

FOUNDATION COURSE
ON EDUCATION OF
CHILDREN WITH
DISABILITIES
(FC - SEDE)

**Developing Broad Positive
Perception of Children with
Disabilities and Intervention Measures**

19

BLOCK
1



MADHYA PRADESH BHOJ (OPEN) UNIVERSITY
AND
REHABILITATION COUNCIL OF INDIA



MPBOU (FC-SEDE) PROGRAMME

FOUNDATION COURSE ON EDUCATION OF CHILDREN WITH DISABILITIES

BLOCK : 1

DEVELOPING BROAD POSITIVE
PERCEPTION OF CHILDREN WITH
DISABILITIES AND INTERVENTION MEASURES

EVALUATE

A PROGRAMME OF COLLABORATION OF

MADHYA PRADESH BHOJ (OPEN) UNIVERSITY

AND

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FOUNDATION COURSE ON EDUCATION OF CHILDREN WITH DISABILITIES

BLOCK

1

DEVELOPING BROAD POSITIVE PERCEPTION OF CHILDREN WITH DISABILITIES AND INTERVENTION MEASURES

UNIT - 1	DEFINING PEOPLE WITH DISABILITIES	6	— 2 P (1 day)
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FC-SEDE : FOUNDATION COURSE ON EDUCATION OF CHILDREN WITH DISABILITIES

INTRODUCTION

The *Foundation Course on Education of Children with Disabilities* aims to develop basic competencies, knowledge, understanding, attitudes and skills, in teachers and enable them to cater to the specific educational needs of children with disabilities in regular classes.

The 86th Constitutional Amendment made education a fundamental right for children between 6-14 years of age including children with disabilities. The *National Policy on Education* 1986 made provision for the mildly and moderately disabled children to be placed for education in *common settings*. Section 39 of the Persons with Disability Act 1995 made provision in every school to offer 3% seats to children with disability. Moreover, integrated and inclusive education are now being strongly advocated. The country has launched Sarva Shiksha Abhyas to ensure entry, retention and education of children between 6-14 years of age including children with disabilities by 2010. The world has reset the goal to attain *Education for All and Health for All* by 2015 through its programmes of EFA 2015 and HFA 2015. *India 2020* aims to become a developed country by 2020. *Development in real sense means human development because man is the initiator, means and end of development.* In this context universalisation of elementary education (UEE) will lay the foundation of development in the country. It has, therefore, become essential to sensitize the regular classroom teachers of the elementary schools in the country, at least one from each school, so that they can meet the specific educational needs of the children with disability who form a significant sector.

The target to train around 6,00,000 teachers can be reached in target time by the implementation of the Foundation Course in Special Education through Distance Education mode which has been launched jointly by the Rehabilitation Council of India (RCI), the Statutory authority in Special Education, and the Madhya Pradesh Bhoj Open University (MPBOU). For any aspirant interested to develop professional expertise in the field of special education this *Foundation Course* will serve as an *Introductory Course*. After this course he/she can join the programme, *B.Ed. Special Education through Distance Education mode (B.Ed.-SEDE)*, which is a 18-month programme including 350 hours (10 weeks) of contact programme in three phases offered jointly by MPBOU and RCI on a national scale. Those who are already B.Ed. can join *Post Graduate Professional Diploma in Special Education through Distance Education mode (PGPD-SEDE)* which is a 9-month programme with 4 weeks of contact programme in two phases.

OBJECTIVES

The principal objective of this *Foundation Course* is to develop required competencies of in-service teachers and enable them to meet the specific educational needs of children with various disabilities in inclusive classroom in regular school:

- to undertake appropriate classroom management for children with disabilities in a regular classroom.
- to assist students with disabilities in understanding those subjects which they cannot readily comprehend in regular classroom;
- to assist in learning sign language or total communication to the hearing impaired children and Braille & low vision aids to visually impaired children;
- to undertake remedial or dual teaching of mentally retarded and learning disabled children.

