

BUILDING BLOCKS OF INCLUSION

Policy Paper for Physiotherapy Education and Practice
for Persons with Blindness and Low Vision in India

By

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Building Blocks of Inclusion: Policy Paper for Physiotherapy Education and Practice for Persons with Blindness and Low Vision

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I Abstract

The recent changes in the regulatory frameworks of health sciences and allied health sciences in India have denied access to the education and practice of physiotherapy for persons with blindness and low vision, despite it being an established profession for them in India and internationally. This document highlights core principles for the inclusion of persons with blindness and low vision in physiotherapy education and practice in India. There is an increasing movement globally and in India towards a human rights-based approach to disability and creating inclusive systems in light of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) (2008), the Rights of Persons with Disabilities Act (2016). This policy paper highlights key principles such as the law of the land, national policies and systems, international best practices, a transformative approach to inclusion, reasonable accommodation, competency-based assessment, stakeholder awareness, accessibility, disability support services, equitable access to career enhancement, and equity. This policy paper also highlights the importance of adopting a transformative approach to inclusion in physiotherapy and practice for persons with blindness and low vision that is based on their involvement in the process of policy formulation.

II Preamble

The world, in light of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) (2008), is moving towards a human rights-based model of disability that recognises the ‘inherent dignity and worth and the equal and inalienable rights’ of persons with disabilities. The UNCRPD in its Preamble lays importance on “mainstreaming disability issues as an integral part of relevant strategies of sustainable development”. Further to this, the Sustainable Development Goals adopted by the General Assembly in 2015 explicitly include disability and persons with disabilities, especially in the parts related to education, and growth and employment.

India, as a State Party to the UNCRPD, enacted the Rights of Persons with Disabilities Act (2016) to create a more inclusive society for persons with disabilities. This Act, as observed by the Honourable Chief Justice Dr. DY Chandrachud in the judgment in the case of Vikash Kumar vs Union Public Services Commission (Civil Appeal No. 273 of 2021 Special Leave Petition (C) No. 1882 of 2021) dated 11th February 2021, “seeks to operationalize and give concrete shape to the promise of full and equal citizenship held out by the Constitution to the disabled and to execute its ethos of inclusion and acceptance”. This judgment further lays down the principle of inclusive equality based on the two complementary ideas of preventing discrimination and remedying systematic discrimination faced by marginalised groups. Translating this into action includes “the notion of positive rights, affirmative action and reasonable accommodation”. Of importance to this policy paper are the principles of inclusive education and equal employment opportunities.



Inclusive Education is defined by the said Act in Section 2 (m) as “a system of education wherein students with and without disability learn together and the system of teaching and learning is suitably adapted to meet the learning needs of different types of students with disabilities”. It envisions a system wherein a student with disability is expected to be fully included in the mainstream institutions with all their educational needs well taken care of. In order to achieve this, the system gears up itself to harness technology and other available resources, and make reasonable accommodations so that education is completed seamlessly. The emphasis is not on what a student cannot do due to their disability, but rather on how to enable the student to achieve optimum levels with their peers despite their disability.

Moreover, inclusion is also emphasised in diverse professions, including the health sciences and allied health sciences, physiotherapy being one. Physiotherapists practise in a variety of settings such as hospitals, private practice clinics, community-based rehabilitation centres, outpatient clinics, workplaces etc. The scope of work also includes: “public health strategies, advocating for patients/clients and for health, supervising and delegating to others, leading, managing, teaching, research, developing and implementing health policy at the local, national and international levels.” It would naturally then entail that these principles should underlie the framework of policy in such workplace settings to create more inclusive work environments for practitioners with blindness and low vision.

A fundamental idea that should underlie the reading and application of this document is the concept of entirety. These principles should be understood and applied as a whole. A piecemeal approach to inclusion, based on some of the principles listed below, can create lack of complete access to physiotherapy education and practice for persons with blindness and low vision.

