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Research Paper

Understanding the Impact of India's National Trust Initiatives: An Analytical Study

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ABSTRACT

This paper critically examines the National Trust of India's support for persons with disabilities (PwDs) through a psychological analysis of key schemes—*Samarth*, *Gharaunda*, and *Disha*. Drawing on contemporary disability models and psychological frameworks of stigma, empowerment, and psychosocial well-being, the study evaluates the impact of these initiatives on autonomy, identity, and social inclusion. An intersectional lens is employed to assess differential accessibility and outcomes across gender, socio-economic status, and regional contexts. The analysis further examines the alignment of these programmes with disability rights–based principles and their role in addressing stigma at individual and community levels. The paper identifies key psychosocial strengths alongside structural and implementation gaps, and concludes with psychologically informed recommendations aimed at strengthening inclusivity, dignity, and mental health outcomes for PwDs in India.

Keywords: *Persons with Disabilities (PwDs), National Trust India, Models of Disability, Theorems of Disability, Disability Policy Implementation, Psychosocial Empowerment*

In India, the discourse surrounding disability policy and support initiatives has evolved significantly over the years, reflecting a growing awareness of the diverse needs and experiences of persons with disabilities (PwDs). The National Trust, an autonomous body under the Government of India, has been at the forefront of implementing schemes and initiatives aimed at enhancing the well-being and inclusion of PwDs across the country.

The National Trust's commitment to promoting the rights and welfare of PwDs is rooted in a recognition of the multifaceted nature of disability and the intersecting factors that shape individuals' experiences. As such, the initiatives developed by the National Trust encompass a wide range of services, from early intervention and education to health insurance, caregiver training, and marketing assistance, all aimed at empowering PwDs and their families. . By delving into these aspects, the paper aims to shed light on the strengths and limitations of current disability policy frameworks and offer insights for enhancing inclusivity and equity in disability support systems. It emphasises the importance of adopting an intersectional approach that acknowledges the complex interplay of factors such as poverty, gender, caste, religion, and sexuality in shaping disability experiences.

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Definition of Disability (Divyang)

"Disability is a complex and multifaceted phenomenon, encompassing impairment, limitation, or restriction in activity primarily attributed to health issues and environmental factors", as defined by the World Health Organization (WHO).

In India, approximately 2.2% of the population is estimated to live with disabilities, with this figure expected to rise due to demographic shifts and an increase in chronic illnesses. The Rights of Persons with Disabilities Act (RPWD Act) of 2016 defines a "person with disability" as someone with long-term physical, mental, intellectual, or sensory impairment hindering their full participation in society. To crystallise previously stigmatised terms, the introduction of "Divyang" by Prime Minister Narendra Modi underscores a concerted effort to emphasise the inherent abilities and divine aspects of individuals with disabilities in Indian society. This linguistic shift aims to mitigate negative societal connotations associated with archaic terms like *'viklang'* and promote inclusivity, thereby fostering a conducive environment for the advancement and empowerment of individuals with diverse abilities.

Models of Disability Prevalent in Indian Society

Models of disability offer conceptual frameworks for understanding the existence of disabilities, their management within society, and the perceived value of persons with disabilities. They elucidate societal perceptions and treatment of disabled individuals and serve as the foundation for policy formulation. These models are not value-neutral and influence academic disciplines studying disabilities, shaping the self-identity of persons with disabilities, and potentially perpetuating prejudice and discrimination. Two fundamental philosophies underlie these models*:* one views disabled individuals as dependent upon society, potentially leading to paternalism and segregation, while the other perceives them as consumers of societal offerings, fostering choice, empowerment, and equality.

1. Charity/Welfare (Tragedy) Model

The charity model of disability involves individuals without disabilities providing assistance they perceive as benevolent to those with disabilities. Advocates of the charity model may support institutionalisation or custodial care, while others advocate for more inclusive approaches. Positioned between these extremes, the charity model ostensibly promotes humane treatment but has historically led to perceptions of dependency and neediness among people with disabilities. In the Indian cultural context, two perspectives prevail regarding charity. In the Indian context, charity is often legitimised through religious obligation, contrasting with Baba Amte's empowerment-based critique of pity-driven interventions.

