most distinctive feature of NPE (1986). The following were the main features of the National System of Education:
 - **Based on the Constitution of India:** National System of Education was based on the Constitution as per its philosophical and sociological foundations. It derived its inspirations from the ideals and values of democracy, secularism and socialism.
 - **Universal access to education:** The objective of the national system of education was that all students irrespective of caste, creed, location or sex have the right to quality education till a given age. The Government was responsible for the funding of this initiative. The 1968 Policy had recommended the establishment of a common school system to fulfil this goal of education for all.
 - **Common educational structure:** The national system of education visualized a common educational structure. The 10+2+3 structure was established throughout the country. The first 10 years were divided into five years of primary education, three years of upper primary, followed by two years of High School. The +2 stage was also encouraged to become a part of school education throughout the country.
 - **National curriculum framework:** Flexible national curriculum was to be the backbone of the National System of Education, with fixed and flexible components. The fixed component would include the history of India's freedom movement, the Constitutional obligations and other material to encourage national integration. These cross-cutting parts would be designed to promote the value of India's heritage, love of equality, democracy and secularism, equality of the sexes, protection of the environment, removal of social barriers, and observance of the small family norm and encouragement of the scientific temperament. All educational programmes were to be implemented strictly on the basis of secular values. These were to be taught through subject areas.

- **Education for international understanding:** Education has to strengthen the world view of peace and understanding between nations, treating the whole world as one family and motivating the younger generations towards international cooperation and peaceful co-existence as India has always worked for peace and understanding between nations.
- **Equality of opportunity of education:** To provide for equal opportunity to all not only in access, but also in the conditions for success, equality was emphasized. The basic purpose was to remove prejudices and complexes transmitted through the social environment and the accident of birth.
- **Determination of minimum levels of learning:** Each stage of education had to fulfil a basic minimum of learning. Students were encouraged to appreciate the diverse cultural and social systems of the people living in different parts of India.
- **Promotion of regional languages:** Translation of books into different languages was encouraged so that students from all over the country would learn to appreciate the literature from different parts of the country, and the young could rediscover India through their own image and perception.
- **Inter-mobility in higher education:** Inter-regional mobility was encouraged at the higher education and technical education levels so that equal access was available to every deserving Indian regardless of his origins.
- **Pooling of resources:** Different science and technological institutions were encouraged to pool their resources and research findings, especially for projects of national importance.
- **Facilities for open and distance learning:** Distance learning and correspondence courses provided opportunities to the youth, housewives, agricultural and industrial workers and professionals to continue the education of their choice, at the pace suited to them, while still being able to carry on with their daily lives.
- **National institutions:** There was a proposal to strengthen the national institutions like University Grant Commission, National Council of Educational Research and Training, National Institute of Educational Planning and Administration, All India Council for Technical Education, Indian Medical Council, National Council of Teacher Education and National Institute of Adult Education.
- **Partnership between State and Centre:** The Centre and States were to make their partnership meaningful in the field of education. The States' role and responsibilities were essentially unchanged, while the Union Government was to bear a greater responsibility in the reinforcement of national integration as a part of education.

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- **Education for all:** Attempts were to be made to provide elementary and adult education to all, and NPE emphasized the removal of disparities to equalize educational opportunities for all, irrespective of their caste, creed or economic background.

‘Education for all’ meant the provision of education for the following sections of society which were normally neglected:

- *Education for women’s equality:* National Education System was to initiate a positive, interventionist role in the empowerment of women and to foster the development of new values through redesigned curricula (vocational, technical and professional education at different levels), textbooks, the training and orientation of teachers, decision-makers and administrators, and the active involvement of educational institutions. Women’s studies were to be promoted as a part of various courses, and educational institutions were to be encouraged to take up active programmes to further women’s development.
- *Education of scheduled castes:* The equalization of the non-SC population at all stages and levels of education, in all areas and in all the four dimensions—rural male, rural female, urban male and urban female was emphasized.
- *Education of scheduled tribes:* School buildings were to be constructed in the tribal areas on a priority basis with funds allocated for education and for different schemes like the Jawahar Rozgar Yojana, Tribal Welfare schemes, etc. The curriculum and instructional materials needed to be in the regional languages. Incentive schemes were to be offered to the Scheduled Tribes, keeping in mind their special needs and lifestyles. Anganwadis, Non-formal and Adult Education Centres were also to be set up in areas which were predominantly inhabited by the Scheduled Tribes.
- *Other educationally backwards sections and areas:* Appropriate incentives and infrastructure were to be provided to the educationally backward sections of society, particularly in the remote rural areas.
- *Minorities:* Education of minority groups which are educationally deprived or backward were to be given greater attention. Constitutional guarantees were given, so that they could fund their own educational institutions which would be in the best interest to preserve their language and culture. Textbooks and curricula would also be customized.
- *Handicapped:* Steps to include the physically and mentally handicapped into the mainstream as equal partners and to prepare

them for normal life were encouraged. Teachers received special training to deal with the special needs of handicapped children.