Another important tenet to formulating policies for inclusion of persons with disabilities, in this case that of inclusion of persons with blindness and low vision in the education and practice of physiotherapy, is “Nihil de nobis, sine nobis” or “Nothing about us, without us”. This principle is the basis of the human-rights based approach to disability and emphasises the importance of including the voices, perspectives and experiences of persons with disabilities in framing policies that have an impact on their lives. The process of policy formulation for the inclusion of persons with blindness and low vision in the education and practice of physiotherapy should actively seek out and involve persons with disabilities, disability experts and other relevant organisations in the field of disability and should create an environment for their meaningful participation in the process. This will ensure that the policy framed is not only informed and relevant, but also impactful for the inclusion of persons with blindness and low vision in physiotherapy.



III Need of the Policy Guidelines

Before 2010, persons with blindness and low vision were pursuing physiotherapy education and practice through Diploma and Certificate courses conducted by special institutes such as Blind People's Association, Ahmedabad and National Association for the Blind, India.

In 2008, Ms. Kritika Purohit, a student with total blindness, approached the Xavier's Resource Centre for the Visually Challenged (XRCVC), St. Xavier's College, Mumbai, because she wanted to pursue physiotherapy education through the mainstream route. XRCVC provided support services for the student, who after a legal battle (High Court of Bombay, WP 979/2010), got admission to the mainstream Bachelors course in physiotherapy in 2010. XRCVC then worked closely with the Maharashtra University of Health Sciences (MUHS) to create an inclusive educational system for persons with blindness and low vision in the field of physiotherapy. The student successfully completed her Bachelors in Physiotherapy and became India's first visually impaired physiotherapist through the mainstream route. After her, 3 more students with visual impairment (blindness and low vision) qualified as physiotherapists through the mainstream route, one of whom even did her Masters in physiotherapy. All of them today are successful practitioners of this profession.

Despite the examples stated above, recent changes in the regulatory framework of medical and allied health sciences in India has created a lack of clarity that has denied access to persons with blindness and low vision from pursuing an already established profession for them. XRCVC aims to ensure that this does not happen and the new policies and regulatory framework in the allied health science are inclusive.

Thus, as an organisation that has worked to create access in the field of physiotherapy education and practice and has made the process succeed, this document is being published, hoping it will prove valuable to relevant authorities and policy makers.

IV Scope of the Policy Guidelines

While these guidelines for framing policies have been based on internationally accepted best practices for inclusion of persons with disabilities in health science education and practice, and many of these principles apply universally, this document is a framework adapted for the inclusion of persons with blindness and low vision in the education and practice of physiotherapy in the Indian context.

This document is intended for regulators, education institutes, employers, professional associations, policy makers and other relevant State and national authorities in the field of physiotherapy education and practice who can draw from



these principles of inclusion of persons with blindness and low vision in physiotherapy to their context.

The principles enlisted in this policy paper are broader in context and can serve as the theoretical framework that underlies policy formulation for the inclusion of persons with blindness and low vision in physiotherapy education and practice. The application of these principles in policy formulation requires a micro approach based on the context of the policy formulation. The Xavier's Resource Centre for the Visually Challenged (XRCVC), having had experience in creating inclusive systems for persons with blindness and low vision in the field of physiotherapy, can collaborate with the various stakeholders mentioned above to create templates applicable to their context.

V Objectives of Policy for Inclusion of Persons with Blindness and Low Vision in Physiotherapy Education and Practice

The objectives of the policies and guidelines framed should include:

- to consider how best to encourage applications from disabled students
- to adopt an anticipatory approach to educational and professional practice provisions
- to develop policies, practices and procedures to ensure that they are not disadvantaged during their subsequent educational and professional experience
- equality of opportunity for education, employment, practice, and continued education and professional development.

