

## **The Scope of Disability: The Influences behind Indian Special Needs Education Policy Approaches**

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### **ABSTRACT**

*This paper examines the evolution of India's Special Needs Education (SNE) policy from 1966 to 2025 through the lens of the medical and social models of disability. It analyses how changing definitions of disability have shaped the aims and implementation of educational reforms, beginning with the welfare-based recommendations of the Kothari Commission and culminating in the rights-based orientation of the National Education Policy (2020) and National Curriculum Framework (2023). Using a hybrid framework of Theory of Change and descriptive-evaluative analysis, the study traces the transition from segregated and integrated education to the current push for inclusive education. It argues that while Indian policy discourse increasingly reflects the social model of disability, implementation remains constrained by structural limitations, outdated accreditation systems, and inadequate teacher preparation. The paper further evaluates how this evolution has affected school-level responsibilities in teacher training, resource allocation, and vocational education. Ultimately, it concludes that the movement towards inclusive education represents both an ideological and practical shift—one that demands renewed institutional accountability and systemic adaptation beyond mere policy reform.*

**Index Terms:** Special Needs Education (SNE); Inclusive Education; Medical Model of Disability; Social Model of Disability; Kothari Commission; National Education Policy 2020; Rights of Persons with Disabilities Act 2016; India; Teacher Training; Vocational Education; Resource Allocation; Education Policy Evolution; Disability Studies; Universal Primary Education; Policy Implementation.

## **1. DISABILITIES IN THE CONTEXT OF EDUCATION**

### **1.1 Introduction**

The definition of the term “disability” has been significant in defining how society must approach people with disabilities. Originally, the disability movement was defined by medical practitioners attempting to define and address impairments, giving rise to the medical or biological model of disability. This model viewed a disability as a bodily abnormality that must be remedied so that PwDs may integrate within society. However, by the 1970s and 1980s, the movement became more composed of PwDs themselves, who instead protested the inherently exclusive conditions established within society [1] as the challenges faced by people with disabilities. This led to the establishment of the social model of disability.

The way in which disability is perceived defines the extent to which the rights of PwDs to participation, education and work are promoted. The social model has been claimed to be a “human rights framework” [2] because it radically redefined the meaning of equality for PwDs. While the medical model led to the infantilisation of PwDs, creating a perception that they should be “looked after comfortably” and not “given and responsibilities” [2], due to “suffering” owing to their impairment, this hampered the ability of PwDs to exist independently. Thus, the objective of the social model of disability evolved the objectives of disability rights frameworks and mechanisms. In particular, the goal of these mechanisms was to enable PwDs to support themselves, rather than ensure PwDs were supported.

This social model of disability was integrated within international education frameworks by the 1990s. The Jomtien Conference (1990) and Salamanca Declaration of Inclusive Education (1994) both incorporated the education of Children with Special Needs (CWSN) as an inviolable portion of a wider call for Universal Primary Education. These documents had significant influences on the educational policies of developing nations [3], and are thought to have been an influence on the adoption of landmark education policies in India, such as the Sarva Shiksha Abhiyan [4]. Thus, the evolving definition of “disabilities” have consequentially led to evolving definitions for the successful inclusion of PwDs in areas like education.

In 1966, the report of the Kothari Commission established two general goals for “handicapped” children [5], whom we now refer to as Children with Special Needs or CWSN:-

- 1) Enabling “handicapped children to overcome their handicap, but also make them useful citizens.”
- 2) Preparing students for adjustment to a “socio-cultural environment designed to meet the needs of the normal”

The two goals established by the Kothari Commission reveal one major tension in defining the problem of disability to be addressed by Special Needs Education (SNE). While the first views disability as an innate hindrance, the second views disability as a condition to which society has not adopted. Therefore, 2 tensions emerge from this challenge: “fix” the impairment, or “fix” society— both which could, theoretically, be approached through SNE. Regardless of this contention, it is evident that SNE policies and legislation are an important instrument for the government to adopt a normative approach to the relationship between a Person with Disability and society in India, too.

Thus, this paper aims to evaluate the relation of changing objectives for SNE with respect to the perception of PwDs, since historically, Indian systems such as the Kothari Commission and Fourth Five Year Plan have viewed education as a locus of socio-economic empowerment.

## **1.2 Literature Review**

In order to approach challenges that PwDs face, disability must be defined. Various definitions have been used by many academics studying disabilities in India because the government has not had consensus on defining the scope of disability [6]. While the 2011 Census only considered seven types of disabilities, the number of recognised and defined disabilities has tripled since the Rights of Persons with Disabilities Act of 2016. As a result, there is a predicted 25% increase in the PwD and CWSN to be reported in the next census [7]. This means there is an increasing number of students whose relationship with society is defined by the approach towards SNE. Notably, education research Nidhi Singal’s interviews with early 2000s educators revealed that many mainstream teachers were against the inclusion of CWSN because they are aware of the difficulties such children might encounter in a depersonalised classroom setting [8]. Such approaches have justified narratives advocating for the exclusion of CWSN from mainstream education, and into special schools [8].