- o *Adult education*: Adult education emphasized the ability to read and write.

- **National Literacy Mission**: It was aligned to the national goals such as alleviation of poverty, national integration, environmental conservation, observance of the small family norm, promotion of women's equality, universalization of primary education, basic health care.
- **Expenditure on education**: Efforts were to be made to spend 6 per cent of GNP on education.

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5.3.2 NPE and Early Childhood Education and Care

National Policy on Education emphasized the investment in the development of young children, particularly from sections of the population in which first generation learners predominate.

Important features and programmes

The important features and programmes are:

- (a) NPE has used the term Early Childhood Education and Care (ECCE) in place of pre-primary or nursery education. It lays stress on the holistic nature of child development, viz., nutrition, health, social, mental, physical, moral and emotional development and recommends that ECCE should be suitably combined with Integrated with Child Development Services (ICDS) Programme, wherever possible.
- (b) The span under consideration in ECCE is from conception to about six years.
- (c) ICDS includes six services: (i) supplementary nutrition, (ii) immunization, (iii) health check-up, (iv) referral services, (v) health education, and (vi) non-formal pre-school education.
- (d) Day care centres should be provided as a support service for universalization of primary education to enable girls, engaged in taking care of siblings, to attend school and as a support service for working women belonging to poorer sections.
- (e) Programmes of ECCE should be child oriented.
- (f) Programmes of ECCE should focus around play and the individuality of the child.
- (g) Formal methods and introduction of the 3 R's should be discouraged at this stage.
- (h) The local community should be fully involved in ECCE programmes.
- (i) A full integration of child care and pre-primary education should be brought about, as a feeder and to strengthen primary education and human resource development.

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5.3.3 Elementary Education

The three areas in elementary education which were focused on : (i) Availability and access to education for all, (ii) Compulsory education for children up to 14 years of age; and (iii) Standardization in the quality of education to ensure that all children receive the same essential levels of learning.

- **Child-centred approach:** Education at the primary stage should focus around play so that children start to enjoy learning. First generation learners were to be allowed to set their own pace and to be given additional assistance where required so that they may improve their learning through repetition and practice. There was to be no detention at the primary stage and the practice of corporal punishment was banned from the entire education system. Vacations and school timings were to be fixed as per the convenience of the children.
- **School facilities:** All primary schools were to be provided with the essential facilities. The objective of Operation Blackboard was to provide three large rooms which could be used in all weather, and blackboards, maps, charts, toys, other necessary learning aids and a school library. There were to be at least three teachers in every school, with the ultimate aim being to have one teacher per class. At least 50 per cent of the teachers were to be women. Operation Blackboard was to be extended till the upper primary stage.
- **Non-formal education:** Non-formal Education (NFE) Programme was started keeping in mind school dropouts, children from habitations without schools, working children and girls who cannot attend whole-day schools. The curriculum was framed on the lines of the national core curriculum, but took into account the needs of the learners and the environment they stayed in. The instructional material was to be of good quality and to be provided free of cost to all students. The Government was in over-all charge of NFE. Voluntary agencies and Panchayati Raj Institutions were to assist in the implementation of the NFE programmes.

5.3.4 Secondary Education

Access to secondary education was to be widened with emphasis on enrolment of girls, SCs and STs, particularly in science, commerce and vocational streams. This stage of education includes the different streams of science, the humanities and social sciences. In addition to this education, information regarding the history and culture of India was to be imparted to the students so as to instil in them a feeling of national pride and duty.

Boards of Secondary Education were to be reorganized and given the authority and responsibility to improve the quality of secondary education. The introduction of computer skills was encouraged so that children could face the challenges of the emerging technological world. The curriculum was to include a proper understanding of the work culture and a caring work environment was encouraged.

Manpower for the industries was to be provided by vocationalization through specialized institutions.

Navodaya Vidyalayas (Pace-setting Schools): Good quality education was to be made available to children with special talent or aptitude, to proceed at a faster pace whether they could afford to pay for it or not. Special residential schools, were set up for this purpose. The objective was to be encourage the raising of levels of excellence on an equality basis (with reservation for the rural areas, SCs and STs). These schools would also promote national integration by the provision of opportunities to talented children from all over the country, when they came together to live and learn, and be part of a nationwide effort to improve the standard of learning in schools.

