



Realising UNCRPD

Learning from Inclusive Practices



Case Studies in Education
and Employment



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Realising UNCRPD: Learning from Inclusive Practices.

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DISCLAIMER:

The document Realising UNCRPD: Learning from Inclusive Practices has been prepared with the objective of promoting documentation and dissemination of inclusive practices for mainstreaming disability. The documented practices should be used as illustrations of inclusive practices and have been written with the sole objective of encouraging others to adopt them. These should not be read as an assessment of the specific practice in any way. Errors, if any, are the sole responsibility of the researchers. Names have been changed to protect the identity of persons with disabilities interviewed during this action research.

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executive summary

INTRODUCTION

Disability is on the rise globally due to an ageing population and increasing chronic health conditions. Estimated to number more than one billion or 15 per cent of the world's total population, as per the World Report on Disability, released by the World Health Organisation on June 9, 2011, persons with disabilities are subject to extensive and diverse forms of marginalisation. Persons with disabilities are more vulnerable and poorer than people without disabilities. About eighty per cent of persons with disabilities live in developing countries.

Despite four prior legislations in India, it was the ground-breaking Persons with Disabilities (PWD) Act, 1995 that recognised the multi-faceted nature of disability and provided for education, employment, creation of a barrier-free environment and social security for them. Although the Act is guided by the philosophy of empowerment by addressing social attitudes, it is still premised on medical definitions of physical and cognitive impairments. The Act has not been enacted with a strong anti-discrimination and human rights approach. Thus, while the discussion on India's disability rights movement has advanced towards a social model that recognises the role of socio-economic, environmental and structural factors in the creation of disability, the policy environment remains largely focused on medical intervention in the form of treatment and rehabilitation to cure the 'disease' or the 'problem'. Women, men and children with disabilities in India continue to experience poverty, indignity and inequities.

It is, therefore, heartening that India ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) on October 1, 2007. Symbolising a paradigm shift in conceptualising disability, it demands a move away from viewing persons with disabilities as 'objects' of charity, medical treatment and social protection. Persons with disabilities are recognised as 'subjects' with rights, who have the agency to claim these rights and make meaningful decisions for their lives as active members of society. Although India was one of the first countries to ratify the CRPD, very little has been done to protect and promote the rights of persons with disabilities, in accordance with the CRPD provisions. There have been limited attempts to assess efforts towards realising the CRPD, except identification of the required changes in Indian laws to fulfil its mandate. However, changes in Indian laws cannot suffice to realise the CRPD in spirit. Harmonising the

laws can only assure that the Indian State meets its legal commitments on paper. As the experience of previous disability legislation shows, it is the actual implementation of the laws that holds the key to empowerment of people with disabilities.

The core principles of CRPD aim at promoting, protecting and ensuring the full and equal enjoyment of all human rights and fundamental freedom of all persons with disabilities and promoting respect for their dignity. Article 24 of the CRPD upholds the right of persons with disabilities to inclusive education without discrimination and equal opportunities at all levels, including lifelong learning. Article 27 of the CRPD confirms the right of persons with disabilities to employment on an equal basis with others; and to gain a living by work freely chosen or accepted in an open and inclusive labour market, under just and fair conditions. There has been little focussed attention on realising CRPD principles in the core sectors of education and employment sectors. The need to realise CRPD from the ground up by learning and documenting local and innovative practices, therefore, becomes significant in the current scenario.

ABOUT THE PROJECT

In the light of the urgent need for engendering the values and provisions of the CRPD, UNNATI Organisation for Development Education recently undertook an action research titled 'Collecting and Documenting Good Practices: Towards Attainment of UNCRPD Articles on Education and Employment.' The key goal of the action research is to: document innovative inclusive practices that have positively impacted the lives of persons with disabilities; and provide necessary knowledge resources for its wider adoption. This project adopted a bottom-up approach to understand ideas and practices which have worked on the ground for adaptation and replication, and provide concrete recommendations for the implementation of CRPD articles on Education, and Work and Employment.

The specific objectives of the action research are to:

1. map the nature, content and outcomes of disability-related programmes against the purpose, principles and relevant provisions of the CRPD;
2. identify practices and resources for integrating the CRPD substantively in on-going programmes;
3. mobilise wider interest by educating through dialogue and dissemination. The two sectors of education and work/ employment have been chosen for their significance in ensuring social and financial inclusion of persons with disabilities, with special focus on gender and accessibility issues.

Using a case study approach, the first phase included identifying possible partners who had initiated inclusive practices for persons with disabilities in the sectors of education and employment. To ensure wider representation, we chose partners from the private and public sectors and from amongst development organisations, more specifically

disabled persons organisations (DPO). In the pilot phase, the programmes and practices of four organisations on employment, one each from the public and private sectors and two civil society organisations were selected. Similarly, three educational programmes were included: one, which worked with the government sponsored Sarva Siksha Abhiyan, aiming at universalisation of primary education in the country; and two initiatives of inclusive education, run by civil society organisations. While these programmes and practices precede the CRPD itself, the experiences provide critical lessons and directions for the future. The CRPD guiding principles informed the criteria for selecting inclusive practices. The methodology used for the action research included collecting primary data through in-depth interviews, focus group discussions, informal conversations, and observation; and analysing secondary data including annual reports, brochures and available publications of the organisations.

This document compiles the findings from the case studies and provides a synthesis of their inclusive practices. Further, it provides key pointers for future directions, which are open for further debate. The key purpose of this document is to facilitate wider dissemination of inclusive practices in accessible formats and generate dialogue with various institutions, thus serving an essential educational purpose. A regional consultation is being organised to present, discuss and learn from the existing programmes and practices promoting inclusion. The consultation is conducted as a dialogical, reflexive platform involving leading disability activists, practitioners, corporate employers, persons with disabilities, donors and academicians.

KEY FINDINGS

The key experiences of inclusive practices are summarised below, in two different sections, one each for Education and Employment.

1. EDUCATION

Abled Disabled All People Together (ADAPT, formerly known as the Spastics Society of India), Mumbai, runs comprehensive educational programmes that represent a paradigm shift from special education to inclusive education that includes all children with and without disabilities; and children from deprived socio-economic backgrounds. The inclusive education programmes are being implemented at all levels, and for various institutional actors, including teacher trainees and lifelong education programmes for adults. ADAPT has pioneered and incubated unique models of educational and health service delivery at the micro and meso-levels in Mumbai and across the nation, including significant efforts at reasonable accommodation which include individually-tailored services, such as individualised educational plans. The programme provides functional and life skills and extra curricular activities for overall development of children with disabilities; and has successfully partnered with mainstream schools to integrate children with disabilities, despite many challenges.

It runs a special programme that reaches out to communities and children with disabilities from underprivileged backgrounds through inclusive anganwadis (part of Integrated Child Development Programme for children between 2.5 and 5 years). By emphasising the well-being and development of children with disabilities in the context of families and communities, ADAPT has tailored the concept of inclusive education to the cultural context of India where families and communities play an important role.

Blind People's Association (BPA), Ahmedabad has been working to promote inclusion of children with disabilities in primary schools through the Sarva Siksha Abhiyan, which aims at universalisation of primary education in the country. Through a community-based approach, the district-wise camps help to identify children with disabilities at an early age, thereby ensuring an early intervention in terms of health, education and social and economic inclusion. It has developed and disseminated teaching and learning aids that are accessible to groups of children affected by various impairments of various class/grades. Its programme works with other stakeholders such as teachers, teacher training institutions, distance training institutions and district administration to not only spread awareness on disability, but create synergetic action also. As part of this, teachers have been trained in various phases to cover the entire State of Gujarat.

BPA runs a Savinay Sammilit Vidyalaya at Bavla in Gujarat, which works with children from migrant workers and low income group families, including children with various disabilities and those without it. The teachers develop child specific individual educational plans (IEPs) according to the learning styles of all children with disabilities, with accessible material for each type of disability. The school is being run by a mixed group of special educators and other teachers to encourage peer learning, and encourages recruitment of persons with disabilities as staff member and as role models. It also works with the parent community to promote inclusion and create greater sensitivity and awareness on disability, within the community. Only children with mild to moderate impairments are presently admitted to the school.

2. WORK AND EMPLOYMENT

Microsign Products, Bhavnagar, Gujarat represents a voluntary initiative of employing persons with disabilities in the private sector, with nearly eighty per cent of the workforce comprising of persons with disabilities. The result of an individual's enterprise, Microsign has chosen to focus on the abilities of its employees: employing persons with hearing impairments and orthopaedically handicapped. In doing so, it creates opportunities for employment of persons with disabilities who are unskilled or low skilled, and those who have been rejected by their families and communities. Microsign provides family-like support to meet the social security needs of the employees.

To provide wider employment opportunities for persons with disabilities, Bharat Petroleum Corporation Limited (BPCL), Mumbai re-organises its recruitment and selection processes to facilitate the participation of persons with disabilities in campus-based recruitment. It also makes special efforts to ensure access at all its test centres during special recruitment drives for persons with disabilities. The work conditions are supportive: BPCL supports persons with disabilities through technological aids, reorganising the work process, and providing collegial support. In case of new recruitments or transfers, preference is given to persons with disabilities while allotting houses, superseding the existing wait lists. Persons with disabilities have not encountered any forms of discrimination in career advancement and growth. It recognises that accessible environment is a work in progress within the organisation; and that there is a need for wider work on making higher education accessible to persons with disabilities, to facilitate their entry within the skilled workforce.

Blind People's Association (BPA), Ahmedabad, operates an employment cell for persons with disabilities which provides diverse opportunities for employment and self-employment in the public and private sectors, across disabilities, with a specific focus on generating employment for women with disabilities. It attempts to create opportunities beyond the stereotypical jobs for persons with different disabilities from varied educational background and experience. As part of the programme, BPA contacts and builds relationships with public sector companies to encourage them to recruit persons with disabilities as employees. It has also made inroads into government institutions, although persons with disabilities are employed there on contractual basis only. It encourages private and individual donors to employ persons with disabilities instead of making financial donations to BPA.

Abled Disabled All People Together (ADAPT, formerly known as the Spastics Society of India), Mumbai, provides persons with disabilities access to employment-related support services (e.g. assessment, referrals, counselling and placement assistance, and a continuum of support in the post-training and post-placement phases). It also provides education and training (e.g. technical or vocational training, vocational guidance programmes, and others); and a one-year bridge course for students from special schools to prepare them for vocational training. The course includes functional academics, skills of daily living, exposure to various job skills and recreation activities. Through its National Job Development Centre's Activity Centre and Narika Shakti, ADAPT promotes self-employment, entrepreneurship skills, and income generation for persons with disabilities and mothers of children with disabilities.

SOME REFLECTIONS

The CRPD is a broad vision and provides guiding principles for realising the rights of persons with disabilities. The cases included in the report should be considered as work-in-progress, with many emerging challenges, given enduring experiences of poverty in our country. The above initiatives have not been consciously initiated and designed with the CRPD provisions. They are guided by the PWD Act 1995 (in the case for employment) and by the Right to Education Act 2009 (for education); and have emerged from the commitment and experiences of disability organisations and activists, or the individual commitment of individuals and organisations towards more equal, inclusive communities. However, the case studies provide illustrations of ways and means in which inclusive practices can be adopted. This is an encouraging enough outcome. Efforts for increasing access both to the built environment and information, and for promoting the inclusion of women and girls with disabilities need to be consciously built into existing programmes to ensure more substantial realisation of CRPD principles.

In order to implement these principles in reality and for eliminating the existing barriers for the full and effective participation of persons with disabilities in all walks of life, present efforts for inclusive practices need to be documented and examined in the light of CRPD on a continuous basis. There is a need for wider dissemination and dialogue among various stakeholders - the government, persons with disabilities and their families, disabled people's organisations, civil society, academia and the private sector - at the local and national levels to remove the barriers and harness the potential of persons with disabilities.

The case studies reveal emerging challenges with regard to inclusion of persons with disabilities. There is a need for greater dialogue, not just around the specific challenges against the key provisions, but also on the objectives of the specific provisions themselves, particularly in the Indian context; for example, in a low-skilled, poorly-regulated labour market with uneven access to job security and work related benefits, as the workers (including those without disabilities) have little choice in selecting their work, work-places and conditions of work. Though this does not undermine the larger challenge in expanding the available choices to the workers, the challenges need to be better understood. There is an urgent need for building the capabilities of workers with disabilities to initiate their struggles for equal wages for equal work, access to subsidies and incentives from the government, better regulation and protection of their workers rights. And finally, the cases provide important lessons on ways and means of translating inclusion into on-going activities and programmes, across sectors.

DIRECTIONS FOR THE FUTURE

The cases provide key directions for further strengthening inclusive practices, on the basis of the emerging experiences and challenges. The directions for the future have been summarised below:

1. Developing capabilities of persons with disabilities to better negotiate for their rights, themselves.
2. Improving access to information and the built environment.
3. Making the terms and conditions of work and employment fair and favourable for persons with disabilities.
4. Upscaling efforts for inclusion by documenting them, and creating wider dialogue with various institutions.
5. Building an emancipatory research agenda to investigate the live experiences of persons with disabilities in various walks of life, particularly those of women and children in rural areas.

introduction

Persons with disabilities are one of the most marginalised groups in India. There are no clear estimates of the number of persons with disabilities. The recent World Report on Disability, jointly produced by the World Health Organisation (WHO) and the World Bank (WB), estimates 1 million people to be affected by disability. That means 15 persons out of 100 are affected with a disability, of which 2-4 per cent are severely affected by it. The 58th round of the National Sample Survey (NSS) reported that there were 18.5 million persons with disabilities in 2002 (NSSO, 2003) compared with 21.9 million reported by the Census of 2001 (Registrar General of India, 2001). Alternate estimates from a variety of sources suggest it to be around 40 million people and it could be as high as 80-90 million, if a more inclusive definition of including persons with mental retardation and mental illness is considered (World Bank, 2007).