This is reason to question the approaches taken by the government toward SNE, in terms of policies and legislation. Today, scholarship and the government recognise three separate, yet not indistinct or exclusive forms of SNE for CWSN:-

1. **Special Education:** A system in which CWSN are educated with separate forms of instruction in a distinct environment and curriculum from children without special needs.
2. **Integrated Education:** A system in which CWSN are given the same environment and curriculum, although their instruction is distinct.
3. **Inclusive Education:** A system which maintains the classroom as an open environment, modified to ensure it may incorporate a variety of improvements and disabilities.

Inclusive education is considered the most progressive approach by providing a flexible education system with an appropriate network of support systems for it to best support the individual success of learners with diverse needs [9].

Despite the purported benefits of inclusive education, there is confusion with the merit and uniqueness of this approach. During a 1999 national workshop on 'Integrated Education for the Disabled', participants used the terms 'integration' and 'inclusion' interchangeably [4]. This highlights confusion not just in terminology, but also in understanding the difference between two models of education, and their implementation and concerns. For example, the same paper [4] observed that the same conference attempted to define the "inclusivity" of students with disabilities through metrics such as academics, behaviour and communication, which are standardised to the abilities of students without special needs. This demonstrates the gap between the concerns and the implementation of inclusive education. The difficulty of achieving "elusive" inclusive education has driven existing policy initiatives such as the Integrated Education for Disabled Children and Inclusion in Education of Children and Youth with Disabilities to address structural issues plaguing SNE [1]. Thus, there is a need to justify the scope and concerns of SNE in order to effectively direct the government's approach to any model.

Thinkers like Emile Durkheim achieved this through a "medical model of disability" by implying that people with disabilities, because of their inability to contribute to an industrial economy, should be set apart as "in-need" [10]. This is a social belief within India, with researchers like Anita Ghai illustrating that numerous religious communities view PwDs: "He is God's gift and should be looked after comfortably without being given any responsibilities." [2]. Such attitudes are claimed to establish attitudes of "learned helplessness" within persons with disabilities, reducing their ability to become independent [2]. Hence, sympathy and exclusion for persons with disabilities are not mutually-exclusive, but rather mutually-reinforcing in creating a divide between PwDs and society. Thus, the medical model of disability is seen as archaic, and having created social stigmas SNE must also address.

Alternatively, in the International Classification of Functioning, Disability and Health- Children and Youth (ICF-CY), the World Health Organisation has proposed the usage of the social model of disability within education [11]. The social model of disability views the challenges of disability as environmental, wherein the individual environments of PwDs impact the intensity with which their impairment hinders activity, citing privilege and socio-economic status as determining factors instead of impairment [11]. By viewing disability as a societally imposed barrier, the transition to a social model is viewed as "rights-based" rather than "welfare-based" because it enables PwDs to participate. The government of India's Tenth and Eleventh Five-Year Plans claim that since inclusive education attempts to recognise and remove the barriers of

participation for CWSN in educational environments, it is synchronous with a participatory, rights-based approach which it claims centres around “empowerment” [12]. In other words, the social model of disability.

Therefore, the government has claimed to approach inclusive education in recent years, despite existing scholarship disagreeing on the precise meaning of inclusive education itself. Additionally, existing scholarship has criticised the “redistributive paradigm of justice” employed by the government in supporting PwDs, claiming this still holds the individual at the centre of reform, rather than addressing structural issues within society [8]. While some scholarship is critical of the government’s failure to meet policy targets [13][14], others contest the validity of these policies in the first place [8]. This has yielded disconcerted and ambiguous critique of the government’s approaches. Since legislation like the RPwD 2016 is being shaped by activists and drafting committees of PwDs, it is pertinent to adopt a unanimous approach on whether it is the concerns or implementation of SNE that requires reform. Thus, there must be a clear evaluation of the government’s approaches to SNE, as well as the concerns that motivate them.

### **1.3. Research Methodology and Objectives**

The purpose of this study is education for CWSN, specifically to address the research gap established in the Literature Review. Hence this study’s primary objective is to evaluate the relationship between changing definitions of disability and the objectives of SNE. The secondary objective of this study is to analyse how the systemic understanding of disabilities contributes to the various scholarly criticisms of SNE policies. Hence, it shall be tackling the following research questions:-

1. What concerns shaped the aims of the Kothari Commission for Children with Special Needs?
2. How has the social model of disability influenced these concerns, and therefore the form of education for CWSN since the Kothari Commission?
3. What has this evolution of education for CWSN demanded from the education system?
4. How relevant are the original aims of the Kothari Commission to the future of policy for the education of CWSN?

