British Asian Trust

BT Group

DESK RESEARCH COMMISSIONED BY MOTIVATION INDIA ON

Disability Inclusion in Schools

An Analytical Review of Policy, Practice, and Impact









Supported by
British Asian Trust and BT Group

motivation India

ACKNOWLEDGEMENT

We would acknowledge and thank the support of British Asian Trust and BT Group to 'Better Together – Inclusion for All' project of Motivation India that enabled this desk research on Disability Inclusion in Schools in India. Their contribution has been instrumental in strengthening the evidence base and advancing understanding of inclusive education practices.

We thank Sayantani Gaddam, Head of Programmes, Kriti Gupta, Senior Manager-Programmes, and Manaswani Saxena, Consultant at British Asian Trust for their guidance and support.

We gratefully acknowledge our partnerships with Katha, Delhi; Going to School, Bengaluru; and Gramina Abyuday Seva Samsthe, Doddaballapur, Karnataka, for our work together on disability inclusion, and for the case studies and photographs presented in this study.

The Desk Research Team:

- Dr. Gunawathy Fernandez - a senior executive with over three decades of experience in international social development, research and disability-inclusive development.
- Mr. Antony Joseph - a research fellow specialising in NGO governance, known for meticulous approach, data mining, organisation, and analysis.
- Sudhakar Govindasamy, Head of Programmes at Motivation India, is a Senior Physiotherapist and clinician–trainer with over 17 years of experience in assistive technology, driving disability inclusive rehabilitation across India and South Asia.
- Mahesh Chandrasekar, Director, Motivation India, has over three decades of experience, extensive expertise, and a strong passion for championing the inclusion and participation of people with disabilities in vulnerable communities.

About Motivation India

Motivation India is a registered charitable trust established in 2011, with a mission to enable greater independence and opportunities for people with disabilities through user-centric wheelchair service provision, training of rehabilitation personnel, promotion of disability inclusion in education, livelihoods, sports, and strategic partnerships with stakeholders.

TABLE OF CONTENTS

	GLOSSARY AND ABBREVIATIONS	
01	EXECUTIVE SUMMARY	01
02	INTRODUCTION	03
03	UNDERSTANDING DISABILITY IN THE SCHOOL CONTEXT	05
04	EVOLUTION OF INCLUSIVE EDUCATION: GLOBAL AND INDIA	10
05	EDUCATIONAL EXCLUSION OF CHILDREN WITH DISABILITIES: SCALE AND PATTERNS.	13
06	POLICY FRAMEWORKS	22
07	POLICIES VERSUS PRACTICE - GAPS AND IMPLEMENTATION CHALLENGES	27
08	IMPACT OF DISABILITY-INCLUSIVE SCHOOLING	38
09	ECOSYSTEMS OF SUPPORT FOR INCLUSIVE SCHOOLING	40
10	POTENTIAL FUTURE RESEARCH FOR DISABILITY INCLUSION IN SCHOOLS	49
11	CASE STUDY	50
	CITATIONS	52

Note: *Kindly seek permission for any reproduction, distribution, or use of accompanying photographs by contacting: info@motivationindia.org.*

GLOSSARY AND ABBREVIATIONS

ADHD	-	Attention Deficit Hyperactivity Disorder.
ADIP	-	Assistance to Disabled Persons for Purchase/Fitting of Aids/Appliances
AT	-	Assistive Technologies
CBSE	-	Central Board of Secondary Education
CBM	-	CBM India Trust
CWD	-	Children with Disabilities
DEPwD	-	Department of Empowerment of Persons with Disabilities
DHS	-	Demographic Health Survey
DPOs	-	Disabled Persons' Organisations
ICSE	-	Indian Certificate of Secondary Education
IEPs	-	Individual Education Plans
IDR	-	Indian Development Review
ILO	-	International Labour Organisation
NCPEDP	-	National Centre for Promotion of Employment for Disabled People
NFHS-4	-	National Family Health Survey – 4
NEP	-	National Education Policy, 2020
NGOs	-	Non-Governmental Organisation
RTE	-	Right of Children to Free and Compulsory Education
RPwD, Act	-	Rights of Persons with Disabilities Act, 2016
SC	-	Scheduled Castes
ST	-	Scheduled Tribes
SDG	-	Sustainable Development Goal
UDISE+	-	Unified District Information System for Education Plus
UDID	-	Unique Disability ID Card
UDL	-	Universal Design for Learning
UNCRPD	-	United Nations Convention on the Rights of Persons with Disabilities, 2006
UNESCO	-	United Nations Educational, Scientific and Cultural Organization
UNCRC	-	UN Convention on the Rights of the Child, 1989
UNICEF	-	United Nations Children's Fund
WB	-	World Bank



EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

The desk review is a comprehensive, evidence-based process that examined research, policies, data, and systemic gaps in disability inclusion, offering valuable insights while highlighting the complexity of translating inclusive education frameworks into practical and scalable solutions.

India has a strong policy foundation for inclusive education, anchored in the Rights of Persons with Disabilities Act, 2016, Right of Children to Free and Compulsory Education Act, 2009, and National Education Policy 2020. These frameworks collectively mandate access, equity, and participation of children with disabilities within mainstream education systems. However, the translation of policy into practice remains uneven due to systemic, institutional, and socio-cultural barriers.

Scale and Access Gaps: Children with disabilities constitute only about 0.91% of total school enrolment (~2.1 million) as per UDISE+ 2024–25, significantly lower than the estimated 2–2.5% prevalence (~232.9 million children; Census 2011, referenced in NEP 2020). This disparity indicates substantial under-identification and exclusion within the education system. Of the 7.8 million children with disabilities in India, 72% reside in rural areas, further compounding access challenges. The 2014 National Survey of Out-of-School Children reports that approximately 600,000 (28%) children with special needs aged 6–13 remain out of school. Additionally, enrolment declines sharply at higher education levels, reflecting systemic retention issues. Barriers such as delayed identification, inadequate support services, inaccessible infrastructure, and socio-economic constraints continue to limit both access and meaningful participation, with evidence suggesting that even enrolled children often lack adequate classroom inclusion and engagement.

Equity and Intersectionality: Disability intersects with poverty, gender, caste, and geography, creating compounded disadvantage. Girls with disabilities face disproportionate exclusion, with persistent gender gaps in enrolment and retention. The key barrier for girls with disabilities is entry into primary school, while for girls without disabilities, the barrier emerges later at higher levels of education. Rural and low-income contexts further exacerbate barriers through limited access to services, infrastructure, and information.

Challenges for inclusion: Systemic bottlenecks continue to constrain effective disability inclusion in education, driven by gaps in early identification and certification, limited teacher preparedness in inclusive pedagogy and Universal Design for Learning (UDL), inadequate accessible infrastructure, communication and learning resources, and restricted availability and access to appropriate assistive technologies. These challenges are further compounded by the digital divide and fragmented coordination across education, health, and social protection systems, resulting in delayed and inconsistent support for children with disabilities. At a systems level, inclusion is often positioned as a welfare obligation rather than a quality-enhancing educational reform, limiting both investment and ambition.

Key challenges for the study:

- Significant gaps remain in the availability and quality of data on children with disabilities. Major datasets are either outdated (e.g., Census 2011) or not fully aligned with the 21 disability categories such as Unified District Information System for Education (UDISE), leading to under-identification and poor understanding of diverse needs.
- Data on implementation of the RPWD Act—especially access to schemes, scholarships, and UDID cards—is fragmented across multiple platforms, with datasets that do not align or communicate with each other.

Recommendations:

There is a need to shift the narrative: disability inclusion is not a sectoral obligation but a catalyst for system-wide quality improvement, leading to better teaching, safer infrastructure, and a society for all. Disability inclusion in education requires a twin-track approach, where disability-focused organisations and trained human resource provide specialised technical expertise, while general educational institutions and development organisations enable scale through mainstream integration and community engagement; effective inclusion therefore depends on structured collaboration between these actors, supported by aligned and long-term donor strategies.

Moving forward, disability inclusion must transition from isolated programme interventions to institutional and systems transformation. A promising start has been made with the 'Better Together – Inclusion for All' initiative, supported by the British Asian Trust and BT Group. This has created an opportunity for Motivation India—a disability-focused organisation with expertise in inclusion—to serve as the technical resource partner, with a priority to embed inclusion across organisational systems, governance, and everyday practices of organisations working with schools to enhance learning outcomes for children. This includes strengthening internal policies and accessibility standards, integrating inclusion within programme design, monitoring and evaluation frameworks, and building organisation-wide capacity on inclusive practices and assistive technologies. Disability specific organisations can play a catalytic role by supporting organisations and institutions to adopt "inclusion by design", providing technical expertise on assistive products, capacity building, and system strengthening.

The desk review highlights potential future research areas such as study how developmental organisations operationalise disability inclusion across programme; examining intersectional barriers faced by children, especially girls with disabilities; assessment of the actual usage and impact of assistive devices beyond mere distribution and educational support systems; and on improving coverage and access to UDID certification and schemes.

At the ecosystem level, donors and partners must pivot and invest towards long-term, systems-oriented investments to identify and dismantle barriers for disability inclusion in education and scale programmes like 'Better Together – Inclusion for All' initiative. Ultimately, positioning inclusion as a core principle of quality and equity—rather than a welfare add-on—will be critical to achieving sustainable and scalable impact, and to realising the ambitions set out in laws, policies, and commitments to national and global development goals.



INTRODUCTION

INTRODUCTION

2.1 Purpose of the Paper

This review analyses the evolution of disability inclusion in schools, grounded in equity, human rights, and social justice. Article 24 of the United Nations Convention on the Rights of Persons with Disabilities defines inclusion as systemic reform involving changes to curriculum, pedagogy, structures, and institutional strategies to remove barriers and ensure equitable, participatory learning. International research show that sustainable inclusion must operate across multiple levels — policy, governance, leadership, and classroom practice. However, models developed in well-resourced Western contexts are not always transferable to low-resource settings, where disability intersects with poverty, caste, and broader social exclusion. This desk research aims to examine the inclusion of children with disabilities in schools, focusing on existing policies and practices, key challenges, and potential ways forward for strengthening inclusive education.

2.2 Scope, Focus and Why Disability Inclusion in Schools Matters





- In India, inclusion is embedded within constitutional guarantees and a rights-based policy architecture, including the Right of Children to Free and Compulsory Education Act, the Rights of Persons with Disabilities Act, 2016, Samagra Shiksha, and the National Education Policy 2020 (Government of India, 2016[01]; 2020[02]). Collectively, these position inclusion as a foundational principle of the education system. This desk review is grounded in social justice and the recognition of education as a fundamental human right.
- The definition of childhood aligns with the United Nations Convention on the Rights of the Child, which recognises every person below 18 years as a child.
- "Inclusive education is understood as a process that promotes belonging, collaborative learning, and improved outcomes", (Sharma et al., 2019)[03], consistent with Vygotsky's social constructivist emphasis on social interaction in cognitive development (Kaul, 2024)[04]. It adopts a rights-based and development-oriented lens, positioning disability inclusion as essential to both individual capability expansion and broader socio-economic participation.

- Internationally, the United Nations Convention on the Rights of Persons with Disabilities, ratified by India in 2007, affirms the right to inclusive education within mainstream systems, supported by reasonable accommodation (United Nations, 2006). This is reinforced by Sustainable Development Goal 4's call for inclusive and equitable quality education (UNESCO, 2020)[05].
- Research situates inclusion within broader development debates: inclusive education enhances attainment, social cohesion, and long-term economic participation while fostering diversity awareness among all learners (UNESCO, 2020[05]; UNICEF, 2019[06]). Conversely, exclusion reinforces poverty and marginalisation, particularly among socio-economically disadvantaged groups (World Bank, 2018[07]).

Disability inclusion is therefore central to equitable human development and inclusive growth.

2.3 Analytical Framework

This paper adopts an integrated analytical framework combining a rights-based approach, the social model of disability, an equity and intersectionality lens, and a systems perspective. Together, these approaches enable a multidimensional examination of how policies, institutions, and social structures shape access, participation, and learning outcomes for children with disabilities.

The rights-based approach frames inclusive education as a legal and moral entitlement, not a welfare concession. The social model of disability shifts the focus from individual impairments to environmental, attitudinal, and institutional barriers that restrict participation (Oliver, 1996[08]; Shakespeare, 2014[09]).

In school contexts, this highlights how inaccessible infrastructure, rigid curricula, exclusionary assessments, and inadequate teacher preparation create disabling conditions, calling for systemic restructuring to support learner diversity. In the families and communities, it translates to stigma, lack of awareness on enrolling children with disabilities in school, lack of support systems that enabled children with disabilities commute to school and access support in schools.

An equity and intersectionality lens recognises that disability intersects with gender, poverty, caste, geography, and language, producing layered forms of exclusion (UNICEF, 2021[10]; World Bank, 2022[11]; Singal, 2015[12]).

Finally, drawing on a systems approach (UNESCO, 2020[05]), the paper examines alignment across assessment, curriculum, teacher education, and inter-sectoral coordination, assessing policy coherence, implementation and impact. "Although India has a strong policy framework supporting inclusive education, implementation remains uneven due to inadequate resources, limited teacher preparation, and systemic constraints", (Singal, 2019[14])



UNDERSTANDING DISABILITY IN THE SCHOOL CONTEXT

UNDERSTANDING DISABILITY IN THE SCHOOL CONTEXT

Disability in the school context must be understood as a multidimensional construct encompassing legal recognition, functional diversity, and the interaction between learners and education systems. In India, the Rights of Persons with Disabilities Act (RPwD Act) expands recognised disabilities from 7 to 21 categories, reflecting a broader statutory understanding. While legal recognition ensures entitlement and protection, it does not fully explain how disability is experienced within educational settings.

Disability Categories under the RPwD Act, 2016
The 21 disability categories (Annexure 1) recognised under the RPwD Act can be logically grouped to aid educational planning and analysis:



- Physical disabilities: including locomotor disability, leprosy cured persons, dwarfism, muscular dystrophy, and acid attack survivors;
- Sensory disabilities: including blindness, low vision, deaf, and hard of hearing;
- Intellectual disabilities: including intellectual disability and specific learning disabilities;
- Neurodevelopmental and neurological conditions: including autism spectrum disorder, attention deficit hyperactivity disorder, cerebral palsy, Parkinson's disease, multiple sclerosis, and chronic neurological conditions;
- Psychosocial disabilities: including mental illness; and
- Multiple disabilities, including deaf-blindness.

Different types of disabilities represent diverse functional needs and learning profiles, requiring differentiated pedagogical strategies, assessment accommodations, and support services within schools (Singal, 2019[14]). Understanding disability inclusion in schools requires comprehensive perspective moving beyond categorical labels, where inclusion is achieved by redesigning learning environments, curricula, and institutional practices to respond to learner diversity. This aligns with the RPwD Act and the National Education Policy, which call for flexible, accessible, and supportive education for all learners (Government of India, 2020[02]).

Existing research emphasises that exclusion results not merely from impairment but from the interaction between functional differences and inaccessible environments (Oliver, 1996[08]; Shakespeare, 2014[09]) shifting responsibility from the child to the education system.

In schools, rigid curricula, inaccessible infrastructure, standardised assessments, and limited teacher preparedness create disabling conditions. For instance, mobility barriers arise from the absence of ramps rather than locomotor limitations; similarly, learners with intellectual or psychosocial disabilities are disadvantaged when teaching and assessment fail to accommodate diverse learning profiles (UNESCO, 2020[05]). For children with sensory impairments is the lack of appropriate an accessible information and communication that manifests as major barriers.

3.1 Manifestation of Different Disabilities in Learning Environments

Disabilities manifest in diverse ways within school environments, influencing how children engage with curriculum, peers, teachers, and physical spaces. These manifestations are shaped not only by individual functional limitations but also by social and institutional barriers that restrict participation and learning.