Since the independence of India in 1947, a charity and medical model of disability has informed policymaking, under the aegis of the welfare State. To date, these models are deeply embedded in the Indian society. Until recently, socio-political responses were focused mainly on medical intervention in the form of treatment and rehabilitation to cure the 'disease' or the 'problem' (UNNATI, 2008). Since the late 1980s, four crucial legislations have been enacted by the Government of India which specifically address the issues of disability. These include: The Mental Health Act (1987); Rehabilitation Council of India Act (1992); and The National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act (1999) (Disability Manual, 2005, pp.27-39).

It was the ground-breaking Persons with Disabilities - Equal Opportunities, Protection of Rights and Full Participation (PWD) Act 1995 that recognised the multi-faceted nature of disability and provided for education, employment, creation of a barrier-free environment, social security, etc. The PWD Act articulated seven major kinds of impairments - blindness, low vision, leprosy-cured, hearing impairments, locomotor impairments, mental retardation and mental illness. Although the Act is guided by the philosophy of empowerment by addressing social attitudes, it is still premised on the thresholds of physical and cognitive impairments defined largely in medical terms. This medical and

welfare approach adopted by existing Indian legislation is medically oriented, adopting a welfare approach to persons living with disabilities. The PWD Act has not been enacted with a strong anti-discrimination and human rights approach (Kothari, 2010). Thus, even though the discourse in India's disability rights movement has advanced towards a social model that recognises the role of socio-economic, environmental and structural factors in creating disability, the policy environment remains "a hybrid between the medical and social models of disability" (World Bank, 2007, p. 124).

In 2006, although the National Policy for Persons with Disability comprehensively spelt out on paper the goals towards acknowledgment and exercise of all human rights of persons with disabilities, in reality it signalled a withdrawal of the State from its responsibility towards disability and a tendency to push that responsibility on civil society and communities by placing the onus of generating resources on the private sector and the community (Bhas, 2006; Hiranandani & Sonpal, 2010).

Overall, despite these legislations, men, women and children with disabilities in India continue to experience poverty, indignity and inequities (World Bank, 2007). It is imperative to note that although persons with disabilities make up ten per cent of the world's population, disability is associated with twenty per cent of global poverty, according to the World Bank. Yet, concerns of persons with disabilities have only recently been included in the Millennium Development Goals (WHO, 2011). The 2010 MDG report adopted by the United Nations General Assembly, 'Keeping the promise: United to achieve the Millennium Development Goals' (MDGs), recognises disability as a cross cutting issue essential for the attainment of MDGs. This report also highlights the invisibility of persons with disabilities in official statistics. It also traces the link between disability and marginalisation in education, especially girls and women with disabilities. Studies have also shown that a majority of existing Poverty Reduction Strategy (PRS) papers fail to address the needs of persons with disabilities (Global Partnership for Disability and Development, 2010). MDGs and poverty reduction will not be achieved if their policies, programmes, monitoring and evaluation do not include persons with disabilities (UN Secretariat for the Convention on the Rights of Persons with Disabilities, 2010).

It is, therefore, heartening that India ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) on October 1, 2007 and is required to adjust all laws in accordance with CRPD articles. The CRPD is both a development and a human rights instrument. Although India was one of the first countries to ratify the CRPD, very little has been done to protect the rights of persons with disabilities in consonance with CRPD provisions. For instance, CRPD specifically addresses issues pertaining to women with disabilities and the rights of children with disabilities - these concerns are not addressed by the current Indian legislation. In fulfilment of their obligations under CRPD, States are required to bring their laws and policies in harmony with the Convention. CRPD also

requires that this process of amending the law should be undertaken in consultation with people with disabilities and their organisations.

THE UNCRPD: AN OVERVIEW

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), and its Optional Protocol were adopted in December 2006, in the 60th anniversary year of the Universal Declaration of Human Rights, and came into force on May 3, 2008. The Convention is a landmark piece of international human rights law. Not only it is the first human rights treaty of the 21st century, but it also represents the official recognition of disability as a human rights issue on the international stage. The CRPD symbolises a radical paradigm shift in conceptualising disability from a medical/charity model to a human rights/ social model. It demands a move from viewing persons with disabilities as 'objects' of charity, medical treatment and social protection towards viewing persons with disabilities as 'subjects' with rights, who have the agency to claim these rights and make meaningful decisions for their lives as active members of society (United Nations, 2010).

The CRPD is the first globally binding human rights instrument to comprehensively address the civil, cultural, political, social and economic rights of persons with disabilities. The CRPD provides a clear legal, moral and political roadmap for change. It does not intend to create new rights. It merely seeks to clarify the applicability of existing human rights law in the specific context of disability. To this end, it tailors existing human rights law in the specific circumstances and obstacles faced by persons with disabilities.

The CRPD defines disability as resulting from the interaction of impairments with various barriers which hinders full and active participation in society on an equal basis with the non-disabled majority. This situates the CRPD firmly within a social model, which is rights-based, as opposed to a medical model of disability which involves health-oriented legislative instruments. The CRPD embodies a social understanding of disability according to which societal constraints and barriers (not individual limitation) inhibit full participation by, and inclusion of, persons with disabilities in society. It is this understanding that creates the conceptual platform for articulating disability rights.

A major impetus for the elaboration of an international treaty on the rights of persons with disabilities was the persistence of discrimination and marginalisation experienced by disabled persons worldwide, coupled with the fact that no legally binding international instrument addressed disability rights with any specificity. Although, the existing international covenants and conventions on human rights did theoretically apply to persons with disabilities, this did not always happen in practice. Moreover, as emphasised in the preamble to the CRPD, the isolation experienced by persons with disabilities inhibits their meaningful contribution to their societies, thereby undermining community cohesion and development. Accordingly, a new UN "thematic" human rights treaty on disability was deemed necessary.

The World Report on Disability, released on June 9, 2011 by the World Health Organisation and the World Bank, provides evidence to facilitate the implementation of CRPD. It defines disability as complex, dynamic, multidimensional and contested. Drawing upon the International Classification of Functioning (ICF, 2001) it advocates that disability should be neither viewed from a medical nor social perspective: persons with disability can often experience problems arising from their health conditions resulting in activity limitation and the individual's personal and environmental factors. The personal factors recognised such as self-esteem and motivation. The environmental factors recognised are products and technology, the natural and built environment, support and relationships, attitudes and services, systems and policies. A balanced approach needs to be taken combining both the approaches depending on the different aspects and nature of disability.

WHAT DOES THE CRPD CONTAIN?

The overall structure of the CRPD largely corresponds to other human rights treaties. The CRPD includes a comprehensive range of rights in relation to persons with disabilities, although it also contains innovations going beyond other international human rights agreements.

The text of the CRPD is comprised of twenty-five preambular paragraphs and fifty articles. It includes an introductory set of provisions outlining its purpose (Article 1) and key definitions (Article 2), along with articles of general (cross-cutting) application, to be applied across the treaty text (Articles 3 to 9). The CRPD also enumerates specific substantive rights elaborated across the full spectrum of civil, political, economic, social and cultural rights (Articles 10 to 30). Finally, it establishes a system of monitoring and implementation (Articles 31 to 40) and includes final provisions that govern the operation of the CRPD (Articles 41 to 50). New bodies, including the Committee on the Rights of Person with Disabilities and Conference of State Parties have been created to monitor implementation of the CRPD by State Parties. All parties to the CRPD are obliged to submit regular reports to the Committee on how the Convention is being implemented. The Committee then examines each report and makes suggestions and general recommendations for the State Party concerned.

The Optional Protocol of the CRPD, consisting of eighteen articles, gives the Committee the ability to examine individual complaints with regard to alleged violations of the Convention by State Parties to the Protocol. It also allows State Parties to opt into participation in a complaints mechanism as well as an inquiry procedure, all of which are overseen by the Convention's treaty monitoring body, the Committee on the Rights of Persons with Disabilities. The rights-based approach espoused by CRPD seeks a society designed and structured to enable all categories of persons with disabilities to access various facilities and opportunities including public transportation systems, pedestrian signs, educational institutions, employment opportunities, hospitals, malls, government

buildings, etc. A synopsis of the CRPD pertaining to education and employment appears in Annexure 1.

REVIEW OF EXISTING STUDIES

There have been few studies analysing the progress of the implementation of disability legislation in India. Prior to the ratification of CRPD, two noteworthy documents were produced in India in 2005. One of these publications was brought out by National Human Rights Law Network, a leading NGO engaged in the field of advocacy through court cases and other ways of ensuring the implementation of the laws (Disability and Law, 2005) while the other publication is a status report produced by the National Human Rights Commission which is a government body authorised by the Government of India to protect and promote human rights in accordance to the existing laws (Disability Manual, 2005). Likewise, the Chief Commissioner on Disability, an apex level quasi-judicial body established as a part of fulfilling the mandate of the PWD Act, has also compiled the judgments pronounced by it (Case Law Reporter, 2008, volumes 1-3).

Nonetheless, there have been limited attempts to examine the realisation of the mandate of CRPD. In order to assist the Indian Government to fulfil these obligations under the CRPD, a coalition of the Human Rights Law Network, National Association of the Deaf and the Deaf Way Foundation initiated a series of consultations with disabled people and their organisations on the changes required in Indian laws to fulfil the CRPD mandate (Dhanda & Raturi, 2010). However, changes in Indian laws cannot alone suffice to realise CRPD in spirit. Harmonising the laws with CRPD can only assure that the Indian State meets its legal commitments on paper.

As the experience of previous disability legislation shows, it is the actual implementation of the laws that holds the key for empowerment of people with disabilities. Moreover, although CRPD obligations apply to State Parties, in a vast and diverse country as India, a robust civil society has historically played an active role in the provision of social good and services to vulnerable populations. Hence, the bottom-up approach - learning from civil society to inform policy-making and programmatic efforts is of significance if the Indian State is to tailor and attain CRPD goals in the Indian context.

In the light of the urgent need for engendering the values and provisions of the CRPD within the discourse and practice of disabled persons' organisations, non-governmental organisations working either directly or indirectly with persons with disabilities and wider society, UNNATI had undertaken an action research titled 'Collecting and Documenting Good Practices: Towards Attainment of CRPD Articles on Education and Employment' on a pilot basis with the broad goal of examining, learning, documenting and building upon inclusive practices of disabled persons' organisations, non-governmental and governmental organisations and the organised private sector, and providing necessary

knowledge resources for wider adoption. It aims to create awareness, build capacity, and seek input from a range of stakeholders across various regions in the implementation and monitoring processes of CRPD pertaining to education and employment. There has been little focused attention on realising CRPD principles in the core sectors of education and employment sectors. The two sectors of education and work/ employment, which fall within the rubric of 'social and economic rights,' have been chosen in this action research for their significance in ensuring social and financial inclusion of persons with disabilities.

OVERVIEW OF UNCRPD ARTICLES ON EDUCATION (ARTICLE 24) AND WORK AND EMPLOYMENT (ARTICLE 27)

The CRPD is unique in that it encompasses socio-economic rights to ensure real choice for a life of participation and to ensure a certain minimum material quality of life. Social, economic, and cultural rights are subject to progressive realisation, which gives some flexibility to State Parties to the CRPD in achieving its objectives. However, progressive realisation does not absolve Parties to the Convention of the responsibility to protect those rights. Article 24 CRPD upholds the right of persons with disabilities to an inclusive education without discrimination and on the basis of equal opportunity. To this end, Article 24 poses an obligation to States Parties to ensure an inclusive education system at all levels, including lifelong learning. The core elements of the article are the establishment of the principle of non-discrimination, and the emphasis on achieving a common learning environment that guarantees the presence, participation and development for persons with disabilities.

Accordingly, State Parties should move towards an inclusive education system in a common learning environment. Inclusive education was defined by UNESCO as follows: A process of addressing and responding to the diversity of needs of all learners through increasing participation in learning, cultures and communities, and reducing exclusion within and from education. It involves changes and modifications in content, approaches, structures and strategies, with a common vision which covers all children of the appropriate age range and a conviction that it is the responsibility of the regular system to educate all children (UNESCO, 2005).

The key element of an inclusive education system is the provision of reasonable accommodation to students with disabilities. Therefore, parties to the Convention are further required to ensure that reasonable accommodation to children and adults with disabilities is provided at all levels (e.g. primary, secondary, tertiary, academic, as well as lifelong learning) and in all spheres (public and private) of the education system.

Further, Article 24(3) addresses the learning and social development needs of persons with disabilities. In this context, State Parties are required to teach alternative forms of communications (e.g. Braille or alternative script mode, sign language or other modes

of communication, support systems, etc.) in order to promote full inclusion of learners with disabilities in education and as members of the society. Therefore, education should be delivered in the most appropriate languages, modes and means of communication for all persons with disabilities (children and youth in particular), and in environments that maximise their academic and social development. To realise these rights, Article 24(4) requires State Parties to ensure that appropriately qualified teachers (e.g. qualified in the use of sign language and/or Braille) and teachers with disabilities are employed. It is further obligatory to provide disability specific training to all staff working in the education system, so as to be sensitive to the needs of persons with disabilities, and ensure that they are able to effectively use augmentative and alternative communication, or adapt and use educational techniques and materials appropriate for persons with disabilities.

Although, education policy in India has increased the focus on children and adults with disabilities, and inclusive education has become a policy objective, educational outcomes for persons with disabilities remain poor. For instance, World Bank (2007) notes that out of school rates for children with disabilities are high in all Indian States and children with disabilities account for a higher proportion of all out of school children as overall attendance rates increase.

Denial of education leads to denial of basic employment skills. It must be noted that work has a central role in most people's lives, offering rewards that transcend financial aspects. Employment provides not only monetary rewards but also intangible benefits such as social identity and status; social contacts and support; a means of structuring and occupying time; activity and involvement; and a sense of personal achievement (Shepherd, 1989).