In order to achieve cohesion in the object of scholarly criticism, this research paper uses a blend of descriptive-evaluative technique and the theories of change technique to track India’s approach to the social model of disability in its education policy. Thereafter, it will examine the

differences between the social and medical models of disability, and its implications for education. After examining the social context within India, specifically with regard to SNE, this paper will examine the evolution in the role of education for CWSN since the Kothari Commission, then how this altered the approaches for education of CWSN, and finally what this is likely to mean for the future of policy-making and institutions.

The paper will use existing scholarship to serve as a background for attitudes toward disability in India and as the theoretical framework for the models of disability. It will then use key policies and initiatives for the achievement of education parity in India as the benchmarks for analysing the theories of change: the Kothari Commission (1964-1966), the National Policy on Education (1986), District Primary Education Policy (1994), Sarva Shiksha Abhiyan (2000), National Curriculum Framework (2005), National Policy for People with Disabilities (2006), Inclusive Education for the Disabled at the Secondary Stage (2009), Samagra Shiksha Abhiyan (2020) and National Education Policy (2020). In order to track changing attitudes, it shall use legislation (mentioned in the glossary) and the intermediate five-year plans as reference of education policy objectives in India.

However, the limitations of this study are that it does not aim to evaluate the success of these policies. The sole purpose of this study is to identify how the changing definitions of the disability movement have been actualised into policy initiatives. To this extent, another limitation of this study is that it will not discuss the compatibility of Indian policies with international frameworks or those of other countries, since the evolution of these definitions will naturally manifest differently within India.

## **2. MODELS OF DISABILITY AND FORMS OF EDUCATION**

In 2001, the World Health Organisation proposed using the social model of disability in education [11]. Internationally, this social model of disability has been associated with a transition to a participatory and rights-based approach to policies for PwD. In terms of education policy, the adoption of the social model of disability must address environmental factors limiting PwDs' participation. However, scholarship has observed that the environmental factors of people with disabilities often differ [11], meaning the inclusion cannot be achieved without institutional reforms that are de facto inclusive. The adoption of an "integrated" approach to educating CWSN is an individual-based approach [1] that cannot account for the infinite possibilities of individuals' environments. Thus, inclusive education has been recognised by national policy and international precedent as the only means of realising the social model of disability.

This section will aim to explore the degree to which this rights-based approach, and hence the social model of disability, has been considered within Indian education policy for CWSN. Additionally, it will examine how the transition towards the social model of disability has changed the concerns identified as relevant to the education of CWSN. This analysis is relevant to analyse the indicators and implementation of a rights-based approach to education policy for CWSN.

### **2.1 The Kothari Commission and the Welfare-Based Approach**

Although scholarship disagrees as to when India adopted the “rights-based approach”, as outlined in the literature review, the general consensus amongst scholarship is that this approach was adopted after the 1980s. Therefore, policies and directives adopted before the 1980s, specifically the Kothari Commission’s own directives and the Fourth Five Year Plan, are viewed to be “welfare-based” approaches. The report of the Kothari Commission establishes the role of education for CWSN as distinct from education for those without special needs, by suggesting it must prepare students to “adjust to a socio-cultural environment designed to meet the needs of the normal” and “become useful members of society” [5]. Although cognisant of the social difficulties experienced by PwDs, the model envisioned by the Kothari Commission is still medical, because the onus of navigating these social difficulties is on the PwD; they are expected to “overcome their disability”. This fallacy is best understood with a proposal for pilot schemes for integrated education within the Fourth Five Year Plan, which would only integrate the learning of the blind, partially blind and partially deaf [15]. Despite the distinct challenges faced with children with each of these special needs, which distinguished their education from other children, the proposal arbitrarily attempted to group CWSN together on the basis that their education, aimed at overcoming their handicap, is similar. In doing so, the Kothari Commission and its following policy directives distinguish between the education that is to be received by CWSN, which is centred around their disability, and other children.

This greatly shapes the concerns raised within the Report of the Kothari Commission and 4th Five Year Plan which is the limited capacity of India to produce special educators, owed to the lack of institutions and research for training special educators themselves. Through this distinction, the government adopted what education researcher Nidhi Singal terms the “ideology of expertism”, wherein the facilities for students, including teachers and schools must be specifically adapted to the needs of the CWSN [8]. This is most evident in the Fourth Five Year Plan wherein the discussion on supporting CWSN is not considered a matter for general educational reform or teacher training, and is instead only highlighted when the plan emphasised the need to increase the training of special educators and the availability of special schools [15]. Therefore, the medical approach adopted by the government before the 1980s inhibited the

possibility of integrated education because the priority of the government was to expand the availability of special educators.

