KERALA STATE PLANNING BOARD

Integrating Children with Disabilities into Society

Education in Mainstream Schools

Internship Report 2015

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"In all societies of the world there are still obstacles preventing persons with disabilities from exercising their rights and freedoms and making it difficult for them to participate fully in the activities of their societies. It is the responsibility of states to take appropriate action to remove such obstacles"

- **United Nations Standard Rules on the Equalization of Opportunities/or Persons with Disabilities**.

INTRODUCTION

The definition of "disability" has traditionally been associated with the medical model of disability that attempts to define disability as a physical or psychological ailment. But it is important to understand that this definition is dangerously myopic in nature. While physical, sensory, intellectual, or psychological variations may cause individual functional limitations or impairments, these do not have to lead to disability unless society fails to take an account of and include people regardless of their individual differences. It is from this 'social' perspective, that we must view Persons with Disabilities (PwD) and their integration into mainstream society.

Disability, therefore, is a concept distinct from just any particular medical condition. It is a social construct that varies across culture and through time, in the same way as, for example, gender, class or caste.

The medical model of disability is extremely restrictive. Unfortunately, in our country, and in many parts of the world, it is this definition of disability that is etched in people's minds. Because of this, disability is seen as a disease. And this in turn makes society's approach to persons with disabilities highly discriminative. The approach has been largely to exclude, and not to include. (VSO United Kingdom, 2006)

This needs to change. The society needs to accept disability as a social concept where a disability transforms into a shortcoming only when there are social barriers and hostile circumstances that affect their well-being. And these barriers are created by society itself.

A disability becomes a more critical problem when it is combined with poverty and deplorable living conditions. The majority of the disabled in the world struggle against physical, cultural, familial, or social obstacles that prevent them from full social integration. There are millions of

children, young people, adults, and elderly people in the world, who with their families, live in marginal conditions and are excluded and deprived of their rights. This problem is not limited to poor countries. Social injustice and the violation of human rights of disabled people are found both in developing and in developed nations alike. Problems such as poverty, unemployment, and social exclusion, which affect all countries and create insecurity and social injustice, prevent millions of individuals with disabilities from having a dignified life. (WHO, 2011)

All of this leads us to analyze, reflect, dream, and decide to fight against these circumstances with a clear vision of what we want to accomplish for our children, brothers, friends, or students. At the end of the day, this is a critical human rights issue.

More and more people will be confronted with this problem in the future unless we develop strategies to prevent some disabilities and minimize discriminatory conditions, abuses, social injustice, and the marginalization suffered by PwD. Support systems must be created within societies to improve the quality of life for individuals with disabilities and their families.

In India, there have been various definitions of disability that were introduced for different purposes, but essentially followed the medical model. These definitions have been based on criteria that are defined by abnormality or pathological conditions of people. Due to the absence of a conceptual framework in India, that is based on the social model, till now, the country has been unable to achieve standardization for measuring disability across methods. In fact, numerous terms like disabled, handicapped, crippled, physically challenged, are used interchangeably, clearly giving evidence of the emphasis on medical conditions. (Ministry of Statistics and Programme Implementation, 2012)

The foundation for the ideas in this paper iss this social model of disability. It is important to understand this underlying factor. The main focus of the paper is to emphasise the need for the integrating PwD into mainstream society, in this case, through education. But first, we discuss a few issues related to data on disability, and the case of India, as far as data on disabilities is concerned.

DATA ON DISABILITY

The goal of integrating PwD into society can be effectively achieved through policies and programmes that target this section. But the principal and foremost prerequisite for making decisions about disability policies is robust evidence. In order to remove barriers and accelerate participation of PwD in the society requires a thorough understanding of the numbers of people with disabilities and their circumstances.

Therefore, with a broader understanding of disability, disability statistics can play a pivotal role in all areas of policy-making and in each stage from development and implementation, to monitoring and assessment of effectiveness, to the analysis of cost-effectiveness.
Below are some specific reasons why national disability statistics and valid disability databases are essential:

1. **Disability statistics as an evidence**
   Disability statistics provide information about the problem itself, ranging from prevalence to incidence, from gender differences or causes of disability to issue of service utilization. Moreover, invalid or incomplete disability data can be worse than no data at all.

2. **Disability statistics for identification of target population for intervention**
   Information about functional status is integral to identify needs since two individuals with the same impairment may face different types of difficulties in undertaking certain activities, and so have different needs that require different kinds of interventions. Functional status data is essential for determining the broader social needs of persons with disabilities, such as provision of assistive technology for use in employment or education or broader policy and laws. Or cross-tabulation of disability prevalence rate by socio-demographic characteristics of the population, for instance, could show differences across the different age groups, sex, educational attainment, occupation, and others. These differences could then be used in order to identify priority groups of people for policy and program development.

3. **Disability statistics for choosing a right and cost effective method for intervention**
   It helps in choosing an appropriate and cost effective model for intervention, thus, helping in optimization as well in cost cutting.