Article 27 of the CRPD confirms the right of persons with disabilities to employment on an equal basis with others. The article requires State Parties to recognise the equal right of persons with disabilities to gain living by work freely chosen or accepted in an open and inclusive labour market, and under just and fair conditions. Article 27(1) enumerates a range of measures to be taken by State Parties in order to give effect to the right to work. First and foremost, Article 27(1)(a) reiterates the general prohibition of discrimination on the ground of disability in all forms, sectors and levels of employment. It specifically refers, but is not limited to, the prohibition of discrimination in conditions of recruitment, hiring, continuity of employment, career advancement and occupational health and safety.

In addition to the prohibition of discrimination, Article 27(1)(i) requires the provision of reasonable accommodation in the workplace for persons with disabilities. Persons with

disabilities are protected from harassment in the workplace, and have effective avenues for the redress of work-related grievances.

Moreover, States Parties should ensure that persons with disabilities have access to comprehensive employment-related support services (e.g. jobseeker and placement services, placement support and job retention services, professional rehabilitation, and others), education and training (e.g. technical or vocational training, vocational guidance programmes, and others).

Other measures set forth in Article 27(1) CRPD, relate to the promotion of self-employment, entrepreneurship, and personal business opportunities for persons with disabilities, and positive action programmes, or incentives that will encourage the employment of persons with disabilities in the private sector. Finally, Article 27(2) CRPD requires States Parties to ensure that persons with disabilities are effectively protected from slavery servitude, and forced and compulsory labour.

The majority of persons with disabilities in India are capable of productive work. Yet, persons with disabilities have significantly lower rates than average, and this gap has been enlarging over the past 15 years (World Bank, 2007). Consequently, persons with disabilities often remain powerless to break the cycle of poverty and continue to remain disempowered and marginalised.

objectives of this pilot study

This action research adopts a bottom-up approach to understand ideas and practices which have worked on the ground for adaptation and replication and provide concrete recommendations for the implementation of CRPD articles on Education, and Work and Employment.

The specific objectives of the action research are to:

1. map the nature, content and outcomes of disability-related programmes, from the perspective of the purpose, principles and relevant provisions of the CRPD;
2. identify practices and resources for integrating the CRPD substantively in on-going programmes;
3. mobilise wider interest by educating, through dialogue and dissemination, specific interest groups, particularly disabled persons organisations, NGOs working directly or indirectly with persons with disabilities, those pursuing legal practice, academic institutions interested in studying exclusion, and other issues; and create an interactive community of interested organisations and individuals to lobby the institutions of the State, aid donors and private corporations to adopt the principles and provisions of the CRPD, substantively and evidentially.

research approach

RESEARCH PHILOSOPHY

In the emergent field of disability studies, there has been a growing debate over the way in which researchers have ignored disability as a structural social issue and have done little to confront the social oppression and isolation experienced by people with disabilities (Barnes & Mercer, 1997; Oliver, 1992; Priestley, 1999). In recent years, the need for an emancipatory approach to research on disability issues has been vehemently articulated by people with disabilities, their advocates, and disability theorists (e.g. Oliver, 1992; Zarb, 1992). In a study conducted by Kitchin (2000) in Britain, persons with disabilities expressed a need for inclusive, action-based research methodologies, where they were involved as consultants and partners rather than as research subjects alone. A majority of respondents in Kitchin's study expressed that "most research seemed to be ineffective at changing social relations 'on the ground'; that research remains in the academic realm failing to transfer to the 'real world'" (2000, p. 29). Emancipatory research is, therefore, in contrast to the top-down positivist research that expropriates information from respondents viewed as passive 'objects' of the study.

Furthermore, emancipatory research follows the epistemological stance of the social model of disability that defines disability as the social exclusion of people with impairments. Hence, physical disabilities are seen as originating not in an impairment of the body, but in impairments of the society (Goodley, 1999). The social model does not deny the problem of disability but locates it within the society. The cause of the problem is not individual limitations of any nature, but society's failure to provide appropriate services and adequately ensure that the needs of people with disabilities are fully taken into account in the social organization. Research should, therefore, aim to work from a capacity (or strengths) perspective rather than deficit perspective, focusing on what people can do despite lives that are filled with disablement. As noted earlier, the social model of disability is at the very heart of the CRPD. Hence, it is only appropriate that the research philosophy that underpins the current project is that of the social model of disability and emancipatory research that is rooted in the social model.

Proponents of emancipatory research assert the need for a research climate that takes as its starting point, the experiences, expertise, and ambitions of persons with disabilities. This climate is conceived of as a working space in which researchers mirror and facilitate the resistance of disabled people in the face of a disabled society. The emphasis is on

creating a research structure which leaves respondents stronger than previously by enabling them to act on their new knowledge and understanding.

Emancipatory research must involve some practical benefit to the self-empowerment of people with disabilities and/or the removal of disabling barriers and overt political commitment to the struggles of people with disabilities for self-emancipation (Priestley, 1997). Drawing from the principles of emancipatory research, this research project does not stop with exploration of inclusive practices: rather, using action research strategies, it moves towards creating educational and networking spaces for persons with disabilities, their advocates and organisations in the quest for the realisation of CRPD in India. Likewise, the documentation of inclusive practices and challenges in attaining inclusion is with the intent to inform policy-making of what works on the ground in order to promote broader replication of disability inclusion.

RESEARCH DESIGN

The action research involved a multi-layered, multilocational and multimodal approach, for the purpose of consultation, dialogue, participation, collection of information, opinion and experiences, and through dissemination. Qualitative research strategy was used to attain objectives 1 and 2, while action components of the research attained objectives 3 and 4. Qualitative research or phenomenological inquiry uses a naturalistic approach that seeks to understand phenomena in context-specific settings (Patton, 1990). Qualitative research is defined as “any kind of research that produces findings not arrived at by means of statistical procedures or other means of quantification” (Strauss & Corbin, 1990, p. 17). While quantitative researchers seek causal determination, prediction, and generalisation of findings, qualitative researchers seek illumination, understanding, and extrapolation to similar situations. As the purpose of this study was not to achieve causal explanations or predictions, but rather to explore, identify and analyse inclusive practices, the qualitative approach was deemed to be most appropriate.

A. DATA COLLECTION METHODOLOGY:

CASE STUDIES: MAPPING THE NATURE, CONTENT AND OUTCOMES OF SELECTED DEMONSTRATIONS

The first phase involved conducting case studies to examine, learn, document and build upon current inclusive practices of the organised private sector, public rehabilitation institutions and civil society organisations. A multiple-case study design is an extension of the case study approach, to both explore and describe the ‘cases’ investigated. Case studies are distinguished by their exclusive focus on a particular case (or several cases in a multiple-case study) (Creswell, 2003; Holliday, 2002). A case study can be described as “the study of the particularity and complexity of a single case, coming to understand its activity within important circumstances” (Stake 1995, p. xi). The ‘case’ can refer to a programme, activity, process, or an individual, that is bounded by time and activity (Bassey, 1999; Neuman, 2002). Case studies offer the researcher the ability to obtain rich

data with high validity whilst situating and interpreting data within their wider context (Mitchell, 1983; Yin, 2003). Case study designs do not claim generalisability; rather, the aim is to examine selected cases intensively to conduct theoretical analysis. Yin (2003) emphasises multiple case studies, although more time consuming, can produce more robust research.

SELECTING CASE STUDY ORGANISATIONS:

The number and choice of cases is a key question to be resolved by qualitative and action researchers (Connell, et al., 2001). However, in qualitative and action research, there are no strict criteria for sample size (Patton, 1990). The selection of cases presented considerable challenges since the study was conceptualised as having a national character. However, keeping in view time and resource constraints, the research was eventually narrowed down to the two States of Gujarat and Maharashtra that the researchers could cover in a reasonable amount of time. Aforementioned constraints also led to six cases being finally selected to enable the researchers to gain a broad overview of the issues, yet allow their in-depth and nuanced examination. Since academic literature on this topic is limited to India, to identify cases, organisational websites, press reports and researchers' previous work experiences/connections with NGOs, DPOs, rehabilitation organisations, employers were referred to. As World Bank (2007) notes, the majority of NGOs, DPOs, rehabilitation organisations serving persons with disabilities exist in the urban areas. As such, all six organisations are in the urban areas of the two States. Nevertheless, following Bryman & Bell's (2007, p. 68) suggestion, this research is not restricted to high-profile 'success stories' alone. For instance, although the award-winning organisations (eg. ADAPT and Microsigns) were studied, this research also involved organisations that 'have made significant moves' (e.g. Blind Persons' Association, Bharat Petroleum Corporation Limited) towards inclusive practices.

With this case selection approach, the following organisations were selected:

1. Abled Disabled All People Together (ADAPT) (earlier Spastics Society of India), Mumbai, Maharashtra, for inclusive practices in education;
2. Blind People's' Association (BPA), Ahmedabad, Gujarat, for inclusive practices in education;
3. Microsign Private Limited (MS), Bhavnagar, Gujarat, for inclusive practices in work/employment;
4. Bharat Petroleum Corporation (BPCL) Limited, Mumbai, Maharashtra, for inclusive practices in work/employment;
5. Shri Rang Avdhoot Employment and Placement Cell, Ahmedabad, Gujarat, facilitated by BPA, for inclusive practices in work/ employment;
6. National Job Development Centre and Narika Shakti, facilitated by ADAPT, Mumbai, Maharashtra, for inclusive practices in work/ employment.

Thus, programmes and practices of two organisations on education (one each in Gujarat and Maharashtra) and four organisations on employment (two each in Gujarat and Maharashtra), encompassing both the public and private sectors, were documented as case studies. While these programmes and practices precede the UNCRPD itself, the experiences provide critical lessons and challenges for the future. The UNCRPD guiding principles informed the criteria for selecting inclusive practices.

The case studies served the following functions and generated the following information on practices and approaches:

1. Document inclusive practices in conformity with the CRPD, for the purpose of wider education and training of DPOs and development workers;
2. Make recommendations for wider sectoral adoption and replication, to ensure the realisation of purpose, principles and provisions of the CRPD.
3. Generate meaningful self-critiques of on-going practices within the public and private sectors, broadly, encouraging adoption of CRPD conforming approaches and practices.
4. Most of all, the action-oriented visits were used to initiate dialogue and for wider educational purpose on the objective and provisions of the CRPD.

Qualitative data collection methods used were as follows:

1. collecting primary data through in-depth interviews, focus group discussions, informal conversations with administration, managerial staff, teachers, employees with disabilities and parents of children with disabilities;
2. collecting secondary data including annual reports, brochures and available publications of the organisations;
3. open-ended, unstructured and unobtrusive observations were conducted by the researchers to describe actual activities and messages delivered.

By directly observing programme operations and activities, the researcher may observe things that escape the attention of participants and staff, and can learn about program events that participants/staff may be unwilling to discuss (Gilliam, n.d.). Qualitative data from interviews, focus group discussions, informal conversations, observations and secondary sources were analysed thematically (van Manen, 1998), where categories and patterns that contribute to the core themes are identified (Emerson et al, 1995; Strauss & Corbin, 1990).

VALIDITY OF DATA:

Prior to commencing data collection, the researchers met several times and communicated to orient themselves with the purpose and objectives of the action research, selection of case study organisations, and the use of various data collection procedures. Researchers worked in pairs to collect data at each case study organisation. Notes were taken by the researchers during interviews and focus group discussions to prevent loss of information.

Triangulation has been another way of ensuring data validity in this research. Triangulation refers to “the extent converging data from separate sources exist to support the conclusions” (Kazdin, 1998, p. 254). Triangulation also allows cross-checking of data: it occurs when different ways of examining the problem or phenomenon converge in the information they yield, thereby strengthening the validity of the findings (Bryman & Bell, 2003). Triangulation is in-built in this research that utilises multiple methods and data sources. Lastly, researchers’ own integrity is key to validity and reliability. The researchers view this action-based project as a way of learning and creating educational spaces, and every attempt has been made to deal with the evidence fully and fairly. In order to ensure confidentiality, fictitious names of persons with disabilities have been used in this or any other documentation/presentation emerging from this research.

B. ACTION COMPONENTS:

Consultation on Realising UNCRPD in India: Challenges and Emerging Directions, which will be hosted by UNNATI in Ahmedabad in July 2011. The Consultation will invite participation from case study organisations, other disabled persons’ organisations, disability activists, practitioners, persons with disabilities, donors, interested development organisations, lawyers and legal activists, researchers and academics, representatives from rehabilitation institutions, corporate bodies, educational institutions like schools and colleges, government organisations, departments and ministries, and so forth. The consultation will present, discuss and learn from the existing programmes and practices promoting inclusion. The consultation will be conducted as a dialogical reflexive platform. The consultation will serve the following purposes:

1. provide meaningful space to share the findings of the case studies, and highlight conforming practices and programme approaches to encourage wider replication;
2. create space for self-critiquing and mutual learning to evaluate on-going practices, located within the broader development, and more particularly within the disability community;
3. generate wider dialogue within and among a range of actors: from practitioners to disability activists, researchers, donors, government office-bearers, and so forth;
4. develop a roadmap for action, to be pursued subsequently, in various ways, by diverse sets of actors aimed towards the adoption of the CRPD in letter and spirit;
5. generate wider dialogue and serve critical educative purpose among disabled persons’ organisations, human rights activists, particularly those from the disability movement, development organisations working directly or indirectly with persons with disabilities, and so forth.

Overall, the dialogue will serve the significant function of understanding possible ways by which the CRPD and conforming legal acts and provisions could be amended, revoked or created in tandem with a rights-based approach and social model of disability.

Building Network of Diverse Actors: It is hoped that the consultation will result in an action network on realising CRPD to continue the sharing of experiences, mutual dialogue and wider exchange. Additionally, the project seeks to build a wider network with key stakeholders, including lawyers and interested legal activists and organisations, interested representatives of other development organisations for educational purpose, donors, development organisations, GOs, NGOs etc.