BLOCK - 1 : DEVELOPING BROAD POSITIVE PERCEPTION OF CHILDREN WITH DISABILITIES AND INTERVENTION MEASURES

INTRODUCTION

The human body is composed of a number of organ-systems. Damage in any one of them may give rise to problem in receiving education and undertaking of social activities. But damage of one limb or organ does not totally incapacitate the individual. Unfortunately, the society has believed that persons with disabilities can't undertake productive work. This impression needs to be eradicated. The society should realize that the disabled people are endowed with different abilities. The different abilities possessed by the *differently abled* are much more intense compared to similar abilities of the normal people.

History of the world is full of examples of people with disability who have made very significant growth and social contribution. Therefore, it is necessary to change the predominantly negative perception into a realistic broad positive perception of people with disability.

Experience shows that many disabilities can be prevented. Even if some disabilities do occur their severity can be reduced by simple and timely interventions.

The basic human needs for a satisfactory human existence are universal; **the physical needs of food, health, shelter and clothing and social ones of education, creative employment, individual freedom and ability to participate in the prevailing social system. To be denied any of these needs is to be denied the prospect of a fulfilled life.** It becomes the fundamental obligation of the society and the state to make necessary efforts for the fulfillment of the basic human needs of the entire population including the disabled ones.

OBJECTIVES

After going through this Block you will be able to ;

- develop a broad positive perception of children with disabilities;
- define disability and understand its causes;
- become aware of the global and national scenario of children with disabilities ;
- become aware of the intervention measures taken by the mankind to meet their specific needs.

UNIT – 1 : DEFINING PEOPLE WITH DISABILITIES

STRUCTURE

- 1.1 Introduction
- 1.2 Objectives
- 1.3 Functional Definition
- 1.4 Distinction among Impairment, Disability and Handicap
- 1.5 Causes of Disability
- 1.6 Magnitude of the total disabled persons and children in the world and India .
- 1.7 Unit Summary
- 1.8 Check your Progress
- 1.9 Assignment Activity
- 1.10 Point for Discussion and Clarification
- 1.11 References

1.1 INTRODUCTION

Disability is an impairment of a physical and mental function which enforce the performance of the activities of an individual at a very particular social and economic environment.

1.2 OBJECTIVES

After studying this unit you should be able to

- Define the term 'Impairment', 'Disability' and 'Handicap'
- Understand the conceptual difference between the terms
- Understand the major causes of Disability
- Understand the overall scenario of Children with Disabilities globally and in India.

1.3 FUNCTIONAL DEFINITION

Impairment may occur simply, as a result of, aging process. A person after age of 40 may not be able to see as well as he did at 30. But he can still perform all the activities expected of him if necessary by using appropriate glass. This is not a disability. However, if vision is so reduced that the person is unable to read, go out alone or perform other activities in the office or factory, called disabled

There are many perception about visually impairment. For example, the persons with significant visual impairment may have difficulty in choosing life partner. This is a case of Handicap resulting from impairment or disability. Disability may be physical or mental while handicap is social consequences of disability.

1.4 DISTINCTION AMONG IMPAIRMENT, DISABILITY AND HANDICAP

The World Health Organisation (WHO) has defined the terms Impairment, Disability and Handicap in 1980 through the publication of *the International Classification of Impairments Disabilities and Handicaps (ICIDH)*, which is a manual of classification relating to the consequences of diseases. The ICIDH proposes the concepts and definitions of Impairment, Disability and Handicap and discusses the relation between these dimensions. It is based on a linear model implying progression from disease, impairment and disability to handicap.



ICIDH Model (WHO 1980)

Impairment: According to the ICIDH, impairment is any loss or abnormality of psychological, physiological or anatomical structure or functions generally taken to be at organ level.

Impairment is a damage to tissue due to disease or trauma. A person who has poor or no vision due to damage to retina or optic nerve may be said to have a visual impairment.

Disability: Disability has been defined as any restriction or lack of ability to perform an activity in the manner or within the range considered normal for a human being, generally taken to be at the level of the individual.

Disability denotes the consequences of impairment in terms of functional performance and activity by the individual. A person who has an optic nerve or retinal damage would have limitations in performing those tasks that require the use of eyesight.