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Vocationalization

Educational reorganization includes the introduction of systematic, well planned and meticulously planned programmes of vocational education to promote in students an appreciation of the dignity of labour and to encourage self-employment, so as to reduce the disparity between the demand and supply of skilled manpower, and to offer choices to those students who have not yet made their career choice. To achieve this, vocational courses leading to several occupational fields were to be introduced. These courses were to be provided after the secondary stage and at times to be made available after Class VIII. The Government as employers in the public and private sectors should take the initiative of establishing these vocational courses or institutions.

Health planning and health service management

Health education at the primary and middle levels will win over the family and community and also familiarize the higher secondary students with the advantages of health-related vocational courses. Similar vocational courses should be designed for Agriculture, Marketing, Social Services, etc. Vocational education courses encourage the growth in attitudes, knowledge, and skills for self-reliance and self-employment.

5.3.5 Higher Education

Higher education is a major contributor to national development as it empowers people with information and skills which are necessary to combat the critical social, economic, cultural, moral and spiritual issues facing humanity.

- Expansion of facilities in the existing institutions was proposed. Courses and programmes were to be redesigned to meet the demands of specialization better.
- State level planning and coordination of higher education was to be done through Councils of Higher Education. UGC and other to-be-Councils were to maintain the standards.

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- Audio-visual aids and electronic equipment was to be introduced; development of science and technology curricula and material, research, and teacher orientation was given emphasis.
- Training of teachers on a continuous basis was recommended. Teachers' performances needed to be constantly assessed as posts needed to be filled only on merit.
- High quality research was to be encouraged in universities.
- A national organization to encourage higher study in the fields of agriculture, medicine, law, etc., was set up.

Open University and distance learning

To increase the opportunities for higher education as an instrument of democratizing education and to make it a lifelong process, the open learning system was initiated. Indira Gandhi National Open University was established in 1985 to fulfil these objectives. National Open School was also established and open learning facilities extended at the secondary level in all parts of the country.

Delinking degrees from jobs

A beginning was made to de-link degrees from jobs in selected areas like in services, for which a university degree need not be a necessary qualification. An appropriate body such as National Evaluation Organization was to be established to conduct tests to determine the suitability of candidates for specific jobs and to bring about an over-all improvement in testing and measurement.

Technical and management education

The two streams of technical and management education were to function separately. Programmes of computer literacy were to be organized from the school stage. Technical and management education programmes, (education in polytechnics) were also to be on a flexible modular pattern based on credits, with provision for multi-point entry. A strong guidance and counselling service would be provided.

For women, economically and socially weaker sections, and the physically handicapped suitable curricula were to be designed. This specialized teaching would mean the need for more teachers who could handle teaching these vocational courses. Thus, there was a demand for training courses to meet these demands.

Self-employment as a career option was to be encouraged among students. This training in entrepreneurship was to be provided through modular or optional courses, in degree or diploma programmes.

Innovation, research and development

All higher technical institutions were to explore new methods of ensuring the availability of qualified teachers and staff who were capable of carrying out research to improve the present technology and develop new ones. The scope for cooperation, collaboration and networking relationships between institutions at various levels was to be utilized.

Proper maintenance and an attitude of innovation and improvement was to be promoted systematically. Major steps were to be taken up for cost-effectiveness and to promote excellence.

5.3.6 Chief Features and Recommendations of NPE

The section enlists the chief features and recommendations of NPE.

Making the system work

Education should be nurtured in an atmosphere of intellectual creativity and freedom to innovate. Along with this state of inventiveness, discipline was also important as a state of disorder was not conducive to the thriving of new methods for education.

Reorienting the content and process of education

The gap between education and India's rich culture needed to be bridged as India's history and culture cannot be rooted out by modern technologies. Education aimed at blending modern-day technology and ancient traditions.

The curricula and processes of education were to enrich Indian culture. Children were to be taught to appreciate beauty, harmony and refinement. Respected people in the community, whether they were formally educated or not, were to assist in handing down the wealth of Indian culture to future generations.

Linkages were to be established between the university system and institutions of higher learning in art, archaeology, oriental studies, etc. Specialized disciplines of Fine Arts, Musicology, Folklore, etc., were also to be paid attention to. Teaching, training and research in the following disciplines were to be strengthened:

- **Value education:** Rearranging the curriculum to enable education to instil social and moral values in the future generations was very important. Due to the erosion of values in modern life, such value education was aimed to help eliminate obscurantism, religious fanaticism, violence, superstition and fatalism.
- **Books and libraries:** Books should be made available at low prices to ensure that education can benefit everyone whether they can afford it or not. Research should be undertaken into improving the quality of books, promoting the reading habit and encouraging creative writing. Translation of foreign books into Indian languages was to be supported. Special attention was to be paid to the production of quality of books for children, including textbooks and work-books. A nationwide movement for the improvement of existing libraries and the establishment of new ones was to be taken up.
- **Media and educational technology:** Educational technology was to be employed in the spread of useful information, the training and re-training of teachers, to improve quality, sharpen awareness of art and culture, inculcate abiding values, etc., both in the formal and non-formal sectors.

