



Inclusive Education for Children with Special Needs (CWSN) in India: A Policy Review and Critical Analysis of Implementation Gaps

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ABSTRACT

This paper traces the historical development of India's policies and programmes for special needs and inclusive education, from the Indian Education Commission (1964–66) through the National Education Policy (NEP) 2020, and situates that trajectory within the international normative framework established by the Salamanca Statement (UNESCO, 1994), the United Nations Convention on the Rights of Persons with Disabilities (United Nations, 2006), and Sustainable Development Goal 4. It examines what “special needs education” means, how competing models of disability have shaped Indian provision (NCERT, 2006), and what benefits the international evidence base attributes to inclusive settings. Beyond mapping this policy trajectory, the paper undertakes a critical review of why these mandates have historically struggled to translate into classroom practice, drawing on published secondary and administrative data principally UDISE+ enrolment and school facility statistics (Ministry of Education, 2025), Census 2011 and National Sample Survey disability prevalence estimates, the UNESCO (2019) *State of the Education Report for India*, and the Supreme Court's directions in *Rajneesh Kumar Pandey v. Union of India* (2021) to examine persistent gaps in special educator availability, funding adequacy, disability identification, architectural accessibility, and curriculum adaptation. The paper argues that these five gaps are not independent shortfalls but a self-reinforcing circuit, in which weak identification suppresses the reported CWSN base, funding follows that base, and constrained funding in turn limits the staffing and diagnostic capacity on which identification depends. It closes with a set of policy recommendations aimed at educational administrators and policymakers.

This is a literature and policy based review rather than an empirical field study. It does not draw on primary interviews, classroom observation, or district level fieldwork conducted by the author; the implementation analysis synthesises publicly available secondary and administrative data rather than presenting original empirical findings. This scope, and its implications for the paper's claims, is discussed further in the Scope and Limitations section.

Keywords: Inclusive Education; Special Education; Children with Special Needs (CWSN); Rights of Persons with Disabilities Act, 2016; National Education Policy 2020; Policy Implementation; UDISE+.

INTRODUCTION

Defining inclusive education

Inclusive education is an approach that addresses the learning needs of all children, youth, and adults, with particular attention to those most at risk of marginalisation and exclusion. It rests on the proposition that all learners with or without disabilities should be able to learn together, through shared access to pre school provision, schools, and community educational settings, backed by an appropriate network of support services (Ministry of Human Resource Development [MHRD], 2005). UNESCO (2009) frames inclusion more broadly still, as “a process of addressing and responding to the diversity of needs of all learners” through increased participation in learning and reduced exclusion from and within education a formulation that deliberately treats inclusion as a continuing systemic process rather than a placement decision about individual children.



Inclusive education emphasises bringing children with differing abilities into the regular school alongside their peers, and doing so from an early stage so that they can progress in step with their age group.

This is what distinguishes it, at a philosophical level, from mere integration. Integration places the child in the mainstream school and expects the child to adjust to an unchanged institution; inclusion calls for adapting the entire education system school structure, buildings, furniture, the teaching–learning process, classroom management, assessment, and the curriculum itself to the needs of children with disabilities (Ainscow, 2005; Booth & Ainscow, 2011). Singal (2006) notes that Indian policy documents have historically used “integration,” “mainstreaming,” and “inclusion” interchangeably, and argues that this conceptual slippage has had practical consequences: a system that adopts the vocabulary of inclusion while retaining the assumptions of integration will place children in classrooms without altering what happens inside them.

The distinction matters for how implementation failure is diagnosed. If inclusion is understood as placement, then enrolment statistics are an adequate measure of progress. If it is understood as systemic adaptation, enrolment is only the entry condition, and the relevant indicators are the presence of trained staff, adapted curricula, accessible infrastructure, and appropriate assessment precisely the areas in which, as Section 6 shows, Indian provision remains weakest.

Inclusion as a right and as good practice

The Ministry of Human Resource Development has, over successive plan periods, developed a comprehensive action plan for including children and youth with disabilities in education (MHRD, 2005). Inclusive education is best understood, first, as a human right an entitlement grounded in Article 24 of the UNCRPD, which obliges States Parties to ensure an inclusive education system at all levels (United Nations, 2006) and, second, as sound educational and social practice. The international research base indicates that children with disabilities generally achieve comparable or better academic and social outcomes in well supported inclusive settings than in segregated ones, and that their non disabled peers are not disadvantaged by their presence (Hehir et al., 2016; Szumski et al., 2017).

Special education, by contrast, has in India remained a largely separate system that reaches only a small fraction of the children who need it (Singal, 2006; Sharma & Das, 2015). It is still not uncommon to encounter the view within the general school system that children with disabilities are the responsibility of specialists elsewhere. Maintaining a parallel school system in this way has allowed regular schools and teachers to avoid engaging with these children at all, and many are left to repeat grades, drop out, or effectively be pushed out if they were not excluded from the outset. UNESCO (2019) found that 27% of children with disabilities aged 5-19 in India had never attended any educational institution, against 17% for the child population as a whole, and that around three quarters of five year olds with disabilities were not attending any educational institution. The MHRD’s own Action Plan held that a large majority of children with special educational needs of the order of 80 to 90 per cent could be educated in regular schools and classrooms provided a few important preconditions were met (MHRD, 2005), a claim that locates the binding constraint in system design rather than in the children themselves.

What building an inclusive school involves

Drawing on the Index for Inclusion framework (Booth & Ainscow, 2011) and the MHRD (2005) Action Plan, building an inclusive school typically involves:

- Treating inclusion as an ongoing process rather than a single event, and sustaining the involvement of children, teachers, parents, and the wider community in that process;
- Restructuring school cultures, policies, and practices so that they respond to diversity as the norm rather than the exception;
- Focusing on identifying and reducing the barriers to learning and participation, rather than on what is “special” about a given child or group of children and treating them as a “problem” to be addressed;



- Providing an accessible curriculum, suitable teacher training, and fully accessible information, environments, and support for all students an orientation now formalised internationally as Universal Design for Learning (CAST, 2018);
- Identifying and supporting staff as well as students, since teacher self-efficacy is among the more consistent predictors of inclusive classroom practice (Sharma et al., 2012).

Models of disability and their policy consequences

How a system conceptualises disability determines what it builds. A National Focus Group convened by the National Council of Educational Research and Training identified four ways in which disability has been understood in India: the charity model, the bio centric model, the functional model, and the human rights model (NCERT, 2006).

The charity model gave rise to custodial care, which tended to produce extreme isolation and marginalisation a pattern that still surfaces in present day practice, for instance where home based education becomes a default disposal rather than a considered choice. The bio centric model treats disability as essentially a medical or genetic condition, implying that disabled people and their families should pursue “normalisation” through medical treatment; its institutional legacy is the diagnostic certificate as the gateway to entitlement. The functional model ties a person’s entitlements to judgments about individual capacity and perceived ability to exercise rights independently. The human rights model, by contrast, frames disability as one dimension of human diversity and affirms that all human beings hold certain rights simply by virtue of being human; it emphasises respect for diversity, removal of barriers, equality and non discrimination, reasonable accommodation, accessibility, equal participation and inclusion, and the enjoyment of public and private freedoms (NCERT, 2006, pp. 4–5).

These models coexist rather than succeed one another cleanly. India’s legislative trajectory, culminating in the Rights of Persons with Disabilities Act, 2016, marks a decisive formal shift toward the human rights framing (Government of India, 2016). Yet the administrative machinery through which entitlements are actually delivered disability certification thresholds, the “benchmark disability” criterion of not less than 40% impairment, and the medically defined categories used in UDISE+ reporting remains substantially bio centric. This mismatch between the rights language of the statute and the medical logic of its administration is one source of the implementation gaps analysed in Section 6.