Implications and Limitations:

- May lower self-esteem and perpetuate feelings of dependency among people with disabilities.
- Imposes expectations of gratitude and compliance with terms set by benefactors, which can be patronising and restrictive.
- Reinforces paternalistic attitudes, perpetuating social and economic subordination of individuals with disabilities.
- Limits choices and opportunities for people with disabilities, fostering a culture of dependency rather than empowerment.
- Hinders societal change by perpetuating stereotypes and reinforcing discriminatory attitudes.

2. Medical (Rehabilitation) Model

The medical model aligns with biomedical reductionism, framing disability as an individual pathology requiring correction. The medical model, also known as the Rehabilitation Model, perceives disability as an intrinsic condition requiring remediation within the individual. It emphasises improving functional capabilities to integrate individuals with disabilities into their environment. However, this model overlooks environmental barriers and places undue burden on individuals to adapt rather than addressing societal barriers. In India, cultural and structural factors often lead to misdiagnosis and moral judgments regarding disabilities, hindering holistic support and inclusion efforts.

Implications and Limitations:

- Perpetuates the view of individuals with disabilities as broken or abnormal, reinforcing negative self-perceptions.
- Shifts focus away from environmental barriers and societal attitudes, hindering inclusive practices.
- Segregates individuals with disabilities into categories based on medical diagnoses, neglecting the intersectional nature of disability.
- Prioritises restoration of functional abilities over systemic changes, perpetuating exclusion, and marginalisation.

3. Social Model

Rooted in disability activism, the social model resonates with Bronfenbrenner's ecological systems theory (1979), which emphasises environmental influences on human functioning. Psychologically, it challenges internalised oppression by reframing disability as a consequence of social barriers. This aligns with social identity theory (Tajfel & Turner, 1979), fostering collective identity and empowerment among PwDs.

Implications and Limitations:

- Shifts focus from individual deficits to societal barriers, promoting inclusivity and accessibility.
- Challenges paternalistic attitudes and fosters empowerment among individuals with disabilities.
- Advocates for systemic changes, including policy reforms and accessibility initiatives.
- Recognizes disability as a social construct shaped by environmental and attitudinal factors.

4. Empowerment Model

The empowerment model draws heavily on self-determination theory (Deci & Ryan, 2000), emphasising autonomy, competence, and relatedness. It focuses on strengths-based approaches and collaboration rather than professional expertise. In India, empowerment initiatives seek to challenge societal attitudes and promote self-advocacy among individuals with disabilities, fostering inclusive practices and social change.

Implications and Limitations:

- Promotes autonomy and self-determination among individuals with disabilities.
- Encourages collaboration and community participation, fostering inclusive practices.
- Challenges paternalistic attitudes and promotes self-advocacy.
- Recognizes the importance of holistic support and resources in facilitating empowerment.

5. Moral/Religion Model

The moral/religion model posits that disabilities result from moral transgressions or divine punishment, rooted in religious and cultural beliefs. It attributes certain disabilities to violations of social morality or religious doctrines, perpetuating stigmatization, and discrimination. In India, traditional beliefs and cultural practices often associate disabilities with divine retribution or karmic consequences, leading to social exclusion and marginalisation. Religious leaders and institutions may reinforce these beliefs, contributing to the perpetuation of negative attitudes towards individuals with disabilities.

Implications and Limitations:

- Stigmatizes individuals with disabilities by attributing their conditions to moral failings or divine punishment.
- Reinforces traditional beliefs and cultural practices that perpetuate social exclusion and discrimination.
- Undermines efforts to promote inclusion and accessibility by framing disabilities as divine retribution or karmic consequences.
- Hinders societal acceptance and support for individuals with disabilities, exacerbating social and economic disparities.

Psychological Theorems of Disability

Psychological theories provide insights into the cognitive and emotional processes underlying societal attitudes toward disability, shaping individual perceptions and behaviours. Real-world examples from India illustrate the application and impact of these theories within the cultural context.