Physical and Mobility-Related Disabilities: Children with physical disabilities often face functional barriers to mobility and participation, including difficulties entering classrooms, accessing water and sanitation facilities, customised seating solutions, or moving within school campuses.

- Exclusion of children with disabilities arises less from the impairment itself and more from environmental barriers such as inaccessible infrastructure such as ramps, lack of accessible toilets, and non-adapted classroom layouts, which limit participation and lead to social isolation and marginalisation. Students are disabled by barriers to learning and participation within the school, not by their impairments", (Booth & Ainscow, cited in Bourke-Taylor et al., 2018[15]).
- A non-probability study done in Sambalpur district of Odisha indicates that inaccessible infrastructure, lack of assistive devices, and limited trained personnel restrict participation even where teachers express positive attitudes toward inclusion (Das & Palta Singh, 2024[16]).

Although the National Education Policy 2020 envisions universal access and barrier-free environments, implementation gaps in infrastructure planning and resourcing continue to undermine inclusion (Government of India, 2020[02]; Ministry of Education, 2020)

Sensory Impairments (Visual and Hearing): When sensory impairments are considered barriers to inclusion is not only about physical access to schools, but also about access to communication, information, and learning. Those with visual impairments need more of tactile and auditor approaches with braille books and assistive aids, while those with hearing impairment will need visual based adaptations. Standardised teaching methods reliant on oral instruction without visual reinforcement restrict engagement

- Study from West Bengal indicate that learners with visual and hearing impairments face significant communication and information access barriers, including limited availability of Braille and audio materials, minimal sign language support, inadequate captioning, and poor classroom acoustics,(Mafuza, 2025[17]).

Exclusion in such contexts stems not from sensory difference alone but from the absence of adaptations such as interpreters, captioned content, tactile resources, and acoustically supportive environments — all core elements of universal design. Social misconceptions and limited awareness compound these functional barriers, reinforcing marginalisation.

Cognitive, Learning, and Neurodevelopmental Disabilities: Students with intellectual disabilities, specific learning difficulties, or neurodevelopmental conditions (e.g., autism spectrum conditions) exhibit diverse cognitive profiles, including slower processing speed, working memory constraints, and challenges with abstract reasoning.

- “Rigid curricula, lack of differentiated instruction, and assessment practices that do not accommodate diverse learning needs continue to be major barriers to inclusive education in India.” (Kumari, Bika & Bhesera, 2024[18]).
- “Inclusion without appropriate curriculum modification and instructional support does not result in meaningful learning.... Many general education classrooms are not equipped to meet the needs of students with intellectual disabilities because the curriculum, instruction, and assessment are not sufficiently adapted.” (Hornby & Kauffman, 2024[19]).

When teaching methods remain standardised, students with distinct learning needs are less able to benefit from mainstream settings, increasing the likelihood of segregation or special placement.

Multiple Disabilities: Children with multiple disabilities tend to have lowest school enrolment. They might need an intra disciplinary approach that includes therapy, combination of assistive devices, caregiver support and special educator support.

- "Children with severe and multiple disabilities are often the most excluded from mainstream educational settings. The inclusion of children with more severe disabilities remains particularly challenging due to lack of resources, trained personnel and appropriate support systems." (Singal, 2019[14]).
- Studies show that children with multiple disabilities are among the most excluded from mainstream education because they require intensive, coordinated support services, assistive devices, and individualised teaching approaches, which most schools are not equipped to provide (UNICEF, 2021[10]; World Bank, 2022[11]).

Children with multiple disabilities require therapies, resource teacher and care giver support making their inclusion hard.

3.2 Non - visible Disabilities

Children with psycho-social, learning disabilities, autism and spectrum disorders are disabilities that are not immediately apparent, hence tend to be overlooked, under diagnosed and underestimated. Unlike visible physical or sensory impairments, these conditions often lack immediately observable markers and require informed screening, diagnostic tools, and educational assessments to be recognised. These challenges must be understood within the framework of the RPwD Act, which formally recognises autism, learning disabilities under the 21 specified disabilities and mandates inclusive education, reasonable accommodation and non-discrimination. Non-visible disabilities—especially learning disabilities, autism spectrum conditions, attention-deficit/hyperactivity disorder (ADHD), and psychosocial disabilities—are frequently under-identified and under-supported.

- Co-occurring conditions blurs diagnostic clarity. Overlapping behavioural characteristics and co-occurring developmental conditions often make identification and diagnosis of neurodevelopmental differences complex, as symptoms may mask or obscure underlying developmental differences (Maenner et al., 2023).

High rates of ADHD, anxiety disorders, language impairments and learning disabilities mean that children may receive partial or multiple labels.

Systemic under-identification is a key driver of exclusion in schools, as learners with invisible disabilities may not receive timely support, personalised instruction, or reasonable accommodation, leading to adverse effects on enrolment, retention, and academic achievement.

Consequences on Enrolment, Retention, and Achievement

Under-identification and lack of support for invisible disabilities have tangible effects on educational participation:

- Delayed or Problematic Enrolment: Children with invisible disabilities may enrol in school without any recognition of their learning profiles, without appropriate supports, these at risk of falling behind peers academically in the initial years of schooling.

- Poor Retention and Increased Dropout: Invisible learning differences frequently contribute to repeated grade retention, school avoidance, and increased likelihood of dropping out when students repeatedly encounter academic failure or social exclusion without interventions tailored to their needs (UNESCO, 2020[05]; Singal, 2019[14]).

- Social-Emotional Consequences: Invisible disabilities linked to psychosocial needs (e.g., anxiety, depression) can exacerbate school disengagement, lead to behavioural challenges, or result in strained relationships with peers and teachers, further compromising social participation and academic persistence (World Bank, 2018[07]).

- Thus, the interaction between individual functional limitations and social or systemic barriers elucidates why disability leads to exclusion in schools. Functional limitations alone do not predetermine educational exclusion; rather, exclusion is intensified by environments that are poorly designed, inflexible, and unresponsive to diverse learners' needs.

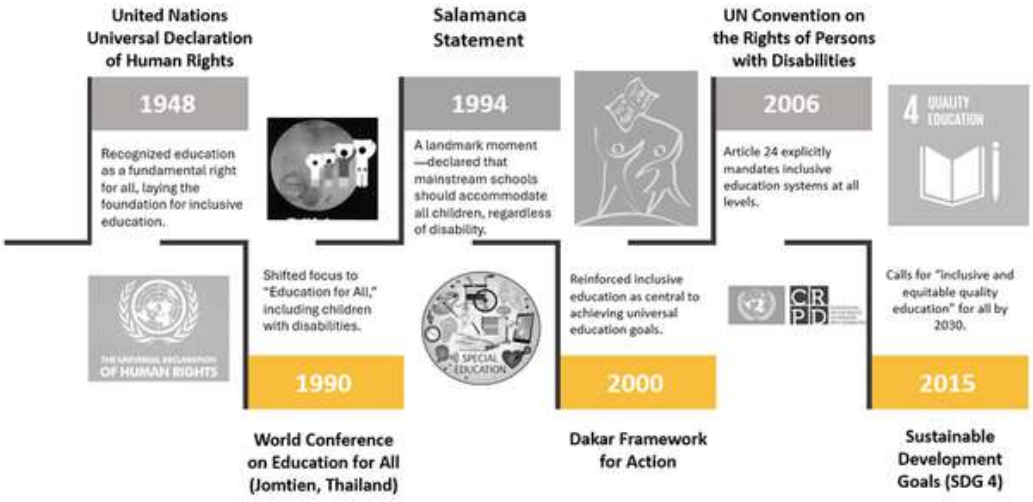


EVOLUTION OF INCLUSIVE EDUCATION GLOBAL AND INDIA

EVOLUTION OF INCLUSIVE EDUCATION GLOBAL AND INDIA

Inclusive education is based on the understanding that "students are disabled by barriers to learning and participation within the school, not by their impairments" (Booth & Ainscow, 2002[20]). This reflects a shift from a medical model of disability to a social model that focuses on removing barriers within education systems and society. Inclusive education is therefore not only about access or enrolment, but about participation, learning, and successful transition through different levels of education.

Global Milestones

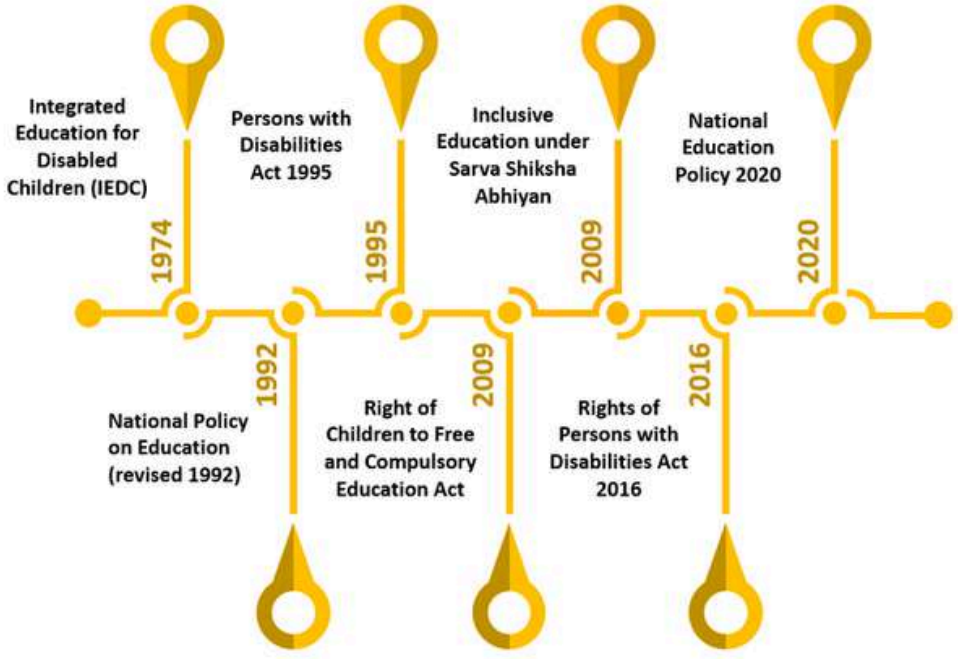


The concept of inclusive education has evolved over time from segregation to integration and finally to inclusion.

1. 1948 – United Nations Universal Declaration of Human Rights: Recognised education as a fundamental right for all, laying the foundation for inclusive education. This lead to education of children with disabilities also.
2. Prior to the 1970s, children with disabilities were largely educated in segregated special schools based on the assumption that they could not be educated in mainstream settings.
3. During the 1970s and 1980s, the focus shifted to integration, where children with disabilities were placed in mainstream schools mostly in segregated classrooms. They were expected to adapt to existing systems without significant changes in curriculum or teaching practices.

4. 1990 – World Conference on Education for All (Jomtien, Thailand): In the conference the focus was on "Education for All," including children with disabilities.
5. A major global milestone in the shift towards inclusive education was the Salamanca Declaration (UNESCO, 1994[22]), which stated that regular schools with an inclusive orientation are the most effective means of combating discriminatory attitudes and creating inclusive societies. The Salamanca Statement established the principle that schools should accommodate all children regardless of their physical, intellectual, social, emotional, linguistic, or other conditions.
6. 2000 – Dakar Framework for Action[23]: Reinforced inclusive education as central to achieving universal education goals.
7. Inclusive education was further strengthened by the United Nations Convention on the Rights of Persons with Disabilities, particularly Article 24, which recognises the right of persons with disabilities to inclusive education without discrimination (United Nations, 2006[24]).
8. More recently, Sustainable Development Goal 4 (SDG 4) emphasises inclusive and equitable quality education for all, reinforcing inclusion as a global education priority (United Nations, 2015)[25].

These global developments shifted the focus of education systems from access to participation, learning, and equity.



Indian Milestones

In the early years, education for children with disabilities in India was largely provided through special schools run by voluntary organisations and charities.

1. The first major government initiative was the Integrated Education for Disabled Children (IEDC) scheme launched in 1974[26], which aimed to place children with disabilities in mainstream schools with support such as aids and appliances, transport allowance, and resource teachers.
2. The National Policy on Education (1986, revised 1992) recognised the need to integrate children with disabilities into regular schools as far as possible and emphasised their integration into the general education system (Ministry of Human Resource Development, 1992[27]).
3. The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 provided legal backing for free education for children with disabilities up to the age of 18 years and mandated the government to promote their integration into mainstream education (Government of India, 1995[28]).
4. The Right of Children to Free and Compulsory Education Act (2009) guaranteed free and compulsory education for all children aged 6–14 years. Subsequent amendments expanded the scope to explicitly include children with disabilities, strengthening the legal framework for inclusive education (Government of India, 2009[29]; Government of India, 2012[30]).
5. Sarva Shiksha Abhiyan (SSA), launched in 2001, was a major national programme aimed at universalising elementary education and included a specific component for the inclusion of children with disabilities in mainstream schools and the Inclusive Education for Disabled at Secondary Stage (IEDSS) scheme, which extended support to secondary education. (Ministry of Human Resource Development, 2001[31]).
6. A major legal shift occurred with the enactment of the Rights of Persons with Disabilities Act (Government of India, 2016[01]), which mandates inclusive education and requires educational institutions to provide reasonable accommodation, accessible infrastructure, and appropriate support services to students with disabilities.
7. More recently, the National Education Policy 2020, emphasises inclusive education through early identification of disabilities, use of assistive technology, teacher training, flexible curriculum, and barrier-free access to education. The policy recognises that children with disabilities require continuous support across the education continuum to ensure enrolment, retention, and transition to higher education (Government of India, 2020[02]).

Thus, India's policy framework has evolved from a welfare-based approach to a rights-based approach to inclusive education.



EDUCATIONAL EXCLUSION OF CHILDREN WITH DISABILITIES: SCALE AND PATTERNS

EDUCATIONAL EXCLUSION OF CHILDREN WITH DISABILITIES: SCALE AND PATTERNS

5.1 Prevalence of Disability among School-Age Children

Understanding the prevalence of disability among school-age children, and how this translates into educational participation, is central to analysing patterns of exclusion and inclusion. Both population data and school participation trends point to persistent under-representation and structural barriers for children with disabilities.

Population prevalence: India's national disability estimates have largely relied on population surveys and education management information systems. Recent published figures on disability prevalence are not available, and most reports and studies continue to rely on Census 2011 data. This also reflects the inherent complexities in accurately estimating the number of children and adults with disabilities, given the diverse nature of impairments and the influence of socio-cultural factors, including stigma, underreporting, and varying definitions of disability.

The 2011 Census reported that 2.1% of the total population are persons with disabilities—considerably lower than global estimates. Although these figures are widely regarded as underestimates due to direct-questioning methods and underreporting (Bakhshi & Babulal, 2017[32]). Notably, 72% of children with disabilities reside in rural areas (Census, 2011), underscoring the intersection of disability and rural disadvantage

EDUCATIONAL PARTICIPATION TRENDS - GENERAL:

According to the Unified District Information System for Education (UDISE+) 2024–25[33] (figure1) shows government schools constitute 69% of India's schools and enrol around half of the country's 24.8 crore students i.e 50.8%. This indicates that while the public system dominates in terms of institutional presence but enrolment in them is much less. Approximately 83% (> 1.2 million) of India's 1.47 million schools are located in rural areas., underscoring the rural concentration of the public education system.