VI Principles for Inclusion of Persons with Blindness and Low Vision in Physiotherapy Education and Practice

There are some key principles that are the building blocks for framing a policy on the inclusion of persons with blindness and low vision in physiotherapy education and practice. A holistic application of all these principles will lead to a comprehensive policy of inclusion in the field of physiotherapy.

1. Principle of the Law of the Land
2. Principle of National Policies and Systems
3. Principle of International Best Practices
4. Principle of a Transformative Approach to Inclusion
5. Principle of Reasonable Accommodation
6. Principle of Sensory Substitution and Sensory Supplementation
7. Principle of Competency-Based Assessment
8. Principle of Stakeholder Awareness and Sensitisation
9. Principle of Accessibility of Processes and Systems
10. Principle of Disability Support Services



11. Principle of Equitable Access to Career Enhancement
12. Principle of Equity

Principle of the Law of the Land

The policies drafted for inclusion of persons with blindness and low vision in physiotherapy education and practice should be rooted in the law of the land.

The Constitution of India guarantees all its citizens, individually and collectively, certain fundamental rights. The rights enlisted under the Articles 14 (Right to Equality), Article 19 (Right to Freedom – Freedom of Profession) and Article 21 (Right to Life and Personal Liberty) should be kept in mind while framing the policies. In the judgment of *Vikash Kumar vs. Union Public Services Commission, 2021*, Honourable Chief Justice Dr. DY Chandrachud has held that, "... much like their able-bodied counterparts, the golden triangle of Articles 14, 19 and 21 applies with full force and vigour to the disabled" and that the Rights of Persons with Disabilities Act (2016) translates this principle of full and equal citizenship to persons with disabilities.

The Rights of Persons with Disabilities Act (2016), in its Section 16, extensively lays down the duties of all educational institutions funded or recognised by Government or local authorities to promote inclusion of persons with disabilities in mainstream education. The Section 3 of the said Act lays down the principles of Equality and Non-Discrimination which guarantee that "persons with disability enjoy the right to equality, life with dignity and respect for his or her integrity equally with others" (Section 3(1)) and that all relevant authorities have to "take steps to utilise the capacity of persons with disabilities by providing appropriate environment" (Section 3(4)) that include taking "necessary steps to ensure reasonable accommodation for persons with disabilities" (Section 3 (5)).

These principles should be the basis of drafting policies for inclusion of persons with blindness and low vision in physiotherapy education.

Further, the provisions of the said Act in the Chapter XVI on Offences and Penalties should apply to individuals, educational institutes and other establishments for contravention of provisions of Act or rules or regulations made thereunder.

The RPWD Act (2016) is an outcome of India ratifying the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in 2008 and becoming a State Party to it. The purpose of the UNCRPD is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity. As India is a State Party to it, it entails that all government bodies are legally bound to uphold, promote and protect the human rights of persons with disabilities, including access to education and profession of choice.



Principle of National Policies and Systems

The National Education Policy 2020 refers to inclusive and equitable education for all, which is seen as the basis of an inclusive and equitable society. It lays a lot of emphasis on creating access to education in mainstream education for Socio-Economically Disadvantaged Groups (SEDGs) that includes persons with disabilities. It also recognises the need for greater measures in secondary and higher education for creation of this access. In section 9.3 (i), it refers to inclusion in higher education for persons with disabilities by stating, “increased access, equity, and inclusion through a range of measures, including greater opportunities for outstanding public education; scholarships by private/philanthropic universities for disadvantaged and underprivileged students; online education, and Open Distance Learning (ODL); and all infrastructure and learning materials accessible and available to learners with disabilities”. These principles can be applied to policy making for inclusion of persons with blindness and low vision in physiotherapy education.