## **2.2 Early Integration and the Preferal System**

The aim of establishing more special schools and the training of more special educators was met with the Sixth Five Year Plan reporting an increase of 510 thousand teachers over eight years [16]. However, the implementation of the previous medical approach failed to achieve the goals established. By the time of the Sixth Five Year Plan, only 5% of blind and deaf children were incorporated into the education system, as opposed to the 15% supported by the Report of the Kothari Commission, while only 0.5% children with mental disabilities were incorporated, about a tenth of the target of 5% [16]. This failure could be attributed to a wider structural problem—many special educators found employment in special schools overconcentrated in metropolitan areas, or run by private organisations [16]. The assumption that special educators would increase education rates of CWSN was flawed because it did not examine the socio-economic conditions of the 90% of CWSN in India who live in rural areas [14] that prevented them from accessing education.

The original concerns for CWSN identified in the Kothari Commission did not change during the IEDC scheme, the NPE 1986 and its 1992 Programme of Action. The NPE 1986 intended to reduce dependence on private education through improvements to public education, by ensuring wider accessibility [17]. Given the evolving definition and perception of disability, it would be impossible to quantify special schools required for the various types of disabilities. The existing stasis in reaching rural and socio-economically disadvantaged students meant there weren't sufficient resources to ensure special schools be instituted in regions where they did not exist. Scholars on SNE later observed that an inclusive or integrated system was therefore an inevitability within the socio-economic context of India [18]. This could explain why the IEDC, NPE and Programme of Action all recommended preferal model of integrated education without straying from the medical model of disability.

This preferal model would recommend that all children with “severe” disabilities be placed within special schools, while all students with “mild and moderate” disabilities would be placed within integrated education [17]. Despite recognising that CWSN should learn from the same curriculum, much of this policy action still adheres to a medical model of disability. This contradiction is illustrated in the Programme of Action for the NPE 1986 wherein the Health Ministry must define which students have “mild” disabilities, and therefore must be considered for integration. Proponents of the social model of disability have challenged this flaw within preferal models: the ambiguous medical definitions of a disability often overshadow the individual capabilities of the student, leading to neglect by the education system [19]. For

example, this blanket definition does not consider that students with mild disabilities might undergo severe learning difficulties that might require special schools, or that students with “severe” disabilities have the potential to study in integrated schools.

Hence, the approach toward SNE was still influenced by the medical model, meaning policy action during this time reinforced existing goals rather than adopt newer approaches. For example, the founding of more localised bodies such as DIETs and the SCERTs for the training of special teachers (Programme of Action, 1992) is one such “new” policy mechanism that was meant to support an existing mechanism. It was not a legitimate shift in approaches, but existing inequalities and resource scarcity that incentivised integration.

### **2.3 The Need for Integration within India**

Internationally, the 1980s and 1990s posed education as a means of alleviating socio-economic disadvantages through the equalisation of opportunity [20] through the passing of international instruments such as the UN Convention on the Rights of the Child, the Jomtien Conference and the Salamanca Statement [21]. This is distinct from the previous view of SNE in suggesting that education should not maintain one’s position in society, but rather improve it. The concurrence of this belief with the conglomeration of various distinct disability movements in India [6] recontextualised the meaning of inequality. Rather than being oppressed by the characteristics of disabilities, people with disabilities were oppressed by virtue of their nature, allowing them to find common ground with other Socio-Economically Disadvantaged Groups (SEDGs) such as members of Scheduled Castes and Tribes. As a result, PwDs were grouped with other SEDGs following the Ninth Five Year Plan [22]. Thus, the concerns identified by policy and legislative action in the 1990s surrounded the economic oppression of PwDs, rather than their individual struggles with their impairment.

Rehabilitation as a means of addressing disability was cemented by the passing of the Rehabilitation Council of India Act, 1992. The People with Disabilities Act of 1995 defines rehabilitation as a “process aimed at enabling persons with disabilities to reach and maintain their optimal physical, sensory, intellectual, psychiatric or social functional levels”, while positioning education as an "endeavour to promote the integration of students with disabilities in the normal schools” [23]. Consequently, the two goals established by the Report of the Kothari Commission are separated, wherein the role of SNE is no longer to support the circumvention of disability, and instead the goals of education for all students are uniform. This justifies why the Ninth five-year plan is said to transition from a “welfare” to “empowerment” approach [12]. This empowerment-based approach is consistent with the overall approach of the Kothari Commission to enhance vocational education and capacity for all students. By recognising PwDs

share the same aspirations and those without disabilities, policy remedies were not constricted to overcoming their biological challenges, indicating a shift toward the social model.

International pressures, combined with legislation, viewed integration of CWSN as an inseparable portion of wider approaches to education. Notably, the District Primary Education Programme, which was aimed to satisfy the Jomtien Conference's target of Universal Primary Education (UPE) by the year 2000, directed funding towards eliminating physical barriers within primary schools [17]. Evidently, the shift in the concerns of SNE in the 1990s resulted in a corresponding move towards providing integrated education for the purpose of equal opportunity rather than rehabilitation. In fact, although not widely successful, initiatives to address the socio-economic challenges faced by the 90% of CWSN in rural areas were also undertaken, such as the alleviation of transport costs and the provision of scholarships [22], recognising that their challenges are social, not medical.