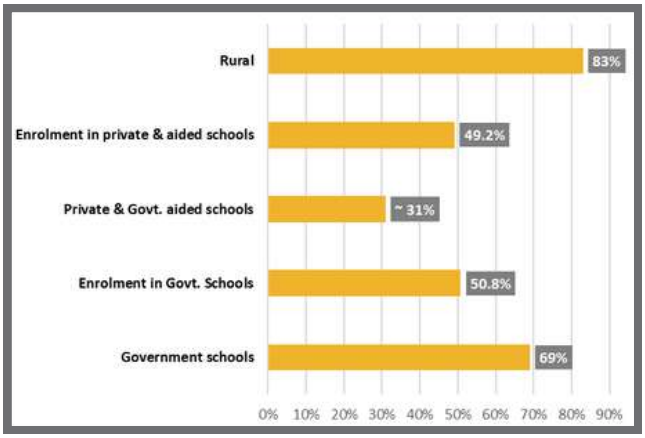


Figure 1 - Distribution of Schools & Enrollment

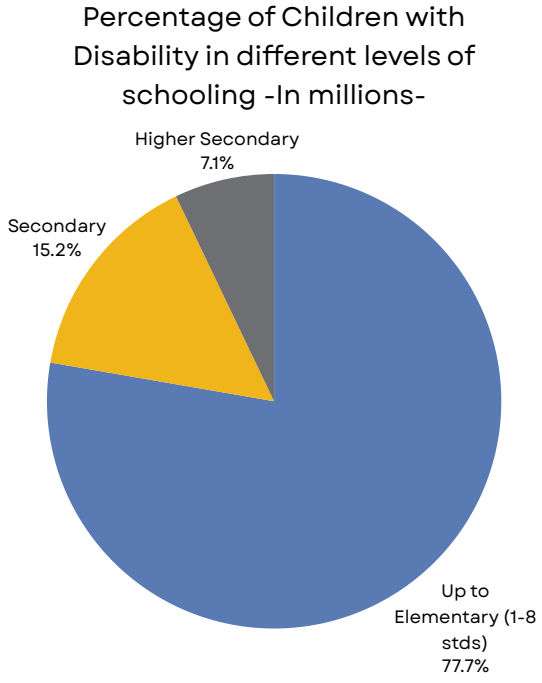
The UDISE+ data *(figure.2)* indicate that while overall retention and transition rates have improved over time, the system exhibits a clear funnel-shaped attrition as students progress from primary to higher secondary levels. Retention remains high at the primary stage (91.5%), but declines steeply to just 45% at the higher secondary level. Retention collapses after Grade 8 Transition remains high - retention failure Gender gap widens post-secondary.

A similar pattern is observed in transition rates. While progression is strong in the early years, overall transition from primary to higher secondary drops to around 72.4%, reflecting cumulative attrition across stages.



Figure 2 - Transition & Retention

EDUCATIONAL PARTICIPATION TRENDS – CHILDREN WITH DISABILITIES :



Aggregated across Classes I–XII, Children with Disabilities constitute 0.91% of total enrolment —approximately 2.1 million out of 232.9 million students. Children with Disability enrolment constitutes less than 2% across levels, against an expected 2.5-3%, based on the census 2011, translating to significant shortfalls. At the primary level, Children with disabilities represent ~2% of 104 million students, dropping to 1.4% in higher secondary (of 37 million). Females with Children with disabilities are 15% underrepresented overall, rising to 25% in secondary education. There are 7.8 million children with disabilities, 72% in the rural areas, 28% in the urban areas.

Figure 3 - Children with Disability in different levels of schooling

According to the 2014 National Survey of Out of School Children report, some 600,000 (28%) special-needs children between six and 13 years of age are out of school. The 2024-25 dataset reflects an incremental growth but remaining below expected benchmarks.

*(Figure.3)*The majority ~ 77.6% of enrolled Children with Disabilities are concentrated at the elementary stage (Classes 1–8), indicating that inclusion efforts are strongest at early schooling levels.

(Figure.4) It shows, however, enrolment declines sharply at higher levels, with only 15.36% at the secondary stage and 7.04% at the higher secondary stage, reflecting significant challenges in retention and transition beyond foundational education. Enrolment peak at primary level, possibly supported by Anganwadi linkages, but significant decline at the higher secondary, signals retention issues. Similar to the overall education system, Children with disabilities enrolment reflects a pipeline with progressive attrition, showing a clear funnel-like decline as students move from primary to higher secondary levels. However, compared to the overall enrolment of 247 million, the Children with disabilities share remains low, with significant number "missing" Children with disabilities students based on the census projections.

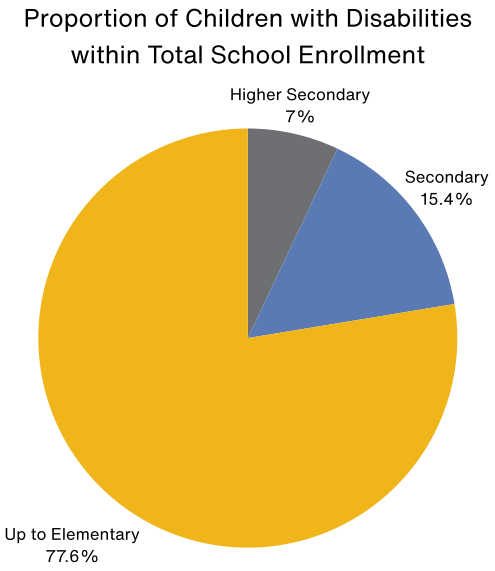


Figure 4 - Children with Disabilities within Total School Enrollment

A cross-sectional study of 29,044 children aged 5–17 in rural Tamil Nadu, using the UNICEF/Washington Group functional difficulty modules, found a 1.0% prevalence of functional difficulty. Difficulties related to communication (being understood) and mobility were most common. Crucially, children with functional difficulties were far less likely to be enrolled in school (56.9%) compared to children without such difficulties (90.5%), demonstrating a strong association between disability and reduced enrolment (Chandy & Davey, 2024[34]).

Despite strong legal and policy commitments to inclusive education, participation outcomes for children with disabilities remain consistently lower than those of their peers.



5.2 Who Is Missing from Schools and Education Programmes?

- **Attendance Patterns:** National education data and UNESCO analyses show that while enrolment of children with disabilities (Children with disabilitiess) is already lower than that of their peers, participation further weakens as schooling progresses. Attendance often lags behind enrolment, indicating irregular participation; many children are formally registered but do not attend consistently or remain in school long enough to complete key stages.

- **Dropouts:** Dropout rates remain disproportionately high. Children with Disabilities (UNECEF, 2019[06]) highlights a steady decline in representation across grade levels. Children with Disabilities constitute around 1% of enrolment at the elementary level, falling to 0.9% at secondary and 0.5% at higher secondary level. Enrolment drops by 53% from elementary to secondary, and by a further 54% at higher secondary—compared with a 26% decline for all students—demonstrating significantly higher attrition among Children with disabilitiess.

- **Early Childhood and Out-of-School Children:** The same report notes that approximately 75% of five-year-olds with disabilities were not attending any educational institution. Overall, nearly one-quarter of children aged 5–19 with disabilities had never attended school. These figures indicate exclusion beginning in the early years and persisting across the schooling cycle.

- **Digital Learning Disruptions and Irregular Participation:** A multi-state survey conducted during the COVID-19 pandemic found that 56.5% of children with disabilities attended online classes irregularly, while 43.5% were at risk of dropping out due to inaccessible digital platforms, lack of assistive devices, and absence of adapted learning materials (NCPEDP & CBM India, 2021[35]).

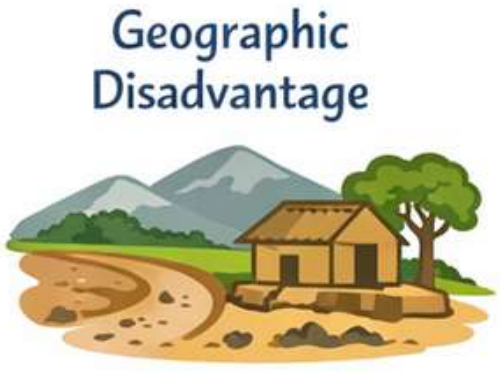
- **Severity and Type of Disability:** Educational exclusion is more pronounced among children with severe, complex or multiple functional limitations, particularly intellectual and psychosocial disabilities. Global analyses by UNICEF (UNICEF, 2019[06]) show that children with difficulties in communication and independent self-care are among the most likely never to attend school. Across contexts, greater functional severity correlates with lower enrolment, poorer attendance, and higher dropout.

Overall, research studies show reduced enrolment, irregular attendance, and elevated dropout rates—especially at secondary and higher secondary levels—with children who have more severe or complex disabilities facing the greatest risk of exclusion.

5.3 Intersectionality in exclusion from education

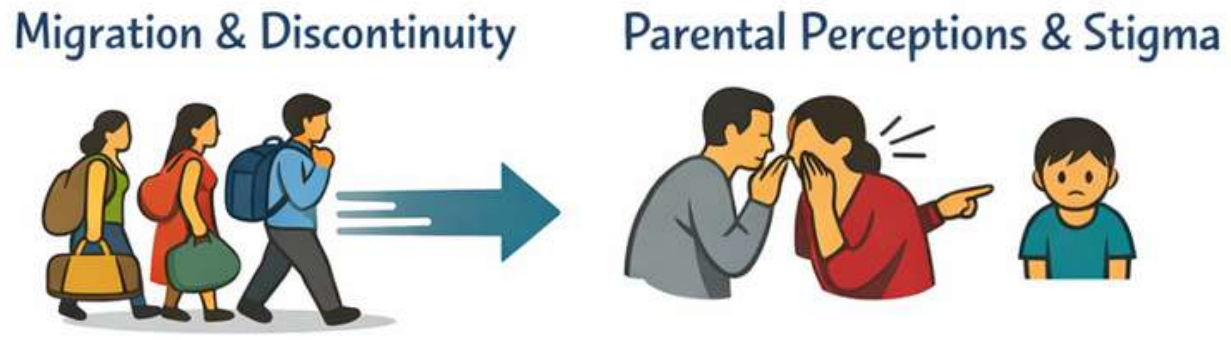
Intersectional approaches emphasise that disability does not operate in isolation but interacts with gender, religion, caste, class and geography to produce layered disadvantage (Hernández-Saca et al., 2023[36]). In India, qualitative research shows that disability-based discrimination is frequently compounded by gender and religious identity, with girls and children from minority religious communities experiencing deeper exclusion from schooling and social participation than male peers or those from dominant groups (Thompson & Rohwerder, 2023[37]).





- **Poverty and Economic Marginalisation:** Poverty significantly intensifies exclusion. Limited household resources constrain school attendance, access to assistive devices, transport and remedial support. Field research in rural India documents how direct costs (transport, devices, tutoring) and opportunity costs (children contributing to family labour) restrict participation (Barrey & Asagi, 2025[38]). Children with disabilities in low-income households are less likely to attend school than both non-disabled peers and wealthier children with disabilities, with inequalities widening at higher grade levels (Miles et al., 2018[39]).

- **Geographic Disadvantage:** Nearly 83% of Indian schools are in rural. Rural and remote schools typically have fewer trained teachers, limited specialist support, inadequate infrastructure and scarce assistive technologies. A comparative study in Telangana reported poorer access to support services and lower retention among rural learners with disabilities (Rose et al., 2021[40]). Rural schools frequently lack ramps, accessible toilets and inclusive pedagogical capacity (Singal, 2019[14]). Field research conducted for Motivation India found that although Children with Disabilities were enrolled in rural schools, many did not attend due to inaccessibility and lack of trained staff.



- **Migration and Discontinuity:** Seasonal and economic migration disrupts continuity of schooling. Migrant families often face documentation barriers and inconsistent access to specialised support. Qualitative studies show that children with disabilities are less likely to be enrolled or retained after migration due to discontinuity in teacher support and limited awareness in receiving schools (Patel et al., 2024[41]).
- **Parental Perceptions and Stigma:** Parents generally value education but report poor school quality, lack of adaptation and stigma as barriers to sustained engagement (Singal, 2016[42]). Attitudinal barriers and low expectations from educators further reinforce exclusion, consistent with international findings.





Caste, Religion and Structural Discrimination: Caste and religion intersect powerfully with disability. Children with disabilities from Scheduled Castes (SC) and Scheduled Tribes (ST) face compounded discrimination, lower expectations and social segregation within schools. Broader evidence documents entrenched disadvantages in SC/ST-dominated villages, including infrastructure deficits and discriminatory practices. (Kumar & Sharma, 2023[43]).

The Sachar Committee Report (2006) established that minorities lag behind national averages in literacy, school completion and access to public services, citing weaker infrastructure and higher secondary-level dropout. The Post-Sachar Evaluation (2014) noted persistent disparities in secondary access and school quality. Minorities concentrated habitations are less likely to have upper primary and secondary schools within reach, disproportionately affecting girls[44]. National data indicate that out-of-school rates are highest among Muslim children, followed by Scheduled Tribes and Scheduled Castes[45]. States with weaker child rights indicators—such as Jharkhand, Assam, Bihar and Odisha—also have large tribal populations shows high numbers of children with disabilities alongside weak child development indicators[46].

Gendered Patterns of Exclusion: Gender further compounds disadvantage. National analyses show that girls with disabilities are less likely to be enrolled and to complete schooling than boys with disabilities (Saikat & Chakraborty, 2022[47]; Liao & Kumar, 2025[48]). Administrative data show lower gender parity indices for children with disabilities compared with non-disabled peers (Sharma & Singh, 2022[49]). Social and cultural frames on one hand and the nature of diverse occupational pursuits on the other set the context within which a person with dalit status, with impairments and also a woman is likely to suffer the most, (Mehrotra, N. 2013[50]).

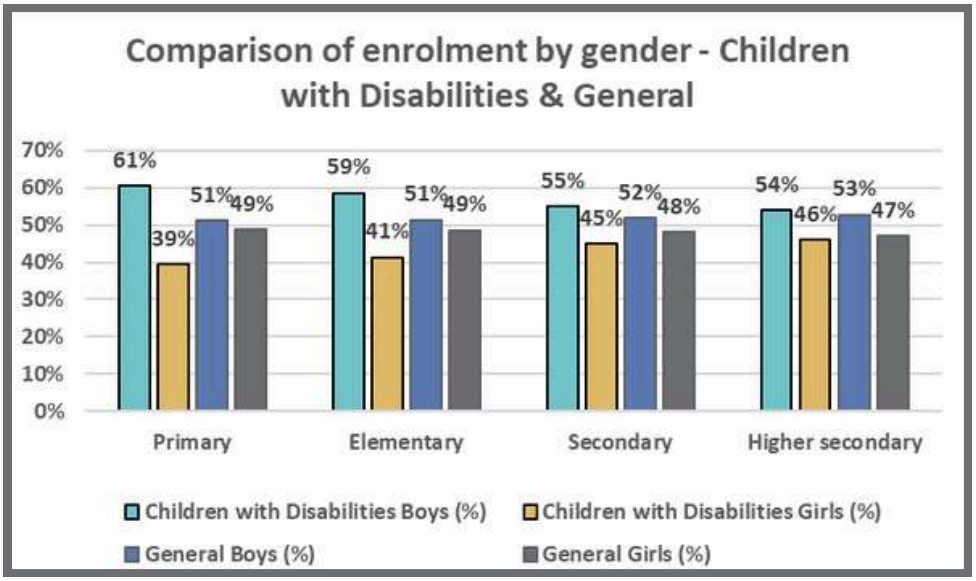


Figure 5 - Comparison of Enrolment

Gender and Enrolment (Children with disabilities vs General): UDISE+ 2024–25 data *(Figure 5)* shows that while enrolment is nearly gender-balanced at the primary level, the gender gap widens progressively at secondary and higher secondary levels, indicating higher dropout and lower transition rates for girls at higher stages of education.