Dissemination:

1. This action research report is one way of disseminating findings of the research. It compiles the findings from the case studies, provides a synthesis of their inclusive practices, and posits a set of recommendations open for further debate. The action research report will be circulated among the consultation participants, donors, and other DPOs, GOs and NGOs to generate dialogue with various institutions, thus serving a critical educational purpose. To attain wider dissemination and utilisation, this document is compiled in accessible formats to ensure easier access to information for people with disabilities.
2. The consultation will culminate with the creation of a road map for future action, to pursue the purpose, principles and provisions of the CRPD. The proceedings from the consultation will be recorded and made available for wider reading as an addendum to this action research report. It will be mailed to participants and a larger audience subsequent to the consultation.
3. Findings will also be disseminated to a wider audience (civil society, policy makers, academia and researchers) by publishing articles in refereed academic/professional journals and periodicals.

With this, we hope to not only generate wider dialogue but also identify areas for future research. There is a need for building a clear, comprehensive and multi-sectoral research on disability. It is also important that all future research be grounded in the principles and philosophy of emancipatory research, so that persons with disabilities no longer remain the 'subjects' of research but active participants in it, who equipped with epistemic authority can work to transform their own lives.

the case studies

EDUCATION

ADAPT (ABLED DISABLED ALL PEOPLE TOGETHER), MUMBAI.

ADAPT (formerly, The Spastics Society of India), was founded by Dr. Mithu Alur in 1972 in Colaba, Mumbai. It was the first special school in India for children with cerebral palsy. Dr. Alur set up the first model to offer treatment and education under one roof, at a time when little was known about developmental disabilities. Over the years, the Spastics Society grew rapidly spreading its branches in various directions, as the needs of teachers and therapists became evident. Programmes for professional training and capacity-building began, with an emphasis on selecting at least half of the candidates for training from areas outside metropolitan Mumbai. Within a decade, service centers based on the first ADAPT model were established in Kolkata and New Delhi. The Society set up branches in Bangalore and Chennai, both of which are independent today.

After providing special services for more than 25 years, ADAPT went through a paradigm shift from special schools to inclusive education. This major breakthrough in policy was a result of Dr. Mithu Alur's doctoral research titled *Invisible Children: A Study of Policy Exclusion*. Her work focused on the alarming exclusion of children with disabilities from the Integrated Child Development Scheme (ICDS), a pre-primary education, immunisation and nutrition service in the Government of India's high-priority agenda to provide education for all.

Dr. Alur's research exposed the malaise existing in the country: a firm cohesive inclusive policy to bring all children into the government's education scheme was missing. There was instead an over-reliance on NGOs to cater to the needs of children with disabilities. Infrastructural shortcomings, and the lack of proper fund allocations, were responsible for more than 90 percent of the children with disabilities remaining outside the ambit of government services. Concerned by the implications of this shortcoming on future generations, ADAPT reoriented its goals to embrace all children who could fall through the net of the government's educational services. ADAPT's programmes and initiatives represent a paradigm shift in conceptualising disability: from special education to inclusive education; from a services based model towards systemic and systematic overhaul in the education system in the country, particularly primary education, and the

success of mainstreaming initiatives for children with learning/ intellectual disabilities. In May 2001, a two-year action research project called “Early Intervention in Inclusive Education” began in Mumbai, India, under the aegis of UNICEF and the Spastics Society of India, and supported by the Canadian International Development Agency. It was headed by Dr. Mithu Alur, Chairperson of ADAPT and Principal Co-ordinator of NRCI, along with Dr Marcia Rioux who holds a Chair at York University, Canada. The aim of the study was to identify the intervention factors needed for the well-being and development of children with disabilities in the context of families and communities. It aimed at putting children with disabilities into existing programmes run by the government to ensure that inclusive education can be upscaled within the government’s framework of services. Target population included children in the age group of 3-5 years with a special focus on the girl child, children with disabilities and socially disadvantaged children. The action research involved demonstration, research, evaluation, analysis, publication and dissemination. The research demonstrated the implementation of inclusion in six impoverished slums of Mumbai. This project represents and promotes a shift from the view of children with disabilities being uneducable to a view that these potential learners face barriers in learning and development, and these barriers are located in the environment, not in the child. The action research demonstrated that inclusion can be implemented with limited resources, provided there is commitment to do it and a continuum of support given in the right spirit.

COLABA CENTRE, MUMBAI

ADAPT, Colaba, provides a holistic model combining education, assessment and treatment of children with multiple disabilities. It is an inclusive centre, providing quality education and services to all children with and without disabilities. The centre is especially concerned about those who have dropped out of mainstream education or have failed to secure admission in schools. Of note is that there is a mix of children from various class backgrounds with a number of children from impoverished background from the nearby slums.

During the 2009-2010 academic year, the Colaba centre had a total of 100 students across eight inclusive classes. These included 54 students with and 46 without disabilities. During the year, some of these students gained admission to mainstream schools, some to the pre-NIOS (National Institute of Open Schooling) class at Colaba and others to the Work Skills Unit at Bandra. There were eight children in the home management programme. Services provided at the Colaba centre include evaluation and assessment, curriculum for 10th Standard Maharashtra Board Examination, counselling, home management programme, physiotherapy, occupational therapy, speech therapy, pre-vocational training, health and nutrition and computer training.

In order to promote inclusion, several interactions are planned to sensitise students from mainstream schools and colleges. Students from ADAPT visit several mainstream schools

and mainstream students visit ADAPT centre for art and craft activities. ADAPT also organises interactive exchanges with children with learning difficulties from mainstream schools. Additionally, efforts have been made to enable college students work with ADAPT students on projects such as water recycling and pollution. Likewise, ADAPT students have taken part in activities such as cleanliness drives of various mainstream schools. Interactive orientation were conducted for ADAPT students in various colleges. Interactive sessions are also held between ADAPT students and the corporate world and persons from various organisations. Activities include games, music, lunch and gifts for the children.

In order to shape the personality of each student, a range of co-curricular activities are organised including dance, art-based therapy, sale of products made by ADAPT students at the annual Kala Ghoda festival, inclusive melas, marathon, celebrations of various Indian festivals and occasions, field trips, annual picnic, and special assemblies to deliver valuable messages through drama, song and dance.

THE NATIONAL RESOURCE CENTRE FOR INCLUSION, BANDRA,

In 1997, ADAPT began a campaign of public and high-level activism. In a concerted effort with the Union Ministry of Human Resource Development (MHRD), Department of Education, ADAPT sponsored and participated in conferences that brought together policymakers, researchers, bureaucrats, parents and disabled activists, NGOs, national and international experts. This resulted in a book titled 'From Segregation to Integration' edited by Seamus Hegarty and Mithu Alur, published by Sage Publication, New Delhi. Around the same time, the Governor General of Canada, His Excellency Romeo Le Blanc and Mrs. Diana Le Blanc visited ADAPT. Pleased with what they saw, and hearing about a need for a macro level policy of inclusion for all children, they evinced an interest in future collaboration. Dr. Alur, on behalf of ADAPT, put in an application to the Canadian International Development Agency (CIDA) for support to establish The National Resource Centre for Inclusion (NRCI).

NRCI was to function within the ambit of ADAPT and address the macro-micro potential and possibilities for inclusion of children with disabilities, within a human rights framework, into existing mainstream resources in the country. NRCI India was launched in 1999 under the aegis of the Canadian International Development Agency.

NRCI imparts educational and therapy services to all children, regardless of their caste, creed, class, social status and abilities. The Bandra Centre allows every child to follow a syllabus that is best suited to his or her abilities. This tailored approach is to ensure well-rounded development of the child, including educational, physical, emotional and vocational dimensions. The 2009-2010 academic year had 203 students registered at the Bandra Centre, out of which there were 128 students with and 75 students without disabilities. NRCI centre offers parallel curriculum - SSC, pre-NIOS, NIOS, pre-vocational

training and work skills. The pre-NIOS curriculum was adopted last year, yet ADAPT formally registered their first batch this year for the pre-NIOS Level-A Board exams. Extra-curricular activities such as yoga, dance, drama, sports, games, camps and picnics have been an integral component of NRCI as well to promote emotional and social development of the child. These activities are carefully woven into the academic and treatment needs. Community Involvement: Inclusive Approach to Development.

In 1999, the first inclusive Anganwadis (pre-school nurseries) were set up in Dharavi, Asia's largest slum. Keeping in mind the goals of ICDS, and sensitive to the needs of residents of these intensely blighted inner city areas, these CIDA - supported ADAPT nurseries for children between the ages of 3 and 5 years provided opportunities for education of children with disabilities, children growing up on the streets, girl children, and disenfranchised able-bodied children, i.e. all the children in the community. The local community is also drawn into the care and education of children with disabilities. Local resources and eco-friendly materials are used to prepare educational and mobility needs.

TRAINING AND PEDAGOGY

ADAPT's training department was established in 1978 in response to a need for trained teachers for children with cerebral palsy. With the founding of National Resource Centre on Inclusion, the courses were reviewed and the philosophy of inclusion was introduced in all training programmes of ADAPT. The work of the training department includes the development of teachers with an appropriate knowledge base, an understanding of social concerns and the capability to handle the issue of equality and quality in education. The 15-month PG Diploma in Special Education (Multiple Disabilities: Physical and Neurological) provides training in teaching strategies and classroom management of all children, irrespective of race or religion. Given the changing perspectives on education in contemporary India, from segregation of children with disabilities vis-à-vis inclusion, the course is in tandem with the goals of Sarva Shiksha Abhiyan. It aims to provide quality training and increased access to children with disabilities in mainstream schools.

ADAPT has also been conducting Community Initiatives in Inclusion (CII) for over a decade now. The course has progressed from a local, to national to international level. Over the years, the course has evolved and new topics and methods have been added. In 2009-2010, sessions were introduced on Microfinance, Proposal Writing, Inclusion in Gender and Religion, and Women's Empowerment. Several countries (e.g. Mongolia, Bangladesh, Nepal) and several States of India have repeatedly sent participants to the course, recognising the need to promote inclusive education in policy and practice.

SHIKSHA SANKALP

In 2010, ADAPT embarked upon a new project that demonstrates a service delivery model at the macro level. The model covers an entire political and administrative jurisdiction, in a scaled, sustainable and replicable manner whereby all children with disabilities identified in the jurisdiction will have recourse to services, thereby ensuring that they can exercise their fundamental right to education (RTE). The project will determine the structural gaps that exist in the delivery of educational opportunities for all children, particularly children with disabilities, and identify required inputs to meet their basic educational and health needs within a given administrative jurisdiction. Currently, two catchment areas have been chosen: A ward of Mumbai district (urban) and a cluster of 22 villages in Pehlar, Vasai Taluka, Thane District (rural).

The project's principal components are:

MAPPING AND IDENTIFICATION IN THE TWO CATCHMENT AREAS: Identifying children who are not in school, conducting health and educational screening for identified children, and providing a snapshot of existing health and educational resources in the catchment areas in order to identify the gaps in the system.

INTERVENTION: Based on the findings of the mapping exercise and the gap analysis, strategies will be developed to implement interventions. Interventions will aim at removing barriers to inclusion and providing a continuum of support for the health and education needs of children with disabilities and energise the educational system to receive and retain children with disabilities.

CAPACITY BUILDING AND TRAINING: ADAPT will undertake training of teachers and educational administrators, capacity building training and continuum of support services with a focus on the importance of implementing the RTE. Empowerment courses will be introduced and DPOs will be established, with an aim to empower people with disabilities and their families to advocate for the implementation of all provisions of the RTE, PWD and other relevant legislations in the catchment areas.

MONITORING AND EVALUATION: To make the process replicable and sustainable, robustness of methodology will be an integral part of the project. Research and project documentation will capture the findings and also record the methodology used to capture the findings. In-house and peer review will be an integral part of the methodology.

COMMUNITY-BASED RESOURCE SUPPORT CENTRE: Two hubs will provide the support services, treatment, training and guidance to referral services for CWD in the two catchment areas.

KEY FEATURES OF INCLUSIVE PRACTICES:

1. Paradigm shift from special education to inclusive education that includes all children with and without disabilities, and children from deprived socio-economic backgrounds;
2. Pioneered and incubated unique models of educational and health service delivery at the micro and meso levels in Mumbai and across the nation;
3. Provides inclusive education at all levels, including lifelong learning;
4. Has partnered with mainstream schools to integrate children with disabilities despite challenges;
5. Provides functional and life skills and extra curricular activities for overall development of children with disabilities;
6. Provides reasonable accommodation, including individually-tailored services, such as individualised educational plans;
7. Reaches out to community and children with disabilities in underprivileged communities through Anganwadis. By emphasising the well-being and development of children with disabilities in the context of families and communities, ADAPT has tailored the concept of inclusive education to the cultural context of India where families and communities play an important role.



BLIND PEOPLE'S ASSOCIATION (BPA), AHMEDABAD.

PROMOTING INCLUSIVE EDUCATION FOR MAINSTREAMING DISABILITY

Blind People's Association (BPA), Ahmedabad, set up in 1950, is a rehabilitation institution for persons with disabilities. Its main aim is to promote comprehensive rehabilitation of persons with all categories of disabilities through education, training, employment, community-based rehabilitation, research and publications. It provides services for persons from all categories of disabilities - provision of aids and appliances and community-based rehabilitation - and encourages and empowers persons with disabilities to be self-reliant through education. As an organisation offering single window service to persons with disabilities, it has won several national and State level awards by the government as well as the corporate sector. Recently, the senior management also actively involved in advocating for a paradigm shift and addressing the human rights of persons with disabilities under the rubric of the CRPD, is part of the drafting committee of the New Disability Law in the country.

For the purpose of the study, in consultation with the staff members, we visited the inclusive school set up as a model at Bavala, Ahmedabad, and the State level intervention within Sarva Siksha Abhiyan (SSA) to promote inclusive education. The two initiatives are illustrations of initiatives of varying scale: one a local school and the other a national

level government programme aiming at universalisation of primary education; working with various stakeholders: in the first case with children with disabilities and their parents; and in the second through teacher training and early screening and intervention through learning aids and appliances.