However, these restructuring efforts did not fully realise the social model or inclusive education, despite both being integral to the Salamanca Statement, because neither was clearly defined. As of 1999, National Workshops such as that on the "Integrated Education for the Disabled" used the terms "integration" and "inclusion" interchangeably [8]. In fact, the Ninth Five Year Plan even defined inclusive education as one that represented a majority of students, not one that accommodated this majority [22]. This definition could also be applied to integrated education. Although these approaches recognised the social model of disability by addressing socio-economic challenges faced by CWSN, they failed to fully realise the social model because these approaches centred on the CWSN themselves, instead of wider social reform.

## **2.4 Structural Challenges and the Social Model of Disability**

Although notable education and disability researchers such as Nidhi Singal and Anita Ghai observed that the DPEP failed in achieving its targets, they acknowledge it was significant in raising awareness of the challenges surrounding CWSN [4]. The reclassification of CWSN as an SEDG raised awareness about socio-economic challenges which existing economic policy attempted to mitigate. As a result, all students were expected to de facto enter an equal and integrated model of elementary education, and only receive additional support or consider special schooling if their disability significantly hindered their ability to participate, or "inclusivity" [4]. Thus, the social model of disability is now used to define disability through an individual's ability to participate rather than the potential limitation of their disability.

The PwD Act, 1995 legitimised this preferral model by quantifying disability: "A person suffering from not less than forty percent of any disability as certified by a medical authority." [23]. However, the DPEP failed to report on the progress made with SNE, which the Eleventh

Five Year Plan attributes to the discrepancies in identifying disability [24]. The legal and statistical need to identify and quantify disability reshaped integrated educational institutions into screening mechanisms themselves in the Sarva Shiksha Abhiyan, 2001. This allows for uniformisation of curriculum across students because their disability is only considered/recognised after integration into the education system, and if it is observed to impede their learning.

This adoption of the social model of disability in policy action is distinct from its adoption in definition. The SSA's directive for screening disabilities is to enforce a preferential model of integrated education. However, educators observe that such systems often damage students' academic performance by waiting for poor standardised testing results to recognise the need for testing, and therefore recommend that screening must be based on teacher observations [19]. Additionally, research observes that teacher training is necessary for a positive perception, and hence, integration of CWSN in classrooms [25]. This made it pertinent for the SSA and the Eleventh Five Year Plan to incorporate SNE content in existing B.Ed courses and in-service training.

The SSA adopted a novel localised approach to managing the educational needs of CWSN. The framework provided Rs. 1200 per disabled child of funding to SSA State Mission Societies, allowing them to manage their own expenses across transport, infrastructure and teacher training [26]. These approaches did not define the education of CWSN but were an exercise in increasing the participation of CWSN in achieving UPE. The localisation of spending decisions for SSA funds, theoretically, were likely to ensure that State Mission Societies could use them to uniquely address the challenges faced by CWSN based on their local socio-economic circumstances. Thus, the approach of the SSA considered the socio-economic challenges experienced by CWSN or the observance of a social model.

Although there is a clear need and attempt to transition to a social model of disability through localised training and upskilling of "general" teachers, the legacy of previous policies and legislation influenced by the medical model, are an obstacle to the social model. The RCI Act, 1992 mandates that special educators must obtain a diploma or specialisation in special education [27]. This left existing faculty at schools transitions from exclusion to integration incapable of providing separate instruction to CWSN. The 2010 Sarva Shiksha Abhiyan Evaluation Report indicates that although 50% of schools have become integrated, only 14.3% of these schools could create the Individualised Education Plans (IEPs) necessitated by a preferential system [28]. This negates the utility of in-service training initiatives. Despite an average increase of 63.8% in in-service training across the country, most in-service training reportedly glossed over education for CWSNs because this was the responsibility of special educators only [28].

Hence, the recognition of which model of disability influences a policy approach determines its compatibility with addressing existing concerns.

## **2.5 The Rights-Based and “Empowerment” Approach**

Another proposed timeframe for India’s transition to a rights-based approach or the social model is in 2007, after India became the Seventh country to ratify the United Nations Convention on the Rights of Persons with Disabilities and adopted the National Policy on Persons with Disabilities in 2006 [2]. With the largely successful attempt of the SSA’s to achieve Universal Elementary Education and reduce drop-outs by SEDGs, there was a greater demand for secondary education [29]. This established the Inclusive Education for the Disabled at the Secondary Stage (IEDSS) scheme [24]. The success of the softer adoption of the social model with the SSA and Tenth Five Year Plan propagated two key ideas.