Dropout rises sharply for girls with disabilities at the transition to secondary education, linked to early marriage pressures, caregiving roles and inadequate gender-segregated sanitation facilities (Verma et al., 2023[51]). The gender gap widens students move up the education ladder. The most critical inflection point is post-elementary education, where both retention and gender parity begin to deteriorate sharply. This indicates that the key challenge is not enrolment or early-stage retention, but sustained participation and progression beyond Grade 8.

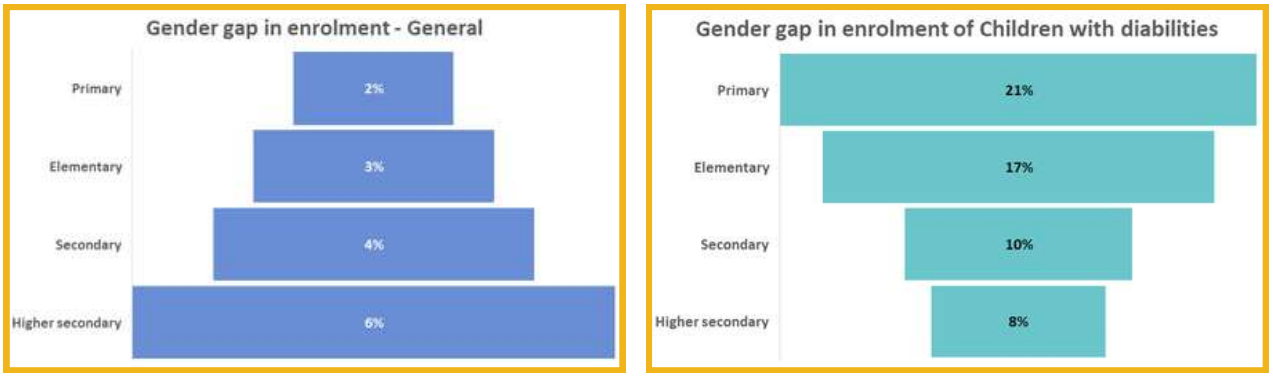


Figure 6 - Gender gap in Enrolment

Boys account for 57.08% and girls 42.92% of total Children with disabilities enrolment. *(Figure.6)* While a huge gender gap exists at the entry level, it narrows steadily across the education pipeline. The gap, which is around 22% points at the primary level, reduces to approximately 9%points at the higher secondary level.

The gender gap indicates that although the system is losing a significant proportion of Children with disabilities at each stage, girls who remain in the pipeline are retained at relatively higher rates compared to boys. In contrast to the general population—where gender disparities widen at higher levels—the Children with disabilities pipeline shows a convergence in gender participation, even as overall numbers decline.

- At the primary stage, boys constitute a much higher proportion of Children with disabilities enrolment compared to girls, suggesting that girls with disabilities face greater barriers in identification, enrolment, and access to schooling. The wide gap in primary and elementary is may be due to families not considering education of girls with disabilities as a priority.

- As students' progress to secondary and higher secondary levels, the gender gap among Children with disabilities reduces significantly. This indicates that girls with disabilities who are enrolled in school are relatively more likely to continue their education compared to boys with disabilities. This may be because employment or the gender roles of care taker, marriage may not be considered hence there is better retention of girls with disabilities.

- However, it should be noted that there is wide gap between boys and girls in terms of enrollment, higher than the general trend. Safety concerns, travel barriers and stigma further restrict older girls' participation (Khan & Rao, 2020). In contexts of intense stigma, disability itself may outweigh gender as the primary barrier (UNESCO, 2020), explaining the low enrollment of Children with disabilities at all levels.

- Overall, while the data reflects improved enrolment at early stages, the steep decline across schooling levels, gender gaps, and inter-state disparities underscore systemic barriers—including inadequate support services, accessibility constraints, and limited inclusive pedagogy—that continue to hinder sustained participation of Children with disabilities in the education system (UDISE+, 2024–25[52]).

The research studies demonstrates that exclusion is structured and cumulative. Poverty, rurality, migration, caste, religion and gender intersect with disability to produce significantly lower enrolment, irregular attendance and higher dropout—especially at secondary level. Girls with disabilities, particularly those from poor, rural or marginalised caste and religious communities, face the sharpest barriers. Intersectionality is therefore not incidental but central to understanding patterns of educational exclusion.





POLICY FRAMEWORK






POLICY FRAMEWORK

6.1 Implication of RPwD Act & National Education Policy 2020

The Rights of Persons with Disabilities Act, 2016 (RPwD Act) strengthens equality, dignity, and participation by prohibiting discrimination and mandating inclusion across education, employment, healthcare, and public services.

- The Act expands the recognised categories of disability from 7 to 21, including intellectual, developmental, and psychosocial conditions, thereby widening eligibility for entitlements and protections.
- Economic empowerment through reservations in higher education and public sector jobs has been central to reducing vulnerability and poverty (Kulsum & Gopal, 2024[53]).
- It also reservations in government employment from 3% to 4% for persons with benchmark disabilities, contributing to a reported 23% rise in government employment between 2016 and 2021 (Ministry of Social Justice and Empowerment).
- In education, the Act mandates inclusive schooling. As of 2023, over 2.7 million children with disabilities were enrolled in mainstream schools, according to UDISE+. State-level initiatives illustrate uneven but tangible progress: Kerala's implementation of the Accessible India Campaign improved physical accessibility in over 1,000 public buildings and transport systems; Rajasthan's targeted scholarships contributed to a 15% increase in retention among students with disabilities in 2022; and Tamil Nadu expanded disability-friendly healthcare facilities, improving access to essential services (Kulsum & Gopal, 2024[53]).

National Education Policy 2020 (NEP 2020):

The National Education Policy[02] emphasises equitable and inclusive education and recognises children with disabilities as a key group requiring targeted support to ensure participation across all levels of education.

- Inclusive Education as a Core Principle - NEP 2020 identifies Socio-Economically Disadvantaged Groups (SEDGs), which explicitly include children with disabilities, and calls for targeted interventions to ensure equitable access to education.
- The policy emphasises early identification of disabilities and provision of early intervention services to improve learning outcomes and school participation. The policy recommends early screening, identification, and support for children with disabilities to ensure appropriate educational interventions.

- NEP 2020 calls for barrier-free access in schools, including accessible infrastructure, transport, and learning materials. Schools are to be equipped with barrier-free access, including ramps, accessible toilets, and appropriate learning resources for children with disabilities.
- The policy strongly recommends the use of assistive devices, accessible digital content, Braille, sign language, and audio materials. Assistive technology and appropriate learning materials are to be made available to support the learning of children with disabilities.
- NEP 2020 emphasises that teacher education programmes must include training on inclusive education and disability inclusion.
- Flexible Curriculum and Assessment - The policy recommends curriculum adaptation, flexible learning pathways, and appropriate assessment methods for children with disabilities.
- Home-Based Education for Children with Severe Disabilities - For children with severe and multiple disabilities, NEP allows home-based education with support from special educators, while still linking them to the education system.

6.2 Current Policies & Practices in School-Focused Disability Inclusion

1. Programme-Level Operationalisation: Samagra Shiksha: Under Samagra Shiksha, states receive financial and technical assistance to implement inclusive education measures, including: Block-level assessments of Children with Disabilities , Teacher orientation and in-service training, Provision of aids and appliances, Transport and escort allowances, Strengthening Block Resource Centres for individualised support.

Samagra Shiksha operationalises NEP commitments through fiscal devolution and decentralised implementation. Its design recognises structural barriers (transport, devices, local support systems). However, variability in state capacity and monitoring affects uniformity and quality of delivery.

2. Examination Board Guidelines: CBSE and ICSE: The Central Board of Secondary Education (CBSE) Handbook of Inclusive Education translates policy into pedagogical guidance. It foregrounds: Universal Design for Learning (UDL): multiple means of representation, expression, and engagement, Differentiated instruction: adapting content, processes, and outputs within shared classrooms.

Similarly, the Council for the Indian School Certificate Examinations (ICSE/ISC) provides member schools with guidance on: Environmental adjustments (seating, accessible materials), Assistive listening devices and noise reduction, Extended time and adaptive tools, Ongoing teacher training.

Both boards move beyond exam concessions toward pedagogical transformation. Their frameworks reflect international inclusive education models. However, compliance is uneven, particularly in low-resource or non-urban schools where training and infrastructure gaps persist.

3. State-Level Regulatory Frameworks:

Haryana (2025 Guidelines): Aligned with NEP 2020 and the RPwD Act, Haryana mandates - Non-denial of admission in regular classrooms, Individual Education Plans (IEPs), Resource rooms and accessible infrastructure, Pre-service and in-service teacher training, Assistive tools and flexible instruction, Parental representation in School Management Committees, Institutional incentives and penalties for compliance

Chandigarh Policy Framework: Chandigarh requires schools to appoint trained special educators, counsellors or therapists, provide assistive devices, and offer curriculum adaptations consistent with CBSE norms and disability law.

These state models illustrate stronger regulatory enforcement compared to national advisory frameworks. Mandated staffing, infrastructure standards, and accountability clauses represent a move from aspirational to enforceable inclusion. The challenge remains fiscal sustainability and workforce availability.

4. Classroom-Level Practices:

- Differentiated Instruction: Schools increasingly adapt tasks through flexible grouping, scaffolded learning, varied entry points, and alternative assessment formats. This enables learners with diverse readiness levels and profiles to engage meaningfully with the same curriculum.
- Universal Design for Learning (UDL): UDL embeds accessibility at the planning stage through, Multiple means of engagement, Multiple means of representation, Multiple means of expression. This reduces reliance on reactive accommodations and promotes proactive accessibility.
- Individualised Supports: IEPs are more widely adopted in mainstream schools to align personalised goals with general curriculum standards. Some schools employ: Shadow teachers, Special educators, Mental health professionals.

- Dakshina Kannada Initiatives[54]: Schools report integration of learners with ADHD, autism, and Down syndrome into mainstream settings using shadow teachers, therapists, and improved accessibility infrastructure (ramps, adapted toilets, elevators).
- Community-Based Inclusion Models: Peer mentoring, cooperative learning, visual storytelling, and sign-language integration demonstrate that inclusive education can extend beyond elite urban schools when supported by teacher–community partnerships.

At the classroom level, inclusion is increasingly pedagogical rather than merely infrastructural. However, sustainability depends on teacher competence, manageable class sizes, and consistent institutional support. India's inclusive education landscape reflects multi-layered policy coherence: national legislation (RPwD Act), systemic reform (NEP 2020), programme funding (Samagra Shiksha), examination board operational guidance (CBSE/ICSE), and state enforcement models.

6.3 Reasonable Accommodation in Schools

The Rights of Persons with Disabilities (RPwD) Act, 2016 defines reasonable accommodation as necessary and appropriate modifications to ensure persons with disabilities can exercise rights on an equal basis with others. In education, this creates a legal obligation for both government and private institutions to provide inclusive education through adapted curricula, assistive technologies, accessible infrastructure and qualified support personnel, including special educators or shadow teachers.

Continuum of services:

An effective inclusive education system must be conceptualised as a continuum of services rather than a single-point intervention. Inclusion requires coordinated support across the full trajectory of a child's educational journey — beginning with early identification and diagnosis, followed by timely certification, school enrolment, sustained retention, and appropriate pedagogical adaptations. This continuum should encompass varying intensities of support, including home-based education where necessary, itinerant teacher models, resource room provisions, targeted therapeutic inputs, and structured pathways toward full participation in mainstream classrooms. Recognising inclusion as a dynamic and graduated process allows systems to respond flexibly to diverse and evolving needs, ensuring that support is neither fragmented nor episodic but sustained, coherent, and outcome oriented.

Assistive Technology & Digital Inclusion:

Assistive technologies (ATs) play a crucial role in the lives of people with disabilities and are necessary to be able to access essential services and participate in family and community life according to one's aspirations.

- Assistive technologies is a vital factor in minimizing the need for constant caregiver presence and restoring some independence to people with motor impairments. Although this is not often specifically mentioned, the large majority of people with disabilities will routinely use more than one assistive device in their everyday lives.
- Government initiatives such as the Assistance to Disabled Persons for Purchase/Fitting of Aids and Appliances (ADIP) Scheme implemented by the Department of Empowerment of Persons with Disabilities aim to improve access to assistive devices for economically disadvantaged persons with disabilities. The scheme provides subsidies for a range of assistive products including wheelchairs, prosthetics, hearing aids, and educational aids (Department of Empowerment of Persons with Disabilities, 2014[56]).
- Assistive technology is particularly important in education, where tools such as Braille readers, screen-reading software, hearing aids, and augmentative communication devices support the inclusion of children with disabilities in mainstream and special schools. However, studies in India show that many educational institutions lack adequate assistive devices and trained personnel, limiting the effectiveness of inclusive education policies (Sharma & Kumar, 2022[57]).

Skilling and Employment:

According to the International Labour Organization (ILO), there are an estimated 386 million working-age people with disabilities worldwide. However, unemployment rates among persons with disabilities can reach as high as 80% in some countries. Common misconceptions and biases often lead employers to assume that individuals with disabilities are unable to work, perpetuating this problem. In India, despite reserving three percent of government jobs for this group, the employment needs of persons with disabilities remain unmet. Of some 70 million persons with disabilities in India, only about 100,000 (approx. 1.5%) have succeeded in obtaining employment in industry . Another study reports that India has nearly 3 crore people with disabilities, of which around 1.3 crore are employable, but only 34 lakhs have secured employment. There is a huge potential unutilised.



POLICIES VERSUS PRACTICE GAPS AND IMPLEMENTATION CHALLENGES

POLICIES VERSUS PRACTICE GAPS AND IMPLEMENTATION CHALLENGES

7.1 Disability Certification

Under the Rights of Persons with Disabilities Act, 2016, disability certification — increasingly linked to the Unique Disability ID (UDID) system — is mandatory to access statutory entitlements, including educational accommodations and welfare benefits. Certificates are issued by medical boards, typically in government hospitals, and function as formal proof of disability across sectors.

The UDID portal provides information on cumulative pending applications and the number of UDID cards generated in the previous three months, which together indicate system efficiency. Based on data downloaded on 20 March 2026, *(figure.7)* the analysis reveals wide interstate variation. Tamil Nadu demonstrates the highest efficiency, with an efficiency ratio of 2.52 and an average processing time of 92 days, indicating a system that is clearing backlog faster than new applications accumulate. In contrast, the national average shows an efficiency ratio of 0.48 and an average processing time of 214 days, suggesting that the system at the national level is not keeping pace with demand, resulting in a growing backlog and longer waiting periods

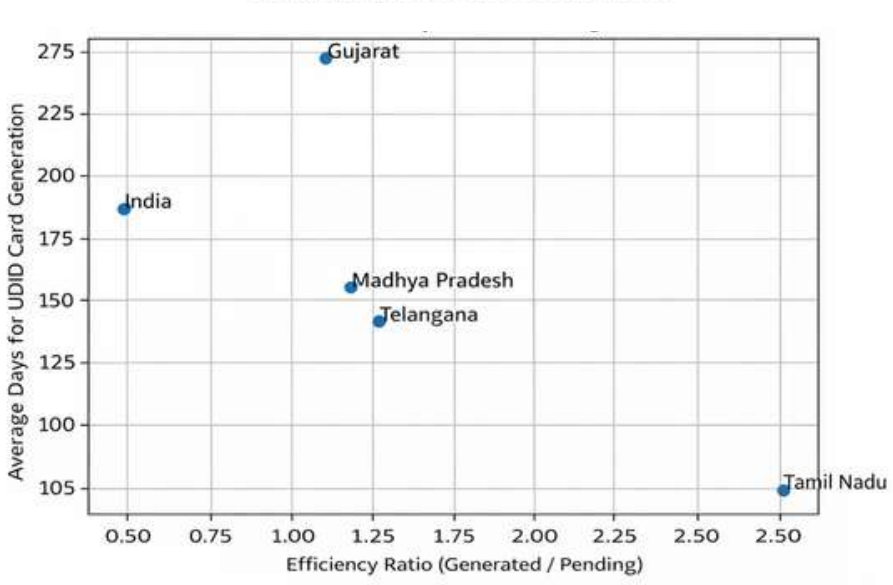


Figure 7 - UDID Efficiency / Processing Time

- Other states with high efficiency rates are Telangana (1.27 & 163 days), Madhya Pradesh (1.18 & 176 days), Gujarat (1.10 & 273 days).
- Lakshadweep, Meghalaya, Chhattisgarh, and Tripura show high efficiency but very long waiting times (300–700 days), indicating that older backlog cases are being cleared and overall processing delays remain high and the system is still slow in issuing cards.