Social factors ignorance, neglect, stigma, superstition, and fear have historically contributed to the isolation of persons with disabilities and delayed their development. Over time, disability policy moved from basic institutional care toward education for children with special needs and rehabilitation for those who acquired disabilities in adulthood; through education and rehabilitation, persons with disabilities became increasingly active participants in shaping disability policy itself (United Nations, 1993).

Aims and structure of the paper

This paper has three aims. First, it maps the chronological development of Indian policy and programming for CWSN, situating each instrument in the international normative context of its period. Second, it interrogates the persistent distance between this legislative ambition and classroom reality using published administrative data. Third, it advances a specific explanatory claim that the principal implementation constraints are interlocking rather than additive and derives policy recommendations from that claim. Sections 2 and 3 establish the conceptual and international frame; Section 4 presents the historical policy review; Section 5 reviews the evidence on benefits; Section 6 presents the critical analysis; Sections 7 to 9 set out recommendations, scope conditions, and conclusions.



SPECIAL EDUCATION AND LEARNING DISABILITIES: CONCEPTUAL GROUNDWORK

Special education and the costs of segregation

Special education as a field in India remains underdeveloped where mainstreaming and integrated education are concerned (Das & Shah, 2014; Sharma & Das, 2015). Children with special needs often end up in segrega

ted or special schools; while these schools do offer targeted services and specialist expertise that mainstream schools frequently lack, they also close off any realistic path to mainstreaming, since transfer back into the general system is rare once a child has been placed outside it.

Because specialised centres are few and unevenly distributed, children with special needs frequently have to travel long distances to reach them a constraint that falls hardest on rural households and on girls, for whom distance and safety concerns compound each other (UNESCO, 2019). As they grow older, these children also bear the social burden of explaining to peers why they attend a special school rather than a regular one. One coping mechanism is to develop “adaptive behaviour” to manage both their own condition and society’s often unkind attitudes toward it yet the desire for acceptance and recognition is a basic human one, and a placement decision that systematically denies it carries a cost that attainment data do not capture.

Norwich (2008) frames this as a genuine “dilemma of difference”: recognising a child’s difference in order to allocate specialist resources can itself stigmatise, while ignoring difference in the name of equal treatment can leave needs unmet. There is no placement that escapes the dilemma entirely; there are only more and less thoughtful ways of managing it. For that reason, children with special needs should be able to take full part, alongside their typically developing peers, in every extra curricular activity a school offers: physical training, games, drawing and painting, socially useful and productive activities, music, dance, annual day, sports day, and other school festivities. Participation in the non academic life of the school is not decorative; it is frequently where peer acceptance is actually negotiated (Booth & Ainscow, 2011).

Learning disabilities

Difficulty in learning is a common experience at some point in every child’s life. When such difficulty persists in a more serious and specific form, and is not explained by intellectual disability, inadequate instruction, or sensory impairment, it is termed a specific learning disability (American Psychiatric Association, 2013). Learning disabilities are considered part of the broader field of special needs education, and were brought within India’s statutory disability framework for the first time by the Rights of Persons with Disabilities Act, 2016, which lists specific learning disabilities among the twenty one recognised conditions in its Schedule (Government of India, 2016).

Learning disabilities carry a range of meanings and labels depending on a child’s experience, family background, and socio economic circumstances, which is part of why the picture remains complex children with learning disabilities can present a wide variety of social and educational difficulties. These include academic learning problems, language disorders, delayed spoken language development, perceptual disorders, and related characteristics common among CWSN. Among these, dyslexia (difficulty with accurate or fluent word reading and decoding), dysgraphia (difficulty with written expression and handwriting), dyscalculia (difficulty with number sense, arithmetic fact retrieval, and calculation), and Attention Deficit/Hyperactivity Disorder (difficulty sustaining attention and regulating impulsivity) are the most readily identifiable (American Psychiatric Association, 2013).

Two features of this category make it especially consequential for Indian policy. First, specific learning disabilities are, by definition, not visible: a child with dyslexia presents in the classroom as a child who is failing, and in the absence of trained observation is likely to be classified as slow, careless, or unmotivated rather than as disabled. Second, evidence on intervention consistently indicates that outcomes improve substantially with early identification and structured remediation (Snowling & Hulme, 2011). Together, these



imply that the effectiveness of the entire statutory apparatus around learning disabilities depends on a diagnostic capability located in the ordinary classroom, not in a specialist centre.

Making learning enjoyable through activity based teaching can help address such difficulties, and psycho social support from parents, teachers, and peers tends to improve outcomes further. In short, supporting a child with a learning disability calls for committed parents, informed teachers, knowledgeable psychologists, and sustained research working together. As discussed later in this paper, however, detecting these conditions in the first place depends on classroom teachers trained to recognise them a capacity that remains unevenly

available across Indian schools (Das et al., 2013; UNESCO, 2019), and one that Section 16(vi) of the RPWD Act nonetheless makes a statutory obligation of every school.

THE INTERNATIONAL NORMATIVE CONTEXT

India's domestic trajectory has been shaped throughout by international instruments, and the timing of major Indian reforms tracks them closely.

The World Declaration on Education for All (UNESCO, 1990), adopted at Jomtien, established universal access as a global commitment and named persons with disabilities among the groups requiring particular attention. The Standard Rules on the Equalization of Opportunities for Persons with Disabilities (United Nations, 1993) set out the principle that education for persons with disabilities should form an integral part of national educational planning, curriculum development, and school organisation.

The Salamanca Statement and Framework for Action on Special Needs Education (UNESCO, 1994) remains the single most influential document in the field. It asserted that regular schools with an inclusive orientation are the most effective means of combating discriminatory attitudes, building an inclusive society, and achieving education for all, and that education systems should be designed to accommodate the wide diversity of children's characteristics and needs. Singal (2019) argues that Salamanca had a specific and traceable impact in India, providing the vocabulary and legitimacy for the shift from "integrated" to "inclusive" education in the policy documents of the late 1990s and 2000s, even where classroom provision changed far more slowly than the language did.

The Convention on the Rights of Persons with Disabilities (United Nations, 2006), which India signed in 2007, moved the field from declaratory commitment to binding obligation. Article 24 requires States Parties to ensure an inclusive education system at all levels, to guarantee that persons with disabilities are not excluded from the general education system on the basis of disability, and to provide reasonable accommodation and individualised support within it. General Comment No. 4 on Article 24 subsequently made explicit that segregated provision does not satisfy the obligation, and distinguished exclusion, segregation, integration, and inclusion as four distinct system states (Committee on the Rights of Persons with Disabilities, 2016). The RPWD Act, 2016 is India's principal instrument of compliance with this Convention.

Finally, Sustainable Development Goal 4 commits states to inclusive and equitable quality education for all by 2030, with Target 4.5 addressing equality of access for persons with disabilities and Target 4.a addressing disability sensitive education facilities. The *Global Education Monitoring Report* on inclusion and education (UNESCO, 2020) found that education systems worldwide continue to measure inclusion primarily through enrolment, and argued that data systems built around enrolment counts systematically under record the children who are hardest to reach an observation that bears directly on the UDISE+ evidence examined in Section 6.

The practical significance of this international layer is twofold. It supplies the benchmark against which Indian implementation can be assessed, and it establishes that the obligations in question are legal rather than aspirational: under Article 24, a shortfall in special educator supply or in accessible infrastructure is not an administrative lapse but a failure to secure a right.