4. **Disability statistics for monitoring the quality of intervention**
   Population disability data is essential for monitoring the quality and outcomes of policies for persons with disabilities. In particular, these data help to identify policy outcomes that maximize the participation of persons with disabilities in all areas of social life from transportation and communication, to participation in religious and community life..

5. **Disability statistics for evaluation i.e. to tap outcome**
   With time, such information would indicate if the policy, program, or project implemented is successful or not as far as the targeted persons with disabilities are concerned. Besides this, with valid and complete disability statistics, state agencies will have the tools for assessing the cost effectiveness of policies for persons with disabilities, which in turn can provide the evidence to persuade governments of their ultimate benefit for all citizens.

UNDERREPORTING IN DISABILITY

Underreporting is a severe problem in the field of disability, as it is in any other developmental field. Any policy can be effectively formulated and implemented only after full knowledge of the target group. Especially in a country like India, where there are already several barriers to the full implementation of social policies and programmes on health, education, and nutrition because of underreporting, and other problems like bureaucracy, it is imperative that the entire PwD group is correctly identified and targeted.

The lack of authentic data on disability can lead to a vicious cycle of disempowerment and lack of opportunities for PwD, as illustrated below.

The consequence of PwD being uncounted in the pool of disability data is their invisibility in policy implementation, which in turn leads to no resource allocation to these sections, resulting in the dearth of facilities for the betterment of their conditions. And finally, the absence of facilities hinders the attainment of opportunities like education and employment, which further may reinforce unsuitable conditions and lack of income opportunities, leading to them being uncounted again. This cycle continues. (DEOC, 2011)

EVIDENCE OF DISABILITY IN INDIA

This section will discuss the disability statistics of India. We will start with a macro perspective on disability, and then narrow it down to a case of disability occurrence at the micro level.

The principal sources of data collection on disability in India are: The Census and National Sample Survey Organization (NSSO) rounds. Both collect data on the prevalence as well as magnitude of disability. The latest available data of both sources are: Census 2011, and NSSO (2002) 58th Round.

The total disability population figures of these surveys are tabulated below:

Disabled Population by Sex and Residence -India, Census 2011

Residence	Persons(in mn)	Males(in mn)	Females(in mn)
Total	26.81	14.98	11.82
Rural	1.86	1.04	0.82
Urban	0.81	0.45	0.36

Source: (Office of the Registrar General & Census Commissioner, India, 2011)

Disabled Population by Sex and Residence - India, NSSO 58th Round (2002)

Residence	Persons (in mn)	Males(in mn)	Females (in mn)
Total	18.49	10.89	7.59
Rural	14.08	8.31	5.77
Urban	4.4	2.58	1.82

Source: (NSSO, 2003)

Source of Data	**Percentage of PwD to Population**
Census 2011	2.21%
Census 2001	2.13%
NSSO (2002)	1.8%

The National Sample Survey and the Census both collect data on the nature and magnitude of disability. Though both intend to present quantitative data on disability, the results offered by them are drastically different from each other. The reason behind this is the difference in the definitions adopted by both. The way the issue is defined determines the information which will be collected. The other difference in both the institutions is the method of data collection. So in spite of the fact that both the institutions provide data, they cannot be compared. Moreover, the criteria used for measuring the incidence of disability are also different.

For instance, if we take the case of visual disability, the Census of India defines seeing disabled as “a person who cannot see at all or has blurred vision even with the use of spectacles. A person with proper vision in one eye will also be treated as disabled. A person may have blurred vision and had no occasion to test whether his or her eyesight would improve by using spectacles would be treated as visually disabled”. Whereas according to the NSSO definition, visual disability meant, “loss or lack of ability to execute tasks requiring adequate visual acuity. Visually disabled include (a) those who do not have any light perception- both eyes taken together and (b) those who had light perception but could not correctly count the figures of hand (with spectacles/ lenses) from a distance of three meters in good day light with both eyes open. Night blindness was not considered a visual disability. The definitions adopted by the Census of India are broader in coverage than the NSSO definition. This influences the data collected by both.

According to the 2001 Census, there are 10,634,881 persons with disability in India. The NSSO 2002 data showed that there are 2,826,700 persons with visual disability. As per these figures the Census estimates are 3.8 times more than the NSSO estimates. From these estimates it will be wrong to infer that visual disability has declined. Actually the difference in the estimates is because of the difference in the definition used by both the institutions. For example, NSSO includes persons with no light perception or blurred vision, whereas the Census includes, apart from these two categories, people with proper vision in one eye and also people who may have blurred vision and had had no occasion to test whether his/her eyesight would improve by using spectacles. (Chaudhuri, 2006)

It is the same in the case of hearing disability too. According to the Census 2001, there are 1,640,868, people with disability in India, whereas the NSSO estimates 2,154,500 persons with disability. This is primarily because of the definition of hearing disability adopted by both the institutions. According to the Census of India, hearing disabled means all those who cannot hear at all, can hear only loud sounds, cannot hear through one ear but her/his other ear is functioning normally. A person who can hear with a hearing aid will not be considered as disabled under this category. According to the NSSO, if one ear is normal and the other ear had total hearing loss, then the person was not judged as hearing disabled. Similarly, hearing disability was judged without considering the use of a hearing aid. This has resulted in a huge difference in the data collected by both the institutions. Similar cases were observed in the cases of movement disability. (MOSPI, 2012)