The first officially recognised inclusive education as distinct from integrated education, with the definition of “inclusive” in the National Curriculum Framework of 2005: all teaching and learning processes must be planned in a way that incorporates everyone [30]. This cements the approach to inclusive education as one that creates a participatory social environment. Simultaneously, the approach toward inclusion could be considered the direct successor of the DPEP and SSA’s explicit consideration of the progress for CWSN being an integral aspect of larger policy objectives. In the NCF 2005, for example, classroom restructuring to centralise students and their individual learning experiences in a classroom rather than a traditional lecture format for CWSN, also reported benefits for all students. This came with the adoption of IEPs, unlike with previously integrated forms of education, these IEPs were expected to be utilised by all students- something that the NCF promoted as having greater learning outcomes. Therefore, there is a clear difference between integration and inclusion under the social model. In the case of integration, this model intended to accommodate a student with disabilities by catering to their specific needs. With inclusion, the social model expects that the very architecture of an educational program is meant to accommodate individuals and the challenges they face in relation to society, especially with India’s wider concerns with regards to SEDGs.

The second encouraged stronger curriculum planning for inclusive education. Until the reported success of the SSA, the approach to SNE centred around mainstreaming CWSN into the education system, rather than reforming the education system itself. The reduction in dropout rates could have, however, given the government sufficient security to consider re-evaluations of the curriculum within frameworks such as the NCF 2005, National Education Policy 2020 and NCF 2023. Remarkably, both the NCF 2005 and NCF 2020 suggested the popularisation and instruction of means of communication by people with disabilities, such as braille and sign language, to students without disabilities. Here, the shift from “education of CWSN” to

“education for CWSN” represents the social model of disability, by using the classroom as a model for a future inclusive society.

## **2.6 The Future of Inclusive Education**

Despite this progress, scholarship from the United Kingdom on curriculum reform for inclusive education has criticised the “light-touched” approach [20] that the NEP 2020 adopted by mandating awareness on challenges experienced by PwD. Although Beckett recognises instruction as the first step towards establishing an inclusive society using the social model, it critiques the passive nature of this instruction. Instead, modern inclusive education could be thought to comprise of 3 components: access, participation and support [11]. Here, Beckett suggests that true participation includes active critique of present society’s flaws so as to reform them in an inclusive society, through what he describes to be an “anti-racist” approach [20].

Therefore, at this point we observe that an effort is being made toward participation, indicating that the concerns of Indian education policy have aligned with taking action with regard to the social model, but there is a mismatch between these concerns and the policy mechanisms established. The mismatch could also potentially explicate the challenge in achieving many of these mechanisms which position students as passive learners rather than active-changemakers. Hence, the full transition to a social model toward SNE in India demands a reorientation in the perceived role of the student body as a whole.

In conclusion, there is much progress India’s policies with regards to the education of CWSNs have made since the Kothari Commission’s medical model-influenced ideals. Through examining this evolution, this paper established that the transition between the medical model and the social model of disability is not a discontinuous one, but rather a spectrum. This paper aims to have established the possible influences behind salient policy mechanisms adopted by the Planning Commission, Ministry of Education and Ministry of Human Resource Development in advancing SNE, and in doing so, allowed for a recognition of policies that are compatible with the globally accepted and expected norm of policies for PwDs adhering to the social model of disability.

## **3. INSTITUTIONS AND SPECIAL NEEDS OBJECTIVES**

The previous section aimed to define how individual policy approaches had been shaped by the social and medical models of disability. Most of these policy approaches are meant for undertaking by the government for two reasons: first, they are designated to be their responsibility, like with scholarships, and second, they widely apply to public schools. However, given that most five-year plans have acknowledged that most children with special needs are

educated by voluntary organisations, and the recent mentions of curriculum reform by the NEP 2020 and NCF 2023, it is evident that this will soon affect private education.

Second, the social model requires the individual consideration of student circumstances in order to truly be effective and provide any necessary preferal system treatment in an MTSS (Multi-Tiered Systems of Support) model in inclusive education. This is not a task the government can practically undertake, making it the responsibility of schools to undertake a plethora of the measures necessitated by the transition to inclusive education.

Last, the established pattern of transition has resulted in undeniable changes for the proceeding stages of SNE. Thus, it is also worth considering for schools what the future of more laissez-faire policies on SNE will be.

Hence, this section will address the implications of the transition from the medical model to the social model of the following three matters on schools:-

1. Teacher Training and Capacity
2. Resource-Sharing
3. Vocational Training and Education

### **3.1 Teacher Training and Capacity**

The role of the teacher has been established as central to the classroom across the 59 years since the Kothari Commission [31]. It is the responsibilities and expectations of the teacher, especially with regards to SNE which have evolved. Although the expansion of the workforce for teachers has been set as a national goal, the evolution of policies and scholarship to favor approaches like the in-service training has placed an increased burden on schools to themselves facilitate the upskilling of teachers.