Handicap: The ICIDH defines Handicap as a disadvantage for an individual, resulting from an impairment or disability, that limits or prevents fulfillment of a role, that is normal for that individual.

1.5 CAUSES OF DISABILITY

The causes of each impairment may be different. However, there are certain general factors which may give rise to impairment.

- Viral infection of the mother, particularly in the first three months of pregnancy.
- Blood incompatibility between mother and father.
- Prolonged labour and difficult delivery.
- Medical examination during the process of birth.
- Severe jaundice in early childhood.
- Very high fever in early childhood.
- Low oxygen during the process of birth.

Major causes of important impairment are given below

Causes of Visual Impairment

- Vitamin A deficiency, in early childhood may cause a condition called Xerophthalmia or dry eyes and opacity of the cornea.
- Congenital Cataracts caused by some abnormalities during pregnancy or inheritance
- Pre-maturity in the administration of high concentration of oxygen in the incubator giving rise to retinopathy of pre-maturity, this may result total loss of sight.
- Cataracts - usually occurring in middle old age. This condition is amenable to treatment by surgery.
- Glucoma - High pressure in the eye resulting in damage of retina.

Causes of Hearing Impairment

- RH incompatibility in the blood of mother and father
- Accumulation of large amount of wax in the ear
- Immobilization of the three bones, behind the ear drum
- Untreated discharging ear
- Untreated and sustained cough and colds
- Brain Damage
- Damage to ear drum through trauma
- Infections

Causes of Locomotor Impairment

- Polio
- Congenital deformities of limbs
- Accidents
- Trauma
- Falls from heights
- High fever in early childhood
- High blood pressure leading to stroke
- Brain damage during the peri-natal process
- Lack of oxygen

Causes of Mental Retardation

- Endocrinal deficiency like diabetes during pregnancy
- Trisomis, i.e., splitting of one of new chromosomes during pregnancy.

- Pre-maturity
- Low birth weight
- Too small a brain
- Too large a brain
- Head Injury in childhood
- Severe Jaundice in early childhood
- Anoxia
- Lack of oxygen to the brain.

Causes of Learning Disability

There is little agreement on the causes of learning disabilities, because so many different types of children come under this category. There is no single or a primary cause for learning disabilities, there are many causes for the problems.

There are people, who view that the problem lies in the child's environment and situations outside the child- external factors (e.g. educational factors such as inappropriate instruction, lack of appropriate reinforcement, cultural factors etc.) There are people, who view that the problem lies within the child-internal factors (e.g. attention, low grasping ability). Both view points are true to some extent.

Learning disability is a problem related to the central nervous system (neurological deficit). The neurological deficit could be the result of genetic, prenatal, perinatal and postnatal factors.

- **Genetic Factors :** Is learning disability hereditary? There is some evidence to suggest that learning disability and hyperactivity tend to run in families. Some studies conducted in other countries have found that 20% of a group of hyperactive children had at least one parent who was hyperactive. Only 5% of non-hyperactive children had a hyperactive parent. So genetic basis of learning disability cannot be altogether ruled out. But the knowledge of genetic factors does not help us in providing remedial assistance to the learning disabled child.
- **Prenatal :** When the child is in mother's womb, certain maternal factors can influence the development of the fetus. The neurological deficit in the child may be brought about if the mother (i) uses drugs (ii) consumes excessive alcohol, (iii) suffers from malnutrition, (iv) suffers from rubella (German measles) or (v) suffers from severe sickness and fever to the point of being physically immobile.
- **Perinatal Causes :** Perinatal factors refer to those that occur at birth. The perinatal causes include (i) anoxia (loss of oxygen) during pregnancy or at birth (ii) injury to the child's brain as he passes through the birth canal or immediately after birth, and (iii) any other method of delivery causing injury to the brain cells of the child.
- **Postnatal Causes:** The postnatal causes are: (a) **Biological or Biochemical Causes:** The factors in this category responsible for learning disability include (i) Hypoglycaemia or low blood sugar (ii) nutritional deficits, (iii) food allergies particularly to sugar, eggs, wheat, and chocolate, (iv) hyperactivity due to certain substances in the diet such as artificial colouring or certain chemicals found in fruits and (v) use of certain types of drugs. (b) **Environmental Causes:** Several environmental factors are linked to learning disability. Any factor that can cause neurological problems can cause learning disability. These factors include (i) accidents or other types of trauma to the brain, (ii) ingestion of certain substance (e.g. lead paint) and