HISTORICAL DEVELOPMENT OF INCLUSIVE EDUCATION IN INDIA

Origins and the pre independence period

Provision for disabled children in India began in the late nineteenth century, almost entirely through missionary and voluntary initiative rather than state action. The first institution for blind children was established at Amritsar in 1887, and schools for deaf children followed in Bombay in the same period; the first school for children with intellectual disabilities is generally dated to the 1930s (Mishra, 2000; NCERT, 2006). Precise founding dates vary across secondary accounts, and the figures given here should be read as approximate; what is not in dispute is the sequence and its implications. Services for people with physical disabilities expanded in the mid twentieth century, while those with intellectual disabilities received the least attention of all an ordering by visibility and perceived educability that, as Section 6.3 argues, still shapes identification practice.

Special education programmes of this period depended heavily on voluntary and charitable initiative, and their institutional form was residential and segregated. Two consequences followed. First, expertise in disability accumulated outside the general education system, in a parallel sector with its own training pipelines, professional bodies, and funding streams. Second, the state's later attempts at integration had to work against an institutional field already organised on the opposite principle a path dependency that helps explain why integration required repeated, centrally sponsored intervention over several decades (Singal, 2006).

Post independence administrative arrangements

The Government of India's own efforts began after independence, initially through a small number of workshop units set up mainly for blind adults (Luthra, 1974, as cited in NCERT, 2006). These units later expanded to include people who were deaf, physically impaired, or had intellectual disabilities (NCERT, 2006, p. 1).

Educational policy remained largely segregated until the 1970s. Most educators of the period believed that children with physical, sensory, or intellectual disabilities differed too greatly from other children to take part in a common school's activities. Even though educational and social segregation was the norm through the 1940s and 1950s, responsibility for these children's education initially sat with the Department of Education (later the Department of School Education and Literacy), before being reframed as a welfare matter and transferred to the Ministry of Social Welfare, subsequently renamed the Ministry of Social Justice and Empowerment.

This administrative relocation is more consequential than it first appears. Placing disability under welfare rather than education institutionalised the charity and bio centric models at the level of the machinery of government, separated the budget lines and cadre structures for disabled children from those for all other children, and created the inter ministerial coordination problem that subsequent schemes IEDC, SSA, Samagra Shiksha have repeatedly had to work around (NCERT, 2006; Singal, 2006). The division of responsibility persists: the RPWD Act, 2016 is administered by the Department of Empowerment of Persons with Disabilities under the Ministry of Social Justice and Empowerment, while the education provisions it creates must be delivered by the Ministry of Education and the states.

References to "inclusion" and to the education of disabled children in the National Policy on Education (NPE) and its Programme of Action (POA) led to a series of integrated education experiments across India. Some took the form of dedicated projects, such as the Project Integrated Education for the Disabled (PIED); others formed part of larger efforts toward Universalisation of Elementary Education, such as the District Primary Education Programme (DPEP) and Sarva Shiksha Abhiyan (SSA). All of these programmes emphasised placing Children with Special Needs (CWSN) in regular schools and developing a broad range of educational models suited to different kinds of special needs.

Inclusion as a policy rests on the conviction that all students have a right to attend a regular school, and it accordingly seeks to bring all children into an inclusive setting. Applied without flexibility or adequate



support, this can itself become coercive, in much the same way that forcing every child with special needs into a special school or class is coercive the dilemma Norwich (2008) identifies. The point is not that placement in the mainstream is wrong, but that placement without adaptation delivers the appearance of inclusion at the cost of its substance.

Table 1. Summary of major policies and programmes for inclusive education in India

Policy / Programme	Year	Key Features
Indian Education Commission (Kothari Commission)	1964–66	Recommended that education for children with disabilities be treated as an inseparable part of the general education system rather than a matter of charity; set enrolment targets (15% of blind, deaf, and orthopaedically disabled children, 5% of children with intellectual disabilities) to be reached by 1986.
Integrated Education of Disabled Children (IEDC)	1974	Centrally sponsored scheme providing full financial assistance to educate children with mild to moderate disabilities in regular schools; covered identification, teaching–learning materials, special teachers, resource rooms, and removal of architectural barriers.
National Policy on Education (NPE)	1986 (POA 1992)	Devoted a dedicated section to disability education; emphasised integrating children with motor and mild disabilities into regular schools wherever feasible, and restructuring teacher training accordingly.
Project Integrated Education for the Disabled (PIED)	1987	Joint MHRD–UNICEF pilot that integrated 5,800 children with special needs into regular schools across ten administrative blocks, combining resource teacher training, cross sector support, and community mobilisation.
Rehabilitation Council of India (RCI) Act	1992	Established the RCI to regulate training standards for rehabilitation professionals and standardise education and training across the country; made registration mandatory for practising rehabilitation professionals.
District Primary Education Programme (DPEP)	1994	Incorporated Integrated Education of the Disabled (IED) to reduce dropout and raise achievement among primary students, using an area based approach and teacher sensitisation.
Persons with Disabilities (PWD) Act	1995	Guaranteed free education for every child with a disability up to age 18, and promoted integration into regular schools alongside continued investment in special schools.
National Trust Act	1999	Created a statutory body for the welfare of persons with autism, cerebral palsy, intellectual disability, and multiple disabilities, including legal guardianship provisions.
Sarva Shiksha Abhiyan (SSA) → Samagra Shiksha	2001–present	Made inclusive education a core component of national schooling policy; funds identification and assessment of CWSN, aids and appliances, resource teachers, teaching–learning materials, and stipends for girls with special needs. Extended through 2025–26, with funding increasingly linked to UDISE+ CWSN data.
Right of Children to Free and Compulsory Education (RTE) Act	2009 (amended 2012)	Made elementary education a fundamental right; the 2012 amendment inserted “child with disability” into the definition of disadvantaged groups and created a home based education option for children with severe or multiple disabilities.
Rights of Persons with Disabilities (RPWD) Act	2016	Repealed the PWD Act, 1995; gives statutory effect to the UNCRPD; defines inclusive education in law for the first time; expands recognised disabilities from 7 to 21; mandates accessible campuses, resource centres, early detection of specific learning disabilities, and free education for children with “benchmark disability” aged 6–18.
National Education Policy (NEP)	2020	Paragraphs 6.10–6.14 address CWSN (“Divyang”) children; explicitly endorses the RPWD Act, 2016; calls for cluster/school level resource centres, RCI registered special educators, assistive technology, and flexible pathways including open and home based schooling.



Source: Compiled by the author from Government of India (2016, 2020), MHRD (1986, 2005), NCERT (2006), and Ministry of Education (2025).

The Indian Education Commission (1964–66)

The Indian Education Commission, convened in 1964–66 under the chairmanship of D. S. Kothari, argued that educating children with disabilities should be justified not only on humanitarian grounds but on grounds of practical utility. It observed that although the Indian Constitution had already called for compulsory education for all, including children with disabilities, very little had actually been achieved. The Commission held that education for children with disabilities should form an inseparable part of the general education system, and that it was essential to the country's economic and cultural development and to national integration (Government of India, 1966; NCERT, 2006).

At the time the Commission reported, India had fewer than 250 special schools, and the Commission judged existing services for children with disabilities to be grossly inadequate, recommending a broad set of improvements. It set targets to be reached by 1986: education for around 15 per cent of blind, deaf, and orthopaedically disabled children, and 5 per cent of children with intellectual disabilities (Government of India, 1966).

Three features of this recommendation deserve emphasis. First, the Commission's framing education as an inseparable part of the general system, not charity anticipated the human rights model by some four decades. Second, the targets themselves reveal the scale of the deficit: aiming to educate 15 per cent of one group and 5 per cent of another over a twenty year horizon presupposes near total exclusion at the starting point. Third, and most instructively for this paper, the targets were not met, and the Commission's emphasis on equality of educational opportunity has been restated in successive policy documents ever since in NPE 1986, in SSA, and again in NEP 2020. The recurrence of the same commitment across sixty years is itself evidence that the constraint has never been the absence of stated intent.