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The media has a profound influence on the minds of children as well as adults. Inappropriate radio and TV programmes which conveyed the wrong message regarding moral and social values should not be aired. The media should accept responsibility to transmit the correct message. The production of children's films of high quality and usefulness was to be encouraged.

- **Work experience:** Purposive and meaningful manual work, i.e., work experience was to be organized as an integral part of the learning process resulting in either goods or services useful to the community. This was to be considered as an essential component at all stages of education. The student would gain training in skills according to his interest and abilities, which would help in his future entry into the workforce.
- **Education and environment:** Consciousness of the environment is to be created among all. Beginning with the child, it must permeate to all ages and all sections of society. This aspect will be integrated in the entire educational process.
- **Population education:** To contain the growth of population, population education must be given due importance. Starting at the primary and secondary levels, students should be made aware of the dangers of an exploding population and should be informed about family planning and responsible parenthood.
- **Mathematics teaching:** Mathematics should be considered as the vehicle to train a child to think, reason, analyse and to articulate logically. It should be treated as any subject involving analysis and reasoning.
- **Science education:** To develop well defined abilities and values such as the spirit of inquiry, creativity, objectivity, the courage to question, and an aesthetic sensibility in children, science education needs to be given to all. The learner can acquire problem solving and decision-making skills and can discover the relationship of science with health, agriculture, industry and other aspects of daily life.
- **Sports and physical education:** Sports and physical education are an integral part of the learning process, and have to be included in the evaluation of a performance. A nationwide infrastructure consisting of play fields, equipment, coaches and teachers of physical education was to be built as a part of the School Improvement Programme. Open spaces available in urban areas were to be reserved for playgrounds. Efforts were to be made to establish sports institutions and hostels where specialized attention was to be given to sports activities and sports-related studies, along with normal education. Due stress was to be laid on indigenous traditional games.
- **Yoga:** Yoga was to receive special attention as a system which promotes an integrated development of body and mind. Efforts were to be made to introduce Yoga in all schools.

- **Role of youth:** Through educational institutions, opportunities were to be provided for the youth to involve themselves in national and social development. Students were encouraged to participate in schemes like National Service Scheme (NSS), National Cadet Corps (NCC), etc. Youth should also be encouraged to participate in voluntary programmes like the National Service Volunteer Scheme.

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5.3.7 Evaluation Process and Examination Reform

Appraisal of performance is an important part of any process of learning and teaching. Examinations are the tools used to assess the students' learning and to bring about improvements where required. So the main objective of the examination system is to give an accurate report of the students' retention. Continuous and comprehensive evaluation includes the testing of both bookish and practical knowledge. Effective use of this type of appraisal by teachers, students and parents ensures an all-round development of the child.

Examinations at the external level should not get undue importance, instead institutions should be able to carry out their own evaluations. A National Examination Reform Framework is a guideline which can be adjusted according to the specifications of the examining authority.

The teacher

The socio-cultural ethos of a society is reflected in the status of its teachers. So teachers should have the freedom for innovation. The recruitment of the teachers should be devised in order to ensure merit, objectivity and conformity with spatial and functional needs. The pay and service conditions should be as per their social and professional responsibilities. A code of professional ethics for teachers should be prepared. Teacher preparation is to be given due importance with pre-service and in-service components. District Institutes of Education and Training (DIET) should be established for elementary school teachers. National Council for Teacher Education (NCTE) needs to be supported with necessary resources.

Management of education

High priority should be given to the planning and management of education. This can be achieved by decentralization, people's involvement including association of non-governmental agencies and voluntary efforts. Involvement of women should be sought and they should be inducted in the planning and management of education.

At the national level, Central Advisory Board of Education (CABE) will play a pivotal role in reviewing educational development and bring changes to improve the education system. Indian Education Service will be established as a national service.

At the State level, State Advisory Boards of Education on the lines of CABE will be set up. Educational planners, administrators and heads of the institutions are to be given special training.

District Boards of Education should be created to manage the education up to the higher secondary level.

Voluntary agencies and aided institutions

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Non-governmental Organizations (NGOs) including social activists groups should be encouraged to establish institutions.

Resources and review

Making investment in education is the only way to achieve the egalitarian goals and the development oriented objectives of Indian society. This was realized by Education Commission of 1964–66 and National Policy on Education of 1968.

