



Disability And Education in India: Policy, Access, And Barriers

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DOI: <https://doi.org/10.5281/zenodo.19416733>

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Abstract

This research paper offers a critical analysis of the current status of disability and education in India from a legislative and statistical perspective. While recent policies such as the Rights of Persons with Disabilities Act (RPwD 2016) and National Education Policy (NEP 2020) have established ambitious targets for access to and educational inclusion of people with disabilities, issues of governance, implementation and monitoring of the same strongly contribute to the gap relating to inclusion of people with disabilities in educational institutions. The Unified District Information System for Education Plus (UDISE+) 2023-2024 shows that just 0.86% of the enrolled number (2.1 million of 247 million students) are identified as Children with Special Needs (CWSN), well below NEP 2020 aspiration of 2.5-3%. Majority among categories of impaired are intellectual (18.5%), locomotor (15.4%) and low vision (13.5%) disabilities while autobiography differences favors boys for autism (73.3%) and hemophilia (73%). While inclusive education, 5% reservation in universities and free education up to 18 years of age is mandated for basic disabilities under the RPwD Act 2016, there are problems with teachers' knowledge and competence, accessibility to supportive infrastructure and disability certification, limitations in gender, social and rural bias, affecting girls in particular. It is argued here that attention needs to be on quality inclusive education through teacher training, appropriate learning resources and whole school and community inclusivity as well as on bringing these children in school. A decentralization of disability certifications, better pre-service and in-service teacher education, holistic universal design for learning (UDL) and a robust monitoring system, are suggested to translate policies to a quality education for those with disabilities.

Keywords: Disability, Inclusive education, Rights of Persons with Disabilities Act 2016, National Education Policy 2020

Introduction

Disability is a relatively big public health and socio-economic problem in India with significant implications for access and quality of education. According to the 2011 Census, 2.21% of the population is disabled, though advocacy groups contend that this figure is a gross underestimate because of stigma, untrained personnel and diagnostic services. It is more bleak for children and education of children with disabilities, according to earlier census data that revealed almost half of the people with disabilities in India are illiterate, compared to one-fifth of their non-disabled cousins. This evidence underlines the need for efficient and effective educational strategies for the education of children with disabilities vis-à-vis the education of their cousins without disabilities that address access and quality related concerns afflicting the former group's education^[1, 2].

India is recently moving from a charitable to a human rights approach, supporting the signing into Indian law of the Convention on the Rights of Persons with Disabilities

(CRPD), ratified in 2007 and adopted in 2006 by the United Nations. This has seen the passing of the Rights of Persons with Disabilities Act, 2016 (RPwD Act), succeeding the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 and broadening the definition of disability from 7 to 21 categories. At the same time, we have seen a shift in the focus of large-scale educational reforms in India reflected in the implementation of the National Education Policy 2020 (NEP 2020), which places inclusive education as a fundamental basis for educational reforms in order to attain an enrolment rate of 2.5-3% among CWSN and to provide non-barrier access for all students to learning and education^[3, 4].

These policy transformations are certainly a step forward, but there is much practical work that needs to be done. According to the most recent UDISE+ report for 2023-2024, 0.86% of the total school enrolment was reported as CWSN, which is much lower than the target NEP 2020 has set ranging from 2.5-3%. This raises questions regarding the identification, reporting of CWSN, and provision of

education for children with disabilities in a multi-cultural context in India.

This article seeks to offer a rigorous overview of disability education in modern India by analysing and discussing: (1) the existing policy context of disability education; (2) empirical evidence on educational enrolment and disability prevalence; (3) the challenges in effective implementation and delivery of inclusive education; and (4) empirical recommendations to improve education outcomes for children with disabilities. This article presents a discussion and review of policy and recent empirical evidence to spotlight the spaces and vacancies between current policy and the delivery of "quality" education for children with disability.

Policy Framework for Disability Education in India

Rights of Persons with Disabilities Act, 2016

The RPwD Act 2016 is India's most inclusive disability act to date, with education recognized as a basic right for disabled children. The Act's Chapter III deals with educational provisions, placing a number of educational safeguards on the government and educational institutions [3].