(iii) exposure to fluorescent lights and lights from television because of low level radiation

(c) **Development Causes:** Learning disability may be caused by lags in neurological development (not loss of neurological function). This is called as maturational lag. This theoretic model presumes that there has been some delay in the development of certain central nervous system components, and in many cases this may be overcome through natural development sometime in the future. It is because of this reason that the development of listening, speaking, reading, and writing skills for the learning disabled children is usually slow.

1.6 MAGNITUDE OF THE TOTAL DISABLED PERSONS AND CHILDREN IN THE WORLD AND INDIA

According to UN statistics, 600 million people in the world have a significant disability. About 10 percent of this population, that is, about 60 million are children of school going age. The precise number of children with disability in a given country will depend to some extent on the demographic pattern of the country. In the countries, where the number of elderly people is small, about 40% population is believed to be below 16 years of age.

India has over 1000 million people (2001 census). There may be 50 to 100 million people with disabilities. This number includes people with Visually Impairment, Hearing Impairment, Locomotor Impairment and Mental Retardation. The school age children constitute twenty per cent of the total population, that is, 200 million and 20 million children require special educational needs. The Programme of Action (POA) of the National Policy of Education in 1992 gave the following estimated number of children with disabilities:

Category	Figures in million
Projected Population of children with Disability in the age group 5-14 years	3.19
Locomotor Handicap	1.48
Hearing Handicap	0.65
Speech Handicap	0.91
Visual Handicap	0.15
Mentally retarded children in the age group 5-14 years	3.60
Children with learning disability in the age group 5-14 years	3.60
Children with disability in the age group 16-18 years	2.20

1.7 UNIT SUMMARY

In order to understand children with special needs we must know the different adjectives or terms by which they are often described. Impairment, Disability and Handicap are terms which are frequently used interchangeably. However, there are conceptual differences among the terms. The differences have been clearly outlined in the definitions of each of the terms by WHO in the *International Classification of Impairment, Disability and Handicaps*.

Impairment represents exteriorization of a pathological state and occurs at tissue level

Disability refers to excesses or deficiencies of customarily expected activity, performance and behaviour, and is located at the level of the person.

Handicap reflects the consequences for the individual – cultural, social, economic and environmental that stem from the presence of impairment and disability.

There are certain general factors which may give rise to impairment such as (a) viral infection of the mother, particularly in the first three months of pregnancy; (b) blood incompatibility between mother and father; (c) prolonged labour and difficult delivery; (d) medical examination during the process of birth; (e) severe jaundice in early childhood; (f) very high fever in early childhood; (g) low oxygen during the process of birth. The causes of different impairment may be different. (See Text).

As per UN statistics, 600 million people in the world, i.e., 10 per cent of global population, have a significant disability. About 10 per cent of this population, that is, about 60 million are children of school going age. India has over 1000 million people (2001 census). There may be 50 to 100 million people with disabilities.

1.8 CHECK YOUR PROGRESS

A) Fill in the Blanks

1. Inability to perform functional activities is called _____.
2. _____ is denoted by anomalies on organ, tissues, or functioning of body systems.
3. Limitations in fulfilling one's age appropriate socio-cultural role is known as _____.
4. Whereas _____ situation specific, _____ is an aspect of life.

B) Match each of the disabilities which ensue handicaps

Disability	Handicap
a) loss of sight	i) mobility
b) loss of hearing	ii) employment
c) loss of arms	iii) schooling
d) loss of legs	iv) communication
e) mental deficiency	v) self care

1.9 ASSIGNMENT/ ACTIVITY

Define the term 'impairment' and 'handicap' and provide live examples of two such children from your locality to describe each term.