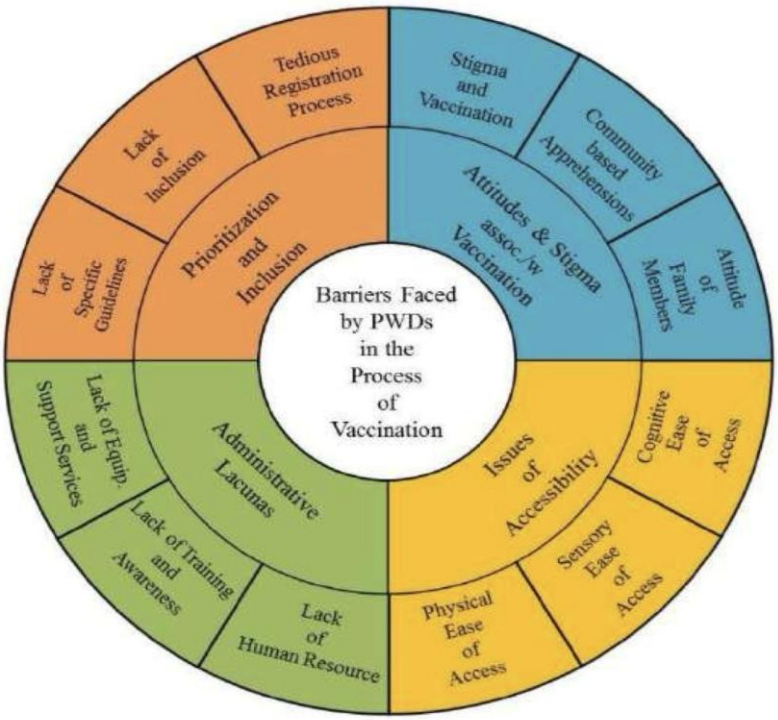
1. Social Identity Theory: Social identity theory posits that individuals derive their sense of self-worth from their group memberships and comparisons with outgroups. In India, individuals with disabilities may experience social identity threats when confronted with discrimination or exclusion based on their disability status. For instance, workplace environments that lack accommodations or inclusive policies may reinforce feelings of marginalisation among employees with disabilities, impacting their job satisfaction and sense of belonging.
2. Contact Theory: Contact theory suggests that positive interactions between members of different social groups can reduce prejudice and promote intergroup harmony. In India, initiatives promoting social integration and interaction between individuals with and without disabilities can challenge stereotypes and foster empathy and understanding. For example, inclusive sports programs or community events that bring together individuals from diverse backgrounds can promote social cohesion and reduce stigma associated with disabilities.
3. Attribution Theory: Attribution theory examines how individuals attribute causes to their own and others' behaviours, influencing their attitudes and behaviours toward individuals with disabilities. In India, traditional beliefs and cultural norms may shape attributions about disabilities, attributing them to divine punishment or karmic consequences. These attributions can perpetuate stigma and discrimination, hindering efforts to promote inclusion and acceptance of individuals with disabilities in society.
4. Empathy-Altruism Hypothesis: The empathy-altruism hypothesis suggests that individuals may engage in prosocial behaviour towards others, including individuals with disabilities, out of empathy and concern for their well-being. In India, fostering empathy and understanding towards individuals with disabilities can lead to increased support and advocacy for their rights and inclusion. For instance,

storytelling or awareness campaigns highlighting the experiences and challenges of individuals with disabilities can evoke empathy and promote social action to address systemic barriers and promote inclusion.

These psychological theories provide frameworks for understanding the complex dynamics of disability attitudes and behaviours in Indian society, highlighting the importance of promoting empathy, challenging stereotypes, and fostering inclusive environments to support individuals with disabilities.

Background of Acts, Rights and Policies for Disability

In the Indian context, the recognition and protection of the rights of persons with disabilities have evolved significantly over the years, reflecting changing societal attitudes and policy priorities. The legislative framework for disability rights in India has undergone substantial development, guided by the principles of equality, non-discrimination, and social inclusion.



1. The Rehabilitation Council of India Act, 1992: The Rehabilitation Council of India (RCI) Act, 1992, marked a crucial step towards standardising and regulating the training of personnel and professionals in the field of rehabilitation and special education. Enacted on June 22, 1993, the RCI Act mandated the Council to ensure proper standardisation and acceptance of rehabilitation standards. Subsequent amendments broadened the Council's responsibilities, including the prosecution of individuals delivering services to people with disabilities without recognized qualifications.
2. The National Trust Act, 1999: The National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation, and Multiple Disabilities Act, 1999, established a national-level body to safeguard the welfare of individuals with specific disabilities. Enacted on December 30, 1999, this act aimed to provide support and assistance to persons with autism, cerebral palsy, mental retardation, and multiple disabilities, emphasising their inclusion and welfare in society.