A comparative analysis of the two is given below:

Estimates of Disability in India by Census 2001 and NSSO 2002

S. No.	Types of Disability	Census 2001 - % of Total Disabled	NSSO 2002 - % of Total Disabled
1	Seeing	48.55	15.29
2	Speech	7.49	11.65
3	Hearing	5.76	16.56
4	Movement	27.87	57.51
5	Mental	10.33	11.34
	Total	100	100

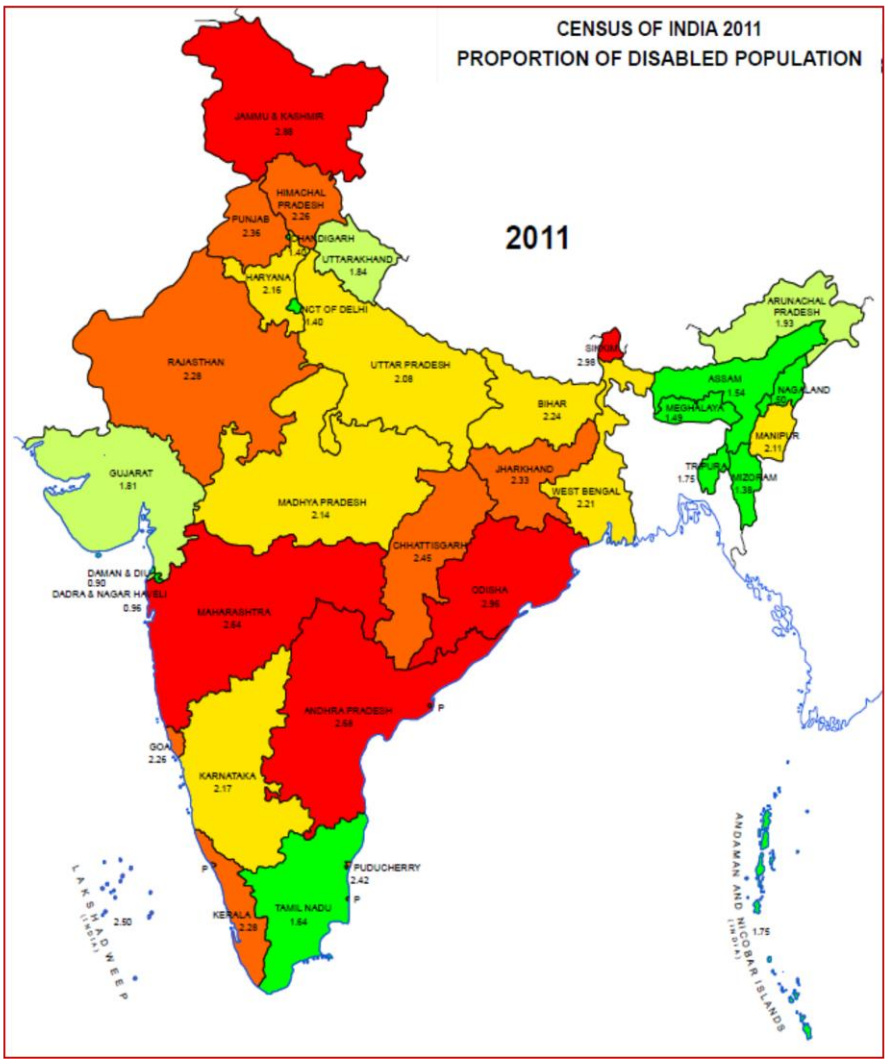
Source: (Chaudhuri, 2006)

As it can be observed, there is substantial variation in the two. The difference in estimates of Census (2001) and NSSO (2002) for different types of disabilities can be explained by the lack of universal definitions and criteria of disabilities used during the surveys.

