# Institutionalizing The Social Model Of Disability: A Descriptive Analysis Of Legislature Reform And Programme Alignment In Post-Rpwd Act, 2016 In India

**SWATI RAJPUT**

M.S.W., UGC: NET; Ph.D(Scholar) & GUEST FACULTY
Deptt.of Social Work,
Institute of Social Sciences,
Dr.Bhimrao Ambedkar University, Agra(India)

**Abstract:** This paper traces the conceptual evolution of disability from the medical to the social model, examining how this paradigm shift shaped the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and subsequently influenced India's legislative and policy framework. Through a descriptive research design, the paper narrates the historical emergence of both disability models, analyzes the UNCRPD's adoption of the social model, examines India's obligation to implement the Rights of Persons with Disabilities (RPWD) Act 2016, and provides a comprehensive analysis of how central government schemes and programs align with the Act's provisions. The paper argues that while the RPWD Act 2016 represents a significant legislative achievement in aligning with the social model and UNCRPD principles, the effectiveness of its implementation depends critically on the design and reach of complementary policies and programs administered by the Department of Empowerment of Persons with Disabilities (Divyangjan), under Ministry of Social Justice & Empowerment, Government of India.

**Keywords:** Social Model of Disability, Medical Model of Disability, UNCRPD, RPwD Act 2016, Disability Policy in India, Social Welfare Schemes, MoSJE.

## 1. Introduction

The field of disability studies has witnessed a profound transformation over the past six decades, moving from understandings rooted in charity and medical intervention toward frameworks centered on human rights and social justice. As a researcher in disability rights, understanding this conceptual evolution is essential for analyzing contemporary legal frameworks and their operationalization through government policies and programs.The significance of this inquiry lies in recognizing that legislative adoption of progressive frameworks must be accompanied by well-designed schemes and programs that translate rights into tangible benefits. This paper traces four interconnected narratives: first, the historical emergence of the medical and social models of disability; second, the UNCRPD's adoption of the social model as its philosophical foundation; third, India's legislative response through the RPWD Act 2016; and finally, a comprehensive examination of central government schemes and programs aligned with the Act, based on official documentation from the Department of Empowerment of Persons with Disabilities under Ministry of Social Justice & Empowerment, Government of India.

## 2. The Historical Emergence of Disability Models

2.1 The Medical Model: Origins and Characteristics

To understand how disability is currently viewed, it is helpful to look at the way the concept has evolved over time. Historically, disability was largely understood in mythological or religious terms—people with disabilities were considered to be possessed by devils or spirits, and disability was often seen as a punishment for past wrongdoing. These views, while diminished, persist in many traditional societies. The nineteenth and twentieth centuries brought a significant shift with developments in science and medicine, creating an understanding that disability has a biological or medical basis. This medical model views disability as a problem of the individual, directly caused by disease, trauma, or other health conditions, and primarily focuses on cure and the provision of medical care by professionals. The model conceptualizes the body as a machine to be "fixed" to fit a perceived norm.

Within the medical model framework, disability is characterized by:

 A focus on individual impairment as the root cause of disadvantage

 The positioning of medical professionals as experts and authorities

 An emphasis on cure, treatment, and normalization

 The definition of disability through diagnostic categories

 A tendency to overlook social and environmental factors

2.2 The Emergence of the Social Model

The 1960s and 1970s witnessed a fundamental challenge to the individual and medical view of disability, driven by the disabled people's movement that began in North America and Europe. This movement gave rise to a range of social approaches, collectively termed the social model of disability .A pivotal moment came in 1975 when the UK organization Union of the Physically Impaired Against Segregation (UPIAS) declared: "In our view it is society which disables physically impaired people. Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society." This became known as the social interpretation of disability. The disabled academic Mike Oliver coined the phrase "social model of disability" in 1983, referring to these ideological developments. Oliver focused on the distinction between an individual model (of which the medical was a part) versus a social model, derived from the distinction originally made between impairment and disability.

The social model fundamentally redefines disability by distinguishing between:

Impairment: The actual physical, sensory, intellectual, or psychological attributes that affect a person

Disability: The restrictions caused by society when it fails to provide equitable social and structural support.