- Uttarakhand, Ladakh, Sikkim, and Puducherry show high efficiency ratios due to low application volumes, but longer processing times indicate that system efficiency may be overstated.

Efficiency ratio alone does not indicate performance; it must be read together with processing time and backlog age. The downloaded data is given in (Annexure 2).

Due to the absence of publicly available standardised datasets on UDID applications and approvals, estimates have been constructed through triangulation of government reports, parliamentary responses, and portal data. (Annexure 3).

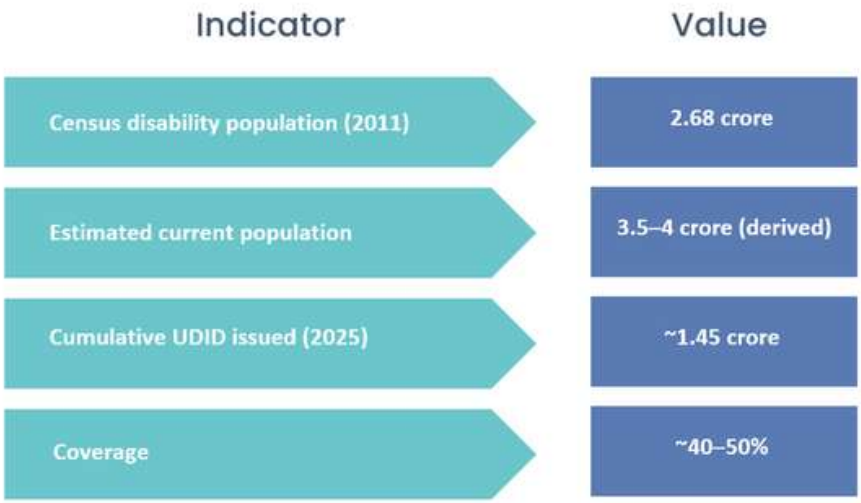
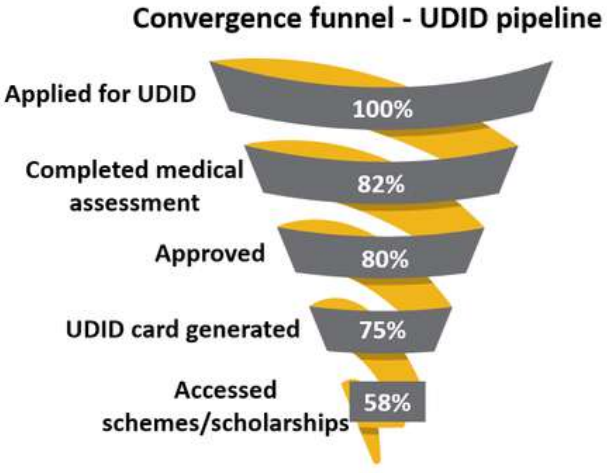


Figure 8 - UDID Coverage vs Disability Population

The approximate coverage is around 50% signalling the need for better coverage. The number of applications each year could not be got from any source, hence those issued is given in the table allow. Based on data available an AI simulation is done to see the pipeline from application to accessing schemes.



The data show two major funnels of exclusion for children with disabilities — one within the education system and another between disability certification and access to entitlements — with the sharpest drop occurring at the secondary level.

Figure 9 - UDID pipeline

(Figure.9) The conversion funnel shows that the most significant bottleneck occurs at the medical asses
sment stage. This is due to a shortage of trained professionals for assessment, challenges associated with digital application systems, and transportation barriers that limit access to assessment centres. Decentralising medical assessments to the block level would make the process more accessible, reduce delays, and improve overall conversion from application to certification.

Although the Act recognises 21 disability categories, assessment criteria for several conditions remain ambiguously defined or unevenly applied. Institutions may interpret thresholds differently, leading to contradictory disability percentages or outright denial of certification — directly affecting eligibility for education and related services.

Issues in early Identification, diagnosis and certification

Individuals with invisible, neurodivergent, or fluctuating conditions that are not easily captured through standard diagnostic tools (Bachhav, 2025[61]).

- The process often requires extensive treatment documentation — particularly for psychosocial disabilities — which is difficult to obtain in rural or underserved regions, further delaying access (Prakash, 2024[62]).
- Children with invisible or episodic disabilities, including certain learning disorders and chronic conditions, often fail to meet rigid clinical thresholds despite significant functional impairment (IDR).
- Rural families face compounded constraints: distant certification centres, transport costs, weak internet connectivity, and limited specialist availability — factors that increase attrition from the certification pathway (World Bank, 2018[07]).
- Even when risk factors are suspected, families may face barriers to obtaining clinical or psycho-educational assessment due to limited availability of specialists in rural or low-resource areas and the cost of private evaluations. As a result, students who may benefit from accommodations such as extra time, assistive technology, or curriculum differentiation are excluded from receiving them (Mukhopadhyay & Mani, 2019[63]).
- There is fragmented accountability in the certification process as multiple authorities (health departments, disability welfare, education boards) share responsibility for certification, but weak coordination leads to duplication of processes, standards disparities, and administrative bottlenecks.

- Systemic capacity constraints compound these barriers. Specialist doctors (e.g., neurologists, psychiatrists, clinical psychologists) are frequently unavailable on assessment panels outside major urban centres, leading to inconsistent or inaccurate evaluations.
- Many public hospitals lack adequate infrastructure and trained personnel, resulting in long queues, repeated visits, and procedural fatigue (IDR report). A recent medical commentary also noted uneven procedures, inadequate staff training, and software delays within the UDID platform, all contributing to growing backlogs.
- While UDID aims to centralize certification, digital portals can be inaccessible due to limited internet access or low digital literacy, especially in rural areas, causing avoidable errors and delays.
- Lack of systematic data and monitoring on the prevalence of different disabilities and on certification outcomes undermines planning and targeted interventions, perpetuating gaps in access.

When there is no certificate there are risk of non-enrolment, reduced participation, or premature school drop-out. Obtaining reservation benefits, scholarships, or fee concessions that can support their education and secure statutory accommodations in board exams (e.g., additional time or an amanuensis) becomes impossible. These rights are contingent on valid documentation of disability, (Bachhav, Apoorva K, 2025[61])

The certification framework remains rooted in a medical/impairment model, privileging measurable clinical markers over functional limitations. Disability certification in India — a prerequisite for accessing educational entitlements under the RPwD Act — is progressive in legal intent but often constrained in practice by medicalised assessment norms, limited assessors, procedural bottlenecks, and exclusionary effects for rural populations and those with less visible disabilities. These systemic challenges prevent many children from securing the certification required for accommodations, effectively denying or delaying access to essential supports in school environments.

7.2 Identification and reporting in Schools

UDISE+ collects data on Children with Disabilities (Children with disabilities), including enrolment by gender, grade, and level (primary to higher secondary), as well as information on disability-friendly infrastructure and teacher qualifications.

- It covers disability categories aligned with the Rights of Persons with Disabilities Act, including visual impairment, hearing impairment, locomotor disability, intellectual disability, mental illness, speech and language disability, learning disability, autism spectrum disorder, and multiple disabilities. However, while earlier UDISE reports (pre-2020) provided enrolment disaggregated by disability type, recent releases such as 2024–25 present more aggregated data, limiting detailed analysis of disability-specific needs.
- In addition, UDISE+ data collection relies primarily on school principals and headmasters, many of whom lack specialised training in disability identification and reporting. Studies indicate that fewer than 20% have received training in Children with disabilities assessment tools, which can lead to under-reporting or misclassification, as accurate identification often requires medical or psychological expertise beyond routine administrative responsibilities. Studies in Indian schools have documented that teachers frequently interpret behaviours associated with learning difficulties or autism as lack of effort or misbehaviour, rather than indicators of underlying neurodevelopmental profiles that require specific instructional approaches (Singal, 2019[14]). Without teacher competence in identification, students remain unassessed and unsupported.

7.3 Pedagogy, Teaching Learning Environment and Infrastructure

Evidence from India shows systemic gaps—delayed identification, weak early intervention, limited assistive technology, inadequate teacher training, and poor inter-sectoral coordination—contribute to exclusion, grade repetition, and poor transitions (Srivastava & Noronha, 2016[65] Mukhopadhyay & Mani, 2019[64]).

- Teacher training Teacher capacity for Universal Design of Learning (UDL) and differentiated instruction varies widely across schools, with many educators lacking formal training. The success of inclusive education hinges on teachers' preparedness and professional development.
- Research by Singh (2020)[65] indicated that many teachers in India feel ill-equipped to handle the diverse needs of students in inclusive classrooms. Their study emphasized the need for comprehensive training programs focused on inclusive pedagogies, classroom management strategies, and individualized education plans (IEPs).

- Teachers frequently report insufficient training in using assistive technologies, which affects their ability to integrate these tools into classroom practices. When teachers receive adequate training, they are more confident and effective in facilitating inclusive learning environments, ultimately leading to improved student outcomes. Across India, teacher training in inclusive pedagogy is limited and often fragmented, with general educators lacking confidence and skills to support learners with diverse needs. C S Raja Rajeswari. (2020)[66].

- *Class size:* Large class sizes (often 40–60 students) also make individualized attention difficult in inclusive settings. Additionally, attitudinal barriers among teachers and communities—such as low expectations for students with disabilities and lack of awareness—undermine inclusion. V K Soratha (2025)[67]; Gupta (2016)[68] highlighted challenges faced in inclusive settings, noting that teachers often struggle to address diverse learning needs due to large class sizes and insufficient training. These factors can negatively impact the academic performance of both students with and without disabilities. Thus, while inclusive education has the potential to improve outcomes, effective implementation is crucial

- *Curricula:* Standardised curricula and examination systems provide limited flexibility to adapt content, instruction, or assessment methods for diverse learners, making classrooms less responsive to individual learning needs.

- *Accessible infrastructure:* Inclusivity for Children with Disabilities (Children with disabilities) shows mixed progress. While 75.5% of schools have ramps (72% with handrails), and only 35.6% offer Children with disabilities-specific toilets, with stark disparities – Chandigarh at 90% versus Bihar at 19%. This gap undermines NEP's inclusive education mandate, particularly in remote regions like Ladakh (21.6% ramps).

- *Digital divide:* Digital infrastructure reveals a more troubling divide. While electricity access is robust at 93.7% nationally, only 64.7% of schools have computers, with just 58% functional for pedagogical use, and internet connectivity stands at 63.5%. States like Bihar (25.2% computers) and West Bengal (18.6% internet) trail far behind leaders like Delhi (100% internet) and Andhra Pradesh (99% internet). Accessible computer technology at schools for Children with Disabilities are not available.

- *Intersectional barriers* intensify exclusion, particularly for women with disabilities and those in rural areas where infrastructure and institutional capacity are weaker.
- *Enrolment:* Nationally, Children with disabilities enrolment for 2024-25 is approximately 2.1 million, constituting 0.9% of total enrolment (246.93 million) marking NEP's 2.5-3% target a difficult task to achieve.

7.4 Assistive Technology / Devices

Lack of availability of devices, institutional resources, technical support, and awareness among families and administrators further restrict effective use of assistive devices.

- Studies highlight that persons with disabilities often face multiple barriers in obtaining appropriate assistive products, including high costs, limited availability of service providers, lack of information about available schemes, and inadequate follow-up support after device distribution (Senjam et al., 2023[69]).
- Furthermore, the distribution of assistive devices is often concentrated in urban areas, leaving rural populations with limited access to rehabilitation services and assistive technology.

One size does not fit all - Acceptance, Customisation and training:

- Assistive technologies can have high rates of nonacceptance and non-use, partly due to end-user exclusion during the design process. Research consistently demonstrates that assistive devices must be individually fitted and adapted to the user's physical characteristics, functional abilities, and living environment to ensure effective use, (Scherer 2000)[70].
- Studies on assistive technology utilisation indicate that nearly one-third of devices are abandoned, often because of poor matching between the device and the user's needs or lack of proper assessment and training. Standard wheelchair designs often fail in rural and low-resource environments; context-specific and customised designs improve durability, usability, and mobility outcomes (Amos G. Winter et al.,2012 [71]).
- Marcia J. Scherer and colleagues (1996; 2005[72]) demonstrated that devices selected without user-centred assessment and modification are significantly more likely to be abandoned. Their work emphasised the need for individual assessment, fitting, and environmental adaptation. Louise Demers et al. (2002[73]) reported similar findings in studies on mobility aids, showing that device satisfaction and continued use increase when devices are tailored to the user's functional abilities and lifestyle.

- Rehabilitation research further shows that customised seating systems, device configuration, and adjustments significantly improve comfort, mobility efficiency, and user independence (Rory A. Cooper, 1998[74], Rory A, Cooper et.al 2006[75]).
- Global guidance from the World Health Organization emphasises[76],[77] that assistive products should be provided through a structured process of assessment, prescription, fitting, training and follow-up to ensure they are appropriate to the user's body, functional requirements, and environmental context. Without such customisation, assistive devices may be under-utilised and may even lead to secondary health complications.

The research highlights the need for customised assistive devices that are tailored to individual functional needs. Mass distribution camps conducted under various schemes often prioritise quantity over usability, resulting in devices that are poorly fitted or underutilised. There is therefore a need to shift the focus from large-scale distribution to assessment, customisation, fitting, and user training, so that assistive devices are used effectively and improve functional independence.

7.5 Scholarships

The legal frame works; international commitments and relatively greater visibility of disability rights have resulted in increase in scholarships and schemes for students with disability.

- In the last 10 -15 years, there is an increase in scholarship and schemes as evidenced by increase in budget for DEPwD every year.
- The scholarships have shifted from financial aid alone to including assistive devices and support for educational progress (school → college → research).
- There is an emerging trend of CSR and international foundation & universities offering scholarships for students with disabilities.

Though there is clear expansion in intent but uneven depth and reach in practice:

- There is still higher focus on tuitions and stipends and the support underestimates true cost of disability-related support
- Although scholarship support for higher education—such as university, professional courses, and MPhil/PhD programmes—has increased in recent years, the transition of students with disabilities into higher education remains limited. High dropout rates at the secondary level create a bottleneck, leaving only a small proportion of students eligible to benefit from higher education scholarships.

- Uneven coverage across disability types with students with visible physical disabilities tend to access schemes more easily compared to those with developmental/ psychosocial/intellectual/ learning & invisible disabilities. There is an identification issue and system bias.
- Multiple barriers—such as low awareness, digital-only systems (lack of access to digital platform & digital compatible assistive devices), complex application processes, certification challenges, and delays in disbursement—limit access to scholarships for students with disabilities, particularly those from rural and low-income backgrounds.