Integrated Education of Disabled Children (IEDC, 1974)

Integrating children with special needs into regular schools gained momentum in India from the 1970s onward. The centrally sponsored Integrated Education for Disabled Children (IEDC) scheme was launched in 1974 under the then Department of Social Welfare, transferred to the Department of Education in 1982–83, and last revised in 1992 (NCERT, 2006). The scheme created educational opportunities for children with disabilities within ordinary schools, with the aim of supporting their integration and long term retention in the general school system. It operated through the Education Departments of State Governments and Union Territories, and through non governmental organisations.

Under IEDC, full financial assistance covered the components of educating children with mild to moderate disabilities in ordinary schools: identifying such children, preparing and supplying teaching–learning materials, setting up an administrative cell, assessing disability, providing relevant facilities, appointing special teachers, establishing resource rooms, supplying instructional material, removing architectural barriers, and relaxing rules to widen access.

It is worth noting how comprehensive this 1974 list already was. Every substantive component later found in SSA, Samagra Shiksha, and the RPWD Act identification, assessment, resource rooms, special teachers, adapted materials, barrier removal appears here, half a century ago. The persistence of the same component list across successive schemes, alongside the persistence of the corresponding shortfalls documented in Section 6, suggests that the binding constraint has been the delivery apparatus rather than programme design. Evaluations of IEDC noted low coverage relative to its mandate, attributable in significant part to the slow appointment of special teachers and weak coordination between the education and welfare departments (NCERT, 2006; Singal, 2006).



National Policy on Education (NPE, 1986; POA 1992)

In 1968, India's first National Policy on Education called for integrating students with disabilities into general provision (NCERT, 2006). The 1986 National Policy on Education went considerably further, devoting a dedicated section to the education of students with disabilities, with the stated objective of integrating children with physical and intellectual disabilities into the general community as equal partners, so that they could develop and face life with courage and confidence (MHRD, 1986).

Its operative emphasis fell on educating children with motor impairments and other mild disabilities in regular schools wherever feasible, while children whose needs could not be met there were to be enrolled in special schools; children already in special schools could move to regular schools once they had attained reasonable levels of daily living, communication, and basic academic skills. The policy also called for restructuring primary teacher training so that teachers were better prepared to address the specific difficulties faced by children with disabilities, and the government pledged support to voluntary efforts in disability education (MHRD, 1986). The Programme of Action (1992) elaborated these commitments into implementation steps.

Two aspects of the 1986 formulation shaped subsequent practice. The phrase "wherever feasible" preserved administrative discretion over placement, effectively allowing the availability of support to determine the interpretation of the right. And the readiness condition for transfer from special to regular schools attainment of communication and basic academic skills located the burden of adjustment on the child rather than the school, which is the defining logic of integration rather than inclusion (Ainscow, 2005; Singal, 2006). The commitment to restructure teacher training, by contrast, was the most consequential provision in the policy and, as Section 6.5 documents, the least realised.

Project Integrated Education for the Disabled (PIED, 1987)

India's first pilot project on integrated education, the Project Integrated Education for the Disabled (PIED), launched in 1987 as a joint venture between the MHRD and UNICEF, was designed to strengthen implementation of the IEDC scheme. It ran in one administrative block each in Madhya Pradesh, Maharashtra, Nagaland, Orissa, Rajasthan, Tamil Nadu, Haryana, Mizoram, the Delhi Municipal Corporation, and the Baroda Municipal Corporation, integrating 5,800 children with special needs into regular schools across these ten blocks (NCERT, 2006). The project covered children with all types of disability, including intellectual and physical disabilities. Its approach comprised:

- a composite area approach to planning and managing educational facilities for children with disabilities;
- use of the general education infrastructure through training and support from multi category resource teachers;
- drawing on existing structures in other sectors health, welfare, women and child development to support rehabilitation;
- provision of special teaching-learning aids and equipment based on functional assessment;
- mobilisation of parents and community support; and
- continuous monitoring of children's progress within the project area.

NCERT served as the implementing agency. Evaluations reported increased enrolment and retention of children with disabilities in the project blocks and positive shifts in teacher attitudes where training and resource support were both present (NCERT, 2006). The **multi category** resource teacher model is particularly significant in light of the present analysis: PIED's design anticipated, and demonstrated the workability of, precisely the cross disability resource teacher role that the RCI's category specific certification framework has subsequently made difficult to staff at scale (Section 6.1). PIED's success also established the template by which integrated education was absorbed into mainstream programmes, first through DPEP and then SSA.



Rehabilitation Council of India Act, 1992

The Rehabilitation Council of India (RCI) is the statutory body responsible for developing the workforce of professionals needed for comprehensive rehabilitation across a disabled person's life spanning physical and medical rehabilitation and educational, vocational, and social rehabilitation (Government of India, 1992). Its objectives include regulating training policies and programmes in rehabilitation, standardising education and training for professionals working with persons with disabilities, prescribing minimum uniform standards of education and training nationwide, maintaining a Central Rehabilitation Register, and ensuring that training institutions maintain those standards.

The RCI Act was a genuine advance in professional quality assurance: before 1992, no national standard governed who could describe themselves as a special educator. The Supreme Court has since affirmed that only qualified, RCI registered rehabilitation professionals should be appointed as special educators, rejecting ad hoc arrangements that dilute these standards (*Rajneesh Kumar Pandey v. Union of India*, 2021).

The same regulatory architecture, however, carries a structural cost. As discussed in Section 6.1, the RCI's category specific certification model under which an educator is typically certified for one disability type rather than across categories has become a widely cited constraint on the supply of resource teachers able to serve the mixed disability caseloads typical of small rural schools (Sharma & Das, 2015; UNESCO, 2019). This is a clear instance of a quality assurance instrument and a coverage objective pulling in opposite directions: the same rule that guarantees a certified educator is competent in one domain also guarantees that a school with children across five disability categories cannot be adequately staffed by any small number of certified educators.

District Primary Education Programme (DPEP, 1994)

The success of PIED led to Integrated Education of the Disabled (IED) becoming a component of DPEP, which aimed to reduce overall dropout among primary school students, raise achievement levels, and extend primary education to all children, including those with disabilities (Aggarwal, 1998).

Within DPEP, IED adopted an area based approach, enrolling children from a defined catchment in local schools for primary education. Priority went to children with mild and moderate disabilities, while children with profound disabilities were generally admitted to special schools. Although the original plan called for three resource teachers per block, practical constraints meant this was not consistently achieved (NCERT, 2006). DPEP concentrated on sensitising general teachers in regular schools to the educational needs of children with disabilities, on a par with those of other children. It also built supporting infrastructure consultants, State Project Committees, District Resource Groups (DRGs), and IED coordinators at the State and District Project Offices arranged for aids and appliances, provided resource support through resource teachers or NGOs, developed training modules, trained teachers across nearly every state, and ran awareness programmes focused on community mobilisation and parental counselling (NCERT, 2006).

The unmet resource teacher norm is worth registering as an early, officially acknowledged instance of the staffing shortfall that Section 6.1 shows persisting three decades later, and it establishes that the problem was visible to programme administrators from the outset rather than emerging only with recent expansion in enrolment.

The Persons with Disabilities Act, 1995

The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 required governments and local authorities to ensure that every child with a disability had access to free education in an appropriate environment until the age of eighteen (Government of India, 1996). Education remains among the most effective vehicles for social and economic empowerment, and in keeping with Article 21A of the Constitution, which guarantees free and compulsory education as a fundamental right, together with Section 26 of the PWD Act, free education was to be provided to all children with disabilities up to the age of eighteen.