The University Grants Commission in its document titled “Accessibility Guidelines and Standards for Higher Education Institutions and Universities” lays down extensive guidelines on the inclusion of persons with disabilities in higher education institutes. It covers various themes such as the need assessment and support provision for diverse benchmark disabilities; accessible information, communication and learning resources; inclusive mobility infrastructure; universal accessibility in built infrastructure; accessible curriculum, teaching and learning systems, accessible assessment and examination systems, accessibility of resources and services, inclusive campus life; and governance and monitoring of accessibility and inclusive practices. These guidelines are quite comprehensive in nature and can be applied for creating inclusive education systems for persons with blindness and low vision in the field of physiotherapy.

The Ministry of Social Justice and Empowerment, in light of the Rights of Persons with Disabilities Act (2016) that has laid down 4% reservation under articles 32 and 33 for persons with disabilities, conducts periodical job identification every three years wherein jobs are identified for persons with various disabilities. For this purpose, an expert committee is set up by the government wherein specialists from various fields and professionals in the field of disabilities are nominated. This is an exercise where a lot of efforts are put in. The last such exercise was carried out in January 2021. Under this, in its most recent identification which has been published vide GR dated 4th January 2021, the Ministry of Social Justice and Empowerment has identified physiotherapy (Sr. no 667) as a suitable job for persons with blindness and low vision. This identification and the related policies should form the basis of hiring practices for persons with blindness and low vision.



Principle of International Best Practices

In the context of physiotherapy education and practice, the World Physiotherapy (formerly, World Confederation for Physical Therapy) is the highest authority. World Physiotherapy issued a disability policy statement in 2019 that states, "The World Confederation for Physical Therapy (WCPT) endorses the United Nations Convention on the Rights of Persons with Disabilities and the United Nations Standard Rule on the Equalizations or Opportunities for Persons with Disabilities." It unreservedly supports the rights of persons with disabilities to opportunities, choices, self-determination and independence, and to take on a role in society on an equal basis with others. It encourages and supports member organizations to support the inclusion of people with disabilities in the profession by: Insuring decision on admission or readmission to the profession are based on competence to practice, not disability; adopting inclusive policies; and promoting the profession as a career that is inclusive of persons with disabilities (World Confederation or Physical Therapy, 2019). These principles should be the basis for formulating a policy on inclusion of persons with blindness and low vision in mainstream physiotherapy education and practice.

Moreover, physiotherapy has been practiced globally by persons with blindness and low vision for more than a century. In the United Kingdom, blind physiotherapists have added great value to the Chartered Society of Physiotherapy (CSP), the educational, professional and trade union body of over 64,000 physiotherapists in the UK by holding positions of responsibility and publishing research. In fact, the Association of Visually Impaired Chartered Physiotherapists (AVICP), a network organisation of the CSP, marked its 100th year in 2020, celebrating the historic link between the profession and visually impaired persons. Apart from its rich history in the UK, physiotherapy has been practiced by persons with blindness and low vision in the mainstream in countries such as the USA, Australia, New Zealand, Spain, Italy, South Africa, Japan, Belgium, Denmark, Sweden and Germany.

There is a wealth of international literature available (see additional readings below) on the inclusion of persons with blindness and low vision in the field of physiotherapy. This literature provides important insights on how the principles listed in this document can be applied in creating inclusive curriculum, teaching-learning methods, assessment techniques based on competencies, providing reasonable accommodations and other support services in educational institutes and workplaces and all clinical settings. It also covers real-life examples of institutes, case studies, and descriptive data on practice of physiotherapy by persons with blindness and low vision that can guide all the above listed audience on how to practically implement inclusion policies for persons with blindness and low vision in the education and practice of physiotherapy.



Principle of a Transformative Approach to Inclusion

Based on the principle of non-discrimination, institutes and organisations should commit to equal access to education and practice of physiotherapy for persons with visual impairment. Every institute and organisation should work towards the philosophical ideal of adopting the transformative approach to inclusion in physiotherapy education and practice

The transformative approach is based on the guiding principle of embracing the complexity and variety of human abilities and ways of being in the world wherein onus lies on the educational and professional system to ensure that health professionals are reflective of the totality of societal variation.