Section 16 requires government-funded educational institutions to provide inclusive education to children with disabilities, bans discrimination, and provides for reasonable accommodation, accessibility, suitable teaching methodologies, transport and monitoring of attendance and progress. Section 17 promotes inclusive education through government responsibility for setting up training institutes and training staff on inclusive education practices. Most importantly, Section 31 entitles all children with benchmark disability to free education in neighbourhood or special institution until the age of 18, and Section 32 requires at least a 5% reservation for persons with benchmark disabilities in all government higher educational institutions and government-aided educational institutions.

The Act defines "person with disability" as one who is suffering from any impairment of the body, mind or senses, either at birth or before adulthood, which, in interaction with one or more barriers, obstructs the full and effective participation of the person in society on an equal basis with others. This definition brings us from the medical model of disability to the social model of disability - it is not impairment, but also the societal barriers that produce disability. The schedule to the Act includes 21 disability types, including physical disability, intellectual disability, mental disability, disability from chronic neurological conditions and blood disorders, and, for the first time, acid attack victims and persons with speech and language disabilities [3].

National Education Policy 2020

The NEP 2020 advances the RPwD Act by explicitly addressing disability issues as part of its education reform measures. In particular, the policy promises to "provide barrier-free access to education for all children with disabilities" and recommends an inclusive and holistic strategy that addresses the physical, cognitive and socio-emotional needs of all learners. NEP 2020 focuses on the early detection and early intervention, proposing suitable screening measures from early years to identify learning

disabilities and other special needs.

NEP 2020 disability-related provisions include:

- Providing barrier-free infrastructure and teaching-learning resources in all institutions
- Utilizing technology to meet the needs of students with learning disabilities
- Paying special attention to learning disabilities from the early stages
- Appointing special educators and training general educators to teach with disability inclusion
- Promoting vocational education and training for persons with disabilities
- Achieving equity in general and vocational education

The policy aims to increase the enrolment rate of CWSN to 2.5-3% of total enrolment by improving identification, teaching quality and creating a favourable learning environment. NEP 2020 also observes the flexible curriculum and assessment for diverse needs such as assistive technology and different modes of assessment [4].

Complementary Policies and Schemes

There are other national policies in India for disability education. The Samagra Shiksha scheme, introduced in 2018, includes several previous schemes such as Integrated Education for Disabled Children (IEDC) scheme and support for CWSN across all levels from pre-primary to senior secondary. This includes screening and assessment of CWSN, provision of aids and appliances, therapeutic interventions, development of teaching-learning materials and mobilization of special educators [6].

Earlier policies include the Integrated Education for Disabled Children scheme (first initiated in 1974 as IEDC), which laid the groundwork for inclusive education by advising that disabled children be educated in mainstream schools, if possible. The Rehabilitation Council of India, established in 1986, regulates professional training in the field of disability rehabilitation and special education.

Current Status and Epidemiology of Disability in Indian Education

National Enrollment Statistics

The most recent CWSN enrollments figures are from the Unified District Information System for Education Plus (UDISE+). According to UDISE+ 2023-2024, India has 247 million students in pre-primary to Class XII, of which 2.1 million (0.86%) are Children with Special Needs (CWSN). This is a minor drop from previous estimates, and falls short of both the NEP 2020 target of 2.5-3% CWSN and a few epidemiological estimates suggesting a higher prevalence rate [5].

The gender inequality observed in identification and enrolment of CWSN is reflected in the latest data, with 57.08% (1.21 million) boys and 42.91% (0.91 million) girls. This is in line with global estimates but may point to under-identification or under-enrollment of girls with disabilities, attributed to socio-cultural biases favouring boys' education, or school non-attendance in rural areas (especially).

Disability Type Distribution

Types of impairments vary in prevalence and gender distribution. Intellectual disability is the most prevalent

impairment type (18.5% of all CWSN, 390,746 children) followed by locomotive and low vision (15.4% and 13.5%, 325,070 and 285,859 children respectively) (Table 1). This is followed by specific learning disabilities (12.9%, 271,642 children) and speech and language impairments (10.2%, 215,463 children) ^[1].