Savinay Sammilit Vidyalaya (SSV), Bavla, has been set up as an inclusive school. Established in June 2008, SSV is an experimental school to serve as a model for setting up similar schools in the districts of Gujarat, in partnership with National Association of the Blind (NAB). It is located in the industrial area of Bavala, on the periphery of Ahmedabad city. The local area is largely comprised of a number of migrant workers from Panchmahal, Dahod and Bharuch, who come to rice polishing and pharmaceutical factories as low skilled or unskilled workers, and live within the factory premises.

The school premises were donated by a local businessman, philanthropist, and a person with visual impairment. Initially the school building was made physically accessible and a sum of sixteen lakh rupees was invested for constructing ramps, accessible classrooms with appropriate tables and chairs like CP Chair, separate toilets for girls and boys, purified drinking water points, and signages in contrasted large fonts and in Braille.

Currently, the school runs classes from 1-8 in Gujarati medium and is affiliated to the District Primary Education Board, Ahmedabad. Education is offered to the children from twelve neighbouring villages on a no cost basis, as most of them are from disadvantaged socio-economic background. The management also provides for the basic learning materials appropriate to each child like uniforms, sponsored mid day meals, text books for non-disabled children. Children with disabilities are provided with accessible material with support from the state Sarva Siksha Abhiyan in Braille, large print, mental retardation and low vision kit and assistive aids and devices like hearing aids, prosthesis etc.

At present the total number of children in the school is 252 with the highest number of 40 students in Std III and 16 in Std VIII. About 2 percent of the students are girls, with the number dropping in higher classes. There are about 28 per cent children with disabilities - one percent each of orthopaedic handicapped (OH), visually impaired (VI), cerebral palsy (CP) and multiple disabilities, two percent Hearing Impaired (HI), four percent low vision (LV), six percent mental retardation (MR) and 12 percent slow learners.

The school has no appointed principal, but a group of eight teachers comprising of three women and five men and one with low vision collectively run the school with technical support from BPA. The teachers have a mixed qualification with a combination of special educators and teachers trained as primary teachers (PTC). The special education teachers from the Integrated Education for Disabled Children (IEDC) scheme for elementary education that has been converted to Integrated Education for Disabled at Secondary

Stage (IEDSS) have also been tapped to provide support to this school. To arrest attrition, the teachers in this school are paid the same salary as in government schools.

A school bus makes two rounds, each in the morning and the evening to pickup and drops all the children. All children, including those with disabilities, have an equal opportunity to enrol in the school. However, certain criteria are currently used for admitting children with disabilities, such as production of disability certificate, the child must be toilet trained etc. Only children with mild to moderate mental retardation, cerebral palsy and hearing impairment are admitted.

Initially, the school administration had to organise community visits to mobilise children. At first, many parents of children with disabilities were reluctant to come forward with their children. Some of them feared harassment of their children by the other children. Others did not see much sense in trying to educate them. Some parents even assisted their children in the classroom from time to time, and the school management encourages this as it makes the children and parents feel welcomed. The parents, on the other hand, experience that their contributions are needed and appreciated. Hence parents' awareness was a major task. Parents of children with no disabilities were very reluctant initially, but were slowly convinced.

The school conducts special orientation programme for children with impairment on their first day at school. Peer tutoring is also encouraged in the classroom situation. The school also has a resource centre for children with disabilities where they are supported through additional teaching learning methods (TLMs), development of individual education plans (IEPs), training on activities of daily living (ADL), regular medical check-ups and counselling. The education programme for children with disabilities is formulated through combined effort of the special education teacher and the regular classroom teachers. All children participate in the common programmes of the school, and a conscious effort is made to identify the abilities of children with special needs. Twice a year social get-togethers and functions are organised at the school premises.

Based on this experience, in collaboration with the National Association for the Blind (Gujarat State Branch), next year, similar schools will be opened in each of the 26 districts in the state.

Since last 2 years, all over the country a shift towards inclusive schooling has been initiated by various rehabilitation institutions and children going to special schools are being admitted to regular schools. But the question still remains for children with high support needs.

KEY FEATURES OF INCLUSIVE PRACTICES:

1. Works with children of migrant workers and low-income group families.
2. Works with all children and with children across disabilities.
3. Child specific individualised educational plans (IEPs) are made, accommodating the learning styles of all children with disabilities, along with accessible material as per their special needs.
4. Provides special support to children with disabilities to get adjusted to the school.
5. Admits children with mild to moderate disabilities only, since all teachers are not sufficiently trained to work with children with severe disabilities.
6. Works with the parent community to promote inclusion and create greater sensitivity and awareness on disability within the community.
7. Works with a mixed group of special educators and other teachers to encourage peer learning.
8. Encourages recruitment of persons with disabilities as staff member, as role models.
9. The effectiveness of the intervention ensures replicability of similar models being set up in other regions.

TRAINING OF TEACHERS FROM THE SARVA SIKSHA ABHIYAN (SSA)

In an effort to universalise elementary education under the aegis of 'education for all', the SSA has adopted a 'zero rejection policy.' It aims to deliver education to all children, including children with disabilities, at their doorstep through general schools. At the State level, BPA has been actively involved in training the regular teachers of the Sarva Siksha Abhiyan (an effort by the government to universalise elementary education in the country) and orienting them to disability in a phased manner. Through a joint initiative with the Bhoj University and Rehabilitation Council of India, around 5,000 teachers have been trained over five years. Run as a distance learning course, it intends to sensitise all the in-service teachers to not only impart education to children with disabilities but also to help them in becoming a part of an inclusive society. This is a three-month course and every year five teachers per block in each district are nominated by the State education department. As part of the programme in general, one integrated education (IED) coordinator and five resource teachers per block have been allocated under SSA. More than 800 teachers have been appointed so far.

The key contents of the programme are mobility, special learning needs, aids and appliances, additional teaching learning methods (TLM) and its creative use, early screening and identification. Subsequently, teachers identify children in their classrooms. According to each category of impairment, different kits of TLM are prepared. An assessment camp is organised at the district level, where screened children with disabilities are brought, assessed by experts in their respective fields (therapists, psychologists, orthopaedics, etc. are available); certified and the TLM kits are distributed among them. BPA has undertaken the task of distributing kits related to mental retardation (MR), low vision (LV) and visual impairment (VI).

In the primary teachers training course (PTC) disability has been included as a fifty-mark module. The trained teachers are called 'vidya sahayaks,' and about 1200-1500 persons with disabilities have been appointed across the State. The senior staff members of BPA hold key positions in such committees and play a critical advocacy role in promoting 3 percent reservation policy for appointments of primary school teachers.

KEY FEATURES OF INCLUSIVE PRACTICES:

1. The BPA has made entry into a large-scale school educational programme for rural areas.
2. Through its community-based approach, the district-wise camps help to identify children with disabilities at an early age, thereby ensuring early intervention both in terms of health, education and social and economic inclusion.
3. Has developed and disseminated teaching learning aids that are accessible to groups of children affected with different disabilities. Disability-specific, class-wise learning kits are also made available to the children.
4. Works with other stakeholders such as teachers, teacher training institutions, distance training institutions and district administration.
5. Teachers are trained in a phased manner to ensure state-wide coverage.
6. Efforts at better access to provision of educational services for children with disabilities will go a long way at breaking the vicious cycle of low skills, unemployment/underemployment and poverty reduction.



the case studies

EMPLOYMENT

MICROSIGN PRODUCTS, BHAVNAGAR.

VOLUNTARY EMPLOYMENT OF PERSONS WITH DISABILITIES IN THE PRIVATE SECTOR

Located in Bhavnagar, Gujarat, Microsign Products (MS) is a manufacturer of plastic fasteners and markers. These are manufactured on orders from a range of companies such as automobile companies like Volvo, TATA Motors, Ashok Leyland; defence and space research organisations and heavy engineering companies such as BHEL. Operational since 1979, MS is QS: 9000 and ISO: 16949 certified, with efficient production cycles and effective working capital management (CII, 2006 and personal communication). It is owned by Nisheeth Mehta, a trained engineer turned entrepreneur.

In 1988, Nisheethbhai launched a unique experiment in employing persons with disabilities in his company. This desire to employ persons with disabilities was premised in two of his core beliefs: businesses increasingly operated on financial logic and they did not account enough for their real strength - their human resources. He believes that balance sheets and accounts statements of businesses must be amended to reflect the worth of its employees, its human resources, on whose strengths the businesses are run and can be turned around. And secondly, that persons with disabilities must be encouraged to participate in the workforce with suitable modifications to the design of their jobs. He feels that impairments can be easily overcome if the jobs are suitably modified and right skills are matched with the right demands of doing the jobs. Emphasising on the logic on enhancing the workforce participation of persons with disabilities, Nisheethbhai feels that this helps the individuals to overcome their low self-esteem. In doing this, it also creates an opportunity for them to learn skills for negotiating their lives by active interaction with those without disabilities.

Driven by his core beliefs, MS started employing persons with disabilities voluntarily. For each task and its demands, MS tried to match the skill and ability of the individual, such that their impairment would not 'disable' them, anyway. For example: persons with hearing impairment are assigned to injection moulding machines which produce considerable noise; because while others would have found working with such machines

difficult, those with hearing impairments remain unaffected, and thus the productivity remains unaffected. Similarly, the employees with physical handicaps are assigned to stationary workstations. Their jobs in sorting and packaging can be easily performed while seating at one place. The mentally retarded employees are assigned repetitive tasks of separating fasteners from the runners. This involves minimal skill and limited concentration. As a result of this, no employee is 'disabled' when it comes to the job assigned to them, and are able to operate effectively. At present, of its 80 employees, 24 are persons with disabilities, mostly those with hearing impairments, physical disabilities and mental retardation.

Microsign has provided persons with disabilities with meaningful work and an opportunity to become financially independent. At the same time, it has gone further to foster family-like bonds among the employees. Nisheethbhai has frequently gone beyond his responsibilities as an employer in supporting his employees. In cases of sickness he makes arrangements for medical attention; for employees who do not have enough time to go home for lunch and struggle to bring their tiffins to work, he makes arrangements for lunches to be delivered to their workstations, and so forth. All the employees celebrate Diwali together and Nisheethbhai makes special effort to ensure that all the employees feel that they belong to one family.

CASE: Ritaben and Manojbhai, a married couple, have been working in Microsign since 1995. Both of them were afflicted with polio, early in their childhood. While Ritaben's family was supportive and encouraged her to go to school, Manojbhai's family repeatedly discriminated against him, never allowing him to go to school and assigning menial domestic chores to him. They met each other when they were 22 years old at a government sponsored fair, where they had gone for their hand-driven tricycles. They fell in love and got married, but Manojbhai's family opposed the marriage. Finally, they were driven away from their home and they came to Bhavnagar. They found work in a lodge, where Ritaben washed utensils and kneaded dough and Manojbhai rolled the dough. They worked from six in the morning to eleven in the night. Nisheethbhai watched them each morning as they left for work. He asked them to come and meet him, in case they wanted to do other kinds of work. Then they joined the work of separating fasteners from runners. They had always struggled to find a house on reasonable rent. In 2001, Microsign gave them a grant of Rs. 52,000 to buy a house. As a result, now they are able to save on rent, securing their financial futures.

For people like Manojbhai and Ritaben, with limited work opportunities and no social security, Microsign provides an opportunity to earn their livelihood, provides social security in the form of grants for their home and motorised tricycles, and most of all equips them to negotiate their daily lives. There are others like Ratanbhai, who is mentally retarded. He lives with his parents, and his brother's family. He initially went to

a nearby rehabilitation institution called Ankur, where activities typical at most sheltered institutions were conducted. After ten months, he stopped going to Ankur and joined Microsign. He says he prefers to come here since he gets to interact with other co-workers including those with mild to moderate mental retardation, persons with disabilities and those without it. As a result of this extensive interaction, he finds his work and work-place inviting and accepting.

Microsign's efforts must be commended since most of its employees, particularly those with disabilities, are entry level workers, with little or no education and severely restricted access to vocational training. There are few opportunities that exist for untrained workers and they are subject to uncertainties of the informal labour market, with no social or community-based support structure at hand. In many cases, even the families turn persons with disabilities away, stigmatising them, not sending them to schools and training institutions, discouraging them from marriage despite their will or forcing them to marry. All this results in acute disempowerment and the person herself is left with no agency. However, all the employees have been specifically trained, on the job, to do their work at Microsign.

By employing persons with disabilities voluntarily, Microsign has demonstrated that persons with disabilities need not rely on government quotas or charities to become economically independent. Appropriate modifications to their jobs and matching their skills with the task requirements, means that they are not in any way disabled. They can be easily integrated into the formal workforce, with social security benefits such as provident funds, etc. More than the economic independence, it creates an opportunity for them to participate meaningfully in the mainstream.

KEY FEATURES OF INCLUSIVE PRACTICE:

1. Voluntary initiative for employment of persons with disabilities in the private sector
2. Disability is not a perceived barrier for recruitment.
3. MS has chosen to focus on the abilities and not the disability of persons with disabilities, while designing jobs and tasks.
4. It has created opportunities for employment of persons with disabilities who are unskilled or low-skilled people who have been rejected by their communities and families.
5. Provides family like support to meet the social security needs of the employees.
6. Taking care of the social security needs of persons with disabilities is considered the responsibility of the employer, and hence, support from government services is not explored.



BHARAT PETROLEUM CORPORATION LIMITED, MUMBAI.

CREATING CONDUCTIVE WORK ENVIRONMENT FOR PERSONS WITH DISABILITIES

Bharat Petroleum Corporation Limited (BPCL) is a leading public sector company with key business interests in manufacturing and distribution of petroleum products like Motor Spirit, High Speed Diesel, LPG, Aviation Turbine Fuel, Lubricants, besides various Industrial Products, petrochemicals, and industrial solvents, through an extensive distribution network. Bharat Petroleum features in the international 'Fortune 500' list of companies with consolidated revenue of 30 billion US\$. It has been ranked seventh in terms of its brand value in India, by The Economic Times, with a net profit of Rs. 1538 crores in 2009-2010. In 2010, it was awarded the NDTV Profit Business Leadership Award in the CSR Category for its work on 'economic, environmental and social sustainability' for the community, with an A+ rating as per the Global Reporting Initiative guidelines for its Corporate Sustainability Report.