Beyond this, the Act aimed to promote the integration of students with disabilities into ordinary schools, to encourage the establishment of special schools in both government and private sectors so that children with disabilities remained connected to the general school system, and to equip special schools with vocational training facilities (Government of India, 1996).

The Act's limitations were structural rather than rhetorical. It recognised seven disability categories only, excluding autism spectrum conditions and specific learning disabilities. Its education obligations were framed as duties on the state "within the limits of economic capacity and development," a qualification that substantially weakened enforceability. And it retained the parallel provision model, promoting special schools alongside integration rather than treating the mainstream as the default. The Act was repealed and replaced by the Rights of Persons with Disabilities Act, 2016.

The RTE Act, 2009 and the 2012 amendment

The Right of Children to Free and Compulsory Education Act, 2009 made elementary education a fundamental right for every child aged six to fourteen, giving legislative effect to Article 21A. As originally enacted, however, it did not explicitly address children with disabilities, creating an ambiguity about how its guarantees interacted with those of the PWD Act.

The Right of Children to Free and Compulsory Education (Amendment) Act, 2012 resolved part of this ambiguity. It inserted a definition of "child with disability" into Section 2, brought children with disabilities within the definition of "disadvantaged group" for the purposes of the Act's admission provisions, and inserted a new Section 3(3) confirming that children with disabilities hold the same right to pursue free and compulsory elementary education. The same provision, however, added a proviso permitting children with multiple or severe disabilities to opt for home based education (Government of India, 2012).

This proviso has been the most contested element of the amendment. Critics argued at the time, and disability rights scholarship has argued since, that a home based option creates a route by which schools can discharge their obligation without admitting the child, converting a family's choice into an institutional default (UNESCO, 2019). The concern is empirically live: Samagra Shiksha reported that home based education reached 43,996 children with severe or multiple disabilities in 2018–19, and the UNESCO (2019) report cautioned that including home based education within enrolment figures overstates the extent of actual schooling. Whether home based provision functions as genuine flexibility or as administrative exclusion depends entirely on how it is monitored which returns the question to the quality of the data systems examined in Section 6.3.

Sarva Shiksha Abhiyan and Samagra Shiksha

Inclusive education for CWSN has been one of the central strands of the erstwhile Sarva Shiksha Abhiyan (SSA), the RTE framework, and the RMSA scheme. Since 2018–19, Samagra Shiksha an integrated scheme spanning pre school to Class XII, extended through 2025–26 has placed particular emphasis on improving the quality of education for all students, CWSN included, making inclusive education a core component of the scheme (Ministry of Education, 2019).

It supports a range of student oriented activities: identifying and assessing CWSN; providing aids, appliances, corrective surgery, Braille books, large print books, and uniforms; therapeutic services; developing teaching–learning material (TLM) and assistive devices; running environment building and orientation programmes to foster positive attitudes and awareness; developing instructional materials; training special educators and general teachers in curriculum adaptation; and offering stipends to girls with special needs. The component also supports implementation of the RTE Act, 2009 for children with special needs, and separate resource support including salary assistance for special educators is intended to ensure CWSN needs are addressed within schools. Funding under the scheme is now substantially tied to CWSN enrolment figures reported through UDISE+, a linkage whose consequences are examined in Section 6.2.

Provisions for CWSN under Samagra Shiksha (Ministry of Education, 2019):



- Per child annual student oriented support was raised from Rs. 3,000 to Rs. 3,500.
- The stipend for girls with special needs, previously limited to Classes IX–XII under RMSA, now covers Classes I–XII, encouraging enrolment, retention, and completion; it is disbursed through Direct Benefit Transfer.
- Home based education for children with severe or multiple disabilities has been extended up to Class XII. In 2018–19, this provision reached 43,996 children, with an outlay of Rs. 9.22 crore.
- Separate allocation for resource support through special educators addresses the learning needs of CWSN from the elementary through senior secondary level.
- Financial support for the honorarium or salary of existing and new special educators, in line with Samagra Shiksha norms, is provided over and above the Rs. 3,500 student oriented allocation.

The design logic here is sound: pooling elementary, secondary, and teacher education funding into a single scheme addresses the stage wise fragmentation that previously left CWSN support to lapse at the end of elementary schooling. The difficulty, as Section 6 argues, lies in the two parameters that determine what the scheme actually delivers the fixed per child amount, and the enrolment count on which allocations are based.

The Rights of Persons with Disabilities Act, 2016

The Rights of Persons with Disabilities Act, 2016 gives domestic legal effect to the UNCRPD, which India ratified in 2007. Passed by Parliament in December 2016 and brought into force in April 2017, it repealed the PWD Act, 1995, broadened the number of legally recognised disabilities from seven to twenty one adding, among others, autism spectrum disorder, specific learning disabilities, intellectual disability, chronic neurological conditions, and multiple disabilities and introduced the category of “benchmark disability,” meaning a disability of not less than forty per cent of a specified condition as certified by a competent authority (Government of India, 2016).

For education specifically, the Act marks a conceptual shift from earlier legislation. Section 16 obliges government funded or government recognised educational institutions to admit children with disabilities without discrimination, make their buildings, campuses, and facilities accessible, provide reasonable accommodation suited to each child’s requirements, support individualised needs, support communication for children who are blind, deaf, or both, monitor participation and attainment, and notably for the learning disabilities discussed in Section 2.2 detect specific learning disabilities as early as possible and take suitable pedagogical and other measures to address them. Section 17 requires government to conduct surveys of school age children with disabilities, train professionals and school staff in inclusive education, establish adequate resource centres to support schools, and provide books, learning materials, and assistive devices free of cost. Section 31 gives every child with a benchmark disability aged six to eighteen the right to free education in a neighbourhood school or, if the family chooses, a special school. Section 32 reserves not less than five per cent of seats in government and government aided higher education institutions for persons with benchmark disabilities, with a five year upper age relaxation.

Unlike its predecessor, the RPWD Act also supplies a statutory definition of inclusive education: a system in which students with and without disabilities learn together, with teaching and learning suitably adapted to the needs of different types of students with disabilities (Government of India, 2016, s. 2(m)). This definition, and the Act’s broader emphasis on non discrimination, accessibility, and reasonable accommodation, anchors the treatment of CWSN in NEP 2020.

Three tensions within the Act warrant note. The “benchmark disability” threshold of forty per cent, which gates the Section 31 education entitlement, imports a bio centric quantification into an otherwise rights based statute, and is particularly ill suited to specific learning disabilities, which do not lend themselves to percentage certification. The obligations under Sections 16 and 17 are cast as duties without a dedicated enforcement mechanism or timeline, leaving compliance to depend on general grievance redress channels and, in practice,



on litigation. And the survey duty under Section 17(a) the statutory basis for identifying children with disabilities has not been operationalised through any instrument independent of school self reporting, a gap that Section 6.3 shows to be consequential.

The National Education Policy, 2020

The National Education Policy 2020 devotes Paragraphs 6.10 to 6.14 specifically to the education of children with special needs, whom the policy refers to as “Divyang” children. The policy states its intent plainly: children with disabilities should have the same opportunity to obtain quality education as any other child, at every stage from the foundational level through higher education (Government of India, 2020). NEP 2020 explicitly states that it is in consonance with the RPWD Act, 2016, and endorses that Act’s recommendations with respect to school education (Government of India, 2020, para. 6.10).