There are important gender differences in certain impairments. Disabilities more common in boys include autism spectrum disorders (73.3% boys), hemophilia (73.4%

boys) and muscular dystrophy (63.6% boys). By contrast, low vision is close to gender equal (49.5% boys, 50.5% girls) and sickle cell disease and dwarfism are regionally prevalent (52.1% girls, 53.8% girls, respectively). These models match up to both genetic explanations (such as hemophilia and muscular dystrophy being X-linked) and to possible socio-cultural effects on the reporting of various disabilities.

Table 1: Headcount and Burden of Children with Special Needs by Impairment Type in India, 2023-2024

Impairment Type	Overall Count	Percentage	Boys Count	Boys %	Girls Count	Girls %
Intellectual disability	390,746	18.5	231,981	59.4	158,765	40.6
Locomotor disability	325,070	15.4	191,054	58.8	134,016	41.2
Low vision	285,859	13.5	141,375	49.5	144,484	50.5
Specific learning disabilities	271,642	12.9	155,132	57.1	116,510	42.9
Speech and language	215,463	10.2	128,653	59.7	86,810	40.3
Hearing impairment	208,860	9.9	114,946	55.0	93,914	45.0
Mental illness	111,242	5.3	66,021	59.3	45,221	40.7
Cerebral palsy	78,219	3.7	47,486	60.7	30,733	39.3
Multiple disability	75,939	3.6	45,445	59.8	30,494	40.2
Blindness	48,811	2.3	27,507	56.3	21,304	43.7
Autism spectrum disorder	23,449	1.1	17,199	73.3	6,250	26.7
Muscular dystrophy	22,365	1.1	14,215	63.6	8,150	36.4
Sickle cell disease	16,199	0.8	7,752	47.9	8,447	52.1
Dwarfism	13,607	0.6	6,289	46.2	7,318	53.8

Data source: UDISE+ 2023-2024

District-Level Variability

There is huge geographic variance in the registration and admission of CWSN in 733 districts of India. It has been shown that intellectual disability and specific learning disabilities have the largest median counts that have large interquartile ranges (IQRs), which has implied large geographic diversity in the processes of identifying and reporting. Conversely, the differences in neurological-hematological disorders (such as multiple sclerosis, Parkinson disease, hemophilia, thalassemia, sickle cell disease, chronic neurological conditions, etc.) demonstrate reduced disparity across districts, presumably because of both their more conspicuous clinical presentation and developed diagnostic algorithms ^[1].

Such variability at the district level indicates variations in awareness, diagnostic capacity, practices and attitudes toward disability at the socio-cultural level. States that implement disability inclusion programs and have effective teacher training programs and more involved civil society advocacy of disability become those that report higher rates of CWSN identification. In contrast, lower reported prevalence is seen in the regions with limited healthcare access as well as greater stigma of disability or with insufficient school-based measures to identify a disability.

Educational Attainment and Transition Rates

Alongside enrolment, key issues lie in the quality of education, retention and higher education for children with disabilities. A large number of children with disabilities fall out of their schooling, with exceptionally high drop-out rates at the time of transition in all stages of education (primary to upper primary; secondary to senior secondary). The movement from school level to higher education, technical education, and vocational training is alarmingly low, with only 4.31% of persons with disabilities receiving

higher education, 3.08% vocational education and 1.08% technical training as of 2018! ^[2].

Literacy rates of all persons with disabilities, although gradually improving, are still low - almost half of the total persons with disabilities are illiterate, compared to a one-fifth of suitable aged non-disabled peers. This affects the building of literacy despite gradual improvements in recent years, suggesting the need for better foundational literacy education that meets diverse learning requirements.

There are mixed trends in gender disparity of educational attainment. While gender discrimination against female persons with disabilities has declined and even shifted in favour of females at all levels of general education, skewed gender inequity still exists in technical and vocational education with male persons with disabilities being three times more likely to achieve vocational credentials than female persons with disabilities. India also displays a high level of caste discrimination in terms of educational attainment; scheduled castes and scheduled tribes often face exclusion from education, particularly at higher levels of education.

Barriers to Inclusive Education Implementation Infrastructure and Accessibility Challenges

Legislated requirements for accessibility have not translated into physical accessibility in learning spaces. Accessibility considerations including ramps, accessible bathrooms, and classroom furniture are often overlooked. A recent national audit as part of the Accessible India Campaign (Sugamya Bharat Abhiyan) revealed that of all Indian government facilities, fewer than 20% were fully accessible (though educational spaces often fared worse when compared to other types of public infrastructure) ^[8].