For resources, donations were to be mobilized through communities to maintain school buildings. Raising the fee was also thought of. Levying Education Cess was also another way to improve the resources in a big way. Education was to be treated as an important area of investment for national development. National Policy on Education (1968) had recommended that the Government should gradually keep increasing its investment in education till the amount reached the prescribed 6 per cent of the GNP as early as possible. As the target was not achieved, it was important to raise it now, though the actual requirements would be calculated from time to time.

The implementation of the various programmes of the New Policy on Education was to be reviewed every five years.

5.3.8 Advantages of NPE

Advantages of NPE 1986 are as follows:

- (i) **National system of education:** NPE proposed a national system of education to provide access to education of a comparable quality to all students, to have a common educational structure with national curricular framework containing a common core.
- (ii) **Improvement in primary education:** NPE very rightly laid stress on the qualitative improvement of elementary education.
- (iii) **Pace-setting schools:** Setting up of *Navodaya Vidyalayas* is a great landmark in the history of education in India.
- (iv) **Vocational targets:** The policy fixed somewhat realistic targets of covering 10 per cent of higher secondary students by 1990 and 25 per cent by 1995 in vocational courses.
- (v) **Delinking degrees from jobs:** Delinking degrees from jobs in selected areas was started.
- (vi) **Performance and accountability:** Stress was laid on performance and accountability at all levels.
- (vii) **Decentralization of management of education:** The policy very aptly called for evolving a strategy of decentralization and the creation of a spirit of autonomy for educational institutions.

- (viii) **Indian Education Service:** It envisaged that the constitution of Indian Education Service would bring about a national perspective in education.
- (ix) **National Testing Service:** This was helpful in determining the suitability of candidates for specified jobs and paved the way for the emergence of norms of comparable competence across the nation.
- (x) **Raising resources:** The policy suggested appropriate methods of financing education: (a) beneficiary communities to maintain the school building and supplies of some consumables; (b) raising fees at the higher levels of education; (c) levying a cess or charge on user of research and development agencies; and (d) affecting saving by the efficient use of facilities.

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Disadvantages of NPE

Disadvantages of NPE 1996 are as follows:

- (i) **Financial aspects not worked out:** Workable document backing the financial resources was missing and the financial implications were not worked out.
- (ii) **Too much of community help:** The Community was more into contributing to political parties rather than educational purposes.
- (iii) **Ignorance of basic system:** There was no reference to basic education at the school level.
- (iv) **Neighbourhood school concept ignored:** The Neighbourhood School Concept as recommended by Kothari Commission for eliminating segregation based on economic status was ignored.
- (v) **Working hours in schools:** Increased working hours in educational institutions should have been recommended for the optimum use of human resources.
- (vi) **Ignorant to the existing public schools:** NPE evaded the commercialization of education by most of the public schools.
- (vii) **Multiplication of institutions:** There was no use of setting up of State Advisory Boards of Education, District Institutes of Education and Training and District Boards of Education.
- (viii) **No check on working of minority schools:** There was no provision for checking the exploitation of staff working in public schools.

CHECK YOUR PROGRESS

6. Give two main features of National System of Education.
7. What were the two prominent features of ECCE?
8. Why was National Evaluation Organization established?
9. What was the role played by CAGE?
10. How often were the programmes of NPE 1986 to be reviewed?

5.4 IMPLEMENTATION OF POLICY PROGRAMME OF ACTION (POA)

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A Programme of Action was announced by Ministry of Education, after the declaration of National Policy on Education (NPE). This was the first time that such a programme was developed. A 23-member task force with eminent educationists, experts, senior bureaucrats and representatives of Central and State Governments were formed to examine the situation. The reports were discussed at meeting of the Central Advisory Board of Education in August 1986, and were approved as Programme of Action. POA includes the vast educational parameters and suggests strategies of implementation.

NPE 1986 and its POA gave priority to UEE and introduced many innovative programmes.

First, the emphasis was shifted to enrolment as well as retention.

Second, NPE 1986 sought to adopt meticulously formulated strategies at the grass-roots level all over the country, to ensure children's retention at school. POA 1986 sought to replace enrolment drives by participative planning in which the teachers and the villagers would formulate family-wise and child-wise, and design of action to ensure that every child regularly attended school or a non-formal education centre and completed at least five years of schooling or its non-formal equivalent.

Third, NPE 1986 recognized that unattractive school environment, unsatisfactory condition of buildings and insufficiency of instructional material function were the demotivating factors for children and their parents. Therefore, a drive for a substantial improvement of primary schools and provision of support services was called for. Thus, the scheme of Operation Blackboard was launched.

Fourth, NPE 1986 recommended the adoption at the primary stage of a child-centred and activity-based process of learning.

Fifth, NPE 1986 and its POA advocated reconstruction of teacher education, pre-service as well as in-service.