3. The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995: The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, represented a significant milestone in recognizing disability rights in India. Enacted to ensure equal opportunities and protection of rights for persons with disabilities, this legislation laid the groundwork for inclusive development. It mandated affirmative action in education, employment, and accessibility, promoting the full participation of persons with disabilities in society.
4. The Rights of Persons with Disabilities Act, 2016: The Rights of Persons with Disabilities Act, 2016 (RPwD Act 2016), fulfilled India's obligations to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). Enacted in December 2016, this act replaced the 1995 Act, emphasizing principles such as respect for dignity, autonomy, and non-discrimination. It stressed the rights of persons with disabilities to full participation and inclusion in society, aligning with international standards and promoting equality and accessibility.
5. The RPwD Amendment Rules 2023 on ICT Products and Services: The RPwD Amendment Rules 2023, dated May 10, 2023, addressed the accessibility of Information and Communication Technology (ICT) products and services for persons with disabilities. These rules aimed to enhance accessibility standards, ensuring that ICT infrastructure and services are inclusive and accessible to all individuals, regardless of disability.
6. The National Policy for Persons with Disability: The National Policy for Persons with Disability recognized persons with disabilities as valuable human resources and aimed to create an environment of equal opportunities, rights protection, and full participation in society. Focusing on prevention and rehabilitation measures, the policy addressed physical, educational, and economic rehabilitation, striving for a dignified life for individuals with disabilities in society.

These acts, rules, and policies signify a concerted effort to recognize the rights and dignity of persons with disabilities and foster a more inclusive and accessible society.

National Trust Schemes for Disability

Overview of National Trust and its Objectives

The National Trust is a legal entity established by an Act of Parliament known as "The National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation, and Multiple Disabilities Act, 1999."

The objectives of the National Trust are as follows-

1. To enable and empower persons with disability to live as independently and as fully as possible within and as close to the community to which they belong.
2. To strengthen facilities to provide support to persons with disability to live within their own families.
3. To extend support to registered organisations to provide need-based services during period of crisis in the family of persons with disability.
4. To deal with problems of persons with disability who do not have family support;
5. To promote measures for the care and protection of persons with disability in the event of death of their parent or guardian.
6. To evolve procedures for the appointment of guardians and trustees for persons with disability requiring such protection.

7. To facilitate the realisation of equal opportunities, protection of rights and full participation of persons with disability.
8. To do any other act which is incidental to the aforesaid objects.

The National Trust is tasked with fulfilling two primary responsibilities: legal and welfare. Legal obligations are managed through Local Level Committees (LLCs) and the provision of Legal Guardianship. Welfare responsibilities are executed through various schemes.

Schemes Under National Trust and their Impact

1. DISHA (Early Intervention and School Readiness Scheme)
   - Targets children aged 0-10 with autism, cerebral palsy, mental retardation, and multiple disabilities.
   - Provides early intervention, therapies, and support to families.
   - Requires at least 4 hours of day-care with specific activities.

2. VIKAAS (Day Care)
   - Offers day care for persons with disabilities to enhance skills.
   - Provides caregiving support and respite for families.
   - Open for at least 6 hours a day with age-specific activities.

3. SAMARTH (Respite Care)
   - Offers respite care for orphans, abandoned families, and persons with disabilities.
   - Aims to create group home facilities with quality care services.
   - Provides basic medical care and support for family members.

4. GHARAUNDA (Group Home for Adults)
   - Ensures lifelong care for persons with autism, cerebral palsy, mental retardation, and multiple disabilities.
   - Provides vocational activities, training assistance, and medical care.

5. NIRAMAYA (Health Insurance Scheme)
   - Offers affordable health insurance for persons with disabilities.
   - Covers OPD treatments, surgeries, therapies, and transportation costs.

6. SAHYOGI (Caregiver Training Scheme)
   - Establishes Caregiver Cells for training caregivers.
   - Aims to create a skilled workforce for persons with disabilities and their families.