1.10 POINTS FOR DISCUSSION AND CLARIFICATION

After going through the Unit you may like to have further discussion on some points and clarification on other. Note down those points below:

1.10.1 Points for Discussion

1.10.2 Points for Clarification

1.11 REFERENCES

1. Ashman, A & Elkins, J(Eds) (1994) Educating Children with Special Needs, Prentice Hall, New York.
2. Hallahan, D.P. & Kauffman, J.M.(1991) Exceptional Children : Introduction to Special Education, Allyn & Bacon, Boston.

UNIT – 2 : UNDERSTANDING THE NEEDS OF CHILDREN WITH DISABILITIES

STRUCTURE

- 2.1 Introduction
- 2.2 Objectives
- 2.3 Physio-Medical Needs
- 2.4 Educational Needs
- 2.5 Social Rehabilitation Needs
- 2.6 Vocational Needs
- 2.7 Empowerment Needs
- 2.8 Unit Summary
- 2.9 Check Your Progress
- 2.10 Assignment/ Activity
- 2.11 Points for Discussion and Clarification
- 2.12 References

2.1 INTRODUCTION

Different disabilities like Visual Impairment, Hearing Impairment, Locomotor Impairment and Mentally Retardation create different needs. These will be discussed in greater detail in the relevant chapters. The purpose of this Unit is to give general understanding of the needs of all children with disabilities, so that the teacher and parent may have basic understanding of how to meet the needs at home, in the school and in the community.

2.2 OBJECTIVES

After studying this Unit, you should be able to

- understand the various needs of children with various disabilities.
- broadly understand how they can be educated and prepare for socio-economic independence
- understand how children with disabilities would be empowered in the family so that they are not discriminated against

2.3 PHYSIO-MEDICAL NEEDS

Many disabilities like visual impairment, locomotor impairment, cerebral palsy create condition of some physical dependence. These needs can be met partly by training in survival skills and partly by providing relevant aids and appliances.

But before training is imparted, it is necessary to consult a qualified medical professional so that, to the extent possible, the physical or medical conditions can be improved. For example, physiotherapy may assist people with locomotor disability and cerebral palsy to improve their movement. Eye and ear conditions may improve with surgery or medical treatment. These should be first met before starting on educational or training programmes so that optimum use is made of remaining capacity.

To illustrate, if the condition cannot be surgically or medically improved it may be possible to provide an optical or hearing aid to improve the functional ability of the child. Magnifiers may help a low vision child to read better or hearing aid may help a hearing impaired child in communicating better between peers and teachers.

2.4 EDUCATIONAL NEEDS

Experience over the last three centuries has convincingly demonstrated the ability of children with various disabilities to receive education either in special school or in regular schools with support services. The support services to be provided in a regular school may include the following:

- Removing architectural barriers, steps, narrow doors or providing special sitting arrangements.
- The assistance of teacher trained in special education.
- Providing reading material in accessible form; visually impaired children may acquire reading materials in Braille, recorded tapes, enlarged print; similarly, hearing impaired children may require to be communicated in sign language supported by training in speech.
- Providing the child with an appropriate technical aid, a blind child may need a braille slate and an arithmetic frame; a hearing impaired child may need individual or group hearing aid, a physically impaired child may need a pair of crutches to walk. Further details could be seen in the relevant chapter.
- Adopting appropriate teaching strategies depending on the nature of disability and the level of intelligence of the child.

If these needs are met, at least in part, most children with disabilities can either be educated at all stages or atleast acquire functional academic skills.

2.5 SOCIAL REHABILITATION NEEDS

It is important to realise that disability is not a curse. It may create some amount of dependency, but the condition may be relieved by training and provision of appropriate appliances. Moreover, as explained earlier, disability does not totally destroy the educational or productive potential of the child.

It is also important to realise that individual differences are an integral part of life. Disability should be regarded as one such individual difference. Everyone has a lack of some capacity. Some differences are visual and others are not.