2.3 The UNCRPD: Adopting the Social Model in International Law

The United Nations Convention on the Rights of Persons with Disabilities, adopted on December 13, 2006, and entering into force on May 3, 2008, constitutes a landmark in international law. The Convention explicitly adopts a social model understanding of disability. Article 1 states that disability "results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others." This definition recognizes disability as an evolving concept and locates the source of disablement in the interaction between individuals and societal barriers .The CRPD is notable for the highly participatory process by which it was negotiated, signaling a definitive break from previous international approaches focused on disability within a medical model framework.

## 3. India's Legislative Response: The RPWD Act 2016

3.1 From Ratification to Legislation:

India ratified the United Nations Convention on the Rights of Persons with Disabilities in 2007, undertaking binding obligations to align domestic law and policy with the Convention's principles. This ratification created the need for comprehensive legislation that would replace the earlier Persons with Disabilities Act 1995, which had been based on older understandings of disability.

The Rights of Persons with Disabilities Act 2016 was enacted to fulfill India's UNCRPD obligations. As documented in clinical practice guidelines, the 1995 Act was "law centric and not person centric," whereas the RPWD Act 2016 was designed with the intention of creating a "person-centric act to protect the rights of persons with disabilities".

3.2 Key Provisions Reflecting the Social Model:

The RPWD Act 2016 represents a significant advancement in several respects when compared to its predecessor legislation of 1995. The purpose of the Act shifted fundamentally from giving effect to the "Asian and Pacific Decade of Disabled Persons - 1992" to implementing the UNCRPD of 2006, reflecting

India's international legal obligations. The motto transformed from "equal opportunities, protection of rights and full participation" to embracing principles of "respect for inherent dignity, individual autonomy, and freedom to make one's own choices," placing personhood and agency at the Centre of the legislative framework. The main focus of the legislation expanded from social welfare measures, prevention, and early detection to a comprehensive human rights protection approach that incorporates these elements alongside a rights-based perspective. Perhaps most significantly, the number of recognized disabilities increased from seven to twenty-one, with a provision under section 99(1) enabling the Central Government to add more categories without requiring legislative amendment, ensuring the framework can evolve with medical and social understanding. In the sphere of education, the Act moved from promoting special schools and special education toward mandating five percent reservation in higher education and actively promoting inclusive education as the preferred approach. Employment provisions were strengthened from three percent to four percent reservation, including one percent specifically for persons with mental illness, autism spectrum disorder, intellectual disability, and specific learning disability, recognizing the particular barriers faced by these groups. The institutional architecture was expanded from advisory bodies at Central and State levels only to include District level committees, bringing oversight and coordination closer to the grassroots. Infrastructure modification, previously with no time limit, was given a specific timeline of five years for achieving accessibility standards. Crucially, legal capacity, which was not emphasized in the earlier Act, is now recognized as an equal right for persons with disabilities alongside other citizens, aligning with the social model's emphasis on autonomy and self-determination.

The Act came into force on April 19, 2017, and provides rights and entitlements including right to equality, non-discrimination, protection from cruelty, right to live with family and community, access to justice, accessibility in voting, legal capacity, health, education, employment, skill development, and participation in decision-making processes , special provision for persons with benchmark disabilities and high need support.

## 4. Policy and Programmes Alignment with the RPWD Act 2016

The Department of Empowerment of Persons with Disabilities (Divyangjan) under the Ministry of Social Justice and Empowerment, implements a comprehensive portfolio of schemes designed to operationalize the provisions of the RPWD Act 2016. These schemes address various dimensions of disability rights including rehabilitation, assistive devices, skill development, education, employment, healthcare and implementation support.

4.1 Deendayal Divyangjan Rehabilitation Scheme (DDRS)

The Deendayal Divyangjan Rehabilitation Scheme (DDRS) is a flagship scheme under which the Central Government provides grant-in-aid to non-governmental organizations (NGOs) for projects relating to rehabilitation of persons with disabilities.

Objectives: The scheme has two primary objectives:

- To create an enabling environment to ensure equal opportunities, equity, social justice, and empowerment of persons with disabilities

- To encourage voluntary action for ensuring effective implementation of the RPWD Act 2016

Admissible Components: Financial assistance is provided for both recurring and non-recurring expenditure:

- Recurring: Honorarium to staff, transportation of beneficiaries, stipend/hostel maintenance for beneficiaries, cost of raw materials, contingencies (office expenses, electricity, water charges), rent

- Non-recurring: Furniture, equipment.

