

Investigation of Recent Developments in Education of children with intellectual and developmental disabilities in India

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Abstract

The most effective approach to ensure that every child receives an education is via inclusive education. When a nation discusses education, it means "Education for All," which does not exclude anybody. Regardless of any challenges or differences, the core tenet of inclusive education is that all students should, wherever feasible, learn together. How can government organizations that provide pre-primary education—that is, prepare children for elementary school in inclusive environments—be resistant to the trend of inclusion when it is so pervasive both nationally and globally? Government centers and policies are also expected to address children with intellectual and developmental disabilities (CWIDD) as a result of the rise of "Inclusion." Government centers, which employ play-based learning with an indigenous approach, may be thought of as the greatest places to prepare children for their whole growth. It is helping the youngster become ready for primary school. Finally, it is an attempt to improve the quality of elementary education and make it universal. The current article is relevant because government programs and centers that serve a wide region of the nation should address children's needs while taking into account their varying learning styles and rates in a consistent way. The purpose of this article is to discuss the function of Early Childhood Care and Education (ECCE) offered by government facilities and the steps that need be made to prepare them to integrate CWIDD into the mainstream.

Keyword: Children with disabilities, Primary education, Early Childhood Care and Education, India

I. Introduction

The strong phrase "the children of today are the future of tomorrow" carries with it the need to mold and shape our children in order to provide the greatest possible future for everybody. Children's healthy growth is crucial to the formation of a country. Therefore, each nation must adequately educate and develop its young in order to create a civilized, cultural, peaceful, and healthy community. Children's IQ, personality, and social interactions far into adulthood are significantly impacted by the proper care they get as infants or by how their needs are satisfied. India has been working hard to ensure the achievement of "Education For All." It has introduced several policies, programs, plans, laws, and other initiatives for the aforementioned objective. Ultimately, the Right of Children to Free and Compulsory Education Act (2009) established education as a basic right. While the entitlement to Education Act has made primary education a fundamental entitlement for all children aged 6 to 14, it also ignores a sizable portion of the population under the age of six. The Act's definition of a child as "a male or female child of the age of six to fourteen years" makes it abundantly evident how it denies children under the age of six the right to an education. Nonetheless, research findings unequivocally show that children's brain development is most critical throughout the early years. The early years of pre-primary schooling were given a lot of weight in the research studies' conclusions.

In August 1974, the Indian government announced its National Policy on Children, stating that children were "supremely important assets." The policy offered the necessary structure for prioritizing the child's many

requirements. On October 2, 1975, the former Ministry of Education and Social Welfare began a nationwide initiative known as the Integrated Child Development Services (ICDS) in every district of the nation. With its nationwide network of government facilities, such as Anganwadis, the ICDS is perhaps the biggest child development program in India. This system's benefit is that it would be feasible to react as best as possible to certain aspects of the local environment or to local requests (Seema, 2001).

It offers Early Childhood Care and Education (ECCE), which is crucial for every child's overall development. ECCE may be considered a key component in laying a solid foundation for a child's growth and laying the groundwork for subsequent learning. India now has an extremely high elementary school dropout rate of over 40%. One of the main causes of India's high dropout rate is the improper provision of early childhood education (ECCE), even though ECCE has a significant influence on elementary school achievement. In India, government centers often offer ECCE to children who are not impaired. The issue is more concerning with regard to CWIDD, though. With the exception of a few places, there is no national program for their early intervention, which is crucial for success in later years.

Government organizations have never given CWIDD education as much thought or as much particular attention as they do now. The most practical strategy for ensuring that every child receives an education is inclusive education. When a nation discusses education, it means "Education for All," which does not exclude anyone. Regardless of any challenges or differences, the core tenet of inclusive education is that all students should, wherever feasible, learn together. In a situation where the trend of inclusion is prevalent both domestically and internationally, how can government institutions that offer pre-primary education—that is, prepare children for elementary school in inclusive settings—be unaffected by this trend? The current study aims to highlight the following: (i) the necessity of ECCE for CWIDD; (ii) the contribution of ECCE offered by government centers to the success of CWIDD in mainstream education; (iii) the challenges that ECCE for CWIDD currently faces in India; and (iv) the steps that should be taken to prepare government centers to integrate CWIDD into mainstream.