In practice for inclusion in physiotherapy education and practice for blind and low vision persons, this has the following implications:

- unrestricted access to physiotherapy education and practice for persons with blindness and low vision based on actual ground-level reality and international best practices
- while universal design is an ideal to be achieved, change is ongoing and iterative and historically it has shown that systems evolve as users are in place, thus delaying inclusion till systems are set up is not an excuse
- inclusion does not happen in silos but requires a systems approach with mechanisms for ongoing feedback and evaluation to consider further inclusion and learning outcomes

A key to this transformative approach is the documentation of an inclusion policy at the organisational level. A well-documented inclusion policy identifies and removes barriers to learning and practice of physiotherapy by persons with blindness and low vision and increases access and engagement, making their potential and contributions matter. It is important to apply the tenet of “nothing about us, without us” while formulating organisational-level policies, as consulting with persons with disabilities, disability experts and organisations in the field of disability will make the formulated policy meaningful and relevant. This policy should be communicated effectively to all stakeholders and support should be provided for its implementation. An open and fair grievance redressal system also will provide support to the implementation of the transformative approach.

Principle of Reasonable Accommodation

Reasonable accommodations have been defined in the section 2 (y) of the RPWD Act (2016) as “necessary and appropriate modification and adjustments, without imposing a disproportionate or undue burden in a particular case, to ensure to persons with disabilities the enjoyment or exercise of rights equally with others”.

Reasonable accommodations for persons with blindness and low vision for physiotherapy education and practice can be made in the classroom settings by



provision of teaching-learning material in Braille, large font or audio formats, setup space for use of assistive technologies, seating on the first bench, etc and in the assessment process by provision of compensatory time, writers or scribes, typing of journals instead of handwriting them, use of touch or sighted assistance for lab readings and recordings, separate rooms for exams etc. In workplace settings, these would include universal design and accessibility of workspace, provision of assistive technologies and support workers as trained sighted assistance, reasonable work flexibility etc.

Institutes and establishments should make provisions for appropriate resources, both human and material, for the inclusion of persons with blindness and low vision in physiotherapy education and practice.

It is also important to note that visual impairment, as any disability, is heterogeneous and encompasses a diverse range of experiences and accommodation needs. Hence, it is important to include the person with disability while setting up reasonable accommodations. An informed, transparent, and deliberate process within a structured setting that includes the person with disability as a key stakeholder is an efficient way of meeting the needs of reasonable accommodation.

Principles of Sensory Substitution and Sensory Supplementation

There is enough anecdotal evidence that diverse learners and practitioners with disabilities add value to the profession of physiotherapy. It is imperative then that the learning and practice environments are flexible and intentionally designed to include diversity wherein all institutional and organisational agents would hold responsibility for inclusion.

The principles of sensory substitution and sensory supplementation are the basis of designing curriculums, assessment techniques and therapeutic techniques for persons with blindness and low vision to ensure their full participation in physiotherapy education and practice. Sensory substitution and sensory supplementation state that in the absence of a sense, other senses compensate and act as inputs for the available information. These can be applied to designing relevant teaching-learning and practice methods for physiotherapy education and practice for both persons with blindness and low vision. Some examples include different sensory modalities of presenting visual material such as using tactile diagrams and models, detailed verbal description of visual material presented in class, providing material in large fonts or braille, use of other senses for diagnostic inputs such as touch for posture and gait detection, non-visual non-verbal cues like changes in breathing pace, temperature of skin for monitoring during treatment, devices such as BP machines, pulse oximeter, thermometer, and IFT and TENS machines adapted with audio output. It is based on these principles that even persons with total blindness can be fully included in the profession of physiotherapy.