Model Projects: The scheme supports eight distinct model projects:

a. Cross-disability pre-school and early intervention with home-based and community-based rehabilitation

b. Special school for children with hearing impairment with home and community-based rehabilitation options

c. Special school for children with visual impairment (including deaf blindness) with home and community-based rehabilitation and low vision centre

d. Special school for children with other disabilities (ID/CP/ASD/MD/Muscular Dystrophy, Deaf blindness) with home and community-based rehabilitation

e. Rehabilitation of leprosy cured persons with home and community-based rehabilitation options

f. Halfway home for psychosocial rehabilitation of treated and controlled individuals with mental illness

g. Preparatory/remediation centre for children with specific learning disabilities to support inclusive education

f. Cross-disability therapy and counselling centre

Eligibility: Organizations registered under Societies Registration Act, 1860; Trusts registered under Indian Trusts Act, 1882; or Section 8 companies under Companies Act, 2013, with a minimum registration period of two years, are eligible to apply.

Application Process: NGOs must register on the NITI Aayog NGO Darpan portal i.e., www.ngodarpan.gov.in and obtain a unique id card and apply online through the e-Anudaan portal (grants.depwd.gov.in). Applications are scrutinized at district and state levels before reaching the central government.

## 4.2 Assistance to Disabled Persons for Purchase/Fitting of Aids and Appliances (ADIP)

The ADIP scheme addresses the assistive technology needs of persons with disabilities, aligning with the RPWD Act's provisions on rehabilitation and equal participation.

Objective: To assist eligible persons with disabilities in procuring durable, sophisticated, and scientifically manufactured modern aids and appliances that promote their physical, social, and psychological rehabilitation .

Types of Assistive Devices: The scheme covers a wide range of aids including motorized tricycles, wheelchairs, prosthesis and orthosis, walking sticks, accessible smart phones, smart canes, low vision aids, hearing aids, and teaching learning material (TLM) kits .

Implementation: Funds are released to various implementing agencies including NGOs, National Institutes, and District Rehabilitation Centres.

## 4.3 Scheme for Implementation of the Rights of Persons with Disabilities Act (SIPDA)

SIPDA is a crucial umbrella scheme that provides financial assistance for activities directly aligned with implementing the RPWD Act 2016.

Objectives and Components: The scheme supports a comprehensive range of activities:

a. Barrier-free Environment: Creation of accessible infrastructure including ramps, rails, lifts, adapted toilets, braille signage, auditory signals, tactile flooring, curb cuts, zebra crossings, and platform edges for persons with visual impairment.

b. Accessible India Campaign (Sugamya Bharat Abhiyan): A flagship initiative aimed at universal accessibility of infrastructure, transport systems, and information and communication technology.

c. Website Accessibility: Making government websites at Central, State, and District levels accessible to persons with disabilities as per NIC and DARPG guidelines.

d. Skill Development Programmes: Support for vocational training and employment-oriented skill development.

e. Institutional Support: Establishment and support of Composite Regional Centres (CRCs), Regional Centres, Outreach Centres, and District Disability Rehabilitation Centres (DDRCs).

f. Disability Certification: Assistance to State Governments in organizing camps for issuing disability certificates.

g. Awareness Generation: Information, Education, and Communication (IEC) activities and sensitization programmes for stakeholders.

h. Early Intervention: Support for pre-school training, parental counseling, caregiver/teacher training, early detection camps, and early intervention for children aged 0-5 years.

i. Diagnostic Facilities: Establishment of diagnostic and intervention centres at district headquarters and Government Medical College locations for hearing-impaired children.

j. Infrastructure for State Commissioners: Grant support to States/UTs for infrastructure development of Offices of State Commissioner for Persons with Disabilities.

k. Recreation and Sports: Construction of special recreation centres and support for national and state-level sporting events for persons with disabilities.

l. UDID Cards: Support for identification, survey, and issuance of Unique Disability ID cards.

State-level Impact: The scheme has catalyzed action at the state level. For instance, the Kerala Government issued a directive mandating that all government offices and public institutions must be made fully accessible to persons with disabilities, utilizing funds through SIPDA and the Barrier-Free Kerala project.

## 4.4 Scholarship Schemes for Students with Disabilities

Education is a fundamental right under the RPWD Act, and the DEPwD implements a comprehensive portfolio of scholarships to ensure educational inclusion.