Like all public sector organisations, BPCL has to comply with the Persons with Disabilities (PWD) Act, 1995 which provides for three per cent reservation for persons with disabilities. Of its present staff strength of 13928, 218 are persons with disabilities, of which 45 belong to the management cadre. But what makes BPCL's efforts in Inclusive Employment exemplary are its organisational norms and culture which create an encouraging work environment for persons with disabilities.

With increasing disinvestment in the public sector and the entry of large-scale private corporations in the oil industry, BPCL has undergone various organisational development and strategic planning and review cycles to keep itself competitive and efficient, most recently in 1996. However, its emphasis on retaining its organisational culture and on promoting inclusion of persons with disabilities has continued, despite the internal transformations. This is evident from its recruitment, training, appraisal and other Human Resource Management practices and the daily working conditions of its employees.

During its campus-based recruitments, for example, whenever the selection board encounters a person with disability, special efforts are made to create equal opportunity for selection, thus providing reasonable accommodation. Group discussion, where a person with disability might struggle to participate for various reasons, are frequently waived and the person with disability is directly invited for interview. BPCL also conducts special recruitment drives for persons with disabilities. During the written tests, for example, it is ensured that the tests are administered on the ground floor. All the rooms are adequately lit, and writing support in the form of scribes is arranged, where necessary. As a result, even the participating students are enthused to see the company

making such efforts to select them. Often the selected employees are inspired enough to choose BPCL over more lucrative offers, driven by its commitment to its employees. During the induction process also, special support is extended to persons with disabilities in the form of early allotment of houses or arrangement of transit housing. The house allotment priority lists are sometimes ignored to facilitate persons with disabilities negotiate relocation to a new city. A critical part of the induction process is exposure to the various strategic business units of the company, particularly those on-site and at the refineries. In the case of persons with disabilities, the inductions are suitably re-designed, with lesser time spent at the refineries. This is done from an occupational safety perspective, given the highly volatile nature of materials they work with. Instead, the persons with disabilities are often stationed at the offices and assigned to departments such as finance, human resources, information technology and sales. In specific cases, the jobs are re-designed within the same department to ensure that the person with disability is able to perform according to his or her interest and potential, and has not to compromise with his or her career advancement.

The employees we interviewed shared that they have never found any reason to worry. Most of them were excited enough to learn at the site and their superiors were encouraging and supportive. They shared that they are treated like all others joining the company, with no obvious display of concern. However, it is commendable that none of them recalled any situation where they were forced to perform a task which they found inappropriate. This ease of interaction across hierarchies and the constructive encouragement from the superiors is often identified as the critical characteristic that enabled the persons with disabilities to perform their roles and progress within the organisation.

Regarding to accessibility, BPCL shared that it is presently a work-in-progress. Ramps have been built where possible, the lifts have voice over and braille signs, the toilets have been modified and handrails have been installed on either sides of the staircase. In the case of refineries and other on-site buildings this is difficult, given that BPCL also needs to comply with oil industry safety standards. It has also trained all its security staff to evacuate persons with disabilities in case of an emergency. Safety briefings and mock drills are also frequently organised.

BPCL has invested considerably in building a congenial and participatory work culture. Subordinates are encouraged to participate in all discussions and disagree with their superiors. The senior staff is easily approachable and unlike typical corporate settings, hierarchies are not unduly imposed. For persons with disabilities this provides an overall encouraging atmosphere, where concerns and objections can be easily shared. For the senior management, it creates an opportunity to understand an alternate viewpoint or concern, and suitable modifications and accommodations can be made in the tasks and work-environments.

The persons with disabilities we interviewed shared that their colleagues are extremely supportive, that they never needed to ask for help and it is quickly offered, but none of these are unduly imposed. They never feel discriminated against, either positively or negatively. While no preferential treatment is offered, which often leads to resentment amongst others; the persons with disabilities are never discouraged from pursuing their interests and other opportunities. On the contrary, the superiors make sure that necessary support is forthcoming, both in words and tangible, for persons with disabilities.

Organisational socialisation ensures that BPCL's norms and work ethics are reproduced across generations of workers. By demonstrating ways and means of including, of creating constructive work conditions and displaying sensitivities to different needs of persons with disabilities, younger generations of management trainees learn from their superiors. As a result of its organisational socialisation, the senior management does not see the need of codifying or formalising any rules, regulations or norms for persons with disabilities (either for recruitment processes, housing allotments, induction processes, job redesign or any other). Instead, it prefers to rely on learnt behaviour to ensure a conducive work environment for all.

To further strengthen the employment opportunities for persons with disabilities, it believes that there is a need to strengthen the number and quality of applications from persons with disabilities. Historically, the participation of persons with disabilities in higher education has been very low. The available training opportunities are also restricted and of poor quality. As a result, there is a need for concerted efforts to improve the educational outcomes of persons with disabilities, to enhance their employment and career advancement opportunities.

KEY FEATURES OF INCLUSIVE PRACTICES:

1. Has reorganised the recruitment and selection process to suit the abilities of persons with disabilities in campus-based recruitment.
2. Makes special efforts to ensure access at all test centres during special recruitment drives for persons with disabilities.
3. At the workstation accessible technological support is provided to employees.
4. Preference is given while allotting houses to persons with disabilities, in case of change in their duty stations.
5. Work conditions are supportive: technological aids are provided, work process is organised and collegial support is available, when required.
6. The persons with disabilities did not report any discrimination in career advancement and growth.
7. Conducive work environment with voluntary support from colleagues
8. Barrier free built environment is work in progress.



BLIND PEOPLE'S ASSOCIATION, AHMEDABAD.

CREATING DIVERSIFIED OPPORTUNITIES FOR EMPLOYMENT OF PERSONS WITH DISABILITIES THROUGH A SPECIAL EMPLOYMENT EXCHANGE

Shri Rang Avdhoot Employment and Placement Cell, a special registered employment exchange for persons with disabilities is facilitated by BPA. Any person with a disability - skilled or unskilled, can register with their specification. Opportunities of employment as well as self-employment are sourced and the skills levels and employers expectations are matched while recommending a person. No fee is charged for this from either the employer or the employee. Instead of accepting donations from the corporates/ individuals, BPA advocates for placement of persons with disabilities in their companies. In many cases, based on market demand the skills of persons with disabilities are upgraded through training and capacity building inputs. Exploring the availability of work options in the market is a major shift from offering persons with disabilities the traditionally stereotyped jobs like cane weaving, basket making, motor winding etc. to suitably placing them as per their skills. A typical pay scale/ income earned can range from Rs. 3,000 to 25,000 per month.

Every year around 300 persons are placed; around 150 each in employment and as self-employed mostly as tele-photocopying booths, grocery and miscellaneous item stalls, vegetable vendors, tea stalls, mobile phone vouchers, both, etc. Nearly 600 such booths/ stalls are operational in the state with 200 in Ahmedabad city alone. From these booths an individual could earn an average income of Rs. 2,000 - 6,000 per month. Through the

SELF EMPLOYMENT

YEAR	OH		VI		MR		HI		CP		MI		
	M	F	M	F	M	F	M	F	M	F	M	F	
April 08 - March 09	67	41	43	9	4	1	2	1	1	0	0	0	169
April 09 - March 10	65	28	29	20	4	3	2	10	2	0	3	1	167
April 10 - March 11	62	54	37	16	4	0	3	5	0	0	0	0	181
TOTAL	194	123	109	45	12	4	7	16	3	0	3	1	517

EMPLOYMENT

YEAR	OH		VI		MR		HI		CP		MI		
	M	F	M	F	M	F	M	F	M	F	M	F	
April 08 - March 09	33	19	16	0	2	0	3	4	0	0	0	0	77
April 09 - March 10	48	14	38	1	3	0	10	3	0	0	0	0	117
April 10 - March 11	70	20	30	1	0	0	26	3	0	0	0	0	150
TOTAL	151	53	84	2	5	0	39	10	0	0	0	0	344
Total	345	176	193	47	17	4	46	26	3	0	3	1	861

exchange the needs of most persons with disabilities - orthopaedic handicapped, visually impaired, hearing impaired, cerebral palsy and mentally ill are addressed, but persons with some impairment like autism do not seek employment for some reason.

Many persons with disabilities prefer the option of self-employment. They feel that in typical employment, multiple tasks are assigned which they find difficult to cope with, and thus drop-out. Hence, the emphasis at the exchange is on placement and arriving at a match between impairment and job demands. However, post-placement there is no communication; only in case of a specific grievance does the person with disabilities come back. The exchange plays a negotiating role and very often tries to place the person elsewhere. They do not opt for unnecessary litigation with the employer, instead prefer that they resolve differences, and support in arbitration so as to keep the doors open for employing other persons with disabilities in the particular company.

The exchange also serves as guidance, counselling centre on available jobs, and facilitates recruitment drives. The exchange has a wide range of agencies, around 22 in the city of Ahmedabad, where persons with disabilities could be placed. The institutions include vary from the Civil Hospital; IT companies like Designmate; BPOs, although they are not popular; hotel industry, specifically The Lemon Tree and Café Coffee Day that employ mainly persons with hearing impairment for housekeeping; and the Saffal Group, a construction company that employs mainly men with visual impairment as lift operators.

At City Civil Hospital, Ahmedabad, there are two different groups of persons with disabilities that operate as case writers - case writing and case filing at the OPD. One operates as a Self-help group (SHG) attending to generic departments and the other as contractual staff of the Cancer Hospital. The SHG charges Rs. 5 per case and at the end of the month the profit is distributed among the members. On an average there are about 100 cases per day. This group of 14 persons with orthopaedic disability comprises of five women. They work on a rotation basis for three shifts a day of eight hours each. The accounts and other administrative formalities are carried out on a rotation basis. The group pays rent for the use of space to the Civil Hospital from the minimum case fee charged.

At the Cancer Hospital, there are 21 persons with disabilities in the age group of 21-30 years, among them 11 are women; 19 are with orthopaedic disability, one with hearing impairment and one with mental disability. The case writers are provided Rs. 4,500 per month as salary and they work on a yearly contract basis. Every year an increment of 10 per cent is given and there are no other staff benefits like leave or gratuity. Hospital charges 10 Rupees per case. Minimum qualification requirement for this work is a graduate with computer training. The employees have to work for a eight-hour shift with an hour's break for lunch.

Designmate is a 3D production house involved in development of creative text linked e-content for K12 education. With the use of animation and graphics the concepts in Maths and Science - physics, chemistry and biology - are presented in a simplified way. The output is an interactive set of CDs filled with games and puzzles covering the syllabus of various examination boards in India as well as abroad. This 22 years old production house is headed by an ex-army official, who is a wheelchair user himself, and was first set up in Mumbai and is now based in Ahmedabad since the past 10 years. Designmate has been accorded with several awards for employment of persons with disabilities as well as e-content development. It has employed over 250 professionals, of which 180 are persons with disabilities of which 50 per cent are women with disabilities. Most of the persons with disabilities are recruited through the BPA employment exchange as animators and they are all persons with orthopaedic handicap. No professional animators are employed and all employees learn while on the job. The heads of departments and teachers are professionals as thematic experts. The minimum starting salary of animators is Rs. 5,000 per month with other facilities like guest house, PF, gratuity, ESIS, 15 days paid leave, and 10 days as Diwali vacation, etc. The minimum qualification required 12th pass and good English language skills.

With on the job training upward mobility of the animator is facilitated depending on their capability and the highest salary at present is Rs. 50,000 per month. Systems of regular reviews and increments are in place. The work timing is from 9 am to 7 pm with the first two hours being spent on-the-job training. Tax benefits are provided to persons with disabilities. Two of the employees interviewed shared that the work condition is very much conducive and accommodative. Inputs provided on the job enhanced their confidence. It not only gives them a sense of independence but enable them to live with self-respect within the family domain. Residential support is provided to out station staff along with other supports during ill health strengthening the employer-employee relationship.

As mentioned earlier, the preference for self-employment is very high as they tend to adjust easily and are more comfortable negotiating with the terms of employment. Rajkumar Ruchandani, a person with visual impairment, runs a photocopying booth since last 10 years within the Regional Transport Office (RTO) premises at Ahmedabad. He had previously worked with the sales and advertising franchise of The Times of India and had to give up his job as his vision was deteriorating rapidly. He lost his full vision in 2001 and spent three years at home, as his parents who were bedridden discouraged him from working outside. Then he approached BPA and set up this booth, first as a cold drink shop which was not profitable. He took a loan to purchase the photocopying machine, and has since repaid his loan. He works from 10:30 am to 5:30 pm and earns a net profit of at least Rs. 5,000 every month and is happy with the earning. He travels by rickshaw with the support of an escort. He is very happy that he has an income and the freedom

and autonomy of operating on his own. Within the same premises there is another booth operated by an orthopaedic handicapped person and he too has a thriving business.

KEY FEATURES OF INCLUSIVE PRACTICES:

1. Diverse opportunities created for employment and self-employment in the public and private sectors.
2. Employment opportunities created for cross disabilities.
3. Opportunities created beyond stereotypical jobs for persons with different disabilities from varied educational background and experience.
4. Contacts and rapport built with public sector companies to recruit persons with disabilities as employees.
5. Has made inroads into government institutions too, although persons with disabilities are employed on a contractual basis.
6. Encourages private individual donors to employ persons with disabilities instead of donating.
7. Encourages equal participation of women with disabilities in employment.