CWIDD Requires Early Childhood Education and Care

There are approximately 650 million people with special needs worldwide, making up 10% of the world's population and 20% of the world's poorest people. Children with exceptional needs are more likely to be excluded, hidden, abandoned, institutionalized, and abused since they are frequently stigmatized from birth (Thomas, 2005). Even in nations where under-five mortality has decreased to less than 20%, CWIDD death rates remain above 80%. Most significantly, according to UNESCO (2009), 98% of CWIDD in poor nations like India do not attend school. One of the notable steps towards acknowledging people with special needs as equal and contributing members of society was India's ratification of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) on October 1, 2007. In addition to emphasizing the importance of early intervention and inclusion in the educational system from a young age, the UNCRPD pledges to protect the human rights and basic freedoms of children and adults with special needs. Additionally, it makes the case that ECCE is an effective way to foster a range of talents, overcome barriers and disparities, and address the developmental needs of each child with special needs.

Since 80% of the brain's ability develops before the age of three, early childhood education and care (ECCE) provide a unique chance to support children's developmental advances. Additionally, individuals with the greatest disadvantages experience the greatest improvements. Negligence in early ECCE can also have long-term, incapacitating consequences. Early childhood stunting is caused by poor nutrition, which also contributes to children's poor cognitive and academic performance when combined with a lack of stimulation (Grantham-McGregor et al., 2007). The results of therapies for CWIDD are improved by an inclusive and enabling ECCE program. As long as the ECCE program has child-centered pedagogy and the required tailored support to fulfill the unique requirements of CWIDD with varying learning styles and rates, a positive transition from home to preschool is promoted (ISSA, 2006). Therefore, it is clear that all children, including those with CWIDD, benefit from an ECCE program that is responsive and competent. It also helps to ensure that children are prepared for mainstream education at the primary level and beyond, which ultimately aids in laying the groundwork for an inclusive society.

The contribution of ECCE offered by government centers to CWIDD's success in mainstream education

Early childhood care and education supplied through government institutions has a vital function towards preparing CWIDD for successful inclusion and highest benefit in the mainstream education system. The saying "prevention is better than cure" is widely acknowledged. Early childhood education and care aid in identifying and assisting "at risk" youngsters. One can obtain pertinent information by combining early evaluation and intervention, particularly regarding the child's abilities and the interventions that will best maximize his or her learning potential. Additionally, this raises the likelihood that CWIDD will be able to thrive

in inclusive mainstream educational environments. One in three babies and toddlers who receive early intervention programs go on to not have a disability or need special education in preschool, according to research (Hebbeler et al., 2003). Experts also contend that early ECCE investments are more prudent than those made at any other age.

The following are the goals of early childhood care and education offered by government centers for children with CWIDD: (i) a healthy body, good motor skills, and muscular coordination; (ii) fostering intellectual curiosity so that the child can understand his or her surroundings by investigating, investing, experimenting, and learning; (iii) fostering an appreciation for the beauty of oneself, others, objects, and the environment; (iv) fostering emotional maturity by teaching the child to express, comprehend, accept, and control feelings and emotions; (v) moral and cultural values so that one is honest, obedient, sincere, compassionate, truthful, and respectful of elders; (vi) internal discipline and self-assurance;

(vii) the ability to communicate ideas and emotions in a clear, accurate, and fluent manner; (viii) personality development through a wealth of learning experiences; (ix) social attitude, group manners, sharing, and living and playing with others while controlling one's natural aggression and destructiveness; and (x) good behavior, personal adjustment skills, and the capacity to carry out daily tasks on one's own, among other things. Furthermore, all of these are essential for fostering a child's holistic development and guaranteeing his or her full and profitable involvement in the normal education system at the primary level or above.