7. GYAN PRABHA (Educational Support)
   - Encourages educational and vocational courses for persons with disabilities.
   - Provides financial support for courses leading to employment.

8. PRERNA (Marketing Assistance)
   - Supports the sale of products made by persons with disabilities.
   - Funds participation in marketing events and incentivizes sales turnover.

9. SAMBHAV (Aids and Assistive Devices)
   - Sets up resource centres for assistive devices in major cities.
   - Provides information and demonstrations for empowerment of persons with disabilities.

10. BADHTE KADAM (Awareness and Community Interaction)
    - Supports activities to increase awareness of disabilities.
    - Aims for community integration and mainstreaming of persons with disabilities.

Reflections of Models of Disability in National Trust Schemes

The National Trust's residential schemes **Gharaunda** and **Samarth** offer an integrated, psychologically informed approach, recognising disability as the interaction of medical, social, and psychosocial factors shaping the experiences of persons with disabilities (PwDs). From a **medical perspective**, Gharaunda provides lifelong care, while Samarth ensures sustained support for abandoned or destitute PwDs, highlighting health as central to well-being. Reflecting the **social model**, both schemes promote assisted living, dignity, and social participation: Gharaunda emphasises supported independence, and Samarth offers residential protection and respite care, sustaining family engagement. Through a **human rights lens**, they uphold autonomy, safety, and equitable care regardless of socio-economic status. The **biopsychosocial model** is operationalised through medical care, vocational training, therapeutic support, and psychosocial services. Socio-ecologically, the schemes act across levels: individual, interpersonal, organisational, community, and policy. Together, they exemplify a multi-theoretical, psychologically sensitive framework that fosters autonomy, inclusion, and holistic well-being for PwDs in India.

Disability Policy Status Quo in India: Intersectional Perspective

Intersectionality as a political theory is rooted in Black Feminist Writing (Crenshaw, 1991). Intersectionality states that a person's experiences cannot be understood by considering a single aspect of their identity such as class, gender, ability, or age.

Adopting an intersectional lens for analysing policies allows for a deeper understanding of the impact of multi-level interacting social locations and structures of domination that shape human experience (Varenne & McDermott, 1998). The systemic review states that policies are focussed on a unitary understanding of population groups and therefore did not capture the complexities of inequities experienced by vulnerable groups. While equity was a stated concern, policies in India fall short of addressing structural factors and interlocking systems of power and oppression which give rise to inequities. The policy making process was found to be exclusionary and 'expert' driven as the voices of vulnerable groups and civil society were left out of the policy making process.

This also results in stigmatisation associated with physical, sensory, and cognitive differences; persons with disabilities often must manage a "spoiled" social identity, i.e., discredited social status and limited opportunities to participate in social activities (Goffman, 1963). Consequently, individuals facing stigmatisation may perceive themselves as inferior or a failure (Goffman, 1963), and experience lower self-esteem (Spencer, Swanson, & Harpalani, 2015).

Various Intersections Present

A thematic analysis of the data provided rich evidence of the complex social structure in India, manifested by the multifaceted intersectional nature of social inclusion and exclusion-

Religion: In fact, the cultural beliefs about disability in India, which are generally based on religions such as Hinduism also affect the experiences of individuals with disabilities and their families. For example, the Hindu theory of Karma (i.e., individuals past deeds) have shaped individuals' understandings of disability because of their or their family members'

past misdeeds (Chopra, 2013; Edwardraj, Mumtaj, Prasad, Kuruvilla, & Jacob, 2010). Some individuals, thus, may seek ritualized practices to treat impairments. Yet this practice can delay their access to appropriate medical treatment, and lead to severe consequences. Such practices are more common in rural areas (Staples, 2012). Therefore, recognizing this intricate interplay between religion and disability is crucial for crafting policies that effectively promote the rights and well-being of all individuals.