2.6 VOCATIONAL NEEDS

The main purpose of education is preparation for life. This includes achieving economic independence. This cannot be done without obtaining proper education or professional training. Specific vocational choices will depend on the nature of the disability of a child, his attitude, interest, parent's wishes, acceptable training facilities, availability of trained teacher and other relevant faculties. But it is important to get gainful employment. It is as much needed by child with disability as everybody has.

2.7 EMPOWERMENT NEEDS

Depending upon the nature and extent of the disabilities of a child may need training and activities of daily living like toileting, eating, dressing, mobility and speech etc. Appropriate training should be started with the help of qualified person. This will empower the child in the family as well as in the neighbourhood. Dependence creates negative attitude. The best way to eliminate negative attitude is to empower the child to the maximum extent by using appropriate aids, giving proper education and training.

2.8 UNIT SUMMARY

The Human organism is composed of many systems like eyes, ears, arms, legs and spine. Damage to any one of them may create dependence on others; but this dependency can in part be relieved by either medical treatment or the provision of appropriate aids and appliances.

People with various impairments need special educational interventions that can be met by using special teaching techniques and technology. People with disabilities, as a rule, are not socially accepted. Such negative attitude arises from their ignorance of the potential of people with disabilities for productive endeavour. This negative attitude can be eradicated through proper intervention measures such as imparting of special education, appropriate vocational training and empowering people with disabilities.

2.9 CHECK YOUR PROGRESS

- A. How can physical dependence be relieved?
- B. How will you educate a child with disability?

2.10 ASSIGNMENT / ACTIVITY

Identify two children with disabilities in your area and list their needs. Also suggest ways of meeting these needs.

2.11 POINTS FOR DISCUSSION AND CLARIFICATION

After going through the Unit you may like to have further discussion on some points and clarification on other. Note down those points below.

2.11.1 Points for Discussion

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2.11.2 Points for Clarification

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2.12 REFERENCES

1. R S Pandey and Lal Advani - Perspective in Disability and Rehabilitation - Vikas Publisher 1994

UNIT – 3 : INTERVENTION MEASURES AND LEGISLATIVE FRAME WORK

STRUCTURE

- 3.1 Introduction
- 3.2 Objectives
- 3.3 Intervention Measures
- 3.4 Preventive Measures, Early Intervention Strategies, Child Rights and Human Rights
 - 3.4.1 Preventive Measures
 - 3.4.2 Early Intervention Strategies
 - 3.4.3 Child Rights and Human Rights
- 3.5 UN Declaration on the Rights of Disabled Person
- 3.6 Salamanca Declaration on Inclusion of Children with Disabilities
- 3.7 Persons with Disabilities Act 1995
- 3.8 Rehabilitation Council of India Act 1992 and its relevance to Education
- 3.9 National Trust Act 1999
- 3.10 Unit Summary
- 3.11 Check Your Progress
- 3.12 Assignment/ Activity
- 3.13 Points for Discussion and Clarifications
- 3.14 References

3.1 INTRODUCTION

For a long time people with disabilities have been deprived of basic human rights like an honorable place in the family, non-discrimination, education, appropriate vocational training and employment. This is not because they can't receive education or training; but it is largely because of negative attitude prevalent in the community. These negative attitudes are basically the product of perceiving disability as a threat. We often fail to realise that individual differences are an integral part of life. We need to emphasise the fact that people with disability can become as productive as the rest of us. Whether the disability, visible or invisible, mild, moderate or severe, the individual does retain quite a bit of potential for developing his remaining abilities to his own advantage and advantage of the community.

3.2 OBJECTIVES

After reading this Unit, you should be able to

- Understand that the disability is an integral part of life.
- Understand that the Persons with Disabilities can be an educationally and economically as productive and useful as anyone else.
- Convince the community that disability does not destroy all one's potential for receiving education and engaging in useful and remunerative work.
- Understand that the social interventions are essential to fulfill the basic needs of the disabled.
- become aware of the international charters and the national legislative frame work on the rights of the disabled.