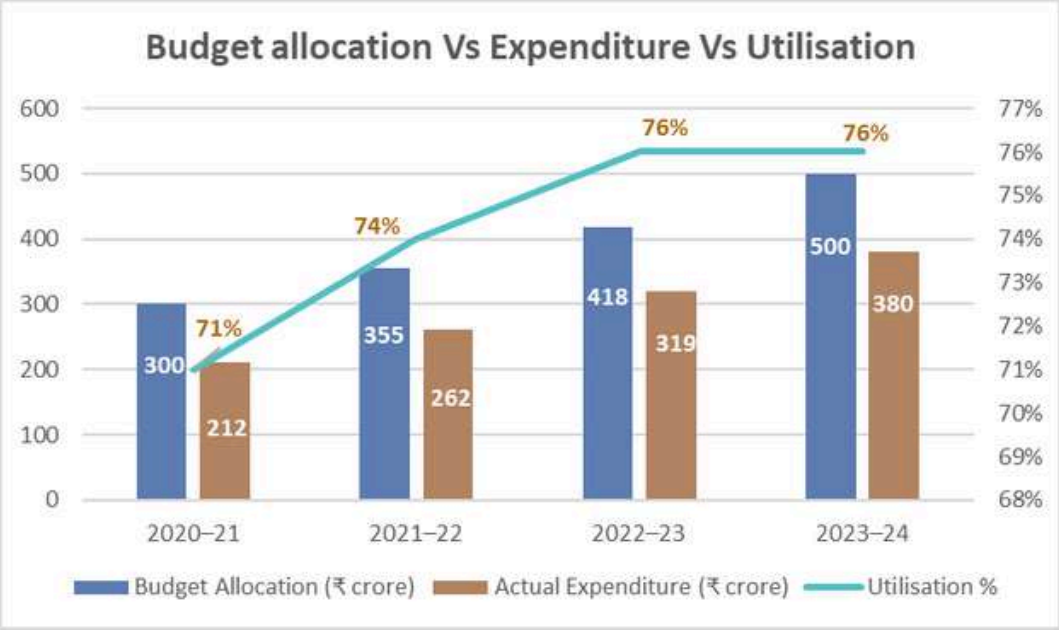


Figure 10 - Budget Allocation vs Expenditure

(Figure.10) indicates a rise in both budget allocation and expenditure for the Department of Empowerment of Persons with Disabilities (DEPwD), along with an overall improvement in utilisation over time. The budget covers the department's full portfolio, including key schemes such as ADIP, the National Scholarship programme, the National Helpline, UDID cards, and related e-platforms.

While the total budget allocation of the FY 2023-2024 is 67% more than FY 2020-2021, the utilisation in FY 2023-2024 is only 76% of the allocated budget. This suggests that the constraint is not primarily financial. Rather, it reflects limitations in implementation capacity and delivery systems, which are not keeping pace with the scale of resource expansion.

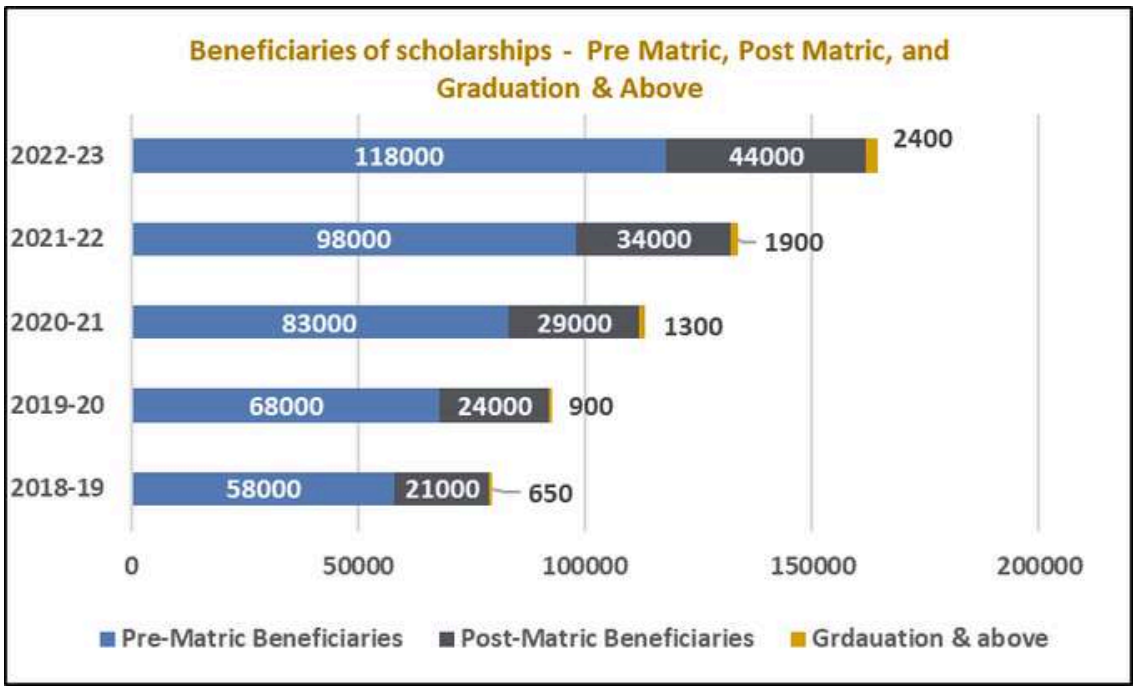


Figure 11 - Scholarships

(Figure.11) It indicates a steady increase in the number of beneficiaries accessing scholarships overall. However, the number of students accessing scholarships at the university level and above remains very low. This is primarily due to high dropout rates at the secondary level, which act as a bottleneck in the education pipeline, resulting in very few students with disabilities reaching higher education and becoming eligible for higher education scholarships.

Schemes should be designed to address disability-specific needs rather than following a uniform approach.

7.6 Resources and Monitoring

Resource allocation for assistive technologies and support staff remains inconsistent, especially outside major urban areas. Resources for accessibility is also not there. NEP 2020 proposes a 5%+1% model, allocating 5% of enrolment targets for Children with disabilities alongside 1% additional resources, integrated with Samagra Shiksha provisions for aids, appliances, and resource centres. But many schools, especially in rural or low-resource settings, lack basic physical accessibility (ramps, accessible toilets, tactile pathways) and adaptive learning spaces or assistive technology, which are essential for participation of learners with physical disabilities and other needs. There are insufficient trained special educators, counsellors, and psychologists in many schools, especially government schools, and limited funding earmarked specifically for inclusion-related supports and materials. C S Raja Rajeswari, (2020)[66].

Monitoring and accountability mechanisms for inclusive practices are still developing, with implementation depending heavily on individual school leadership. There are silo approaches and lack of accountability by various professionals, without concentrated interdisciplinary approach.

Despite policy frameworks and support guides, system-wide implementation remains uneven:

7.7 Attitudinal Barriers

- "Attitudinal barriers such as stigma, low expectations from teachers, and peer exclusion significantly constrained the participation of learners with disabilities....Many learners with disabilities reported feeling excluded within the classroom and experienced a limited sense of belonging in school." (Mir, 2024[80]).

- "Negative beliefs about the academic abilities of learners with disabilities, limited peer acceptance, and insufficient instructional support negatively affect their learning outcomes and participation in inclusive classrooms....The lack of appropriate pedagogical support and teacher preparedness remains a major barrier to effective inclusion and learning for students with disabilities." (Sherry, 2025[81]).

- Barriers to learning and participation arise in the interaction between students and their contexts: the people, policies, institutions, cultures and social and economic circumstances that affect their lives. Students are disabled by barriers to learning and participation within the school, not by their impairments. (Booth & Ainscow, cited in Bourke-Taylor et al., 2018[82]). These barriers are socially constructed; they arise not from impairment but from institutional cultures and practices that fail to accommodate diversity in functional needs.

To conclude, research on implementation of policies reveals persistent gaps such as gender, inadequate teacher preparation for inclusive pedagogies, insufficient resources for assistive technologies, and slow infrastructural adaptation, all of which constrain policy realisation in practice (Verma, 2023[83]; Sardar et al., 2024[84]). Bridging these gaps requires stronger interdepartmental coordination, ring-fenced financing for disability inclusion, clearer accountability mechanisms and effective grievance redress systems to ensure that legal guarantees translate into enforceable practice rather than procedural compliance.

IMPACT OF DISABILITY INCLUSIVE SCHOOLING



IMPACT OF DISABILITY INCLUSIVE SCHOOLING

Disability-inclusive schooling is both a rights obligation and a high-return social investment. Cross-context evidence shows that, when adequately supported, inclusive education yields educational, psychosocial, economic, and intergenerational gains.

- Sharma and Sharma (2019)[03] conducted a comparative study in Delhi, revealing that inclusive classrooms yielded higher academic achievement among students with disabilities compared to their counterparts in segregated settings. The researchers attributed this to peer support, differentiated instruction, and collaborative learning opportunities that enhance engagement and understanding. Inclusive schooling improves enrolment, attendance, grade progression, and retention among children with disabilities. Learning in mainstream settings with reasonable accommodations reduces delayed entry, repetition, and dropout. Inclusive classrooms also benefit non-disabled peers by promoting engagement and strengthening differentiated teaching practices, thereby enhancing overall system quality (UNESCO, 2020[05]).
- Participation in regular school environments strengthens self-esteem, belonging, and social competence. Reduced segregation enables peer relationships, communication development, and positive identity formation, all of which are linked to improved academic outcomes and long-term mental well-being (UNICEF, 2019[06]). Inclusive education also plays a pivotal role in fostering social skills among students. According to a study by Rao et al. (2015) [85], students in inclusive classrooms exhibited improved social interactions, empathy, and cooperative learning skills. This environment not only benefits students with disabilities but also enhances the social competencies of their peers. The study underscores the importance of peer relationships in facilitating emotional and social development, contributing to a more inclusive school culture.
- Accessible and well-supported schools also reduce caregiver burden, particularly for women. Predictable schooling lowers the need for constant supervision and informal home instruction, easing financial strain and enabling greater participation in paid work and community life (UNICEF & ILO, 2021[86]).

- Inclusive education strengthens foundational skills—literacy, numeracy, communication, and social competencies—critical for further education and employment. Young people educated inclusively show stronger transitions to adulthood, including higher rates of economic participation and independent living compared to peers from segregated settings (Banks et al., 2019[87]).

- Over time, inclusive education contributes to poverty reduction by disrupting cycles of exclusion and dependency. Educated persons with disabilities are more likely to access livelihoods, invest in their families, and participate in civic life, while societies benefit from reduced discrimination and stronger social cohesion (UNESCO, 2017[88]).

- Despite the positive impacts of inclusive education, several barriers hinder its effective implementation in Indian schools. According to Kaul, P. (2024)[89], systemic issues such as inadequate infrastructure, lack of resources, and societal attitudes towards disability impede the success of inclusive education initiatives. Additionally, the stigma associated with disabilities often affects the self-esteem and performance of students, creating a cycle of underachievement.



ECOSYSTEM SUPPORT FOR INCLUSIVE SCHOOLING

ECOSYSTEM SUPPORT FOR INCLUSIVE SCHOOLING

Inclusive schooling does not operate in isolation; it is sustained by interconnected systems of family, community, health, and social support. The effectiveness of inclusion depends on how well these ecosystems coordinate to address diverse and evolving support needs of children with disabilities.

9.1 Role of Families, community, medical & therapeutic services etc.

- **Role of Families in Educational Inclusion:** Families are the primary caregivers and advocates for children with disabilities, playing a decisive role in enabling access to inclusive education. They manage daily care, navigate complex health and school systems, advocate for accommodations, and make high-stakes educational decisions. In low- and middle-income contexts, these responsibilities are intensified by service gaps, financial strain, and weak institutional support. While family engagement is strongly associated with positive educational outcomes, over-reliance on families without systemic backing increases caregiver stress and widens inequities in participation and attainment (Turnbull et al., 2015[90]).

- Families should actively enrol children with disabilities in nearby schools rather than assuming special schools are the only option. Community leaders and parent groups can help families understand that inclusive education is a right under the Rights of Persons with Disabilities Act, 2016.

- Parents can regularly interact with teachers to discuss learning needs, reasonable accommodations, and classroom adaptations. Community-level parent groups can collectively advocate for resource teachers, accessible infrastructure, and teaching materials

- Families can reinforce life skills, communication, and basic academic learning at home using simple activities, pictures, or daily routines. This is especially important where classroom support is limited.

- Families and community organisations can advocate for digital platforms that include features such as captions, screen reader compatibility, voice commands, and adjustable text size.

Community-Level Support Structures:

Non-governmental organisations (NGOs), Disabled Persons' Organisations (DPOs), parent collectives, and community volunteers act as intermediaries between families and formal systems. They support awareness, early identification, school enrolment, access to assistive devices, and caregiver training—often compensating for limitations in public provision, particularly in underserved areas. Evidence indicates that community-led and parent-driven initiatives improve accountability, reduce stigma, and sustain school participation for children with disabilities (CBM, 2012[91]; World Bank, 2018[07]).

Medical, Therapeutic, and Rehabilitation Services:

Health and rehabilitation services—early screening, diagnosis, physiotherapy, occupational and speech therapy, and assistive technologies—are foundational to school readiness and continued participation. Effective early identification and referral systems reduce secondary impairments and learning barriers. However, fragmented delivery, delayed diagnosis, and weak coordination between health and education sectors frequently lead to postponed school entry, irregular attendance, and exclusion, particularly for children with high-support needs (McConachie et al., 2015[92]).

Differential Support Needs by Disability Type:

Support requirements vary significantly across disability types. Children with cerebral palsy, intellectual disabilities, or multiple disabilities often require sustained, coordinated, multi-sectoral interventions spanning education, health, rehabilitation, and social protection. By contrast, many children with sensory or specific learning disabilities benefit primarily from timely identification and targeted educational accommodations. Evidence underscores that outcomes are shaped less by diagnostic category alone and more by the continuity, coordination, and appropriateness of supports over time (Singal, 2016[42]).

Coordinated Efforts:

Inclusion requires sustained coordination across medical, educational (both special and mainstream), civil society, and multiple government departments — including welfare, education, health, and rural development. Educational inclusion cannot function effectively if health systems manage diagnosis in isolation, if welfare schemes operate independently of schooling realities, or if teacher preparation is disconnected from rehabilitation and assistive services.

At present, service delivery is largely siloed. Departments work within administrative boundaries, professionals operate within disciplinary limits, and data systems rarely communicate across sectors. This fragmentation results in delayed referrals, duplication of assessments, inconsistent support plans, and gaps between certification, therapeutic intervention, and classroom accommodation. Families are often left to navigate these disconnected systems on their own.

A shift towards an interdisciplinary and interdepartmental approach is essential. This would involve shared accountability frameworks, integrated referral pathways, joint training across sectors, pooled data systems, and coordinated budgeting mechanisms. Schools must function as convergence points where health inputs, therapeutic supports, social protection schemes, and pedagogical strategies align around the learner. Without systemic coordination, inclusion remains procedural. With it, inclusion becomes structurally embedded and sustainable.

Families and communities are often the first support system for persons with disabilities. Their role goes beyond care; they help create environments where inclusion becomes normal. By advocating for inclusive schools, promoting digital access, and ensuring appropriate assistive technology, they help translate disability rights into everyday participation and independence.

9.2 Role of funders & Civil society organisations

Civil society organisations

NGOs play a critical role in translating policy commitments into practical inclusion. As poverty and disability reinforce each other, children with disabilities remain the most disadvantaged within vulnerable communities. To truly reach the unreached, all CSOs must intentionally include persons with disabilities in their programmes. Inclusive education is possible for most of the children with disabilities.