Operationally, the policy endorses a whole school approach to inclusion: resourcing school complexes and dedicated resource centres; engaging RCI registered special educators at the cluster or school level as required; building the capacity of general teachers alongside special educators; supplying assistive technology and teaching–learning materials suited to different disabilities; and supporting flexible pathways including open schooling through NIOS, home based education, itinerant teaching, remedial teaching, and community based rehabilitation for children whose needs cannot be met through conventional classroom attendance alone (Government of India, 2020, paras. 6.10–6.14). The policy also signals a willingness to relax rigidities in the RCI’s category based licensing rules that have restricted special educators to a single disability type, although implementing any such relaxation falls within state jurisdiction and, as discussed below, has proceeded unevenly. In line with NEP 2020, the programmatic and financial norms of Samagra Shiksha have been revised, with CWSN funding increasingly determined by enrolment data drawn from UDISE+.

The school complex model is NEP 2020’s most distinctive contribution to this field, and its logic responds directly to the staffing arithmetic. A single small school cannot justify or retain a specialist; a cluster of schools sharing a resource centre can. Whether the model delivers depends on two conditions that the policy does not itself secure: the availability of the specialists to staff the centres (Section 6.1), and transport or itinerant arrangements that allow children to reach them or them to reach children. NEP 2020 is also, notably, a policy rather than a statute; the entitlements it describes are enforceable only insofar as they restate the RPWD Act.

BENEFITS OF INCLUSIVE EDUCATION

When children with disabilities are kept apart from the rest of society taught in separate classrooms, employed in sheltered workshops, and confined to separate leisure activities they are effectively cut off from ordinary friendships. Supportive relationships and genuine opportunities to build friendships are constitutive elements of a meaningful life, not optional additions to educational attainment (Booth & Ainscow, 2011).

The mechanism by which inclusive settings produce benefit is, in large part, peer mediated. Learning from peers is one of the most natural ways children absorb information and build new skills: young children in playgroups and preschools acquire vocabulary and problem solving strategies from one another, and by working together students reinforce these behaviours in each other. A student who struggles with communication encounters fluent language models throughout the day; a student who needs additional support is surrounded by classmates engaged in the same tasks. Vygotskian accounts of learning within the zone of proximal development provide the theoretical basis for this observation, and it is operationalised in practices such as peer tutoring and cooperative learning (Vygotsky, 1978).

The empirical evidence base, while uneven in quality, points in a consistent direction. Hehir et al. (2016), reviewing 280 studies from 25 countries, found that students with disabilities educated in inclusive settings generally achieved better academic and social outcomes than comparable students in segregated settings, and that the presence of students with disabilities did not depress the attainment of their classmates. A meta analysis by Szumski et al. (2017), covering 47 studies, found a small but positive effect of inclusive classrooms on the achievement of students without disabilities. These findings should be read with an important qualification, however: they describe *supported* inclusion. The comparison is not between placement



in a mainstream classroom and placement in a special school, but between adapted mainstream provision and segregated provision. Placement without adaptation the condition Section 6 documents across much of the Indian system is not the intervention these studies evaluate.

Benefits also run in the other direction. Without inclusive settings, children without disabilities lose the opportunity to know children with disabilities at all, and contact based research indicates that sustained, cooperative, equal status contact is among the more reliable means of reducing prejudice (Pettigrew & Tropp, 2006). Including all students in regular education therefore creates opportunities for students and teachers alike to meet, interact, and build relationships across a full range of abilities which is why UNESCO (1994) presented inclusive schooling not only as an educational strategy but as a means of building an inclusive society.

PERSISTENT GAPS BETWEEN POLICY AND PRACTICE: A CRITICAL ANALYSIS

The preceding sections trace six decades of steadily widening legislative and programmatic ambition, from the Indian Education Commission's numerical targets in 1964–66 to NEP 2020's whole school approach. What this policy history does not, by itself, explain is why implementation has so often lagged behind intent a gap that CWSN focused schemes have acknowledged in principle (for instance, DPEP's admission that its three resource teachers per block target was not consistently achieved) without being examined systematically.

This section draws on published secondary and administrative data, principally the Ministry of Education's UDISE+ statistics, to examine five interlocking gaps: the shortage of trained special educators, inadequate and inflexible funding, weaknesses in identification and data, infrastructural and architectural shortfalls, and unevenly delivered curriculum adaptation. A sixth condition attitudinal cuts across all five.

Shortage of trained special educators

The special educator shortfall is the most extensively documented of the five gaps, and the only one to have been the subject of sustained judicial intervention.

In *Rajneesh Kumar Pandey v. Union of India* (2021), a bench of the Supreme Court considered petitions arguing that states were engaging B.Ed. (Special Education) and D.Ed. (Special Education) qualified teachers on contract without security of tenure, and that vast numbers of sanctioned posts stood vacant. The petitioners submitted that Uttar Pradesh alone required 73,888 special teachers on a regular basis to serve 369,443 CWSN at a pupil–teacher ratio of 5:1. The Court directed the Union to notify norms and standards for pupil–teacher ratios applicable to CWSN, held that only qualified, RCI registered rehabilitation professionals should be appointed as special educators, and directed the creation of commensurate permanent posts. The ratio subsequently notified by the Union was 1:10 for primary and 1:15 for middle and secondary schools. In compliance proceedings in early 2025, the Court observed that states had largely failed to make appointments against sanctioned posts, and that a majority had not even identified the number of posts required, directing states and Union Territories to notify sanctioned posts within a fixed timeline.

The judicial record is therefore unambiguous on three points: the shortfall is nationwide rather than confined to particular states; it has persisted through repeated compliance orders; and its persistence reflects administrative inaction on post creation and recruitment rather than any absence of legal obligation.

Secondary reporting and state level data corroborate the pattern. Reported estimates place vacant sanctioned special educator posts nationally in the order of 150,000 as of late 2024 (India Market Entry, 2025). In Madhya Pradesh, UDISE+ data for 2025–26 recorded 158,599 CWSN enrolled against only 9,360 schools with a dedicated special educator on staff a ratio far outside the notified norms a shortfall serious enough to prompt student protests in Bhopal after the state government discontinued the services of 252 special educators even as it announced 762 new posts (Free Press Journal, 2025). These figures come from secondary reporting and differ somewhat across sources; the orders of magnitude, rather than the exact values, carry the argument.



Part of the constraint is regulatory rather than purely fiscal. The RCI's category specific certification model means a resource teacher qualified for one disability type is generally not authorised to work with children who have a different type of disability, which narrows the effective pool of educators available to the small, mixed disability caseloads typical of rural schools (Sharma & Das, 2015; UNESCO, 2019). Consider the arithmetic: a rural school with twelve CWSN distributed across five disability categories cannot be served by one certified educator under a category specific regime, but would require access to five an impossibility at any plausible level of staffing. PIED's multi category resource teachers (Section 4.6) were designed for exactly this situation. NEP 2020 has signalled openness to relaxing this rigidity, but doing so falls within state jurisdiction and has proceeded unevenly (India Market Entry, 2025).

A further dimension concerns terms of employment. The *Rajneesh Kumar Pandey* petitions arose specifically from contractual engagement without tenure, and the Court's direction to create permanent posts reflects a recognition that contractual staffing produces high turnover and weak accountability conditions under which even an adequate headcount would deliver poor continuity of support for individual children.

Inadequate and inflexible funding

The per child CWSN allocation under Samagra Shiksha was raised from Rs. 3,000 to Rs. 3,500 annually (Ministry of Education, 2019), a figure that has since remained largely static even as costs for transport, assistive devices, and individualised therapeutic support have risen; observers describe the amount as insufficient to cover these recurring needs (India Market Entry, 2025). The problem is not only the level but the form: a fixed nominal per child amount loses real value continuously through inflation, and a uniform amount ignores the very large variation in cost across disability types and severities. The annual cost of supporting a child with a mild specific learning disability through remedial teaching differs by an order of magnitude from that of supporting a child with multiple disabilities requiring transport, therapy, and an assistive device yet both attract the same allocation.