Principle of Competency-Based Assessment

The programs of physiotherapy education must assume differentiated graduates, thus allowing learners to demonstrate proficiency in variable ways making technical standards obsolete. The world, and even India, is moving towards using functional technical standards of assessment based on competencies in the health sciences. Competency-based education has been defined by the Medical Council of India in their Assessment Module for Undergraduate Medical Education, 2019 as “an outcome-based approach to the design, implementation, assessment and evaluation of a medical education program using an organizing framework of competencies.” Competency-based assessment defines competencies to be achieved by learners and focuses on the “what” of learning instead of the “how” of demonstrating the competencies. Medical education is increasingly moving towards the more robust competency-based approach which also accommodates for diverse learners.

There is a plethora of literature available for competencies in physiotherapy education and practice. The World Physiotherapy’s Guidelines on Standards of Practice for Physical Therapists, Canadian National Physiotherapy Advisory Group’s Competency Profile for Physiotherapists in Canada, UK’s Health and Care Professions Council’s Standards of Proficiency for Physiotherapists, Physiotherapy Competencies for Autonomous Practice – Recommendations for Educational Frameworks by the European Network of Physiotherapy in Higher Education, the Physiotherapy Board’s Practice Thresholds in Australia and Aotearoa, New Zealand provide robust inputs on competencies for physiotherapists that are framed in an inclusive manner.

Principle of Stakeholder Awareness and Sensitisation

Health and allied health sciences are dominated by an ableist view, wherein a standard body and typical abilities are viewed as superior. Persons with disabilities are viewed through the lens of the biomedical model that views disability as a problem of the person caused by a disease, trauma or other health condition that requires medical care, and thus, is a diminished state of being.

It then becomes necessary to create awareness and sensitisation among various stakeholders on the lives of persons with disabilities, the principles of sensory substitution and supplementation, assistive technologies, inclusive teaching-learning methods and workplace practices and other relevant themes. A well-designed and implemented awareness and sensitisation programme will address the lack of awareness and attitudinal barriers and promote inclusive mindsets among diverse stakeholders in the education and practice of physiotherapy for persons with blindness and low vision. For this, collaborations can be made with organisations in the social sector who have expertise and experience in the field of disability and inclusion.



Principle of Accessibility of Processes and Systems

To enable accessibility of physiotherapy education and practice to persons with blindness and low vision it is important end-to-end information and communication technology systems need to be made accessible. The Information and Communication Technology of relevant institutes and establishments should “comply with the accessibility norms as defined by the Indian standards IS 17802 (Part 1), 2021 and IS 17802 (Part 2), 2022, published by the Bureau of Indian Standards vide notification numbers HQ-PUB013/1/2020-PUB-BIS (278), dated the 24th December, 2021 and HQ-PUB013/1/2020-PUB-BIS (358), dated the 4th May, 2022, respectively as amended from time to time” as notified by the Government in the Rights of Persons with Disabilities (Amendment) Rules, 2023 vide the Gazette dated 10th May, 2023.

Principle of Disability Support Services

Institutes and establishments should set up support services for persons with disabilities. A disability resource centre for persons with disabilities, particularly those with blindness and low vision in physiotherapy education and practice, is key to this principle.

Disability resource centres constitute of resource personnel trained in the areas of disability and accessibility, assistive technologies, teaching-learning aids, and other such support services as required for persons with disabilities. They provide end-to-end support services for the institute or organisation and individual to achieving educational and therapeutic outcomes. Disability resource centres can act as a liaison between the individual and the institute or organisation in setting up of reasonable accommodations (as mandated by the Honourable Supreme Court in their judgment in the case Civil Appeal No. 273 of 2021 Special Leave Petition (c) No. 1882 Of 2021, Vikash Kumar vs Union Public Services Commission, dated 11th February 2021), required assistive technologies, accessible teaching-learning material, universal design, support workers etc that can help reduce barriers to physiotherapy education and practice for persons with blindness and low vision.

While it is the legal obligation of the institute or organisation to provide these support services, they can turn to the social sector organisations who have expertise in these areas to help set these up and provide support as and when needed.