STATE WISE DATA ON DISABILITY

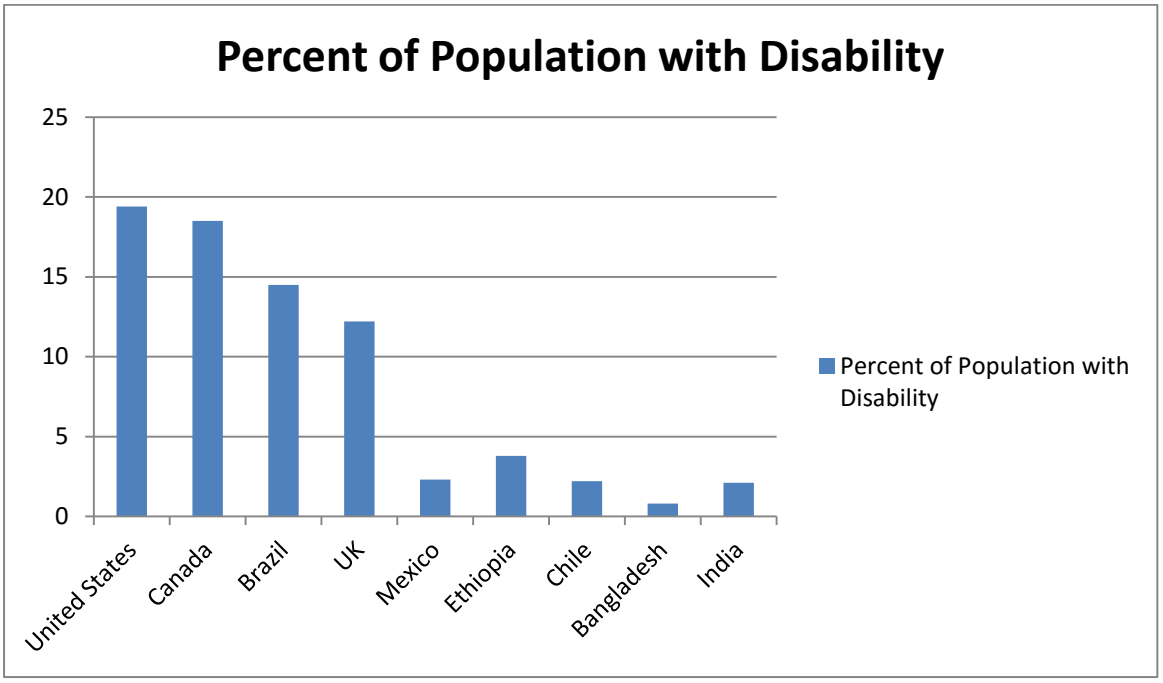
We have presented the state-wise figures reflecting the proportion of PwD with respect to the total population of the state, using the Census 2011 figures. As can be observed, the states of Jammu & Kashmir, Maharashtra, Andhra Pradesh and Orissa have very high rates of disability, while Tamil Nadu and north eastern states are reported to have low levels of disabled population. Kerala also falls under high disabled population levels. This variation between states could be a direct result of state policies for upliftment of PwD, or a result of other important factors like underreporting, and withholding of information in surveys. We will look into this in detail later.

Proportion of Disabled Population India and States/UTs : 2011



Global Comparison

We have elaborated on the sources of data for disability in India, and also presented latest available figures. We saw how the Census and NSSO figures are not comparable due to differences in criteria selection and definitions. However, it can be argued that irrespective of the source of data, these figures do not reflect the actual number of PwD in the country. We substantiate this point by looking at a global comparison of disability figures.



Source: (South Asia Network for Chronic Disease)

As can be observed, the percentage of disabled population in countries like the US, Canada and UK are well above 10%, while developing countries like Mexico and India have very low percentages.

It can be argued that it is highly improbable that countries that are on a lower level of development have lower prevalence rates of disability. When other factors like poverty, education levels and health conditions of a country are taken into account, the figures in developing countries should be, arguably, much higher than those in developed countries.

A possible explanation for the variation in these figures across countries is the problem of underreporting, or lack of authentic data in countries like India. These data do not reflect the true disability situation of the country.

The severe underreporting of disability is, therefore, a concern. Data on all aspects of disability and contextual factors are important for constructing a complete picture of disability and functioning. Without information on how particular health conditions in interaction with environmental barriers and facilitators affect people in their everyday lives, it is hard to determine the scope of disability. (WHO, 2011)Effective policies are formulated when the data collected reflects the true situation of the country.

Why, then, are the reported figures so low in India? We believe that the primary reason is the withholding of information by households due to the stigma attached to disability. This takes us back to the question of incorporating disability into a social model, and not trivializing it into a medical model.

To put this in perspective, let's take the case of the state of Kerala.

The Kerala State Government recently launched a new initiative called the 'State Initiative on Disability (SID)- Prevention, Detection, Early Intervention, Education, Employment and Rehabilitation', under the Kerala Social Security Mission. This initiative has been directed to "be implemented in the Mission mode by the Department of Social Justice with the active involvement of the Department of Health and Department of Education". (Kerala Social Securities Mission). The scheme has the following significant components as integral parts of the initiative:

- Prevention
- Screening & Early Detection
- Early Intervention
- Education
- Employment & Rehabilitation

Under this scheme, a state-wide Disability Census has also been initiated, in order to achieve authentic database for the successful implementation of the SID. Like discussed earlier, the fundamental requirement for any policy to be implemented is data regarding the target population.

This Census is still in process, with the target being all districts of Kerala. Therefore, the final statistics from the Census are not available. However, two pilot surveys were conducted in two villages in Trivandrum – Aryanad Panchayat and Pallayil Village (Neyyatinkara Municipality).