Familial Identity and Gender: Studies have also identified the vulnerabilities faced by children with disabilities within the family unit in India. The perception of limited future potential can lead to neglect or abuse (Addlakha, 2007; Buckingham, 2011; Government of India, 2017). In extreme cases, this may even manifest as infanticide (Chopra, 2013). Furthermore, even acquired disabilities later in life can create pressure to conceal them, often at the behest of family members seeking to protect the family's social standing (Kayama et al., under review). The situation is particularly concerning for girls with disabilities. Their perceived inability to fulfill traditional gender roles like marriage and motherhood can result in social isolation, restricted access to education and employment opportunities, and confinement within the home (Addlakha, 2007). Research also suggests a heightened risk of abuse, including sexual abuse, for girls with disabilities compared to boys with disabilities (Dawn, 2014). These findings highlight the urgent need for interventions that promote the safety, well-being, and social inclusion of children with disabilities in India.

"Disability, gender, and discrimination are inextricably interlinked. One in five women globally live with a disability. Women are often at increased risk of developing a disability for reasons, including discrimination in health care and violence against women. Women with disabilities are also three times more likely to be illiterate, and two times less likely to be employed or use the internet." -United Nations, CRPD

This leads to erroneous policy making even in India, it was concluded that International and national laws and policies on disability have historically neglected aspects related to women and girls with disabilities. This invisibility has perpetuated the situation of multiple and intersecting forms of discrimination against women and girls with disabilities (United Nations, 2014).

Sexuality: Discourses surrounding the sexuality of people with disabilities often fall into harmful stereotypes. These portrayals can depict individuals as either entirely asexual or hypersexual, neglecting the spectrum of healthy sexual desires and expressions experienced by everyone (Mitchell & Davis, 2011; Thomas & Thomas, 2012). This limited lens denies the reality of "ordinary" sexual lives and variations in experiences for people with disabilities. They are often seen solely through the lens of their disability, neglecting their multifaceted identities and interests as individuals with a range of desires and experiences. The research on the gendered experiences of disabled people has focused primarily on women. While the potential for emasculation and the denial of expected gender roles for disabled men deserve further exploration, their experiences have not received the same level of attention.

Race and Caste: Clearly troubling patterns of identity recognition are closely linked to historical and colonial roots, which still influence perception of "the other " in many contexts where there are multiple racial groups. Disability marginalization is significantly influenced by intersecting identities like race and caste. In the US, research shows a racial

disparity in disability identification, with people of colour being overrepresented (Swchwartz et al., 2013). This can be attributed to historical inequalities in access to healthcare and ingrained biases in diagnosis. In India, the concept of race is less rigid, but caste plays a major role. Policymakers must acknowledge these intersections and consider factors like ethnicity and socioeconomic background alongside disability to create truly inclusive policies. "The medical model fragments the individual, focusing either on race or on disability, rarely examining the interplay of race and disability with other key dimensions such as social class and gender," Anita Ghai, a disability researcher in India.

Legal Status: The Supreme Court's approach to disability rights, emphasizing "comparative suffering," appears detrimental to the disabled community. This approach has fragmented the disability movement and created a situation where people with disabilities might be forced to compete with Scheduled Castes for limited resources. Furthermore, the lack of clarity regarding the applicability of the "creamy layer" concept (excluding the economically well-off from reservation benefits) to disability reservations adds legal uncertainty (Mahajan, 2021).

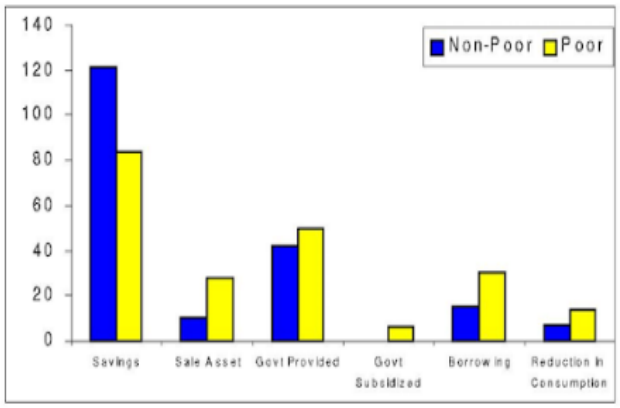
Additionally, the Supreme Court's rulings on disability rights in India, while upholding minimum job reservation and recognizing the distinct needs of the disabled, have caused significant socio-legal damage. These decisions have fragmented the disability movement by pitting different disability categories against each other. These limitations highlight the need for a more robust legal framework and improved implementation mechanisms to ensure the full realisation of disability rights in India.