**ADAPT (ABLED DISABLED ALL PEOPLE TOGETHER), MUMBAI
EARLIER CALLED SPASTICS SOCIETY OF INDIA.**

NATIONAL JOB DEVELOPMENT CENTRE (NJDC)

As the first batch of ADAPT students completed their schooling, the need for developing their occupational skills and training was recognised. Therefore, in 1989 the National Job Development Centre was opened in Chembur, Mumbai. International experiences in Vocational Rehabilitation, World Action Programmes for Persons with Disabilities and ILO guidelines shaped the NJDC concept. The NJDC offers services that include assessment, referrals, counselling, pre-vocational training, placement assistance and a continuum of support in the post-training and post-placement phases. The centre has a fully equipped computer department that provides various courses, including basic and refresher computer literacy courses and computer-related subjects of NIOS. NJDC also offers a one-year bridge course for students from special schools. The bridge course is especially designed to prepare students for vocational training. The course includes functional academics, skills of daily living, yoga, music, exposure to various job skills and leisure-time activities. The activity centre is a workshop for persons with disabilities who may find it difficult to be absorbed in the open market or be self-employed. NJDC's training courses are continually upgraded in accordance with the changing demands of the job market. Activities such as printing, tailoring, catering skills are provided to the trainees. Various

types of hand-crafted products are created by the students which are displayed and sold through ADAPT exhibitions. The income generated by the activity centre is distributed among them.

The placement cell seeks to find suitable employment for the trainees as well as other people with disabilities, taking into account their degree of disability, their qualifications and their interests. The Cell offers services such as assessing new candidates, counselling them, providing additional training and inputs for placement, providing placement assistance and continuum of support for the placed candidates.

NARIKA SHAKTI

In 2003, Narika Shakti (Women's Empowerment) units were started, one each at the Bandra and Colaba Centres. Members of this programme are mothers of ADAPT's students with disabilities who are from economically disadvantaged sections of society. Since economic independence is of significance to raise the social status of women, empowerment of women through income generation is the main aim of the Narika Shakti programme. By enabling the women to 'learn and earn,' ADAPT attempts to change the role of women from silent listeners to active participants in the family decision making process. Women learn skills such as making handicrafts, block printing, glass printing, clay sculpting, tailoring, embroidery, candle making and cooking, and earn a stipend for attending the classes. The products made by the members have a market value as well as a utility value. Women also learn quality control measures. They are introduced to processes involving purchase, production, packaging, simple accounting, sales and marketing. Besides their training, they also get the benefit of free English speaking, computer and yoga classes.

KEY FEATURES OF INCLUSIVE PRACTICES:

1. Provides persons with disabilities access to employment-related support services (e.g. assessment, referrals, counselling and placement assistance, and a continuum of support in the post-training and post-placement phases);
2. Provides education and training (e.g. technical or vocational training, vocational guidance programmes, and others);
3. Provides one-year bridge course for students from special schools to prepare students for vocational training. The course includes functional academics, skills of daily living, exposure to various job skills and recreation activities;
4. Through NJDC's Activity Centre and Narika Shakti, ADAPT promotes self-employment, entrepreneurship skills, and income generation for persons with disabilities and mothers of children with disabilities.



directions for the future

The CRPD is a broad vision and provides guiding principles for realising the rights of persons with disabilities. The cases included in the report should be considered as work-in-progress, with many emerging challenges, given enduring experiences of poverty in our country. The above initiatives have not been consciously initiated and designed with the CRPD provisions. They are guided by the PWD Act 1995 (in the case for employment) and by the Right to Education Act 2009 (for education); and have emerged from the commitment and experiences of disability organisations and activists, or the individual commitment of individuals and organisations towards more equal, inclusive communities. However, the case studies provide illustrations of ways and means in which inclusive practices can be adopted. This is an encouraging enough outcome. Efforts for increasing access, both to the built environment and information, and for promoting the inclusion of women and girls with disabilities need to be consciously built into existing programmes to ensure more substantial realisation of CRPD principles.

In order to implement these principles in reality and for eliminating the existing barriers for the full and effective participation of persons with disabilities in all walks of life, present efforts for inclusive practices need to be documented and examined in the light of CRPD on a continuous basis. There is a need for wider dissemination and dialogue among various stakeholders - the government, persons with disabilities and their families, disabled people's organisations, civil society, academia and the private sector - at the local and national levels to remove the barriers and harness the potential of persons with disabilities.

The case studies reveal emerging challenges with regard to inclusion of persons with disabilities. There is a need for greater dialogue, not just around the specific challenges against the key provisions, but also on the objectives of the specific provisions themselves, particularly in the Indian context. For example: in a low-skilled, poorly-regulated labour market with uneven access to job security and work related benefits, the workers (including those without disabilities) have little choice in selecting their work, work-places and conditions of work. Though this does not undermine the larger challenge in expanding the available choices to the workers, the challenges need to be better understood. There is an urgent need for building the capabilities of workers with disabilities to initiate their struggles for equal wages for equal work, access to subsidies and incentives from the government, better regulation and protection of their workers rights.

And finally, the cases provide important lessons on ways and means of translating inclusion into on-going activities and programmes, across sectors.

1. BUILDING CAPABILITIES OF PERSONS WITH DISABILITIES TO PROTECT AND PROMOTE THEIR RIGHTS.

Despite the efforts of stakeholders, disability in India and responses to it remain invested in the charity and/or welfare-based frames. It is important that persons with disabilities recognise their individual and collective agency and the dominant systems of marginalisation, understand the supportive legislations and public policies, and champion the struggle for their rights, themselves-particularly in their daily lives and at the local levels. In employment situations, for example, persons with disabilities are paid less, work on contractual basis with no job or social security benefits and for longer hours. While these might be common, as a result of the growing influences of neoliberal globalisation in our political economy, it is particularly debilitating for persons with disabilities. There is, therefore, a need for building a wider, deeper and more critical understanding of disability rights at the local level, more so in the mofussil towns and rural areas, so that persons with disabilities can launch their own struggles.

2. IMPROVING ACCESS TO INFORMATION AND THE BUILT ENVIRONMENT.

Access to information and built environment is a precondition to the effective participation of persons with disabilities. However, barriers of various kinds limit their access to formal education, employment, social security and thus wider participation. For improving the quality of life and access to basic social security services the environment needs to be enabling. Other stakeholders must make intensive efforts for reasonable accommodation by making information available in accessible formats and reducing barriers in the built environment. While it is understandable that this is a work-in progress, in many cases the access to assistive aids and appliances, technology and thus, knowledge remains linked to the class, gender, rural or urban residence of the individual. Thus, there is a need for taking the questions of accessibility beyond the urban areas into the smaller towns and villages to ensure access for persons with disabilities living there.

3. MAKING TERMS AND CONDITIONS OF WORK AND EMPLOYMENT FAIR AND ENABLING.

In the wake of globalisation, persons with disabilities are likely to be absorbed as 'cheap labour' on contractual basis without any social security benefits. This affects women with disabilities even more acutely. Therefore, disability and gender sensitive supportive mechanisms should be adopted and practiced as part of reasonable accommodation. They should feature in the policy documents of respective organisations and should be widely circulated for adoption and replicability by other organisations.

4. UP SCALING EFFORTS FOR INCLUSION.

Efforts for inclusion are by and large sporadic and scattered. More such initiatives to document and disseminate inclusive practices among stakeholders will generate wider dialogue, create sensitivity and identify emerging challenges. Given the rapidly shrinking public sector and increasing privatisation, persons with disabilities and their participation in formal education (including increasing costs of private education) and employment needs to be protected and promoted. Thus, a programme like this becomes even more pertinent, and at the same time, should be backed by wider educational and dialogical programmes with teachers from educational institutions, human resource personnel from the corporate sector and others, to make reasonable accommodation and promote inclusive practices.

5. BUILD A RESEARCH AGENDA FROM A DISABILITY PERSPECTIVE.

There is a need for systematic research on the live experiences of inclusive practices, programmes and organisations of persons with disabilities. There should be special emphasis on persons with disabilities from rural areas, from gender perspective, including children with disabilities. The findings of the research should feed into the theory and practice of disability. The research agenda should be emancipatory with the ultimate aim of making a difference to the lives of persons with disabilities. Persons with disabilities must equally control the research process - defining the research agenda, data collection analysis and action proposed. .

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FURTHER RESOURCES ON INCLUSION

MAKING IT WORK: is a global multi-stakeholder initiative to promote effective implementation of the CRPD, which supports research and advocacy projects at local, national and regional levels to promote inclusive policies in line with the CRPD. It provides guidelines, project management tools and library resources on formulating projects to make CRPD work. <http://www.makingitwork-crpd.org/>

DISABILITY INDIA NETWORK: is an online, open access portal providing information on related legislation, public policies and programmes and other library resources. <http://www.disabilityindia.org>

WORLD REPORT ON DISABILITY, 2011: The report provides the best available evidence about what works to overcome barriers to health care, rehabilitation, education, employment, and support services, and to create the environment which will enable people with disabilities to flourish; and ends with a concrete set of recommended actions for governments and their partners. The report is a “must have” resource for policy-makers, service providers, professionals, and advocates for people with disabilities and their families. Simplified version of the report is also available a- easy read. Available at http://www.who.int/disabilities/world_report/2011/en/index.html

SOURCE DATABASE ON DISABILITY AND DEVELOPMENT: an international information resource centre designed to strengthen the management, use and impact of information on disability, development and health. SOURCE has unique collection of over 25,000 resources. Main website: <http://www.asksource.info/>

SOURCE KEY TOPIC AREA FOR DISABILITY, INCLUSION AND DEVELOPMENT:
http://www.asksource.info/res_library/disability.htm

SOURCE KEY LIST ON DISABILITY, HUMAN RIGHTS AND THE CONVENTION:
http://asksource.ids.ac.uk/cf/keylists/keylist2.cfm?topic=dis&search=QL_CRPD08

APPENDIX

more about the United Nations Convention for Rights of Persons with Disabilities

WHAT IS THE CRPD?

The rights of persons with disabilities are grounded in a broad human rights framework based on the United Nations Charter, the Universal Declaration of Human Rights, international covenants on human rights and other human rights instruments.

On December 13, 2006, the General Assembly adopted the Convention on the Rights of Persons with Disabilities. The Convention on the Rights of Persons with Disabilities and the Optional Protocol to the Convention was opened for signature at the United Nations headquarters in New York on March 30, 2007. At present 101 nations have ratified the convention.

WHAT IS THE OPTIONAL PROTOCOL?

The Protocol is a separate document that will enable individuals to seek redress for treaty violations after exhausting remedies available under their national laws. It requires its own ratification, and becomes legally binding when 10 nations ratify.

WHY DO WE NEED THE UN CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES (CRPD)?

Human rights treaties, also known as conventions, put into words commonly agreed upon human rights shared by human beings around the world. Most treaties are developed through the United Nations and other international bodies. For countries that sign and ratify them, conventions become legally binding international law. Some apply to all human beings while others focus on the rights of specific populations such as women, children, or refugees.

The existing core human rights treaties are rarely used to enforce the human rights of people with disabilities. They don't adequately address the physical, social, cultural, economic and legal barriers to inclusion of, and participation by, people with disabilities in all aspects of life.

HOW WAS THE CONVENTION CREATED?

This Convention began with a resolution that Mexico proposed to the United Nations General Assembly in 2001. It called for the establishment of an “Ad hoc Committee” to consider proposals for a convention on the rights of persons with disabilities.

In 2004, the Ad hoc Committee established a working group composed of 12 organisations of people with disabilities, 27 governments, and one national human rights institution to produce a draft text for negotiations.

The text was finalised after six additional meetings, and the Convention was adopted by the United Nations on December 13, 2006, and opened for ratification on March 30, 2007.

Early on, disability rights advocates created the International Disability Caucus to ensure that people with disabilities would play a central role at every stage of the process. The Convention’s language reflects the IDC’s influence. Government delegates with disabilities also played an important role in shaping the Convention.

WHAT DOES THE CONVENTION COVER?

The purpose of the Convention is to promote, protect, and ensure the full and equal enjoyment of all human rights by persons with disabilities. It covers a number of key areas such as self-determination, physical and programmatic access, personal mobility, health, education, employment, habilitation and rehabilitation, participation in political life, and equality and non-discrimination.

The Convention marks a shift in thinking about disability from a social welfare concern to a human rights issue. It acknowledges that societal barriers and prejudices are themselves disabling and must be dismantled.

Persons with disabilities are entitled to exercise their civil, political, social, economic and cultural rights on an equal basis with others under all the international treaties. The full participation of persons with disabilities benefits society as their individual contributions enrich all spheres of life and this is an integral part of individual’s and society’s well-being and progress toward a society for all-with or without disabilities.

The rights of individuals with disabilities have been addressed more generally throughout the development of the international human rights law. The principle of the right to equality, addressed throughout the normative standards set out by the international human rights instruments is the foundation of the rights of individuals with disabilities. In order that the rights of persons with disabilities may be further realised, contemporary international law has increasingly recognised the need for all states to incorporate human rights standards into their national legislation.

Although the means chosen to promote full realisation of economic, social and cultural rights of persons with disabilities may differ among countries, there is no country exempt from the need for improved policies and laws for individuals with disabilities... not even the U.S.