Earlier approaches such as the Kothari Commission, NPE Programme of Action 1992 and the five-year plans between these documents subscribed to the medical model of disability, and hence what education scholar Nidhi Singal termed an “ideology of expertism” [8]. This ideology of expertism likely influenced the legislation of the RCI Act, 1992, which determined that all teachers educating CWSN must possess a distinct qualification in special education and be accredited with the RCI [7]. The PwD Act 1995 claimed that special needs teachers are necessary for the preferal system for students with mild to moderate disabilities in integrated schools [23]. Therefore, the ideology of expertise undoubtedly increased the need for special teachers in the country, as reflected in the Kothari Commission and DPEP’s objectives.

However, the move to integrated education with the IEDC 1974 scheme also expanded the role of teachers. Although instruction of CWSN in integrated schools would have to be carried out by an RCI-accredited teacher, all students, as per the SSA, would have to be observed for screening disabilities in elementary education. Hence, although in-service upskilling of teachers had been under process since the NPE, 1986, modules on disability and special needs were expected to be a portion of this training only after the SSA.

This established a key division between the government and scholarship. However, the SSA Evaluation Report of 2010 revealed most in-service training carried out by DIETs/SCERTs and courses on special needs education in B.Ed courses was highly theoretical and limited [32]. This makes the achievement of integrated and inclusive models of education difficult, given that in-service training is not practical and limited to a restricted and pre-defined role that teachers must play in the classroom.

In recent years, the National Education Policy of 2020 mandated the inclusion of inclusive education techniques within B.Ed programs, although this will not be awarded RCI accreditation. The National Curriculum Framework 2023 also additionally mentioned that there must be teachers familiar with braille, sign language or other instruction methods for people with disabilities. However, a truly inclusive framework would make this necessary for every teacher, especially given the eventual aim of mainstreaming these forms of communication.

This caveat illustrates the greater need to transition to inclusive education as the *prima facie* means of SNE. Survey data indicates that 71% special educators claim that there is a lack of permanent and regular employment in this field [7], meaning there is a lesser likelihood of an alternative integrated schooling system attaining sufficient staff to accommodate the growing number of students with disabilities. If India pursues inclusive education in a means similar to as it is being pursued now, it is likely that the policy mechanism to include CWSN will centre around curriculum and structural reforms. Given that most B.Ed curriculums have been reported to only theoretically cover special needs education [32], it is increasingly likely that much of the present workforce will require upskilling.

This exploration hence supports a similar argument by Jangira (1997) [8] that inclusive education is inevitable. Thus, in-service training and sensitisation must occur at a widespread level, as an inevitability, should the country truly seek to adopt a social model. Policy approaches and institutional actions must seek to improve the quality of in-service training and sensitisation for teachers.

### **3.2 Resource-Sharing**

As per the 2010 SSA Evaluation Report, 93% educational institutions are not located in permanent premises [32]. The lack of resources not only significantly reduces the accessibility to students from rural areas and SEDGs, but also prevents modifications such as barrier-free infrastructure. Since most policies and initiatives analysed under this paper with consequential results were those which centred around addressing wider socio-economic inequalities within the country, the argument could be made that the most consequential improvements to India's SNE would address the shortage of educational resources present within the country. This is particularly significant to any form of special needs education, because as Jangira [18] has claimed, there are far too many demands on the current education system in relation to the resources available to it. In fact, the number of CWSN increases with every calculation, due to the increase in the ambit of definitions by legislation such as the Rights of People with Disabilities Act, 2016; some social scientists estimate a 25% increase by the next census [7]. Hence, the question of how to ensure the needed provision of resources when establishing inclusive education systems in under-resourced areas is significant to future policy approaches.

Between the 1960s and 1980s, policy directed research and development by bodies such as the NCERT specifically to restructure curriculums and determine effective means of special education (and by extension, teacher training). However, the transition to inclusive education, as established in the previous section, is unlikely to accommodate numerous extensively specialised special educators. Consequently, policies and legislation attempting to transition from the medical model to the social model instead called for support in the research and development of assistive technology and education tools, such as the PwD Act 1995, Tenth Five Year Plan, Eleventh Five Year Plan and Twelfth Five Year Plan. However, this has not accounted for existing economic gaps within most educational institutions in accessing these resources in the first place.

The NPPwD 2006 [33] and subsequent measures have instead adopted a pragmatic approach to expanding access to assistive technology and teaching tools. Special schools receiving support from the Ministry of Social Justice and Empowerment are required to become resource-sharing centres for inclusive schools, to ensure resource-sharing can occur at a lower cost to individual inclusive schools. Additionally, the Ministry of Social Justice and Empowerment's control over resources will ideally result in added pressures on individual schools for compliance. Thus, it would be reasonable to posit that in the future, most inclusive schools would be expected to comply with regulations set by the Ministry of Social Justice and Empowerment, and the establishment of Special Schools as resource centres will ensure the continued institution of such spaces for students with benchmark disabilities.