Last, NPE 1986 sought to address the aspects of access, viz., access to education of millions of girls and working children who were not able to participate in school system, because of socio-economic compulsions via Non-Formal Education (NFE).

5.4.1 Main Schemes Launched as a Result of POA 1986

The main schemes launched as a result of POA are as follows:

- (a) **National system of education**: The formulation of a National System of Education was the most distinctive feature of NPE (1986).
- (b) **Reconstruction of curriculum**: The curriculum is the one of the most important elements of education through which it can bring about the 'fine synthesis between change-oriented technologies and the country's continuity of cultural traditions' as observed by NPE. The curriculum contains subject

matter of various disciplines and activities. It fulfils the set tasks. NPE provided the direction and the POA formulated for their implementation worked out the details of the curriculum.

National Council of Educational Research and Training (NCERT), New Delhi prepared a National Curriculum for elementary and secondary education. Emerging curricular concerns and imperatives based on socio-cultural, political and economic considerations were included in the curriculum. NCERT revised the curriculum in 2000 and later in 2005.

- (c) **Operation Blackboard:** The objective of Operation Blackboard was to provide three large rooms which could be used in all weather, and blackboards, maps, charts, toys, other necessary learning aids and a school library. There were to be at least three teachers in every school, with the ultimate aim being to have one teacher per class. At least 50 per cent of the teachers were to be women. Operation Blackboard was to be extended till the upper primary stage.
- (d) **Navodaya/Jawahar Vidyalayas (Pace-setting Schools):** NPE 1986 envisaged the setting up of model schools, one in each district. Accordingly, a scheme was formulated under which it was decided to set-up co-educational residential schools (Jawahar Navodaya Vidyalayas).

Navodaya Vidyalayas are fully residential co-educational institutions providing education up to senior secondary stage. The scheme, was started with only two schools on experimental basis in 1985–86, has covered as many districts in 34 States/Union Territories. The Vidyalayas envisaged a new style of growth with identification and development of talented, bright and gifted children predominantly from rural areas. Efforts are made to ensure that at least 33 per cent of the students enrolled are girls.

Migration is a unique feature of Navodaya Vidyalayas scheme, whereby 30 per cent of students of Class IX from a Vidyalaya located in Hindi speaking area spend one academic year in a Vidyalaya located in Non-Hindi speaking area and vice-versa to promote national integration through understanding of the diversity and plurality of country's people, their language and culture.

Main features of Navodaya schools

The main features of Navodaya schools are as follows:

- They cater to the talented students.
- They are residential.
- They provide free education.
- They cater primarily to rural areas.
- Reserved seats for SCs and STs as per actual population in the district.
- They foster national integration.
- A special emphasis is laid on diagnostic and remedial teaching.

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- They are expected to provide full scope for innovation and experimentation.
- These schools implement Three Language Formula.
- Selection will be based on scholastic aptitude test aimed at eliminating subjectivity.

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Organization of Navodaya /Jawahar Vidyalayas

In the Ministry of Human Resource Development, a *Navodaya Vidyalaya Samiti*, an autonomous organization was set up to manage these schools and they were affiliated to Central Board of Secondary Education (CBSE). Central Government bears 100 per cent of the expenditure for running these schools with the responsibility on State Governments who provide land free of cost.

Fall out in the scheme

The drawbacks of the scheme were as follows:

- Lack of proper planning resulted in infrastructure being missing for the schools.
- Inadequate accommodation was the problem faced by Navodaya Vidyalayas.
- The location was not suitable in certain cases.
- Non-availability of the experienced staff was another problem faced by the Navodaya Vidyalayas. The teachers selected on merit were not willing to work in the remote areas.
- Suitable playgrounds were not available for the schools.
- The library facilities were inferior in quality.
- Admission tests did not take into consideration the rural background.
- The children of middle class were able to get admission in large numbers at cost of lower income group due to coaching facilities.
- State Governments felt the burden due to these schools.
- Common School System was discarded by the opening of Navodaya Vidyalayas.

(e) Vocationalization of education

Vocationalization means the introduction of systematic, well planned and meticulously planned programmes to promote in students an appreciation of the dignity of labour and to encourage self-employment, so as to reduce the disparity between the demand and the supply of skilled manpower, and to offer choices to those students who have not yet made their career choice. To achieve this, vocational courses leading to several occupational fields were to be introduced. The Government as employers in the public and private sectors had to take the initiative of establishing these vocational courses or institutions.