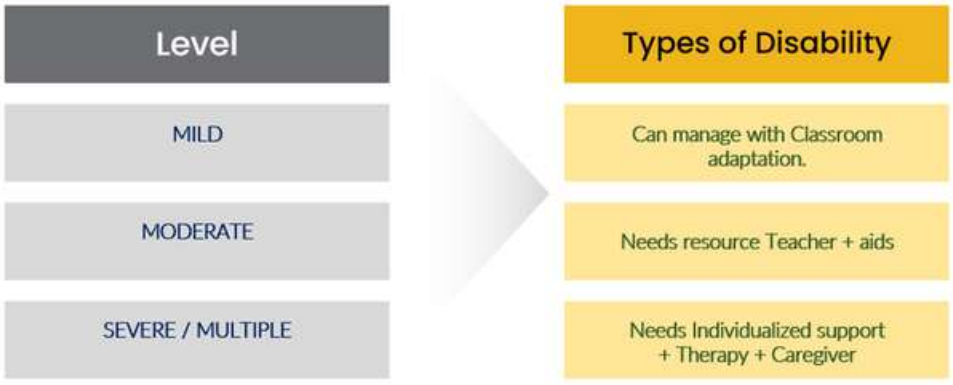


Figure 12 - level vs Types of Disability

(*figure.12)* Level beyond the impairment at the individual level, the levels of need increases with lack of appropriate assistive devices, lack of transport to commute to school, inaccessible environment in the school and its facilities, lack of supportive environment in school, lack of appropriate learning environment that in inclusive to diverse needs, etc.

Most policies mostly and address assume Level 1 & 2. NEP 2020 mandates continuum of services from home-based education & therapy, special schools to inclusion. Where inclusion is harder, home-based therapy and education are to be considered.

Roles differ between general development organisations and disability-focused organisations. While mainstream NGOs may lack technical expertise, disability organisations provide specialised knowledge and services. Together, their efforts should follow a twin-track approach: one focused on empowering persons with disabilities, led by specialised organisations, and the other on mainstreaming disability by creating an enabling ecosystem for inclusive development, led by general NGOs.

Twin Track Approach: *(Figure.13)* Rights-based awareness has grown, with disability movements and professionals increasingly advocating a Twin-Track Approach in India. This comprises:

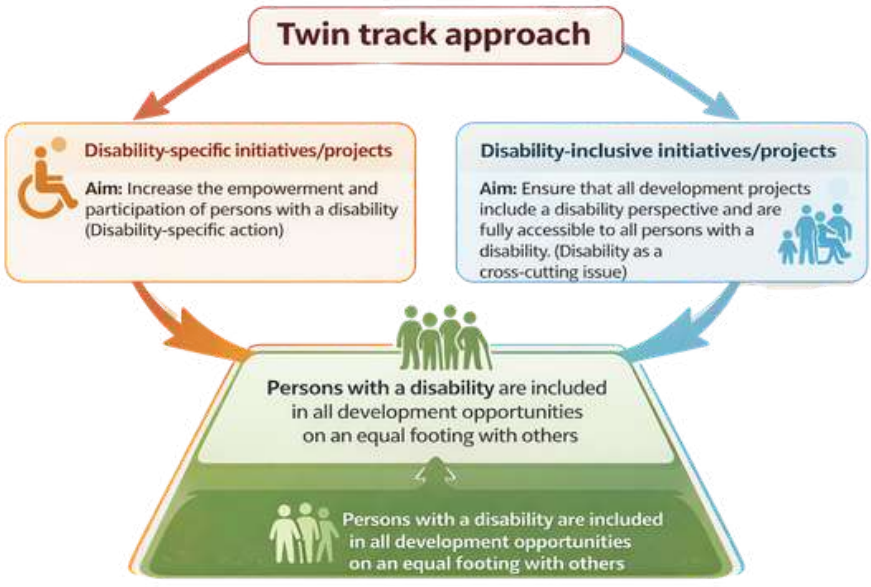
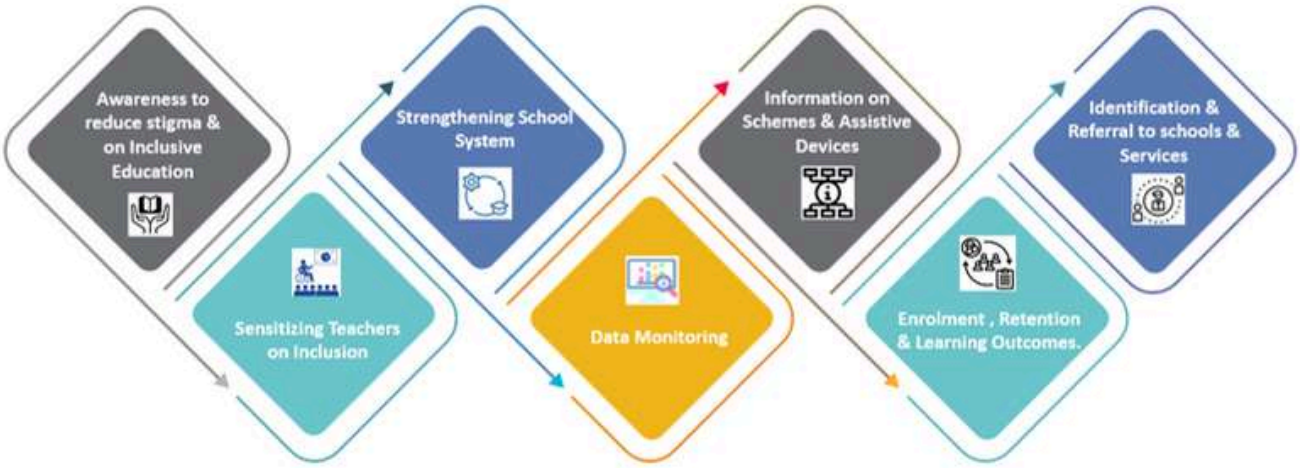


Figure 13 - Twin track approach

Track 1: Disability-specific empowerment – strengthening persons with disabilities, their families and representative organisations through improved access to support services, healthcare, education, livelihoods, social participation and political voice.

Track 2: Societal mainstreaming – systematically identifying and removing structural barriers in infrastructure, communication, attitudes, policy and legislation, while integrating disability inclusion across all development programmes. Together, these tracks recognise that inclusion requires both targeted support and systemic transformation.



1. Promoting Inclusive Education

A. General Development Organisation:

- Evidence from India shows that children with disabilities in marginalised communities face compounded barriers, requiring context-responsive strategies (Singal, 2019[14][). NGOs in the education sector aiming to reach the most marginalised must intentionally include children with disabilities in its enrolment, retention, and learning outcome strategies.
- Government schools constitute 69%, most of the children with disability are from poor socio- economic status and will need admission in these schools. It also should be noted that most of them have ramps and accessible toilets. CSOs should work on inclusion in their neighbouring schools (with resource support from CSOs in disability sector), strengthening school systems, supporting school management committees to monitor inclusion, accessibility, and participation of children with disabilities.
- Sensitising teachers is an important aspect wherein they can organise basic orientation sessions for teachers on inclusive classroom practices and identification of learning barriers.
- General development NGOs in the education sector can play a critical watchdog role by systematically collecting and monitoring disability-disaggregated data, ensuring that children with disabilities are visible, included, and accounted for in education programmes.
- Promote community awareness and mobilisation by engaging families, caregivers, and community leaders to reduce stigma and encourage enrolment of children with disabilities in neighbourhood schools.

- This should include raising awareness on the availability of assistive devices and relevant government schemes and actively supporting families to access these entitlements.
- Strengthen identification and referral mechanisms by systematically identifying children and persons with disabilities, linking them to appropriate service providers, and facilitating access to rehabilitation services, healthcare institutions, and assistive technology providers, including support for navigation and follow-up.

B. Organisations specialising in disability:

- Assessment and early intervention services by supporting identification of developmental disabilities and linking children to early intervention services.
- Assessment and support for accessing appropriate assistive devices, ensuring that devices such as wheelchairs, hearing aids, and prosthetics are customised to individual needs, along with training for professionals, users, and caregivers on their effective use and maintenance.
- Technical support to schools and governments by promoting and advocating to education departments on inclusive curriculum design and inclusive education policies. Where feasible demonstrating model inclusive education programmes that can be replicated within government school systems.
- Working with governments and manufacturers to improve supply chains and standards for assistive technology. And research and innovation for developing locally appropriate assistive technologies that are affordable and culturally suitable.

2. Reducing the Digital Divide

Role of General NGOs / CSOs

- Ensuring accessible by encouraging the use of platforms that support captions, text-to-speech, and adaptable interfaces.
- Making their building and other infrastructures accessible.
- Affordable device access can be provided to persons with disabilities and others from lower socio-economic background by facilitating device-sharing models, refurbished devices, or partnerships with companies to provide low-cost digital devices.
- Advocacy for inclusive digital policies by working with local governments and schools to prioritise accessible digital learning systems.
- Provide accessible basic and advanced digital literacy training to persons with disabilities in use of technical equipment, online learning, and communication tools.

- Where feasible setting up community-based digital hubs that are inclusive where children and youth can access computers, internet connectivity, and learning platforms.
- Ensuring livelihood, education, and skill development programmes include provisions for assistive devices.

Role of Disability-Focused NGOs / CSOs

- Training persons with disabilities & providing training to trainers of general development agencies in digital literacy n the use of assistive digital tools such as screen readers, speech recognition software, and communication applications.
- Accessible digital content development by working with developers and education institutions to ensure websites, applications, and learning platforms follow accessibility standards.
- Providing specialised support services to general NGOs on digital accessibility assessments and recommending suitable technologies for different disabilities.
- Advocacy on digital accessibility standards and promoting compliance with accessibility guidelines in government and corporate digital platforms.

General NGOs contribute mainly by mainstreaming disability inclusion in broader development programmes, while disability-focused organisations contribute handholding support, technical expertise, specialised services, and innovation. Effective inclusion occurs when both groups collaborate—combining community reach with disability-specific knowledge. In practical terms, inclusive development requires moving beyond seeing disability programmes as a separate sector and instead ensuring that all development initiatives are accessible, inclusive, and responsive to diverse abilities.

Funding (Donors):

- Comprehensive and Integrated Funding: A continuum approach to inclusion underscores that inclusive education extends far beyond enrolment.
- Inclusion is a process of systemic reform involving changes in curriculum, pedagogy, institutional structures, and strategies to remove barriers and ensure equitable, participatory learning for all students. Consequently, funding frameworks must move away from fragmented, scheme-based allocations toward comprehensive, school-level investment models.

- Financing should treat the school as an integrated unit of transformation. This requires sustained resource allocation for teacher preparation in Universal Design for Learning (UDL) and inclusive pedagogies, ongoing professional development, and structured coordination with special educators, therapists, and other resource professionals. Investment must also cover accessible infrastructure — including physical modifications, assistive technologies, and learning materials — to ensure that environments are barrier-free in both design and practice.
- In any inclusion programme, it is equally critical to fund early identification, certification processes, and facilitation of access to entitlements, ensuring that administrative bottlenecks do not undermine educational participation. Community and parental awareness — among families of children with and without disabilities — must also be supported through outreach and engagement initiatives, strengthening collective ownership of inclusion that improves educational experiences of all children irrespective for disability.
- Most scholarships assume that students with disabilities are already in the education system, but many never reach the levels where they can benefit due to early dropout. Therefore, donors and NGOs working in the education and disability sectors need to focus not only on financial support, but on building an enabling ecosystem that provides end-to-end educational support. This includes funding for motivating families to enrol children with disabilities in school, ensuring their access to assistive devices and rehabilitation services, supporting inclusive practices within schools, and enabling smooth transitions across educational stages so that enrolled children can move through the education pipeline.
- Enabling inclusion by funding and partnering with disability-specific NGOs and development NGOs, where technically sound disability organisations can serve as technical resource agencies to support, embed, and accelerate inclusion within development CSOs. Coordination and working with both sectors is as important as funding.
- Funding research for deeper research on trends in inclusion, models on inclusion; customising, training and fitting assistive devices and new assistive technology.

8.3 Paradigm Shift in Narrative Framing

Disability inclusion continues to be framed narrowly within a welfare or deficit discourse, positioned primarily as a response to the needs of persons with disabilities. This framing limit both ambition and investment. A more constructive narrative recognises inclusion not as a sectoral obligation, but as a systemic quality enhancement that benefits all learners and society at large.

When teachers are trained to support children with sensory or learning disabilities, pedagogical practice improves universally. The use of visual and auditory aids, activity-based learning, two- and three-dimensional models, structured progression from simple to complex concepts, and multisensory teaching approaches enhances comprehension and retention for all students. Strategies originally introduced as accommodations become hallmarks of high-quality instruction. Inclusive pedagogy, therefore, raises overall classroom effectiveness rather than diluting standards.

Similarly, accessible infrastructure is not disability-specific; it is universally enabling. Ramps, lifts, high-contrast signage, large print materials, audio signals, and clear wayfinding systems benefit older persons, pregnant women, young children, individuals with temporary injuries, and those carrying loads. Universal design reduces physical strain, enhances safety, and improves independent mobility across the population. What begins as accessibility for some becomes usability for many.

Inclusive education also shapes long-term social attitudes. When children learn together from an early age, difference becomes normalised rather than stigmatised. Students develop empathy, collaborative skills, and respect for diverse abilities. Growing up in inclusive classrooms fosters a generation that is more likely to support inclusive employment practices, accessible public spaces, and equitable social participation in adulthood.

Reframing inclusion as a collective social and economic advantage — rather than a specialised concession — strengthens its legitimacy. The shift required is from compliance to value creation: inclusion is not an added burden, but a catalyst for improved teaching quality, safer infrastructure, stronger communities, and a more cohesive society.

8.4 Potential Tools for Inclusion

There are simple tools available that NGOs can use themselves to assess for planning inclusion. It is annexed as separate document

- Disability Inclusion -Self Assessment Guide.
- Disability Inclusion - Self Assessment score and Planning.
- Making school accessible - School Accessibility Audit
- Checklist for NGOs for inclusive digital skilling
- Checklist to prepare for inclusive education

POTENTIAL FUTURE RESEARCH FOR DISABILITY INCLUSION IN SCHOOLS

1. Study on Inclusion Models Adopted by Developmental Organisations:

A study to document and analyse models where developmental organisations integrate disability as a cross-cutting theme within their education programmes and across the organisation. The study examines the approaches adopted, institutional mechanisms created, partnerships formed, capacity-building efforts, and the success, challenges, and practical solutions developed for promoting inclusion of children with disabilities in schools.

2. Inclusion at the Intersection of Disability, Gender, Poverty and Location:

This research would examine how multiple forms of disadvantage—disability, gender, poverty, and location—interact to create compounded barriers to education for children, especially girls with disabilities. The study would analyse how these layered disadvantages influence school enrolment, attendance, retention, and learning outcomes. It would also identify which interventions are most effective when multiple vulnerabilities are present, such as transport support, community-based rehabilitation, hostel facilities, or financial incentives.

3. Assistive Devices and access to education – Usage vs Distribution:

What % of children actually use the devices they receive? Are devices customised to the needs of the users? Are children, carers and teachers trained to use them? Are repairs and replacements available? What is the impact of assistive device on access to education and learning outcomes. Currently, the system measures distribution, not usage or learning impact.

4. Functioning of Inclusive Education Resource Support Systems:

Study how resource teachers, special educators, therapists, and Block/District level inclusion coordinators function on the ground. Are resource teachers available? How many schools do they cover? What support do they provide teachers and families? Is the support administrative or academic? What is the impact on learning outcomes and retention? This is important because inclusion policies exist, but support systems are the weakest link.

5. UDID card - Study on Coverage and Access of UDID Cards among children in school going age:

There is a need for an in-depth study on the coverage and access to UDID cards among children in school going age. This study can be undertaken in select geographies to assess actual coverage, identify gaps in identification and certification, understand administrative and access barriers, and recommend strategies to improve coverage and streamline the UDID enrolment process.