Both surveys consisted of ten categories of disabilities and collected detailed information on the number of PwD, female-male ratios, socio-economic conditions, family support, types of disability, known reasons for disability, acquired or in-born, number of PwD possessing disability certificates and ID cards, number of PwD receiving government or private benefits, treatment & care, etc. (Census Report - Pilot Survey, 2015) The findings of these surveys are given below:

Findings

Area	**Percentage of Population with Disability**
Aryanad	2.5%
Pallayail, Neyyatinkara	3%

Source: Disability Census Report, SID 2015

As the table shows, a comprehensive survey like the SID Disability Census, also gives figures that are not very different from the state or national average.

Experts in the field, including SID officials have also expressed concern over the low figures reported, as far as disability population percentages are concerned.

Experts also stated the probable reasons for the underreporting:

1. Lack of willingness to disclose, due to the stigma attached to disability
2. Lack of willingness to disclose any kind of intellectual disability, due to the even higher society-imposed stigma attached
3. Fear of lapsing of benefits received from the government, on account of disability

At the micro level, it is very clear that the underlying issue that causes underreporting of information is the social stigma attached. We can safely assume the same reasons for underreporting in the rest of the country, especially in more backward regions.

Hence, we go back to the first point made, of how it is high time that disability is not seen as a "handicap" or a physical shortcomings, but an amalgamation of social barriers that prevent persons with disabilities to participate fully in society.

SOCIAL INTEGRATION OF PERSONS WITH DISABILITIES

While betterment of the conditions of PwD is the core objective embedded in this paper, what it focuses on more than anything else is the **inclusion of PwD into mainstream society**.

Uplifting PwD and bettering their conditions, unfortunately, was always combined with their exclusion from society. Throughout history, individuals with disabilities and their families have been stigmatized by society. In Greece, children with congenital malformations were thrown from the heights of mountains. In some parts of France during the middle ages, fortified towns were built as a place for sightless people to live. During the Second World War, Hitler ordered that all people with mental disabilities be exterminated. Hundreds of them were gathered in chambers filled with carbon monoxide or were injected with lethal substances. Christianity brought a humane change and some attempts were made to provide a better life to individuals with disabilities. Supported by charity, large asylums were created for individuals with mental or emotional disabilities. Separated from society, these places provided care for the disabled and, in terms of life conditions, some progress was made.

Discrimination in society has been prevalent since time immemorial. Historically, there have been widespread movements for gender/caste/race-based discrimination, but persons with disabilities have been overlooked for long. Traditionally, disabled people's issues have been marginalized and categorized as ‘special’ or ‘different’. But recently there have been global movements that insist on the acceptance of persons with disabilities as equal citizens, the most prominent of them being the 2006 United Nations Convention on the Rights of Persons with Disabilities, after which several nations have made the inclusion of PwD into society as a major goal.

However, the concept of integration or inclusion has been based on changing the individual to conform to society, rather than promoting social change that liberates, empowers and incorporates the experiences of disabled people.
The primary goal should be, therefore, to create a social and physical environment favoring accessibility, integration and full participation of persons with disabilities.

The integration of PwD into society can take many forms, but in this paper, we concentrate solely on the education of Children with Disabilities (CwD). It is imperative that integration or mainstreaming of PwD starts from an early age, in fact, as early as possible.

EDUCATION OF CwD

Education is a human right with immense power to transform. The issue underlying this paper is the state of education of children with disabilities in India. According to a World Bank analysis of India's 2002 National Sample Survey, children with disabilities were five and a half times more likely to be out of school. This means that CwD need to be completely mainstreamed into the developmental goals of the country.

We look at some figures that reflect the state of education of CwD in India.

According to the NSS 58th round (Jul.–Dec. 2002) 25 percent of the literate population of people with disabilities had received education up to the primary level (five years of schooling), 11 percent up to the middle level (eight years), while a mere 9 percent had nine or more years. Interestingly, enrolment ratios for those with disabilities aged 5 to 18 years in a mainstream school were higher in rural areas than in the urban areas. (Dawn, 2014)
Data on children with disabilities in elementary classes collected under District Information System for Education (DISE) reveals that their number varies from year to year. In the year 2003–04, there were 1.75 million such children as against 1.40 million in 2004–05. However, their number has always remained around one percent of the total enrolment in elementary classes. In 2006–07, about 1.42 million children with disabilities were enrolled in elementary classes across the country, of which 1.04 million were in primary and 0.38 million in upper primary classes. The percentage of children with disability, in primary, is 0.79 and in upper primary 0.80 of the total enrolment in these classes. (Mondal & Mete, 2013)

Type of Disability	Enrolment (%) in Grade	
	I-V	**VI-VIII**
Seeing	20.79	32.87
Hearing	11.69	11.04
Speech	13.04	8.28
Moving	27.28	32.09
Mentally disabled	19.68	8.62
Others	7.51	7.10
Percent to Total Enrolment	**0.79**	**0.80**

Source: DISE 2006-07

INTEGRATED & INCLUSIVE EDUCATION V/S SPECIAL EDUCATION

Traditionally, children with disabilities have been educated in special schools. Special education evolved as a separate system of education for disabled children outside the 'mainstream', based on the assumption that disabled children had needs which could not be addressed within mainstream schools. Special education exists all over the world in the form of day, or boarding, schools, and small units attached to mainstream schools. Special schools are usually organised according to impairment categories, such as schools for blind or deaf children, for children with learning difficulties, behaviour problems, physical and multiple impairments. Separate education for disabled children has resulted in separate cultures and identities of disabled people, and isolation from their homes and communities.
The cost of special education per child is too high for most countries. Governments are recognising the need to develop a more affordable system which will provide quality education for all children. (Save the Children, 2002). This issue will be raised further in the paper, in the context of India.