CHECK YOUR PROGRESS

11. What are Navodaya Vidyalayas?
12. Give a distinguishing feature of the Navodaya schools.

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5.5 PERSONS WITH DISABILITY ACT (1995)/PWD ACT 1995

The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 came into enforcement on 7 February 1996. This law is an important landmark and is a significant step in the direction to ensure equal opportunities for people with disabilities and their full participation in nation building. The Act provides for both preventive and promotional aspects of rehabilitation like education, employment and vocational training, reservation, research and manpower development, creation of barrier-free environment, rehabilitation of persons with disability, unemployment and establishment of homes for persons with severe disability, etc.

Main Provisions of the Act

The main provisions of the Act are as follows:

- Prevention and Early Detection of Disabilities
- Education
- Employment
- Non-discrimination
- Research and Manpower Development
- Affirmative Action
- Social Security
- Grievance Redressal

Prevention and Early Detection of Disabilities

Disabilities can be prevented through the following measures:

- Surveys, investigations and research shall be conducted to ascertain the cause of occurrence of disabilities.
- Various measures shall be taken to prevent disabilities. Staff at the Primary Health Centre shall be trained to assist in this work.
- All the children shall be screened once in a year for identifying 'at-risk' cases.
- Awareness campaigns shall be launched and sponsored to disseminate information.

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- Measures shall be taken for pre-natal, perinatal, and post-natal care of the mother and child.
- Every child with disability shall have the right to free education till the age of 18 years in integrated schools or special schools.
- Appropriate transportation, removal of architectural barriers and restructuring of modifications in the examination system shall be ensured for the benefit of children with disabilities.
- Children with disabilities shall have the right to free books, scholarships, uniform and other learning material.
- Special schools for children with disabilities shall be equipped with vocational training facilities.
- Non-formal education shall be promoted for children with disabilities.
- Teachers Training Institutions shall be established to develop requisite manpower.
- Parents may move to appropriate fora for the redressal of grievances regarding the placement of their children with disabilities.

Employment

Three percent of vacancies in government employment shall be reserved for people with disabilities, one percent each for persons suffering from:

- Blindness or Low Vision
- Hearing Impairment
- Locomotors Disabilities and Cerebral Palsy
- Suitable scheme shall be formulated for the training and welfare of persons with disabilities
- The relaxation of upper age limit – Regulating the employment
- Government Educational Institutes and other Educational Institutes receiving grant from Government shall reserve at least three percent seats for people with disabilities
- No employee can be sacked or demoted if they become disabled during service, although they can be moved to another post with the same pay and condition. No promotion can be denied because of impairment.
- Aids and appliances shall be made available to people with disabilities.

CHECK YOUR PROGRESS

13. When did the Persons with Disabilities Act, 1995 come into enforcement?
14. What are the main provisions of the Persons with Disabilities Act?
15. What does the Persons with Disabilities Act provide?
16. As per the Persons with Disabilities Act, what can be done for the prevention and early detection of disabilities?

5.6 SUMMARY

- Education Commission of 1964–66 is popularly known as Kothari Commission after the name of its Chairman, D S Kothari.
- The objective of the Commission was to advise the Government on the problems of medical or legal education on the general principles and politics for the development of education at all stages and in all aspects.
- An important contribution of the Commission is a detailed analysis of financing of education in India.
- The Commission hoped that by 1986, 5 per cent of the 3–5 age groups and 50 per cent of the 5–6 age groups would find places in nursery schools or classes.
- As per the recommendations of the Commission, five years of education should be given to all and seven years of such education by 1985–86.
- The Commission also recommended that 6 per cent of the GNP should be spent on education.
- The Commission suggested that education must be related to productivity, to increase national income.
- To meet the increasing needs of technical personnel in industry, agriculture and trade, the Education Commission recommended introducing vocational subjects in the school curriculum.
- It also opined that vocationalization will bring education into a closer relationship with productivity.
- Various educational organizations and institutions considered the recommendations of the Education Commission (1964–66).
- According to the Commission, in a secular country like India, great care must be taken to avoid bias in favour of a particular religion or caste. All citizens irrespective of their political, economic and social standing should enjoy equality of rights.
- The Commission explained the difference between ‘religious education’ and ‘education about religions’. The former being the teaching of the dictates of a particular religion, and the latter being the teaching of the tenets of all religions so that students would grow up as broad-minded individuals who would learn to live amicably with each other.
- Kothari Commission sought to advise the Government on how to develop education at all levels and to probe in the problems faced by education due to India’s economic and social situation.
- A document entitled ‘Challenges of Education: A Policy Perspective’ was prepared as a result of the nation-wide debate for the formulation of the new policy on education, and various seminars were organised by the Ministry of Education and its national organisations.