Accessibility in classrooms also encompasses educational materials and assistive technologies. Access to Braille

books, large print, audio, and appropriate assistive devices is not readily available, especially in government schools in poor regions. Reasonable accommodation, guaranteed under Section 16 of the RPwD Act, is not uniform, with differences depending on the state and district, and the commitment of the school administration.

Teacher Preparedness and Training

Lack of preparation for general educators in dealing with diverse students is perhaps the most important obstacle in the way of successful inclusive education. The RPwD Act and NEP 2020 highlight the need to prepare teachers in inclusive classroom practices, but university-based teacher preparation offers little exposure to disabilities inclusion. On-the-job training can be short-lived and intermittent, with little support for sustained follow-up.

The availability of special educators is far from adequate, with many vacancies and posts sometimes staffed by unqualified people. Special educators typically may support too many students, limiting the extent of individualised support. Moreover, many classroom teachers lack confidence in managing classroom diversity, and either exclude children with disabilities in their classroom participation or depend on special educators to help them achieve inclusion.

Identification and Certification Processes

Disability certification confers a significant barrier to educational benefits. As identified in critiques of the RPwD Act, the time needed for children to be referred by several specialists to obtain certification can delay and prevent access to benefits. The substantial barriers posed by the need for a three-person medical board including at least one specialist may be beyond reach in rural communities, where specialist care is lacking^[3].

This certification barrier disadvantages poorer and more economically marginalised families who may not have the capacity to afford multiple visits to hospital and the opportunity costs of time involved in the certification process. Children with invisible disabilities (such as specific learning disabilities or mild intellectual disabilities) may miss out on the benefits altogether; children with visible disabilities may receive their benefits more slowly.

Socio-Cultural and Attitudinal Barriers

Broad societal beliefs about disability remain stark barriers to education. Negative stereotypes, assumptions about the educability of children with disabilities, and attitudes associating disability with bad karma from previous lifetimes, and with faulty parenting, are common. Such beliefs may translate to parents' refusal to send children with disabilities to school, opposition against integrating these children into their classrooms by parents of nondisabled peers, or bias and discrimination among school administrators and teachers^[9].

Stigma and discrimination related to disability as well as gender compound problems faced by girls with disabilities. Parents may allocate scarce schooling resources to their able-bodied sons, or consider education to be less critical for daughters since they will undertake domestic work. Girls may also be denied access to schools due to safety concerns related to safety and sanitation.

Resource Allocation and Funding Gaps

While laws endorse a range of educational provisions, these are not always supported with adequate funding. The Samagra Shiksha budget allocates funds for CWSN, but delays in disbursement, inadequate funding and cumbersome rules for usage cause delays. Schools complain they do not have adequate funding to buy needed aids and appliances, hire therapists and develop teaching learning methods!

Reserve seats in tertiary education (5%) are consistently mandated, but their implementation faces challenges with accessible infrastructure, staff training and academic support services. Until resources are provided to improve the accessibility and academic support experiences, this could mean admitting students to environments where they are doomed to fail.

Discussion

Policy-Practice Gap Analysis

India has a long way to go between intent and operationalisation in disability inclusive education policy, the study reveals. While the RPwD Act 2016 and NEP 2020 set the right policy framework for inclusive education in a logical and legal sense, the 0.86% identified CWSN based on their current status (against an intended 2.5-3% target) leaves a huge gap in identification, coverage and access.

- 1. The identification gap:** Children with disabilities often go unnoticed due to poor screening, lack of awareness among parents and teachers, and stigma discouraging overrides
- 2. Access gap:** Once identified, children with disabilities face infrastructural, physical and social barriers for access to school
- 3. Delivery gap:** Children have a poor quality of education, due to poorly trained teachers, inaccessible material, lack of differentiated teaching strategies and support services
- 4. Seamless gap:** In some cases, children with disabilities don't emancipate on their entitlements for higher education and skilling

Gender and Equity Considerations

Gender inequality in CWSN identification and schooling should be addressed. Over-representations of boys for certain disability types are likely linked to biological (for X-linked disorders) and social-cultural factors, including girls' access to health, educational and diagnostic services. Interventions to address these disparities include community awareness-raising, involves community health workers in identification (particularly women), and promote the participation and retention of girls with disabilities in schools.