The social model of disability can also be used in order to promote integrated and inclusive education for CwD. This is the practice of educating CwD in mainstream schools. It implies all learners – with or without disabilities - bring able to learn together through access to common pre-school provisions, schools and community educational settings. However there is a significant difference between the terms 'integrated' and 'inclusive'. In integrated education, the focus is on educating CwD in mainstream schools, whereas, inclusive education is about CwD learning effectively once they are in mainstream schools. It focuses on an appropriate network of support services in a flexible education system that assimilates the needs of a diverse range of learners and adapts itself to meet these needs. (Save the Children, 2002)

Integrated Education of CwD can be seen as the first step to Inclusive Education.

Benefits of Integrated Education

- Inclusive education can help to break the cycle of poverty and exclusion

Disability and poverty are closely interlinked. Poor children are less likely to receive early intervention and support, and more likely to suffer lasting impairments. The reverse is also true: families struggling with disability are more likely to be trapped in poverty due to a range of challenges including negative attitudes, problems with mobility, earning power, child-care problems, etc. Children and families struggling with disability are systematically excluded, and the poorer they are, the greater that exclusion is likely to be. Education can offer the practical skills, and knowledge, needed to break out of the cycle of poverty. But integrated education goes further by giving an opportunity to disabled children and adults to challenge prejudice, become visible, and gain the confidence to speak for themselves and build their own future within the mainstream of society.

- Integrated education can improve the quality of education for all

Integrated education can act as a catalyst for change in educational practice, leading to improved quality of education. Including disabled children in mainstream schools challenges teachers to develop more child-centred, participatory, and active teaching approaches – and this benefits all children. Teachers often think they need 'special skills' to teach disabled children, but experience has shown that in most cases disabled children can be included through good, clear and accessible teaching which encourages the active participation of children. These are all skills which teachers need to deliver quality education to all children, disabled or non-disabled. In addition to these skills, teachers may also need some specific technical help and/or equipment to meet certain children's impairments.

- Integrated education can help overcome discrimination

Discriminatory attitudes towards disabled people persist in society because of lack of awareness and information and little, or no, experience of living closely with disabled people. It is difficult to break down these attitudinal barriers, but experience has shown that, within the right context, children can be more accepting of difference than adults. Children are our future parents, teachers, lawyers and policymakers. If they go to school with disabled children they will learn not to discriminate – this is a lesson for life.

- Integrated education promotes wider inclusion

Integrated education can be in tandem with the country's disability policies and programmes that supporting targeted initiatives which strengthen the capacity of disabled children, and their families, to assert their rights and address their own priorities (eg, support to disabled people's organisations, community-based rehabilitation, etc). It can also help in the long run, in integrating a disability perspective into all areas of the country's work in order to challenge discrimination and exclusion, ensuring that the rights and needs of disabled children are taken into account in all programmes.

In India special education as a separate system of education for disabled children outside the mainstream education system evolved way back in 1880s. The first school for the deaf was set up in Bombay in 1883 and the first school for the blind at Amritsar in 1887. In 1947, the number of schools for blind increased to 32, for the deaf 30 and for mentally retarded 3. There was rapid expansion in the number of such institutions. The number of special schools rose to around 3000 by the year 2000. The Govt. of India in the 1960s designed a scheme of preparing teachers for teaching children with visual impairment. Similar schemes for teaching children with other disabilities were gradually developed. However, the quality of the trained teachers was in question because of lack of uniform syllabi of various courses, eligibility criteria for admission to these courses and also due to large extent of non-availability of teacher educators and literatures in the field.

Therefore, in 1980s the then ministry of Welfare, Govt. of India, realized the crucial need of an institution to monitor and regulate the HRD programmes in the field of disability rehabilitation. However, these institutions reached out to a very limited number of children, largely urban and they were not cost effective. But most important of all, these special schools segregated the CWSN from the mainstream, thus developing a specific disability culture. (Dawn, 2014)

The Constitution of India (26 November, 1949), clearly states in the Preamble that everyone has the right to equality of status and of opportunity. The Article 41 of the Directive Principles of the Indian

Constitution supports the right to work, education and public assistance in certain cases including disablement. Further, Article 45 commits to the provision of free and compulsory education for all children up to the age of 14 years. Based on this, the Constitution (86th Amendment) Act 2002 has been enacted by the parliament making education a fundamental right of all children in the age group of 6-14 years. Moreover the 93rd Amendment to the

Constitution of India (now renumbered as the 86th), passed by the Lok Sabha on November 28, 2001, makes it mandatory for the government to provide free and compulsory education to "all children of the age of 6-14 years", with its preamble clarifying that "all" includes children with disabilities as well. Yet inevitably again, vital loose ends of such enabling legislation and policies are not tied up.