More consequentially, because scheme funding is now substantially linked to CWSN counts reported through UDISE+, and because as the next subsection shows those counts are widely understood to understate the true number of children with special needs, funding and identification stand in a circular relationship. Under identification suppresses the reported CWSN base; the reported base determines the allocation; and the allocation constrains the staffing and diagnostic capacity required to identify the very children being undercounted. Unlike a simple shortfall, a circuit of this kind does not self correct with incremental funding increases, because the increment is applied to an already suppressed base.

Identification and data gaps

The Ministry of Education's UDISE+ 2024–25 report recorded approximately 2.15 million CWSN enrolled nationally, about 0.87% of total school enrolment of roughly 247 million students (Education for All in India, 2025b; Ministry of Education, 2025).

Set against prevalence estimates, this figure is difficult to interpret as anything other than substantial under identification. Census 2011 recorded 26.8 million persons with disabilities in India, 2.21% of the population, and the National Sample Survey's 76th round (2018) reported 2.3% (Ministry of Statistics and Programme Implementation, 2021). International prevalence estimates for childhood disability are typically higher still. UNESCO (2019) documented 7,864,636 children with disabilities aged 5–19 in India, of whom only 61% were attending an educational institution, 12% had dropped out, and 27% had never attended and noted that Indian national estimates of disability prevalence sit well below international estimates, raising questions about

the measurement instruments themselves. A recorded school enrolment share of 0.87% against a population prevalence of at least 2.2% implies that a majority of school age children with disabilities are either out of school or in school but unrecorded as CWSN.

Three specific weaknesses in the data system account for much of this. First, UDISE+ data collection at the school level is typically carried out by head teachers or clerical staff without specialised training in disability



identification, which tends to miss milder or less visible conditions including precisely the specific learning disabilities discussed in Section 2.2 and to produce inconsistent classifications across schools and states (Education for All in India, 2025a). Reported figures indicate that around 12% of India's teachers lack professional qualifications, with weaker compliance in rural schools (Education for All in India, 2025a). Second, the incentive structure is adverse: since Samagra Shiksha allocations follow CWSN counts, but accessibility and staffing obligations under the RPWD Act also follow from recording a child as CWSN, schools face mixed incentives to report accurately. Third, recent UDISE+ summary reporting presents CWSN enrolment aggregated by gender and level, omitting the disability type breakdowns available in earlier rounds (Education for All in India, 2025c) which removes precisely the disaggregation that would allow resource allocation to be matched to need.

Enrolment also skews by gender. National Gender Parity Index values for CWSN enrolment stand at approximately 0.705 at primary level, rising to 0.767 at upper primary, 0.817 at secondary, and 0.856 at higher secondary, with substantial state level variation (Education for All in India, 2025d). Girls comprise roughly 43% of enrolled CWSN nationally. The gradient is notable: parity improves at higher levels, which is consistent with disproportionate exclusion of girls at the point of initial identification and enrolment rather than with differential dropout, though the data cannot distinguish these mechanisms directly.

Finally, enrolment drops sharply between the primary and secondary or higher secondary stages, with CWSN enrolment peaking at the primary level and falling to roughly 149,000 at higher secondary (Education for All in India, 2025b). Retention, and not only initial identification, therefore remains a serious problem a pattern UNESCO (2019) also documented, observing that enrolment declines significantly at each successive level of schooling.

Infrastructural and architectural barriers

UDISE+ facility module data for 2024–25 indicate that 79.1% of schools reported having ramps, up from 77.1% the previous year, but only about 36% reported CWSN specific toilets, and only around 55% of schools with ramps had handrails suitable for CWSN use (Education for All in India, 2025b).

These figures indicate uneven progress across dimensions of accessibility that are not equally consequential. The ramp is the most visible and least expensive accessibility feature, and it is also the one that a compliance reporting system most readily captures as a binary. Accessible sanitation is costlier, less visible, and far more determinative of whether a child can remain at school for a full day and it is markedly less available. The ramp without handrail finding is particularly telling: it indicates provision satisfying the reported indicator without necessarily satisfying the functional requirement, which is the characteristic signature of compliance measured by presence rather than usability. For adolescent girls with disabilities, the absence of accessible toilets compounds the gender gap documented in Section 6.3.

Government run rural schools also continue to lag private and central government schools in CWSN friendly facilities. This persists despite removal of architectural barriers having been a funded component of Indian disability education policy since the IEDC scheme in 1974, and a statutory obligation under Section 16 of the RPWD Act since 2016 a fifty year interval between the first funded mandate and the present shortfall that is difficult to attribute to any recent cause.

Curriculum adaptation and teacher preparedness

Samagra Shiksha earmarks in service training for special and general educators on curriculum adaptation, and the RPWD Act obliges schools to detect specific learning disabilities early and respond pedagogically. Training completion rates nonetheless vary considerably by state and remain particularly low in lower performing states (Education for All in India, 2025a).

The more fundamental constraint lies upstream, in pre service preparation. Das et al. (2013), surveying 223 primary and 130 secondary teachers in Delhi, found that the great majority rated their own competence to teach students with disabilities in inclusive settings as limited, and that most had received no substantial



training in inclusive pedagogy. Bhatnagar and Das (2014) similarly documented that secondary teachers in New Delhi, while broadly favourable toward inclusion in principle, identified inadequate training and resources as the primary barriers to practising it. Sharma and Das (2015), reviewing the Indian trajectory, identify teacher preparation as the central unresolved constraint on inclusive education in the country. Singal and Samson (2021), drawing on interviews and classroom observation in six rural primary schools in Haryana, found that mainstream teachers frequently lacked both the training and the institutional support to respond to disabled learners in their classrooms, notwithstanding formal enrolment.

Pre service teacher education programmes have generally not made inclusive pedagogy or disability awareness coursework a mandatory, credit bearing component, leaving many general classroom teachers without the diagnostic groundwork needed to recognise conditions such as dyslexia, dysgraphia, or dyscalculia the very task that Section 16(vi) of the RPWD Act assigns to schools. The consequence is a statutory duty assigned to an actor who has not been equipped to discharge it. The RCI's category based licensing structure compounds this by limiting how far even trained special educators can support children outside their certified specialism.

Teacher self efficacy is relevant here, and is not merely a proxy for training. Sharma et al. (2012) found across multiple national contexts that teachers' confidence in their own ability to manage inclusive classrooms predicted inclusive practice more strongly than their general attitudes toward inclusion suggesting that sensitisation programmes aimed at attitudes, which have been the predominant Indian approach since DPEP, address the less binding of the two constraints.

Attitudes, stigma, and demand side exclusion

A fifth set of constraints operates outside the school. Social attitudes toward disability stigma, low expectations, and in some settings the treatment of disability as a family shame affect whether children are presented for enrolment at all (NCERT, 2006; UNESCO, 2019). These attitudes interact with the supply side gaps in a specific way: families who encounter a school without a special educator, without an accessible toilet, and without a teacher who recognises their child's difficulty have accurate, experience based reasons to withdraw. Demand side exclusion is therefore not independent of the supply side failures documented above, and policy that addresses awareness without addressing provision is likely to generate expectations the system then disappoints.

The gaps as an interacting system

Read together, these gaps are better understood as interacting mechanisms than as independent shortfalls, and the interaction is circular rather than merely additive:

1. Weak diagnostic capacity in the classroom (6.5) produces weak identification;
2. Weak identification suppresses reported CWSN numbers (6.3);
3. Funding follows those numbers (6.2);
4. Limited funding constrains educator recruitment (6.1), infrastructure spending (6.4), and training completion (6.5);
5. Shortfalls in staffing, facilities, and diagnostic capacity feed back into weak identification and into family decisions not to enrol (6.6), closing the loop.