Principle of Equitable Access to Career Enhancement

The principle of equitable access to career enhancement encompasses three aspects of career and professional development in the field of physiotherapy for inclusion of persons with blindness and low vision.

Firstly, all mainstream education courses in physiotherapy, be it Bachelors, Masters should provide access to persons with blindness and low vision and be designed based on these principles to create inclusion for them.



Secondly, all Continued Medical Education and continuous professional development workshops and certifications should be made accessible for practitioners with blindness and low vision to give them an equal opportunity to advance their careers.

Thirdly, for those practitioners with blindness and low vision who have had to pursue Diploma and Certificate courses relevant opportunities should be provided for inclusion in the mainstream of physiotherapy education and practice and licensing through a formal system of bridge course or lateral movement based on weightage number of years of practice ensuring their full participation in the profession.

Principle of Equity

The principle of equity should underlie all relevant registration and practice rules. Persons with blindness and low vision who undergo the same entrance examinations, coursework, training and assessment as their non-disabled peers should be treated at par with them in matters of all registrations and practice-including employment, practice and liability of malpractice.

VII Conclusion

Given the global and national thrust on the creation of an inclusive society and systems that recognise the rights and abilities of every individual, avenues of inclusion for persons with blindness and low vision in the field of physiotherapy must be created based on the law of the land, their corresponding policies and systems and international best practices. The principles of reasonable accommodation, sensory substitution and sensory supplementation, competency-based assessment and experiences of already existing physiotherapy practitioners with blindness and low vision can be drawn upon to frame policies for inclusion of persons with blindness and low vision in the education, continued professional development and practice of physiotherapy.

An open-mindset and a willingness to include diverse learners and practitioners are key to the framing of these policies. In such an environment, the blind and low vision learner and practitioners can effectively hone their skills ensuring therapeutic outcomes on par with their sighted counterparts. As Honourable Chief Justice Dr. DY Chandrachud has stated in the judgment of the *Vikash Kumar vs UPSC, 2021*, “When competent persons with disabilities are unable to realize their full potential due to the barriers posed in their path, our society suffers, as much, if not more, as do the disabled people involved... For it is denying to the nation the opportunity to be served by highly competent people who claim nothing but access to equal opportunity and a barrier-free environment.”



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Additional Readings

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About the XRCVC

The Xavier's Resource Centre for the Visually Challenged was set up in 2003 as an Assistive Technology support centre for students with visual impairment in higher education. Through its various initiatives over the years, it has grown into a national level support and advocacy centre for persons with disabilities. The XRCVC not only provides direct support and training to persons with disabilities, but also works at creating an accessible and inclusive environment for them through its national awareness and advocacy programmes.

XRCVC has played a major role in creating access for persons with disabilities in higher education. Through its advocacy efforts over the years, it has created access to education in CBSE, HSC, Psychology and Physiotherapy education rules for visually impaired students.

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Our Other Publications

- Regulatory gaps in physiotherapy education and practice in India: A ground-level challenge – A policy paper for upholding the rights of education and equality for persons with blindness and low vision
- Off to School VI Go - A Report on XRCVC's Inclusive Education Project
- Accessible E-Content Creation -Standards and Guidelines
- Banking On Accessibility - A case for accessible banking for Persons with Disabilities (PwDs)
- Degrees of Accessibility - A 360° User Perspective Report on Existing Accessible Geometry Construction Kits for Students with Blindness
- ABC of Inclusive Publishing
- Equip Your World – A Synoptic View of Access Technologies for the Visually Challenged
- 'I for Inclusion', A Handbook on Mainstreaming Education for Students with Blindness and Low Vision
- Numbers and reactions', a report on how Maths and Science can be made accessible for the Visually Challenged
- Bankers Guide to Inclusive Banking
- Limitations of the Licensing System to create Accessible Copies for the Print Impaired: A Policy Paper
- Write-Right: Understanding Homonyms Better