Multiple vulnerabilities apply to children with disabilities from marginalized social groups. Children with disabilities from scheduled castes, scheduled tribes and economically poor families need targeted and responsive strategies. Inclusive education policies need to consider these multiple forms of discrimination via scholarships, community-led initiatives, and culturally relevant pedagogies.

Lessons from Implementation Experience

India's experience with policies on disability education has

some implementation lessons:

1. **Systems approach is essential:** A systems approach involving health, education and social welfare is needed for inclusion, including routemaps for referral and service delivery
2. **Teacher training requires mentoring and learning communities:** One-time workshops are not enough; mentoring, peer learning groups and accountability measures are key
3. **Universal design helps all learners:** Adaptations for accessibility improve learning for all students, and inclusive education appears to translate into greater benefits for all learners
4. **Parent and community engagement is needed:** Their participation in policy and program development and monitoring enhances policy credibility and implementation
5. **Better data systems are required:** Whole population identification protocols and prevalence- screening tools, and integrated data sharing between departments of health and education would increase the accuracy of CWSN numbers

Comparative and Global Context

India's disability education challenges are common to worldwide, but have some unique features. India shares the challenges faced by low- and middle-income countries, such as resource allocation, lack of teacher recruitment and accessible infrastructure. But India's strong legislative environment through the broad-based rights approach in the RPwD Act 2016 is a strength.

India's federal system of government presents both challenges and potential opportunities for innovation in disability education. States can innovate and tailor interventions and approaches that are relevant within their jurisdictions (such as Tamil Nadu's early intervention programs or Kerala-state's comprehensive approaches to disability welfare), but it is difficult to ensure consistency in standards and rights across the country. Pilot approaches that work well could feed into national policy development, if the evidence is captured and shared.

Conclusion and Recommendations

India has a robust policy for disability education in the form of RPwD Act 2016 and NEP 2020, but a clear policy-practice gap exists for children with disabilities. The current CWSN enrollment rate of 0.86% is a measure of identification and the sobering reality of the challenges we face in ensuring quality education for all children with disabilities. To resolve this, we need a holistic approach to improving the situation, not just enrolling children with disabilities, but ensuring the quality, equity and sustainability of inclusive education.

Based on this evidence, we recommend

1. **Build identification capabilities:** Develop and validate simple and culturally sensitive screening tools to be used by teachers and community health workers; include screening for disabilities in school health assessments; and carry out community campaigns around stigma and early identification.
2. **Support teacher capacities:** Incorporate modules on

universal design for learning and inclusive pedagogy in pre-service teacher training; implement in-service training with mentoring and follow-up; and provide career opportunities and incentives for special educators.

3. **Simplify entitlements:** Decentralize disability certification (where medically safe to do so); create guidelines for school-based identification of common disabilities; and create one-stop shops for education aids and appliances and support services.
4. **Create accessible learning environments:** Apply universal design principles to school construction; provide separate budgets for assistive technologies and learning materials; and monitor accessibility of learning environments.
5. **Manage intersectional vulnerabilities:** Create strategies for increased school enrollment and retention of girls with disabilities; establish special scholarships and support programs for children with disabilities from disadvantaged social backgrounds; and implement gender-sensitive infrastructure such as safe transport and sanitation.
6. **Enhance transition pathways:** Strengthen vocational education linkages with industry; provide academic support services in higher education institutions; and develop bridge programs to facilitate successful transitions from school to higher education or employment.
7. **Improve data and accountability:** Develop integrated management information systems to link disability certification, school enrolment and learning outcomes; conduct regular social audits of inclusive education programs; and facilitate redress for complaints of children with disabilities and their parents.

In order to achieve inclusive education in India, it's necessary to recognise that disability inclusion is not simply related to access and retention, but to re-envision education systems around the diversity of human experience. By working together to overcome the barriers associated with identification, access, quality and transition, India will be able to fulfil its constitutional and UNCRPD commitments to equality. The way forward for inclusive education is not easy, but with political will, investment and evidence-based strategies, we can make great progress in the education of children with disabilities.

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