3.3 INTERVENTION MEASURES

Recognition of fundamental rights of the disabled is implicit in Article 25 of the *Universal Declaration of Human Rights, 1948*, which says that everyone has the right to security in the event of disability. Section 22 of the *Vienna Declaration and Programme of Action* stipulates that special attention needs to be given to equal enjoyment of all human rights by disabled persons. Section 63 *ibid* provides that persons with disabilities should be guaranteed equal opportunity through the elimination of all socially determined barriers, be they physical, financial, social or psychological, which exclude or restrict full participation in society.

Three initiatives were undertaken internationally to guarantee the rights of the disabled: (i) 1981 was declared as the *International Year of Disabled Person*; (b) the decade 1983-92 was declared as the *UN Decade of Disabled Persons*; (c) the ESCAP declared 1983 to 92 as an *Asia-Pacific Decade for the disabled*.

In India several social interventions in disability have been made since 1947. In 1977, the Ministry of Social Welfare reserved 3% vacancies in group C and D posts in government departments and public undertakings for the Visual Impairment, Hearing Impairment and Locomotor Impairment. As a result, on International Year, many NGOs launched new programmes for the education and rehabilitation.

3.4 PREVENTIVE MEASURE: EARLY INTERVENTION STRATEGIES, CHILD RIGHTS AND HUMAN RIGHTS

3.4.1 Preventive Measures

1. Provide adequate nutrition to pregnant and nursing mothers.
2. Do not give toxic drugs to the mother during pregnancy.
3. If possible before marriage, the blood compatibility of the husband and wife should be checked.
4. The pregnant mother should be protected against viral and other serious infections atleast during first three months of pregnancy.
5. Provide trained medical care during pregnancy.
6. Protect the neonate against such diseases as jaundice, brain fever, brain damage due to lack of oxygen, serious injuries to the brain etc.

7. Teach the child to maintain good personal hygiene
8. Teach the child to have good drinking water.
9. If the child complains of eye, ear or any other trouble, consult an appropriate medical specialist
10. Closely watch the progress of the child at school

3.4.2 Early Intervention Strategies

1. Consult a competent and relevant medical specialist in the case of suspicion of any physical sensory or intellectual deviation from normal development.
2. Immunise the child against Polio, TB, DPT and, if possible, Jaundice.
3. If a deviation is detected, the child should be seen by a competent Special Educator. The recommendations of the Special Educator should be followed.
4. A variety of educational options is available. One of these that suit the child should be adopted.
5. UN has been emphasising that the basic patterns of behavior are formed by the time the child is three years. Therefore, early stimulation should be given to the child on the advice of either special educator or an appropriate medical specialist. This will reduce the occurrence of secondary disabilities. Experience shows that if speech stimulation to the hearing impaired child is provided from the early stage the chances of his/her developing good language are greatly increased.

3.4.3 Child Rights And Human Rights

The Convention on the Rights of the Child

'The Convention on the Rights of the Child' the resolution No. A4/25, adopted by General Assembly on 20 November, 1989, was another step in the direction of recognizing human rights. The need to extend particular care to the child had been stated in the *Geneva Declaration of the Rights of the Child* in 1924, the *Declaration of the Rights* adopted by the General Assembly on 20 November 1989 and recognized in the *Universal Declaration of Human Rights*, the *International Covenant on Civil & Political Rights* (Articles 23 & 24), in the *International Covenant on Economic, Social & Cultural Rights* (Article 10) and also in other declarations, the statutes and relevant instruments of significant agencies and organizations concerned with the welfare of children. Some of its articles relevant to disability are described below:

Article 2

States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

Article 23

- 1 States Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community
- 2 States Parties recognize the right of the disabled child to special care and shall encourage and ensure the extension, subject to available resources, to the eligible child and those responsible for his or her care, of assistance for which application is made and which is appropriate to the child's condition and to the circumstances of the parents or others caring for the child
- 3 Recognizing the special needs of a disabled child, assistance extended in accordance with paragraph 2 of the present article shall be provided free of charge, whenever possible, taking into account the financial resources of the parents or others caring for the child, and shall be designed to ensure that the disabled child has effective access to and receives education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development, including his or her cultural and spiritual development
- 4 States Parties shall promote, in the spirit of international cooperation, the exchange of appropriate information in the field of preventive health care and of medical, psychological and functional treatment of disabled children, including dissemination of and access to information concerning methods of rehabilitation, education and vocational services, with the aim of enabling States Parties to improve their capabilities and skills and to widen their experience in these areas. In this regard, particular account shall be taken of the needs of developing countries