Current ECCE Issues for CWIDD in India

To implement significant change in any circumstance, it is essential to be aware of the current obstacles. The following highlights the principal obstacles to facilitating the full and successful integration of children with special needs into mainstream primary education in India through early childhood care and education provided by government centers.

- A flawed educational policy.
- Neglected areas and rehabilitation.
- Insufficiently skilled government center employees, such as Anganwadi workers.
- Insufficient resources and infrastructure are needed.
- Inadequate oversight of government employees.
- Children under three are not the primary focus of service delivery.
- Nationalized curricula and no standard curriculum.
- Government employees' training program is ineffective.
- Growth charts for the kid beneficiaries are not kept up to date.
- When it comes to hiring government employees, corrupt activities are prevalent.
- Less attention being paid to kids who have serious or profound impairments.
- Too much focus is placed on food security at the expense of early childhood education.
- Degree of entitlement knowledge among the intended recipients.
- In the majority of government centers, the record-keeping system is subpar.
- Failure to take action to help government employees fulfill CWIDD's requirements.
- The majority of government employees lack skills, are overworked, underpaid, and uninformed.
- Too little money to provide the specific care that various forms of CWIDD demand.
- There have been instances of caste-based exclusion from ICDS benefits.
- Complementary service convergence is a weak link that is necessary to achieve ECCE aims.
- There are no legislative tools to provide ICDS with the professional help and infrastructure they need.
- It is discovered that the management and oversight of the projects entrusted to the government centers are quite inadequate.
- This failure has also been exacerbated by the supervisor's and government employees' negligence of duty.
- The corruption of government employees and the indifference of supervisors and other high-ranking officials are the main causes of the dysfunctional government center.
- Lack of cooperation between government and school personnel and other support service facilities, such as primary health centers, therapy centers, early interventions & assessment centers, and rehabilitation centers, among others.
- The central government's financial allocations and program coverage are lowest in the poorest states (the northern states), which account for roughly half of India's population and have high rates of child malnutrition.

- The food is of very poor quality, there are no health care or immunization facilities because of the exorbitant cost of vaccinations, play kits are not available in preschools, etc. One of the main issues at these government centers appears to be a lack of funding.

Initiatives to Prepare Government Centers to Integrate CWIDD into Society

The following actions can be recommended to solve the issues raised above and to prepare government schools to integrate special needs students into regular classrooms.