Source: <http://ratifynow.org/un-convention/>

Articles of the CRPD in Plain Language: General - preamble, purpose, principles, obligations, equality and non-discrimination, education, women with disabilities, children with disabilities, accessibility and work and employment

PREAMBLE

- a. The founding documents of the UN say that we are all equal and we are all members of the human family which is important for freedom, fairness and peace in the world,
- b. We are all equal and all of us have human rights,
- c. We agree that people with disabilities must enjoy all human rights and fundamental freedoms and they must not be discriminated against,
- d. There are seven other international agreements that promote and protect human rights,
- e. We understand that disability is something that changes all the time and it is the environment and people's attitudes that create disability,
- f. It is important to keep in mind what the Standard Rules and the World Programme of Action are trying to achieve when trying to make laws, rules, decisions, programmes and practice better for people with disabilities,
- g. It is very important to make sure that the situation of people with disabilities is always equally taken into consideration when governments and international organisations make plans about a country's growth, for example, about how to get people out of poverty, or get them jobs,
- h. We understand that when someone discriminates against people with disabilities, he or she takes away their dignity and value as human beings,
- i. We also understand that there are many differences among people with disabilities and there are many types of disabilities,
- j. We also understand that all people with disabilities must have their rights, including people with disabilities who need extra support,
- k. We are worried that the rights of people with disabilities are still being taken away, even though there are agreements that protect their rights,
- l. We understand that it is important that countries work with one another to make life better for people with disabilities, especially in poor countries,
- m. We understand that people with disabilities help make countries better if they are fully included and their rights enjoyed,

- n. We understand that it is very important that people with disabilities are free to make their own decisions,
- o. We believe that people with disabilities should be included in the making of policies and programmes, especially those that are directly related to them,
- p. We are worried because people with disabilities are not only discriminated because of their disabilities, but also because of race, sex, or for many other reasons,
- q. We understand that many times, women and girls with disabilities are more often abused, beaten, injured or taken advantage of,
- r. We understand that children with disabilities have the same rights as all other children, and that the international agreement on children's rights also applies to them,
- s. It is very important to make sure that both women's situation and men's situation are taken into account in everything that the country does for human rights of people with disabilities,
- t. It is also very important to remember that most people with disabilities are poor, and it is necessary to find out what consequences that has for them,
- u. We keep in mind that we must have peace and security to make sure people with disabilities can have their rights, especially when they live in war zones or in countries that are not run by their own government,
- v. We understand how important it is for people with disabilities to be able to enjoy all areas of life, to have good health care, to go to school, to have the information they need, so that they can use their rights,
- w. We understand that each of us also has the duty to make sure everyone else enjoys his/her rights,
- x. We believe that the family is the main group in a society and that people with disabilities and their families should get the protection and help they need to be able to work for their human rights,
- y. We believe that an Agreement that covers all areas of life will be very helpful in making lives of people with disabilities better and in making sure that people with disabilities are treated equally and equally included in all areas of life, and in poor and richer countries. Because of all the things listed, countries that decide to be part of the Agreement agree:

ARTICLE 1: PURPOSE

The reason why this Agreement is made is to make sure that the countries that agree to this Agreement (called "countries" in this document) will make sure that:

- All human rights and freedoms of all people with disabilities are enjoyed, promoted and protected;
- The dignity of people with disabilities is respected.

People with disabilities include those who have long-term impairments, for example, physical, psycho-social, intellectual and who cannot get involved in society because of different reasons, such as attitudes, language, stairs, and laws, which prevent people with disabilities from being included in society.

ARTICLE 2: DEFINITIONS

COMMUNICATION - Means all ways of communicating, so that all people can communicate. For example, spoken language, sign language, text, Braille, touch, large print, written, audio, plain language, human reader and other ways that people with disabilities communicate.

LANGUAGE - means all kinds of languages, spoken, signed, and other types of language that is not spoken.

DISCRIMINATION ON THE BASIS OF DISABILITY - when people are excluded, shut out or prevented from doing things because of their disability. This can be in all areas of life.

REASONABLE ACCOMMODATION - means that a person may need to have changes made, for example, to their home, or where they work, so they are able to enjoy their rights. If this is too expensive or too difficult then the changes may not be able to be made.

UNIVERSAL DESIGN - means that things are made, programmes created and places adapted so that they can be used by all people. Sometimes someone with a particular type of disability may need something specially made so they can enjoy their rights.

ARTICLE 3: GENERAL PRINCIPLES

This Agreement is about:

- Dignity
- Ability to choose
- Independence
- Non-discrimination
- Participation
- Full inclusion
- Respect for difference
- Acceptance of disability as part of everyday life
- Equality of opportunity
- Accessibility
- Equality of men and women
- Respect for children.

ARTICLE 4: GENERAL OBLIGATIONS

1. The countries promise to make sure that all human rights apply to all people, without discrimination because of disability. To fulfill this promise, they will:

- a. Do what it takes to make sure that the rights from this Agreement are put into laws, policies, and practice in their country;
- b. Take action: for example, adopt new laws and rules, change old rules and laws where necessary, and get rid of other laws and stop actions that discriminate against people with disabilities;
- c. Make sure that the human rights of people with disabilities are included in all policies and programmes;
- d. Not do things that do not support the Agreement, and make sure others respect the Agreement;

- e. Take action to stop individuals, organisations or businesses from discriminating because of a person's disability;
 - f. Work on and encourage the use of goods, services, equipment and facilities that can be used by all people with disabilities all over the world, at the smallest possible cost to the person;
 - g. Work on and encourage new technologies in all aspects of life that are useful for people with disabilities, especially those that are low cost;
 - h. Provide information about all types of assistance, including technologies, and other forms of assistance, in a way that can be understood by people with disabilities;
 - i. Promote trainings about the rights in this Agreement for those who work with people with disabilities to make sure they can work better with people with disabilities.
- 2.** For economic, social and cultural rights, the countries will put into practice the laws and rules that relate to these rights as much as they can with resources they have. If need be, they can cooperate with other countries to put into practice these rights. All other rights must be put into practice right away.
- 3.** When making laws and rules about this Agreement, the countries will talk to and involve people with disabilities, including children with disabilities, through the organisations that represent them.
- 4.** This Agreement will not affect any laws or rules that are better for the rights of people with disabilities. Countries must not use the Agreement as an excuse to not put into practice human rights that already exist.
- 5.** The Agreement will apply to the country as a whole.

ARTICLE 5: EQUALITY AND NON-DISCRIMINATION

- 1.** The countries agree that all people with disabilities are equal before the law and protected by the law without any discrimination.
- 2.** The countries agree that discrimination because of a disability will not be allowed and that people will be protected if there is such discrimination.
- 3.** The countries will take action to make sure that if a person with a disability needs changes made to his/her environment to enjoy his/her rights, then those changes will be made.
- 4.** Special actions, or actions that are needed for people with disabilities to become equal to others, are allowed. This type of special treatment is not discriminatory to people without disabilities.

ARTICLE 6: WOMEN WITH DISABILITIES

The countries agree that:

- 1.** Women and girls with disabilities face all types of discrimination. Countries will make sure girls and women enjoy full and equal human rights and freedoms.
- 2.** They will take action to support the growth and empowerment of women and guarantee that women with disabilities enjoy their rights.

ARTICLE 7: CHILDREN WITH DISABILITIES

The countries will:

- 1.** Make sure that children with disabilities have the same rights as other children.
- 2.** Make sure that what is best for the child is a priority whenever they do anything that concerns children.
- 3.** Make sure that children with disabilities have the right to tell their opinion and that their opinion is taken into account. Make sure that children with disabilities get the help they need to tell their opinions.

ARTICLE 8: AWARENESS-RAISING

1. The countries agree that, without delay, they will:

- a. Help families and all people in society be more aware of the issues facing people with disabilities. They will work to make sure that rights and dignity of people with disabilities are respected;
- b. Fight against stereotypes and prejudices about people with disabilities; Stereotypes are general and incorrect beliefs that some people have about people with disabilities. These beliefs are often damaging which leads to discrimination against people with disabilities.
- c. Help people in society be aware of the capabilities of people with disabilities and how they can help the country grow.

2. The countries will also:

- a. Make public campaigns about the rights of people with disabilities that:
 - i. Show that people with disabilities have the same rights as all people;
 - ii. Highlight disability in the community and change misunderstandings about disability;
 - iii. Show how people with disabilities help improve the workplace.
- b. Make sure that schools and other places of learning teach respect for the rights of people with disabilities;
- c. Encourage media (i.e. radio, television, newspapers and magazines) to show images of people with disabilities that promote the rights of people with disabilities;
- d. Promote training programmes that will help people be aware of rights of people with disabilities.

ARTICLE 9: ACCESSIBILITY

1. The countries will eliminate barriers that people with disabilities face in buildings, the outdoors, transport, information, communication and services, in both cities and the countryside. This way people with disabilities can live independently and fully live their lives. They will make rules and put them into practice for:

- a. Buildings, roads, transportation, indoor and outdoor objects, for example, schools, housing, hospitals, health centres, and workplaces;
- b. Information, communications, and other things, for example, electronic services and emergency services.

2. The countries will also take action to:

- a. Make, put in place, and oversee minimum standards for accessibility for places and services that are open to public;
- b. Make sure that private businesses and organisations that are open to the public are accessible for people with disabilities;
- c. Train people who are involved in accessibility issues on what people with disabilities need when it comes to accessibility;
- d. Have Braille signs and easy to read and understand information in buildings open to the public;
- e. Provide help, such as readers, sign language interpreters and guides, so people with disabilities can access buildings open to the public;
- f. Provide other types of help as needed so people with disabilities can get access to information;
- g. Promote access to new technologies for people with disabilities;
- h. When looking for, and creating new technology, make sure that accessibility is taken into account early on, so that this technology can be made accessible at the smallest cost.

ARTICLE 24: EDUCATION

1. The countries agree that all people with disabilities have the right to education. They will make sure that the education system, at all levels, includes people with disabilities, and that the educational system:

- a. Works to make sure everyone develops their human potential, sense of dignity and self worth, and respect for human rights, freedoms and diversity;
- b. Works to develop the person's personality and talents to their fullest potential;
- c. Works to make sure all people with disabilities can be involved in society.

2. To do this, the countries will make sure that:

- a. People with disabilities are not excluded from education because of their disability, and children with disabilities are not excluded from free and compulsory primary and secondary education because of their disability;
- b. All people with disabilities can choose education that includes them, is accessible and is in their own community;
- c. Reasonable changes are made to make sure that people with disabilities get the most out of their education;
- d. People with disabilities get the help they need to get the most out of their education;
- e. The help for students with disabilities is given so that their individual needs are met.

3. The countries will make it possible for people with disabilities to learn social and life skills that they need to go to schools and be in the community. They will do this by:

- a. Arranging that students with disabilities learn Braille or other types of communication, and that they get peer support and mentoring;
- b. Teaching sign language;

c. Making sure that especially children who are blind, deaf or deaf blind are educated in the most appropriate types of communication so that they get the most out of their education.

4. To help make sure that these rights are put into practice, the countries will hire teachers who are people with disabilities, teachers who are qualified in Braille and sign languages, and will train teachers and staff at all levels of education on how to give quality education to people with disabilities.

5. Countries will make sure that people with disabilities have equal access to vocational training, study in universities and lifelong learning like all other people, and will make any changes needed to make that happen.

ARTICLE 27: WORK AND EMPLOYMENT

1. The countries agree that people with disabilities have the same right to work as other people. This also means that they have the right to earn a living from work they choose in a work environment that is open and accessible to all people.

The countries will pass laws and take other action needed to:

- a. Stop discrimination because of disabilities in all situations relating to all kinds of employment. This relates, for example, to situations when people with disabilities are trying to get jobs, are hired, or promoted, or in making sure that the working conditions are safe and healthy;
- b. Protect the rights of people with disabilities to equal pay for equal work, equal opportunity, safe and healthy working conditions, and the ability to make complaints;
- c. Make sure that people with disabilities can organise and join labor unions and trade unions like everyone else;
- d. Make it possible for people with disabilities to get career counselling and vocational trainings;
- e. Promote employment, career advances, and help people with disabilities to find and keep employment;
- f. Promote self-employment, business opportunities, and start-up businesses;
- g. Hire people with disabilities in the government;
- h. Encourage and help employers to hire people with disabilities;
- i. Make it easy for people with disabilities to be in the work place and work environment by making sure reasonable allowances are made for them;
- j. Work to make sure that people with disabilities can gain work experience in the labour market;
- k. Promote vocational and professional rehabilitation and programmes to support people with disabilities to return to work and keep their jobs.

2. The countries will make sure that people with disabilities are not held in slavery. They will protect people with disabilities from forced labour as all other people are protected.

Source: <http://ratifynow.org/un-convention/crpd-in-plain-language/>

ABOUT US

UNNATI - Organisation for Development Education, is a voluntary non-profit organisation registered under the Societies Registration Act (1860) in 1990. It is our aim to promote social inclusion and democratic governance so that the vulnerable sections of society are empowered to effectively and decisively participate in mainstream development and decision making processes.

It is an issue based, strategic educational support organisation, working in Western India with people's collectives, NGOs, elected representatives in local governance and the government. Collaborative research, public education, advocacy, direct field level mobilisation and implementation with multiple stakeholders are the key instruments of our work. The interventions span from the grassroot level to policy level environment in ensuring basic rights of citizens. In this, inspiration is drawn from the struggles of the vulnerable and strength from our partners. Presently, all the activities are organised around the following programme centres:

SOCIAL INCLUSION AND EMPOWERMENT. The initiatives include:

- Dalit mobilisation and organising in Western Rajasthan in collaboration with local NGOs and people's organisations to fight discrimination;
- Educational support for mainstreaming gender at all levels– internally and for our partners;
- Promoting civic response in mainstreaming disability through educational support to agencies working with persons with disabilities and other civil society organisations;
- Facilitating formation of craft based producers' group of women affected by the Gujarat earthquake for livelihood promotion.

CIVIC LEADERSHIP AND GOVERNANCE. We work in the rural and urban areas. The activities include:

- Community mobilisation for participation in decision making forums and monitoring of basic services to ensure social justice;
- Support elected representatives especially women and dalits to promote accountability through reform in local governance institutions. The support includes capacity building for equitable implementation of development programmes, participatory planning and facilitating social audits;
- Promotion and strengthening of forums like association of women elected representatives, Social Justice Committees and Village Development Committees for facilitating collaborative action.

SOCIAL DETERMINANTS OF DISASTER RISK REDUCTION

We facilitate adoption of sustainable and affordable innovations in the field and research to promote community-based practices for disaster risk reduction. The activities include action research on current community practices, documentation of best practices and research and advocacy on disaster response policies and packages.

The learning derived from our field experiences are consolidated and disseminated in print and electronic forms for wider sharing through a Knowledge Resource Centre. It is our endeavour to build an academy for community leaders, especially dalits and women, so that they can effectively address local issues.

The document **Realising UNCRPD Learning from Inclusive Practices** has been prepared with the objective of initiating a wider dialogue on inclusive practices for mainstreaming disability. Copies of the full document are also available in Daisy format in Gujarati and English. The executive summary is also available in Braille in both the languages.



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