Percentage distribution of Disabled Population by Literacy status and Educational level in India (2001 and 2011)

Literacy status and Educational Level among disabled population	2001			2011			Progress between 2001 & 2011		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Illiterate	50.7	41.9	62.7	45.5	37.6	55.4	-5.2	-4.3	-7.3
Literate	49.3	58.1	37.3	54.5	62.4	44.6	5.2	4.3	7.3
Percentage to Literates							0	0	0
Literate but below primary	26.5	25	29.9	19.4	18.5	21.5	-7.1	-6.5	-8.4
Primary but below middle	26.4	25.6	28.1	24.3	23.5	25.8	-2.1	-2.1	-2.3
Middle but below matric. secondary	16.4	16.6	14.8	16.7	17.3	15.8	0.3	0.7	1
Matric/Secondary but below graduate	20	21.5	16.9	23.6	24.9	21.2	3.6	3.4	4.3
Graduate and above	6	6.6	4.6	8.5	9	7.7	2.5	2.4	3.1

Poverty: Additionally, the limited social participation of individuals with disabilities is due, in part, to a lack of financial resources necessary for the local implementation of national policies determining disability services (e.g., Chopra, 2013; Das, Kuyini, & Desai, 2013).

Figure 2.11 Poverty & Sources of Meeting Cost of Treatment / Care



WAY FORWARD

While the Samarth and Gharaunda schemes reflect a shift toward rights-based, community care, their impact is constrained by limited outreach, stigma, and uneven local implementation. In line with the social model of disability and Goffman's concept of stigma, many PwDs—especially from marginalised groups—remain excluded. Guided by Sen's capability approach, effectiveness should be assessed through gains in autonomy, mental well-being, and social participation rather than service provision alone. Strengthening grassroots partnerships, caregiver training, and feedback-driven monitoring can enhance psychological empowerment and policy accountability.

Affirmative Action Policies

- Co-Creation, not Dictation: Abandon top-down approaches. Actively involve PwD organisations and individuals in policy formulation, embodying the spirit of "nothing about us, without us" (United Nations, 2021).
- Measurable Progress, not Empty Promises: Set clear, time-bound targets for accessibility across sectors (e.g., percentage of government websites accessible by a specific date). Complement this with robust monitoring mechanisms that utilize data to drive progress.
- Synergy: Break down barriers between ministries. Establish a strong framework for collaboration, with designated disability officers and regular interaction with the CCPD and State Commissioners.
- Accountability for All: Hold all ministries accountable for implementing the RPwD Act. Require them to submit action plans with clear deadlines.
- Justice for All: Dedicate a chapter within the policy to ensure physical and digital accessibility of courts, alongside streamlined legal processes for PwDs (Mitra & Sharma, 2014). Advocate for inclusive measures within the judiciary, ensuring PwDs have equal opportunity to participate in all aspects of the legal system.
- Beyond Accommodation, Embrace Potential: A future where PwDs are not just "accommodated," but actively celebrated for their unique strengths. Address the lack of sensitivity towards reasonable accommodation within regulatory bodies for various professions.

CONCLUSION

The age-old dichotomy between structure and agency, reminds us that the system often operates in ways which reinforce and drive the unequal and exclusionary experiences that people have at the individual level, where they are often denied agency. The current state of

disability policy in India requires a paradigm shift towards a more inclusive and action-oriented approach. While existing legislation like the Rights of Persons with Disabilities Act 2016 (RPwD Act) provides a strong foundation, translating its principles into tangible outcomes demands a multifaceted strategy.

A democratic and inclusive policy-making process is fundamental to effective disability governance. Moving beyond top-down bureaucratic frameworks, the active participation of persons with disabilities (PwDs) must be central to policy formulation, in keeping with the principle of *"nothing about us, without us"* (Mitra & Sharma, 2014). Meaningful engagement with PwD organisations and attention to micro-level outcomes such as psychological well-being and social integration are essential for rights-based policy design (Sen, 2004).

Crucially, disability is an intersectional phenomenon shaped by gender, caste, religion, and geography. Ignoring these intersecting identities risks reproducing marginalisation. Policy interventions particularly skilling and rehabilitation initiatives must therefore be context-sensitive, addressing the distinct realities of diverse PwD populations across social and spatial contexts.

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Conflict of Interest

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