- It is important to acknowledge the role that government employees play.
- Vocational training ought to be provided to government employees.
- It is necessary to establish a connection between the government and schools.
- Government centers for CWIDD or children "at risk" under ICDS must get a separate budgetary allocation from the government pool.
- Every government facility around the nation must have access to basic services. Additionally, government centers for CWIDD should have more educational and recreational resources, and frequent maintenance and repairs should be made.
- Children aged 0–3 and 3–6 may be assigned to separate government employees.
- The community, government center, CDPO, supervisors, and government employees should all maintain proper coordination. Only by holding frequent meetings and working together, or by forming a village management committee, will this be feasible.
- A good educational policy for CWIDD preschool education should be developed and implemented by the government, with a well-defined plan of action and mandatory roles for all parties involved.
- It is necessary to take the initiative to provide government employees and families with CWIDD with appropriate training on the educational, developmental, and other needs of CWIDD.
- The ECCE program of CWIDD should include a uniform, standardized, and nationalized curriculum framework that links to regional culture, customs, beliefs, and the curriculum of mainstream schools.
- All children who complete preschool may receive a certificate from government centers, which will serve as verification for admission to regular schools.
- To stop the widespread corruption, controls must be implemented. Regular reviews by senior authorities are necessary.
- There is a linguistic barrier in early childhood education. Thus, it is important to choose and educate government employees to speak and instruct in the local tongue.
- The Indian government's concerned agency ought to propose a framework for curriculum regulation. Furthermore, the system's malfunctions due to misaligned priorities may be promptly identified and brought to the attention of the relevant departments.
- To guarantee funding for early evaluation and intervention, universal access to inclusive early childhood education, and community-based educational programs with trustworthy expert assistance, practical policy measures must be implemented.
- One important element contributing to the government center's efficient operation is its location. The government center must be conveniently situated and easily reachable. For government centers to be successful, a dispensary's location with sufficient and accessible infrastructure to control the growth and health of all CWIDD can be crucial.
- Families, officials, and local leaders should all get awareness training in order to guarantee the correct administration and caliber of ECCE services through their collaboration and involvement. A society must invest in ECCE for it to benefit CWIDD and to "be effective, accessible, and equitable."
- One of the main draws for the community's impoverished residents is food. Therefore, all government centers should have a seamless food supply system. Furthermore, the distribution of cash is crucial to the smooth operation of the supply mechanism. In light of food inflation, funds for food goods should be updated on a regular basis.
- The pay scale and incentives for government employees to advance to supervisory positions are crucial to their effective operation. Therefore, in order to guarantee fair compensation and advancement for government employees, the right approach should be taken in this respect, free from prejudice and political meddling.
- Periodically, government employees should get refresher training on the latest advancements, trends, and practices in inclusive education for CWIDD at the preschool level.
- The recipients' families should be surveyed on a regular basis about the caliber of ECCE offered by government facilities.

II. Conclusion

Data from the 2011 Census indicates that there are 164.48 million children in India between the ages of 0 and 6. Youngsters are prepared to study from birth. By the age of five, they have developed eighty-five percent of their intelligence, personality, and abilities. The foundation for lifetime growth is laid throughout the first six years of life. Early brain development has a significant beneficial influence on a person's later life, particularly for children who are "at risk" or have impairments. A number of constitutional and policy provisions, including the 86th Amendment, which introduced Article 21A on the right to free and compulsory education for children aged 6-14 and Article 45, which urges states to provide ECCE for all children, including CWIDD, until they reach the age of six, were made in recognition of the need to provide high-quality preprimary programs. However, children's right to a high-quality primary education is guaranteed under the Right of Children to Free and Compulsory Education (RTE) Act of 2009. Although RTE does not recognize ECCE as a mandatory service, it does encourage governments to offer free preschool education to children older than three, putting those younger than three on the fringes. The significance of ECCE and enhancing school readiness is recognized in the 12th Five Year Plan. While the National Curriculum Framework and Quality Standards for ECCE are included, the National Early Childhood Care and Education (ECCE) Policy, which was approved by the Indian government in 2013, does not go into great detail about the systematic approaches that should be used to address the unique needs of CWIDD. There is no question that this is a bad sign for the nation's ECCE program for CWIDD. But as "Inclusion" gains traction, the government is also expected to address CWIDD. Government centers, which employ play-based learning with an indigenous approach, may be thought of as the greatest places to prepare children for their whole growth. It is helping to get the youngster ready for regular schooling. Additionally, it is a step toward elementary education's universalization and enhancement. Given their varying rates and learning styles, government centers, which serve a wide geographic region of the nation, can be a practical means of meeting the requirements of all children, including those with special needs, in a consistent manner. This is the relevance of the current article. Therefore, it can be said that government employees may help make "Inclusion Successful" provided government centers are well furnished and taught to handle CWIDD.