Types of Scholarships:

Pre-matric Scholarship: For students with disabilities in classes IX and X

Post-matric Scholarship: From class XI up to post-graduate degree/diploma level

Top Class Education: For post-graduate degree/diploma in notified institutes

National Fellowship: For M.Phil and PhD courses in Indian universities

National Overseas Scholarship: For Master's degree/PhD in foreign universities

## 4.5 National Action Plan for Skill Development of Persons with Disabilities (NAP-SDP)

The NAP-SDP scheme addresses the employment and livelihood needs of persons with disabilities, aligning with Chapter IV of the RPWD Act on Skill Development and Employment.

Launch and Objective: Launched in March 2015, the scheme aims to enhance skills of persons with disabilities through quality vocational skill training to enable gainful employment and self-reliance.

Implementation Framework: Training is provided through Government and Non-Government Organizations empanelled as training partners (ETPs) with the Department. The scheme follows a demand-driven approach, with funds released based on proposals from empanelled partners.

Digital Platform: The scheme is now integrated with the PM-DAKSH-DEPwD portal for registration of training organizations and submission of proposals.

Job Roles: A comprehensive list of courses and job roles identified for persons with disabilities is maintained, with the latest update as of July 1, 2024.

## 4.6 Support to National Institutes

The DEPwD supports a network of National Institutes focused on various disability domains.

Purpose: These institutes function as apex bodies for research, manpower development, and service delivery in their respective areas.

Example: The Composite Regional Centre (CRC) Ahmedabad, established in 2011 under the administrative control of Ali Yavar Jung National Institute of Speech & Hearing Disabilities, provides skill development, rehabilitation, and empowerment services across multiple disability domains.

## 4.7 Unique Disability ID (UDID) Project

The UDID project addresses the need for a standardized certification and identification system for persons with disabilities.

Objective: To create a National Database for Persons with Disabilities and issue a Unique Disability Identity Card.

Implementation: Supported under SIPDA, the project aims to streamline the certification process and ensure that benefits reach eligible persons efficiently. The certification process has been made paperless and unified with the UDID application.

Certification Process: The RPWD Act Rules 2017 prescribe standard forms for disability certification including Form IV (application), Form VI (multiple disabilities certificate), Form VII (single disability certificate), and Form VIII (rejection with reasons).

Statutory Timeline: District administrations are required to issue disability certificates within one month of receiving application in prescribed format.

## 5. Analysis: Programme Alignment with RPWD Act Provisions

### 5.1 Mapping Schemes to Statutory Provisions

The portfolio of DEPwD schemes demonstrates substantial alignment with the RPWD Act's framework across multiple chapters and provisions.

Beginning with Chapter II of the Act concerning Rights and Entitlements, the SIPDA scheme provides the primary implementation mechanism through its support for barrier-free access and legal capacity initiatives, ensuring that the fundamental rights guaranteed under the Act can be realised in practice.

Chapter III of the Act addresses Education, and here the comprehensive scholarship framework directly implements the statutory mandate. The scholarship schemes, including Pre-matric, Post-matric, Top Class Education, National Fellowship, and National Overseas Scholarships, operationalize the five percent reservation in higher education by providing the financial support necessary for students with disabilities to access educational opportunities at all levels.

For Chapter IV on Skill Development and Employment, the National Action Plan for Skill Development of Persons with Disabilities serves as the primary implementation vehicle. The scheme provides vocational training, placement support, and self-employment assistance, translating the employment provisions of the Act into concrete skill development pathways.

Chapter V of the Act covers Social Security, Health, and Rehabilitation. This broad chapter finds implementation through multiple schemes including ADIP, which provides assistive devices essential for rehabilitation and participation, and DDRS, which supports community-based rehabilitation through non-governmental organizations. Together, these schemes address the health and rehabilitation needs while also contributing to social security through improved functional capacity and participation.

Chapter VIII outlines the Duties of Appropriate Governments, and SIPDA provides crucial support to State Governments for fulfilling these duties. Through financial assistance for infrastructure, certification camps, and institutional development, SIPDA enables state-level implementation of the Act's provisions.

Chapter IX addresses Registration of Institutions, and the DDRS scheme operationalizes this through its grant-in-aid mechanism to registered non-governmental organizations. By requiring registration and providing financial support only to duly registered entities, the scheme ensures compliance with the Act's institutional oversight provisions.

Finally, Chapter X on Certification finds implementation through the UDID project supported under SIPDA. The scheme facilitates disability certification camps and UDID card issuance, directly implementing the certification framework prescribed in the Act and Rules.