Two implications follow. First, the circuit explains why proportional increases in funding have limited leverage: an increment applied to a suppressed base reproduces the suppression. Second, it identifies which interventions can break the loop and which cannot. Any measure that keeps identification internal to the schools whose capacity depends on identification leaves the circuit intact; only a measure that establishes the CWSN count *independently* of school self-reporting opens it. This is a more specific diagnosis than "poor implementation" in the abstract, and it explains why numerically ambitious targets the Indian Education

Commission's 1986 goals, SSA's universalization aims, and NEP 2020's cluster level resourcing have each in turn under delivered against their stated aims despite substantial and increasing funding.

The judicial record reinforces this reading. That the Supreme Court has had to issue repeated compliance directions over four years on a single element of the circuit post creation for special educators indicates that the constraint lies in administrative capacity and incentives rather than in legal entitlement or, at this stage, in doctrinal uncertainty about what is owed (*Rajneesh Kumar Pandey v. Union of India*, 2021).

POLICY RECOMMENDATIONS

The following recommendations follow from the interacting gaps identified above and are addressed primarily to state and district education administrators responsible for implementing Samagra Shiksha and the education provisions of the RPWD Act. They are ordered to reflect the logic of Section 6.7: the first breaks the circuit, and the remainder address its individual links.

6. **Break the identification–funding circularity.** Supplement self-reported UDISE+ CWSN counts with periodic, independently administered screening surveys for example, using the Washington Group Short Set of disability questions, which is designed for population level identification by non-specialist enumerators (Washington Group on Disability Statistics, 2020) rather than basing allocations solely on school reported enrolment. This would also operationalise the survey duty under Section 17(a) of the RPWD Act, which currently has no independent implementing instrument.
7. **Revise RCI licensing norms to permit cross disability certification** for resource teachers serving small or rural schools with mixed disability caseloads, as NEP 2020 already signals and as PIED's multi category resource teacher model demonstrated in practice, rather than restricting each educator to a single disability category. Quality assurance can be maintained through a core cross disability qualification with optional specialist endorsements.
8. **Ring fence a minimum share of Samagra Shiksha's civil works budget for CWSN accessibility retrofits** ramps fitted with handrails, accessible toilets, and tactile pathways and publish UDISE+ facility module data annually as a public accessibility audit rather than only as an enrolment metric. Facility indicators should record usability rather than presence, since the ramp without handrail finding shows that presence based reporting can register compliance that does not function.
9. **Make inclusive pedagogy and basic disability screening training a mandatory, credit bearing component of pre service B.Ed. and D.El.Ed. curricula**, rather than relying solely on in service training whose completion rates vary widely by state. Given the evidence on self-efficacy (Sharma et al., 2012), this training should include supervised classroom practice with diverse learners, not attitudinal sensitisation alone.
10. **Index the per child CWSN grant to actual cost inflation** in assistive devices, therapy, and transport, and introduce differentiation by disability type and severity, rather than holding a uniform fixed rupee amount for extended periods.
11. **Publish CWSN data disaggregated by disability type and severity at the district level**, restoring the type wise breakdowns present in earlier UDISE rounds, so that resource allocation can be targeted rather than uniform.
12. **Establish a district level implementation dashboard** that tracks the gap between the number of CWSN identified and the number actually receiving resource teacher support, aids, or therapy not enrolment alone so that service delivery, rather than attendance, becomes the measure of programme success. Home based education should be reported as a separate category rather than folded into enrolment, so that its use as a default disposal is visible.



13. **Report progress against the notified special educator pupil–teacher ratios** (1:10 primary, 1:15 middle and secondary) at district level, publishing sanctioned, filled, and vacant posts, in line with the Supreme Court’s directions in *Rajneesh Kumar Pandey*. Where posts remain contractual, the resulting turnover should itself be reported, since continuity of support is the outcome at stake.

SCOPE AND LIMITATIONS

This review draws on legislative texts, government scheme documents, judicial decisions, peer reviewed scholarship, and published secondary and administrative data principally UDISE+ rather than on primary fieldwork. It does not include classroom observation, or interviews with teachers, administrators, or the families of CWSN, and the critical implementation analysis above should accordingly be read as a synthesis of documented, publicly reported indicators rather than as independently verified field evidence.

Several specific limitations qualify the findings. Figures such as vacant post counts and facility percentages are drawn from government data releases and secondary reporting on them, and vary across sources, across states, and over time as new UDISE+ cycles are published; where sources conflict, this paper has indicated the range rather than selecting a single value. Reported CWSN enrolment percentages differ between secondary analyses of the same UDISE+ round depending on the enrolment denominator used, and figures in Section 6.3 should be read with that variation in mind. The prevalence comparison that underpins the under identification argument relies on Census 2011 data now more than a decade old, and on NSS estimates using a different instrument; both are themselves subject to the measurement concerns UNESCO (2019) raises about Indian disability statistics, which means the true extent of under identification could be either larger or smaller than the comparison suggests. The circular mechanism proposed in Section 6.7 is an interpretive account consistent with the available indicators, not a tested causal model; the data reviewed here cannot establish the direction or magnitude of the relationships it posits.

Building on this review, future research combining district level comparative case studies, direct classroom observation, and interviews with resource teachers, general teachers, and parents would help test whether the proposed mechanism linking identification, funding, staffing, and training matches lived experience on the ground. Such work would also allow the specific teacher to student ratios, architectural conditions, and curriculum practices in individual districts to be documented directly rather than inferred from national aggregates. A quasi experimental comparison between districts that have and have not conducted independent screening surveys would offer a direct test of the first recommendation in Section 7.

CONCLUSION

India’s policy trajectory on inclusive education for CWSN from the Indian Education Commission’s 1964–66 enrolment targets, through IEDC, PIED, DPEP, SSA, and the RTE Act, to the RPWD Act’s statutory definition of inclusion and NEP 2020’s whole school approach reflects a genuine and sustained widening of ambition. The legal architecture underpinning CWSN education is, on paper, considerably stronger today than at any earlier point covered in this review, and India’s alignment with the UNCRPD gives those entitlements an international foundation as well as a domestic one.

Yet the persistent gaps examined above in special educator supply, funding adequacy, disability identification, physical accessibility, and curriculum readiness indicate that the distance between statute and classroom remains wide in many states, and that this distance is sustained by mechanisms that reinforce one another rather than by any single missing input. The clearest evidence for this reading is the recurrence of the same shortfall across instruments that were otherwise very different in design: DPEP could not staff three resource teachers per block in 1994, and the Supreme Court could not secure appointments against sanctioned posts three decades later.

Closing the gap is therefore unlikely to depend primarily on further legislative expansion, since the legal entitlements are already substantial and, following *Rajneesh Kumar Pandey*, judicially affirmed. It depends more on targeted administrative follow through independent identification, ring fenced accessibility budgets,



flexible educator licensing, cost indexed per child funding, and outcome based monitoring of the kind set out in Section 7. Inclusive education remains, in principle, a sound and rights based concept, and continued public investment in it is necessary; this review suggests that investment will do more good when it is matched deliberately to the specific points in the system where policy has historically broken down, and when progress is measured by services actually delivered rather than by children counted. Inclusive systems, implemented well, offer a better quality of education for all children and play a substantial role in changing discriminatory attitudes (UNESCO, 1994, 2020); the task ahead is less to state that goal again than to close the gap between stating it and delivering it.

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