The first education commission in India (Kothari Commission, 1964–66) addressed issues of access and participation by all. It stressed a common school system open to all children irrespective of caste, creed, community, religion, economic condition and social status. In 1968, the National Education Policy followed the commission's recommendations and suggested the expansion of educational facilities for physically and mentally handicapped children, and the development of an 'integrated programme' enabling handicapped children to study in regular schools. (UNICEF)

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

The concept of integrated education in India has emerged during the mid 1950s. It emphasizes placement of children with disabilities in mainstream schools.

School Based Approach:

Consequent on the success of international experiments in placing children with disabilities in regular schools, the Planning Commission in 1971 included in its plan a programme for integrated education.

The Government launched the **Integrated Education for Disabled Children (IEDC) scheme** in 1994, under the District Primary Education Programme DPEP). It is a Centrally Sponsored Scheme aimed to provide educational opportunities to children with disabilities in regular schools and to facilitate their achievement and retention. Under the scheme, hundred per cent financial assistance is provided to for setting up resource centers, surveys and assessment of children with disabilities, purchase and production of instruction materials and training and orientation of teachers. The scope of the scheme includes pre-school training, counselling for the parents, and special training in skills for all kinds of disabilities. (Sanjeev & Kumar, 2007)

The road to inclusive education, where the school system is flexible enough to meet the students' requirements, is quite long for India from today's standpoint.

Experts have identified the high costs involved in special education of CwD, and emphasized integrated education of CwD as not only a mainstreaming scheme, but also one that involves lower costs. We will test this for the state of Kerala.

Objective

In this analysis, we attempt to show that mainstreaming children with disabilities into regular schools is not only important from a social and humanitarian respect but also from the government's perspective. So far, we have elaborated extensively on the need to ensure that children with disabilities are best educated and nurtured in a mainstream school, where disability will not be seen as a hindrance to a child's academic development. In this section, the economic or financial consequences of such a mainstreaming policy are explored. The costs of educating a child in a special school are generally high, and this can act as a hindrance for households to educate their children in a special school, especially among poorer sections.

The Hypothesis

The expenditure that the education department incurs on educating a child with disability in a government-run special school is much higher than the expenditure on a student in a government or aided regular school.

Methodology

We check this hypothesis for the case of the state of Kerala. The methodology adopted is the following:

- We computed the expenditure of the government incurred on a student studying in a government-run **special school** (or per capita expenditure using simple average) for the year 2014-15.
- We also computed the expenditure of the government incurred on a child with disability studying in a government or aided mainstream school under the IED Scheme for the year 2014-15 in the following manner:

  Computing the per capita expenditure on a student in a mainstream school, adding to it the expenditure of a student under the IED scheme, we arrive at the total expenditure on a student with disability studying in a government or aided school.

Sources of Data:

All data has been sourced from the Directorate of Public instruction, Thiruvananthapuram, Kerala. The data was extracted from the following divisions of the DPI:

- Statistics Division
- IED Division
- Budget Division
- Plan Division
- M Division

Constraint

The magnitude of disability is not taken into account, i.e., the maximum percentage of disability in a child that can be accommodated in a mainstream school. However, in general terms, mild to moderate disability is assumed.

Special School Expenditure

There are 45 government Special Schools in Kerala, with 3920 students enrolled in the year 2014-15. The total budget provision, and actual expenditure details incurred in these schools, as well as the per capita figures have been presented below:

Children with Disabilities - Special Schools 2014-15

Item	Budget Provision (In Lakhs)	Actual Expenditure (In Lakhs)
Plan		
Infrastructure - Improvement Facilities in Govt. Special Schools	100	71.71
Academic Excellence - Special Teachers' Training Institute	250	181
Students Centric Activity - Financial Assistance to	1500	1200

Institutions providing care for Mentally Challenged		
Total Plan	**1850**	**1452.71**
Non-Plan		
Financial Assistance to Govt Special Schools	2748.05	3144.02
Scholarships to Special Schools	0.5	0.03
Deaf, Mute, Blind Schools	583.32	561.15
Total Non-Plan	**3331.87**	**3705.2**
TOTAL EXPENDITURE	**5181.87**	**5157.91**
Total Number of Students	**3920**	**3920**
Expenditure per student	**Rs. 132190.56**	**Rs. 131579.33**

Source: DPI (Planning & Budget)

Expenditure under the IED Scheme

There are 67,792 students enrolled under the IED Scheme in mainstream government/aided schools, across all districts of Kerala. The expenditure data for the year 2014-15 is given below:

IEDC 2014-15

District	Enrolment	Total Expenditure	Expenditure per Student
Trivandrum	9325	₹ 22,594,350	2422
Kollam	5515	₹ 19,061,800	3456
Pathanamthitta	3384	₹ 7,194,650	2126
Alappuzha	4740	₹ 10,104,300	2131
Kottayam	3195	₹ 6,451,550	2019
Idukki	2602	₹ 6,162,700	2368
Ernakulam	8358	₹ 21,205,400	2537
Thrissur	4582	₹ 9,491,250	2071
Palakkad	5597	₹ 10,144,000	1812

Malappuram	6944	₹ 13,447,100	1936
Kozhikkode	4121	₹ 8,257,900	2003
Kannur	5349	₹ 10,858,750	2030
Wayanad	1168	₹ 2,057,500	1761
Kasargod	2912	₹ 5,383,700	1848
TOTAL	**67792**	**₹ 152,414,950**	**2248**

Source: DPI (IED Division)

Therefore, the per capita expenditure on a student with disabilities enrolled under the IED scheme is Rs. 2248.

We now add this figure to the per capita expenditure of a student (with or without disabilities) enrolled in government or aided schools in all districts of Kerala.

Expenditure on students enrolled in Govt./Aided Schools - 2014-15			
Type of Expenditure	**Total Expenditure (in Rs. lakhs)**	**No. of Students**	**Per Capita Expenditure (In Rs)**
Plan	30421.25		
Non-Plan	734931.3		
Total	**765352.65**	**34,47,598**	**22,199.58**

Source: DPI (Budget)

Therefore, the total per capita expenditure on a student with disabilities enrolled under the IED scheme, in a government/aided mainstream school is:

Cost per Student with Disabilities enrolled in govt/aided school –
Rs. 22,199.58 + Rs. 2248 (IED) = Rs. 24,447.58

FINAL RESULTS

	Special Education	Integrated Education (under IED)
Total cost to government (in lakhs)	**5157.91**	765352.65
Number of students enrolled	3920	67,792
Cost per Student	**Rs. 131579.33**	**24,447.58**

We observe that the cost of educating a child with disabilities is much lower in integrated form of education in mainstream schools. Special education in addition to segregating the child away from the society also imposes a heavy burden on the government, as well as the parents.

IMPLICATION

The benefits of integrated education in the form of lower costs mean that emphasis can be laid on prevention, detection and early intervention of CwN. Prevention of any disability, in the form of vaccinations, is extremely important. Early detection and intervention gain precedence over any other goal targeted towards CwD, since the early years of a child with disability are the most crucial. These initial years form the foundation to the achievements of the child later on. Children born with any type of developmental delay are at risk for falling behind in their educational potential. For instance, when hearing loss is diagnosed early it is very helpful in beginning the planning process for the child's educational future. That is where early intervention services come in. Early intervention services are imperative so that children receive the early intervention or other services they need in a manner that they can enter preschool and elementary school ready to succeed.

This means that if the spending of the government is focused on the early stages of disability, as mentioned above, in prevention and early intervention, the government can not only reduce its expenditure, but also channelize these funds into addressing the early needs of children with disabilities.

Therefore, policies must be aimed at child development through prevention, early intervention and detection, so that the burden of educating the child in a segregated environment is heavily reduced. An important example of this is the SID programme of Kerala that is actively involved in prevention, screening, early detection and early intervention of disabilities. It is already

working in the fields of providing Rubella & MMR Vaccinations, and setting up Universal Hearing Screenings at district hospitals. District Early Intervention Centres are also being established across all districts of Kerala. These initiatives are being effectively conducted through proper training of Anganwady Workers and Junior Public Health (JPH) Nurses.

Therefore, the focus needs to be shifted to early-stage initiatives, along with providing integrated education to children with disabilities. Special education has its demerits, like we have seen, and it does nothing but reinforce the already existing discrimination against Cwd. And most importantly, this result fits perfectly into the social model of disability, where barriers that lead to separation from society are removed, in this case, through mainstreaming education.

To sum up, we state the following policy recommendations that will help us in getting closer to wholesome integrated education:

- Create appropriate legislative frameworks and set out ambitious national plans for inclusion.
- Provide the capacity, resources and leadership to implement ambitious plans on inclusion, for instance, improve effectiveness and coverage of IEDC schemes and facilitate merging of all integrated education schemes, for example, the Sarva Shiksha Abhiyan IED Scheme, IED Schemes by NGOs. (Singhal, 2009)
- Improving data and building accountability for action.
- Challenging attitudes that reinforce and sustain discrimination: this goal can be better achieved by creating awareness about the stigma and discrimination associated with disability.
- Facilitate the right infrastructure for integrated education by making schools and classrooms relevant for all, and ensuring appropriately trained teachers.
- Create an enabling policy environment for inclusive education, through cross-sectoral interventions like prevention, and childhood care.

The road to inclusive education for children with disabilities is not without hurdles. The problems of stigma, discrimination and segregation have been prevalent since time immemorial and are still widespread. Governments, NGOs and individuals must therefore, work together to create a better future for our children.

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