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- The Ministry of Human Resource Development brought out a revised document—National Policy on Education 1986.
- National Policy on Education emphasized the investment in the development of young children, particularly from sections of the population in which first generation learners predominate.
- NPE has used the term Early Childhood Education and Care (ECCE) in place of pre-primary or nursery education.
- It lays stress on the holistic nature of child development, viz., nutrition, health, social, mental, physical, moral and emotional development and recommends that ECCE should be suitably combined with Integrated with Child Development Services (ICDS) Programme, wherever possible.
- A Programme of Action was announced by Ministry of Education, after the declaration of National Policy on Education (NPE).
- NPE 1986 sought to adopt meticulously formulated strategies at the grass-roots level all over the country, to ensure children's retention at school.
- POA 1986 sought to replace enrolment drives by participative planning in which the teachers and the villagers would formulate family-wise and child-wise, and design of action to ensure that every child regularly attended school or a non-formal education centre and completed at least five years of schooling or its non-formal equivalent.
- The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 came into enforcement on 7 February 1996.
- The Act provides for both preventive and promotional aspects of rehabilitation like education, employment and vocational training, reservation, research and manpower development, creation of barrier-free environment, rehabilitation of persons with disability, unemployment and establishment of homes for persons with severe disability, etc.

5.7 KEY TERMS

- **UGC:** The body responsible for affecting the transfer of all pre-university or intermediate work from university and affiliated colleges to schools.
- **Vocalization:** It is the introduction of systematic, well planned and meticulously planned programmes to promote in students an appreciation of the dignity of labour and to encourage self-employment
- **National Policy on Education (NPE):** It is a policy formulated by the Government of India to promote education amongst India's people. The policy covers elementary education to colleges in both rural and urban India.

5.8 ANSWERS TO ‘CHECK YOUR PROGRESS’

1. Education Commission (1964–66) was also known as Kothari Commission.
2. One method the Commission recommended to improve the quality of education was by improving the quality and scope of teacher education and in-service programmes.
3. The most important contribution of the Report is the provision of sound philosophical and sociological bases of education and also a very reasonable working programme for implementation.
4. One recommendation on the curriculum was that there should be a common curriculum for the first 10 years of school education.
5. One important recommendation made by Kothari Commission was that the scales of pay for school teachers who are in the same category should be the same, even if they work for different managements, i.e., for government, local bodies or private organizations.
6. Two main features of National System of Education were as follows:
 - (a) It was based on the Constitution of Indian
 - (b) It advocated universal access to education.
7. Programmes of ECCE were supposed to be child oriented and focus around play and the individuality of the child.
8. National Evaluation Organization was established to conduct tests to determine the suitability of candidates for specific jobs, and to bring about an over-all improvement in testing and measurement.
9. The Central Advisory Board of Education (CABE) played a pivotal role in reviewing educational development and improving the education system.
10. The programmes of NPE 1986 were to be reviewed every five years.
11. Navodaya Vidyalayas are fully residential co-educational institutions providing education up to senior secondary stage.
12. Navodaya schools cater to talented students from underprivileged sections of the society.
13. The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 came into enforcement on 7 February, 1996.
14. The main provisions of the Persons with Disabilities Act are:
 - Prevention and Early Detection of Disabilities
 - Education
 - Employment
 - Non-discrimination
 - Research and Manpower Development

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- Affirmative Action
- Social Security
- Grievance Redressal

15. The Persons with Disabilities Act provides for both preventive and promotional aspects of rehabilitation like education, employment and vocational training, reservation, research and manpower development, creation of barrier-free environment, rehabilitation of persons with disability, unemployment and establishment of homes for persons with severe disability, etc.
16. As per the Persons with Disabilities Act, for the prevention and early detection of disabilities surveys, investigations and research shall be conducted to ascertain the cause of occurrence of disabilities.

5.9 QUESTIONS AND EXERCISES

Short-Answer Questions

1. Why was the composition of Kothari Commission considered to be of international standard?
2. Write a short note on the aspect of financial analysis as introduced by Kothari Commission.
3. Assess the contribution of Kothari Commission to the prevailing Indian education system.
4. What did National System of Education propose with regard to education for women?
5. List the seven characteristics of ECCE programmes.
6. What were the objectives of Operation Blackboard?
7. Write a short note on the Persons with Disabilities Act (1995).

Long-Answer Questions

1. Elaborate on the recommendations of Kothari Commission.
2. 'The school system was transplanted in India by British administrations and we have clung to it so long because it happened to be in tune with the traditional hierarchical structure of our society'. How far do you agree with this statement? Give reasons to support your answer.
3. Discuss the ways in which the recommendations of Kothari Commission were implemented.
4. Discuss the main features of National System of Education.
5. What were the recommendations made for Secondary Education by NPE 1986?
6. Discuss the merits and demerits of NPE 1986.
7. What were the programmes introduced by POA, 1992?

5.10 FURTHER READING

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