### **3.3 Vocational Education and Training**

The Report of the Kothari Commission is considered a foundation document in the course of Indian Educational Policy aims, establishing the role of education as the “foundation- as also the instrument- for the nation’s progress, security and welfare” [5]. Subsequent policy initiatives have also largely seen the development of children through education as the inevitable development of human capital.

In such a sense, the social model of disability would demand that CWSN receive an equal opportunity to contribute to society as active participants of the labour force. Such is reflected in the Report of the Kothari Commission as well, when it is stated the goal of special education is to “enable handicapped children to overcome their handicap, but also make them useful citizens.”. However, it is the scope of this vocational education that has changed through the transition from the medical model to the social model.

Vocational education has been incorporated into the ambit of special needs education policy since the National Policy on Education Programme of Action 1992, wherein vocational training programs to ensure that CWSN could be made “craftsmen” were proposed, although this clearly distinguished people with disabilities from students without disabilities by their potential to earn income and contribute to the economy. Although there has been an evident evolution in the perception of, and education of, CWSN, this had not reflected in vocational education policies for CWSN, with economic rehabilitation methods even claiming the enhancement of CWSN’s vocational education could be accomplished through a 3% percent reservation in all Craft Training programmes of ITIs [11].

However, it is worth considering that even secondary education for CWSN was only truly addressed after the achievement of preliminary Universal Elementary Education targets by the Sarva Shiksha Abhiyan (Centrally Sponsored Scheme of Inclusive Development of the Disabled at the Secondary Stage). Therefore, given that most emphasis on vocational education in education policy remained in regard to secondary education, it is possible that the constructive approach the government had adopted in enhancing education for CWSNs, Vocational Education is a policy initiative worth considering after successful mainstreaming of secondary students into inclusive education.

Although vocational education seems to have permeated the NCF 2023 and NEP 2020, there seems to be no indication of a distinct vocational education plan for CWSN under the scope of inclusive education. However, there has been additional focus offered to the equalisation of opportunity to ensure entry of students with disabilities into higher and tertiary education, which seems to be the next aim of special needs education policy. However, it is worth noting, that like

with the NPE 1986, the government's idea of ensuring participation of people with disabilities seems restricted to institutions under their control: polytechnics and national institutes [11]. Such a repetition of previous trends with vocational education allows us to draw several conjectures. First, vocational education, like special needs education before it, will eventually become decentralised as the monitoring and regulation of university instruction is impractical. Second, vocational education programs are soon to be expected to be the same as those carried out for students without special needs. Hence, to ensure the active economic participation of people with disabilities, vocational education programs must be guaranteed at a school level, and governments and schools must focus on the inclusion of CWSNs as a secondary education level.

#### **4. RECOMMENDATIONS AND CONCLUSION**

The previous sections have attempted to analyse observed trends and reasoning behind certain policy approaches adopted by existing special needs education policies, legislation and schemes. Through this analysis, it intends to have identified patterns which can indicate the implications and burdens of schools and other institutions in contributing to the goal of inclusive education. Hence, this study concludes with the following recommendations for further research into this field.

It is increasingly important to consult special needs educators on the limitations they experience owing to the existing clash between policy objectives and legislation such as the Rehabilitation Council Act (1991). The capacity of educators to manage CWSN has been consistent throughout the evolution of SNE from special to integrated to inclusive models of education. In all cases, the educator is responsible to recognise and accommodate the unique needs of these students through classroom reorientation or the creation of IEPs. Therefore, it is necessary to evaluate whether this clash truly necessitates special educators with RCI certifications to manage inclusive education, and whether inclusive educational institutions are ensuring their teachers possess this capacity.

Furthermore, the quality and absorption of special education electives and in-service training for teachers requires serious appraisal under the evaluation of wider policies by both the government and private researchers. Although initiatives like the Sarva Shiksha Abhiyan were designed to account for CWSN, evaluation of their success fails to account for demographic-specific changes. This also reduces the gravity of policy directives such as the improvement of infrastructure, since the success of these policies are not contingent on inclusion. Hence, the lack of this appraisal reduces these policies to lip-service.

Finally, steps must be taken to incorporate SNE as a quintessential aspect of B.Ed qualifications. Much of the result of this training, including the reorientation of classroom dynamics, inclusive

infrastructure, MTSS and IEPs have been proven by research and the National Curriculum Framework to improve overall educational quality as well. Therefore, the adoption of inclusive education will inevitably contribute to systemic education reform within India as well. Hence it is imperative that SNE skills, which already train teachers for realising this reform, be incorporated into their training.

In conclusion, this study has evaluated that although the objectives of SNE policy have reflected the change in the perception of disability, this evolution has not been quantized. Many of these goals have represented an “in-between” stage between these models, suggesting they are not as distinct as previously assumed. Additionally, it has revealed that much of this transition between models has been in response to the natural demands of universalising quality education access. Although this indicates a brighter future for SNE policy, this future cannot be realised without sufficient checks and balances that particularly measure the compliance of these initiatives with the established theoretical framework.

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