CASE STUDIES

Better Together – Inclusion for All is a collaborative initiative that brings together Motivation India, Going to School, and Katha to advance inclusive education in India. With millions of children with disabilities still excluded from learning opportunities, the programme combines technical expertise in disability inclusion with strong community-based education models. Supported under the British Asian Trust – Better Together platform, this partnership focuses on creating accessible, inclusive, and enabling environments where children with and without disabilities can learn, participate, and thrive together, contributing to more equitable and resilient communities.



PROMOTING INCLUSIVE COMMUNICATION IN SCHOOLS:

As part of Better Together – Inclusion for All initiative, Motivation India partnered with Katha in Delhi to strengthen inclusion in education programmes by delivering Basic Sign Language training to 22 teachers. The training improved communication skills, awareness of Deaf culture, and teachers' confidence in engaging with children with hearing impairments, demonstrating the value of collaborative capacity building for inclusive education.



CASE STUDY - 2



Creating Barrier-Free Learning Environments: A Collaborative Inclusion Initiative

At Karnataka Public School, Sarakki, Bengaluru —serving over 600 students and functioning as a key public examination centre—Motivation India collaborated with Going to School to strengthen physical accessibility and inclusion. Following an access audit and stakeholder consultations, targeted infrastructure improvements were approved, including ramps across key facilities, accessible washroom modifications with grab bars, and site-level adjustments to address uneven terrain and water points. These interventions aim to enable safe, dignified, and independent access for students, staff, and examination candidates with disabilities, demonstrating a practical model for embedding inclusion within public education infrastructure.



CITATIONS

[1] Government of India. (2016). The Rights of Persons with Disabilities Act, 2016. Ministry of Law and Justice.

[2] Government of India. (2020). National Education Policy 2020. Ministry of Education.

[3] Sharma, R., & Sharma, A. (2019). The effects of inclusive education on social skills. Journal of Special Education Research, 5(1), 45-58.

[4] Kaul, P. (2024). Impact of inclusive education on student performance in Indian schools. unified visions, 13.

[5] UNESCO. (2020). Global Education Monitoring Report: Inclusion and education – All means all. UNESCO.

[6] UNICEF. (2019). Inclusive education in South Asia: Policy, practice and prospects. UNICEF Regional Office for South Asia.

[7] World Bank. (2018). Disability Inclusion and Accountability Framework.

[8] Oliver, M. (1996). Understanding disability: From theory to practice. Macmillan.

[9] Shakespeare, T. (2014). Disability rights and wrongs revisited. Routledge.

[10] UNICEF. (2021). Seen, Counted, Included: Using Data to Shed Light on the Well-being of Children with disabilities. New York: United Nations Children's Fund.

[11] World Bank. (2022). Disability Inclusion and Accountability Framework. Washington, DC: World Bank.

[12] Singal, N. (2015). Education of children with disabilities in India: A critical analysis. International Journal of Inclusive Education, 19(7), 744–760.

[13] ibid

[14] Singal, N. (2019). Challenges and opportunities in efforts towards inclusive education: Reflections from India. International Journal of Inclusive Education, 23(7–8), 827–840.

[15] Ainscow, M., and T. Booth. 2017. Index Für Inklusion. Ein Leitfaden für Schulentwicklung. Auch für Kindergärten, Hochschulen und andere Bildungseinrichtungen. Weinheim: Beltz.

[16] Das, A., & PaltaSingh, T. (2024). Inclusive education challenges in Odisha schools: Evidence from empirical study. Journal of Indian Education.

[17] Mafuza Yasmin, Prakash Mukherjee, Azra Abidi, Barriers towards inclusive education for visually challenged students (2025). Journal of Studies in Social Sciences and Humanities.

[18] Kumari, M., Bika, S. L., & Bhesera, H. (2024). Systematic review of inclusive education research in India. Asian Journal of Education and Social Studies.

[19] Hornby G, Kauffman JM. Inclusive Education, Intellectual Disabilities and the Demise of Full Inclusion. J Intel. 2024 Feb 11;12(2):20. doi: 10.3390/jintelligence12020020. PMID: 38392176; PMCID: PMC10889469.

[20] Booth, T., & Ainscow, M. (2002). Index for inclusion: Developing learning and participation in schools. Centre for Studies on Inclusive Education.

[21] UNESCO. (1990). World Declaration on Education for All and Framework for Action to Meet Basic Learning Needs. Adopted at the World Conference on Education for All, Jomtien, Thailand, 5–9 March 1990. Paris: UNESCO.

[22] UNESCO (1994) The Salamanca Statement and Framework for Action on Special Needs Education.

[23] UNESCO. (2000). The Dakar Framework for Action: Education for All – Meeting Our Collective Commitments. Adopted at the World Education Forum, Dakar, Senegal, 26–28 April 2000. Paris: UNESCO.

[24] United Nations (2006) Convention on the Rights of Persons with Disabilities.

[25] United Nations. (2015). Transforming our world: The 2030 Agenda for Sustainable Development. New York: United Nations.
[26] Ministry of Education, Government of India. (1974). Integrated Education for Disabled Children (IEDC) Scheme. New Delhi: Government of India.
[27] Ministry of Human Resource Development, Government of India. (1992). National Policy on Education 1986 (as modified in 1992). New Delhi: Government of India.
[28] Government of India. (1995). The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995. New Delhi: Government of India.
[29] Government of India. (2009). The Right of Children to Free and Compulsory Education Act, 2009.
[30] Government of India. (2012). The Right of Children to Free and Compulsory Education (Amendment) Act, 2012.
[31] Ministry of Human Resource Development, Government of India. (2001). Sarva Shiksha Abhiyan: Framework for Implementation. New Delhi: Government of India.
[32] Bakhshi P, Babulal GM, Trani JF. Education of children with disabilities in New Delhi: When does exclusion occur? PLoS One. 2017 Sep 6;12(9):e0183885. doi: 10.1371/journal.pone.0183885. PMID: 28877203; PMCID: PMC5587327
[33] Ministry of Education, Government of India (2025). Unified District Information System for Education Plus (UDISE+) 2024–25: School Education in India. Department of School Education & Literacy
[34] Chandy BR, Davey C, Oswald WE, Kaliappan SP, Aruldas K, Banks LM, Jasper S, Nagarajan G, Galagan S, Kennedy DS, Walson JL, Koshy B, Ajjampur SS, Kuper H. Prevalence of functional difficulty among school-aged children and effect on school enrolment in rural southern India: A cross-sectional analysis. 2024 Apr 22:rs. doi: 10.21203/rs.3.rs-4154190/v1. Update in: J Epidemiol Glob Health. 2024 Dec;14(4):1476-1489. doi: 10.1007/s44197-024-00293-7. PMID: 38746354; PMCID: PMC11092848.
[35] National Centre for Promotion of Employment for Disabled People (NCPEDP) & CBM India. (2021). Impact of COVID-19 on education of children with disabilities in India. New Delhi: NCPEDP & CBM India.
[36] Hernández-Saca, D. I., Voulgarides, C. K., & Etscheidt, S. L. (2023). A Critical Systematic Literature Review of Global Inclusive Education Using an Affective, Intersectional, Discursive, Emotive and Material Lens. Education Sciences, 13(12), 1212.
[37] Thompson, S., Rohwerder, B., & Mukherjee, D. (2023). Disability, religion, and gender: Exploring experiences of exclusion in India through an intersectional lens. Social Inclusion.
[38] Barrey, S., & Asagi, R. (2025). Beyond enrolment: Understanding educational exclusion among children with disabilities in rural India. International Journal for Multidisciplinary Research (IJFMR).
[39] Miles, S., Singal, N., & Arnott, L. (2018). Review of international evidence on disability, gender and education in LMICs. International Review of Education.
[40] Rose, R., Narayan, J., Matam, S., & Reddy Sambram, P. (2021). A Comparison of Provision and Access to Inclusive Education for Children with disabilities in a Metropolitan City and a Rural District in Telangana State, India. Education Sciences, 11(3), 111.
[41] Patel, D., Singh, K., & Naik, J. (2024). Migration, documentation, and schooling for children with disabilities in India. Indian Journal of Rural Education.
[42] Singal, N. Education of children with disabilities in India and Pakistan: Critical analysis of developments in the last 15 years. Prospects 46, 171–183 (2016).

[43] Kumar, R., & Sharma, P. (2023). Intersecting caste and disability barriers in Indian schooling. Journal of Social Inclusion Studies
[44] UNICEF Report on situation of children
https://www.unicef.org/sitan/files/SitAn_India_May_2011.pdf
[45] They say we are dirty - denying education to India's marginalised - Human Rights Watch
[46] UNICEF Report on situation of children
https://www.unicef.org/sitan/files/SitAn_India_May_2011.pdf
[47] Saikat Ghosh, Lahari Chakraborty, Kaushik Basu, Intersectional discrimination against women and girls with disabilities in educational opportunities in India, World Development Perspectives, Volume 26, 2022, 100412, ISSN 2452-2929
[48] Liao J, Kumar A, Kim R, Subramanian SV. Disability Among School Children Across Districts of India. JAMA Netw Open. 2025;8(6):e2517223. doi:10.1001/jamanetworkopen.2025.17223
[49] Sharma, A., & Singh, M. (2022). Gender parity for children with disabilities: Trends in India's school enrolment. Education Policy Analysis Archives.
[50] Mehrotra, N. (2013). Disability, Gender and Caste: Marginalised Identities in India.
[51] Verma, S., Patel, R., & Nair, L. (2023). Transitions and dropout patterns for children with disabilities in India. Journal of Disability Studies.
[52] Ministry of Education, Government of India (2025). Unified District Information System for Education Plus (UDISE+) 2024–25: School Education in India. Department of School Education & Literacy
[53] Syeda Tahseen Kulsum, K Madan Gopal, Arpita Aggarwal, Prasanth K.S, Assessment of the Rights of Persons with Disabilities Act, 2016 in India: A Comprehensive Study on Implementation and Impact, 2024.
[54] Department of School Education & Literacy, Government of Karnataka. (2022). Inclusive Education under Samagra Shiksha: District Practices and Innovations – Dakshina Kannada. Government of Karnataka.
[55] Guila. B et Al., 2020, Bridging the Divide: Exploring the use of digital and physical technology to aid mobility impaired people living in an informal settlement. Conference paper.
[56] Department of Empowerment of Persons with Disabilities. (2014). Assistance to Disabled Persons for Purchase/Fitting of Aids and Appliances (ADIP) Scheme. Government of India.
[57] Sharma, P., & Kumar, A. (2022). Awareness and access to assistive technology among students with disabilities in India. Indian Journal of Educational Technology.
[58] https://www.un.org/development/desa/disabilities/resources/factsheet-on-persons-with-disabilities/disability-and-employment.html
[59] "Unused Potential of India's People with Disability (PwD) Workforce" by UnearthInsight in 2021
[60] Census of India 2011, Registrar General of India
[61] Bachhav, Apoorva K.; Sharma, Harshit B.; Singhai, Kartik M.. Challenges in disability certification in psychiatry in India. Indian Journal of Psychiatry 67(7):p 707-709, July 2025. | DOI: 10.4103/indianjpsychiatry_959_24
[62] Prakash O. Redefining disability certification for mental illness in India: Towards global standards and functional assessments. Indian J Psychiatry. 2024 Sep;66(9):863-867. doi: 10.4103/indianjpsychiatry.indianjpsychiatry_435_24. Epub 2024 Sep 19. PMID: 39502593; PMCID: PMC11534123.

[63] Mukhopadhyay, S., & Mani, M. N. G. (2019). Education of children with disabilities in India: Critical analysis of government initiatives. Educational Research for Policy and Practice, 18(2), 139–153.

[64] Srivastava, M., & Noronha, C. (2016). Institutional barriers to inclusive schooling in India. Disability & Society, 31(8), 1115–1130.

[65] Singh, R. (2020). Teacher preparedness for inclusive education: A case study. Asian Journal of Education and Training, 6(3), 215-222.

[66] Chittapragada Sri Raja Rajeswari. (2020). Barriers To Inclusive Education In Indian Education System. Elementary Education Online, 19(1), 1296–1304.

[67] Ven Kalubovitiyana Soratha, The Nature of Inclusive Education Concept in India, American Journal of Medical Education 2025, Vol. 1, No. 2, pp. 30-36

[68] Gupta, A. (2016). Teacher perceptions of inclusive practices in Indian schools. International Journal of Special Education, 31(2), 36-48.

[69] Senjam, S. S., et al. (2023). Assistive technology usage, unmet needs, and barriers to access in India. Frontiers in Rehabilitation Sciences.

[70] Scherer MJ (2000) Living in the state of stuck: How assistive technology impacts the lives of people with disabilities. Brookline Books, Cambridge, Mass.

[71] Amos G. Winter et al. (2012), Design and testing of a low-cost terrain-appropriate wheelchair for developing countries, Disability and Rehabilitation: Assistive Technology.

[72] Phillip W. Scherer & Marcia J. Scherer (2005). Assistive Technologies and Other Supports for People With Brain Impairment. Springer Publishing.

[73] Louise Demers, Weiss-Lambrou, R., & Ska, B. (2002), The Quebec User Evaluation of Satisfaction with Assistive Technology (QUEST 2.0): An overview and recent progress.

[74] Rory A. Cooper (1998), Wheelchair selection and configuration, Demos Medical Publishing.

[75] Rory A. Cooper, Boninger, M., & Rentschler, A. (2006), Evaluation of selected factors related to manual wheelchair mobility. Archives of Physical Medicine and Rehabilitation.

[76] World Health Organization & UNICEF (2022), Global Report on Assistive Technology.

[77] World Health Organization (2008), Guidelines on the Provision of Manual Wheelchairs in Less-Resourced Settings.

[78] Union Budget – Demand for Grants (DEPwD) & DEPwD Annual Reports (corresponding years)

[79] DEPwD Annual Reports (scheme sections)

[80] Mir, A. A. (2024). School experiences of marginalised learners with disabilities in India. Journal of Disability Studies.

[81] Sherry D. Factor, Consuelo R. Saenz, Barriers and Enablers of Inclusive Education for Learners with Disabilities: The Case of Philippine Primary Schools, international journal of research and innovation in social science (IJRISS) ISSN No. 2454-6186 | DOI: 10.47772/IJRISS | Volume IX Issue VIII August 2025.

[82] Booth, T., & Ainscow, M. (2011). Index for Inclusion: Developing learning and participation in schools (3rd ed.). Bristol: Centre for Studies on Inclusive Education (CSIE).
[83] Verma, S., Patel, R., & Nair, L. (2023). Transitions and dropout patterns for children with disabilities in India. Journal of Disability Studies
[84] Sardar, S., Saha, S., & Akhand, M. H. (2024). NEP 2020 inclusive education challenges and opportunities. International Journal for Multidimensional Research Perspectives. Shakespeare, T. (2014). Disability rights and wrongs revisited. Routledge
[85] Rao, S., & Ramesh, T. (2015). Inclusive education in India: Policies and practices. Educational Research Review, 10(2), 98-105.
[86] UNICEF & ILO. (2021). Care Work and Disability.
[87] Banks, L. M., et al. (2019). Disability-inclusive development and livelihoods. Disability and Rehabilitation.
[88] UNESCO. (2017). A Guide for Ensuring Inclusion and Equity in Education.
[89] Kaul, P. (2024). Impact of inclusive education on student performance in Indian schools. unified visions, 13.
[90] Turnbull, A., et al. (2015). Family-professional partnerships in inclusive education. Journal of Disability Policy Studies.
[91]CBM. (2012). Inclusive Education in Practice.
[92] McConachie, H., et al. (2015). Early intervention outcomes for children with developmental disabilities. Developmental Medicine & Child Neurology.
[93] https://www.cbm.org/fileadmin/user_upload/Publications/CBM-DID-TOOLKIT-accessible .pdf