5.2 Social Model Principles in Programme Design

The schemes reflect social model principles in several ways:

Community-based Rehabilitation: DDRS explicitly supports community-based rehabilitation projects across all model projects, moving away from institutional models toward community inclusion.

Barrier-free Environment: SIPDA's focus on accessibility addresses the social model's emphasis on removing environmental barriers rather than fixing individuals.

Rights-based Approach: The shift from welfare to rights is evident in scheme objectives that emphasize empowerment, "equal opportunities," and "social justice" rather than mere charity.

Participation: The scholarship and skill development schemes enable participation in education and employment, addressing the social model's concern with full societal participation.

Disability Diversity: Schemes address the expanded list of 21 disabilities under the RPWD Act, including mental illness, specific learning disabilities, and multiple disabilities .Despite comprehensive scheme coverage, certain gaps remain such as scholarship utilization at 58.05%, scholarship schemes show relatively low utilization, suggesting possible barriers in awareness, application processes, or fund flow mechanisms. Skill Development Coverage shows while 1.42 lakh persons trained is significant, this represents a small fraction of the estimated disabled population, indicating need for scaling up. State-level Variations implementation depends significantly on state government capacity and commitment, with schemes like SIPDA relying on state-level machinery for ground-level delivery.

**Conclusion**

This paper has traced the conceptual journey of disability from the medical model's focus on individual impairment to the social model's emphasis on societal barriers, through the UNCRPD's embodiment of social model principles, to India's legislative response through the RPWD Act 2016, and finally to the comprehensive policy framework operationalized by the Department of Empowerment of Persons with Disabilities. The RPWD Act 2016 represents a significant legislative achievement, expanding disability categories, adopting rights-based language, and creating statutory entitlements aligned with UNCRPD obligations. The Department of Empowerment of Persons with Disabilities has developed a comprehensive portfolio of schemes—DDRS, ADIP, SIPDA, NAP-SDP, scholarships, and support to National Institutes—that operationalize the Act's provisions across rehabilitation, assistive technology, accessibility, skill development, and education.The alignment between statutory provisions and programme design demonstrates the government's commitment to translating legislative intent into tangible benefits. The schemes collectively embody social model principles through their focus on community-based rehabilitation, barrier-free environments, rights-based approaches, and support for full societal participation.

However, challenges remain in resource allocation, scheme utilization, and coverage at scale. The relatively low utilization of scholarship funds and the need for expanded skill development coverage indicate areas requiring attention. Moreover, the effectiveness of these centrally sponsored schemes depends critically on state-level implementation capacity and convergence with other social welfare programmes.

For India to fully realize the promise of the RPWD Act 2016 and honor the social model principles the UNCRPD embodies, the focus must extend beyond scheme design to ensuring adequate resource allocation, streamlined implementation mechanisms, and robust monitoring frameworks

**References:**

1. Department of Empowerment of Persons with Disabilities. (2024). Deendayal Divyangjan Rehabilitation Scheme (DDRS). Retrieved from https://depwd.gov.in/en/ddrs/

2. Department of Empowerment of Persons with Disabilities. (2024)FAQs of DDRS. Retrieved from https://depwd.gov.in/en/faqs-2

3. Department of Empowerment of Persons with Disabilities. (2024). Documents: National Action Plan for Skill Development. Retrieved from https://depwd.gov.in/en/documents/page/20

4. Department of Empowerment of Persons with Disabilities. (2016). Scheme for Implementation of the Rights of Persons with Disabilities Act (SIPDA). Retrieved from https://depwd.gov.in/en/sipda

5. Math, S. B., et al. (2022). Disability Certification in Psychiatry. Indian Journal of Psychiatry, 64 (Suppl 1), S185–S195. Retrieved from https://pmc.ncbi.nlm.nih.gov/articles/PMC9122143/

6. Ministry of Social Justice and Empowerment. (2024). Parliament Question: Empowering Disabled Persons. Press Information Bureau. Retrieved from https://www.pib.gov.in/PressReleasePage.aspx?PRID=2082717

7. The Rights of Persons with Disabilities Act,2016.Ministry of Social Justice and Empowerment, Government of India .http://socialjustice.gov.in

8. Shakespeare, T. (2006).The Social model of disability. In L.J.Davis ,The disability studies reader (pp 215-221).Routledge.

9.United Nations.(2006). Convention on the Rights of Persons with Disabilities.http//social.desa.un.org.