References

- [1]. Alexander, R., Ravi, A., Barclay, H., Sawhney, I., Chester, V., Malcolm, V., Brolly, K., Mukherji, K., Zia, A., Tharian, R. and Howell, A., 2020. Guidance for the treatment and management of COVID-19 among people with intellectual disabilities. *Journal of Policy and Practice in Intellectual Disabilities*, 17(3), pp.256-269.
- [2]. Biswal, R. and Satpathy, P., 2021. Inclusive education for children with developmental disabilities: Scope and challenges. In *Mainstreaming the Marginalised* (pp. 13-35). RoutledgeIndia.
- [3]. Boot, F.H., Owuor, J., Dinsmore, J. and MacLachlan, M., 2018. Access to assistive technology for people with intellectual disabilities: A systematic review to identify barriers and facilitators. *Journal of Intellectual Disability Research*, 62(10), pp.900-921.
- [4]. Glenton, C., Javadi, D. and Perry, H.B., 2021. Community health workers at the dawn of a new era: 5. Roles and tasks. *Health Research Policy and Systems*, 19(3), pp.1-16.
- [5]. Hosseini, S.A. and Molla, M., 2020. Asperger Syndrome.
- [6]. Llano, G., Kumnick, A., Bryant MS, J.P., Torres MS, N., Brosco, M.D. and Schenker PhD, M., 2021. Changing needs of individuals with disabilities in the time of COVID-19 as observed by a family navigation program in Miami, FL. *Developmental Disabilities Network Journal*, 1(2), p.6.
- [7]. Mertala, P., 2019. Teachers' beliefs about technology integration in early childhood education: A meta-ethnographical synthesis of qualitative research. *Computers in Human Behavior*, 101, pp.334-349.
- [8]. Sagar, R., Dandona, R., Gururaj, G., Dhaliwal, R.S., Singh, A., Ferrari, A., Dua, T., Ganguli, A., Varghese, M., Chakma, J.K. and Kumar, G.A., 2020. The burden of mental disorders across the states of India: the Global Burden of Disease Study 1990–2017. *The Lancet Psychiatry*, 7(2), pp.148-161.
- [9]. Scherer, N., Verhey, I. and Kuper, H., 2019. Depression and anxiety in parents of children with intellectual and developmental disabilities: A systematic review and meta-analysis. *PloSone*, 14(7), p.e0219888.
- [10]. Scior, K., Hamid, A., Hastings, R., Werner, S., Belton, C., Laniyan, A., Patel, M. and Kett, M., 2020. Intellectual disability stigma and initiatives to challenge it and promote inclusion around the globe. *Journal of policy and practice in intellectual disabilities*, 17(2), pp.165-175.
- [11]. Selvaraj, A., Radhin, V., Nithin, K.A., Benson, N. and Mathew, A.J., 2021. Effect of pandemic based online education on teaching and learning system. *International Journal of Educational Development*, 85, p.102444.
- [12]. Slee, R., 2018. Defining the scope of inclusive education.
- [13]. Travers, H.E. and Carter, E.W., 2022. A systematic review of how peer-mediated interventions impact students without disabilities. *Remedial and Special Education*, 43(1), pp.40-57.
- [14]. upscwithnikhil.com, 2022, India's Rural Education: An Outline Available at: <https://upscwithnikhil.com/article/social/indias-rural-education-anoutline#:~:text=Total%20enrolment%20in%20schools%20was,of%20students%20from%20rural%20areas>.
- [15]. Van der Merwe, M., Fourie, J.V. and Yoro, A.J., 2020. Learning support strategies for learners with neurodevelopmental disorders: Perspectives of recently qualified teachers. *African Journal of Disability*, 9(1), pp.1-10.
- [16]. Wilson, N.J., Lin, Z., Villarosa, A., Lewis, P., Philip, P., Sumar, B. and George, A., 2019. Countering the poor oral health of people with intellectual and developmental disability: a scoping literature review. *BMC Public Health*, 19(1), pp.1-16.
- [17]. www.rehabcouncil.nic.in, 2022, Autism, Available at: <http://www.rehabcouncil.nic.in/writereaddata/autism.pdf>
- [18]. Zhang, Y., Rosen, S., Cheng, L. and Li, J., 2018. Inclusive Higher Education for Students with Disabilities in China: What Do the University Teachers Think?. *Higher Education Studies*, 8(4), pp.104-115.