The conventions vide Article 43 and 44 ensured the evaluation of progress made by the State Parties in achieving the realization of the obligations undertaken in this convention. This was done through a Committee on the Rights of the Child. It was also urged that the State Parties will submit reports on the measures adopted by them.

3.5 UN DECLARATION ON THE RIGHTS OF DISABLED PERSONS

The UN General Assembly proclaimed in 1975 *the Declaration on the Rights of Disabled Persons* and called for national and international actions to ensure that it would be used as a common basis and frame of reference for the protection of these rights:

1. The term "disabled person" means any person unable to ensure by himself or herself, wholly or partly, the necessities of a normal individual and/or social life, as a result of a deficiency, either congenital or not, of his or her physical or mental capabilities.
2. Disabled persons shall enjoy all the rights set forth in this Declaration. These rights shall be granted to all disabled persons without any exception whatsoever and without distinction or discrimination on the basis of race, colour, sex, language, religion, political or other opinion, national or social origin, state of wealth, birth or any other situation applying either to the disabled person himself or herself or his or her family.
3. Disabled persons have the inherent right to respect for their human dignity. Disabled persons, whatever the origin, nature and seriousness of their handicaps and disabilities, have the same

fundamental rights as their fellow-citizens of the same age, which implies first and foremost the right to enjoy a decent life, as normal and full as possible.

4. Disabled persons have the same civil and political rights as other human beings. paragraph 7 of the Declaration on the Right of Mentally Retarded Persons applies to any possible limitation or suppression of those rights for mentally disabled persons.
5. Disabled persons are entitled to the measures designed to enable them to become as self-reliant as possible.
6. Disabled persons have the right to medical psychological and functional treatment, including prosthetic and orthetic appliances, to medical and social rehabilitation, education, vocational training and rehabilitation, aid, counselling, placement services and other services which will enable them to develop their capabilities and skills to the maximum and will hasten the process of their social integration or reintegration.
7. Disabled persons have the right to economic and social security and to a decent level of living. They have the right, according to their capabilities, to secure and retain employment or to engage in a useful, productive and remunerative occupation and to join trade unions.
8. Disabled persons are entitled to have their special needs taken into consideration at all stages of economic and social planning.
9. Disabled persons have the right to live with their families or with foster parents and to participate in all social, creative or recreational activities. No disabled person shall be subjected, as far as his or her residence is concerned, to differential treatment other than that required by him or her condition or by the improvement which he or she may derive therefrom. If the stay of a disabled person in a specialised establishment is indispensable, the environment and living conditions therein shall be as close as possible to those of the normal life of a person of his or her age.
10. Disabled person shall be protected against all exploitation, all regulations and all treatment of a discriminatory, abusive or degrading nature.
11. Disabled persons shall be able to avail themselves of qualified legal aid and when such aid proves indispensable for the protection of their persons and property. If judicial proceedings are instituted against them, the legal procedure applied shall take their physical and mental condition fully into account.
12. Organisations of disabled persons may be usefully consulted in all matters regarding the rights of disabled persons.
13. Disabled persons, their families and communities shall be fully informed, by all appropriate means, of the right contained in this Declaration.

Realizing the need to initiate action at international and national level to guarantee these rights, two major initiatives were undertaken by the UN. These were the UN Decade for Disabled Persons (1983-92) and the Asian & Pacific Decade of the Disabled (1993-2002).

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3.6 THE SALAMANCA STATEMENT AND FRAMEWORK FOR ACTION ON SPECIAL NEEDS EDUCATION (1994)

The Salamanca Statement and the Framework of Action was adopted by the World Conference on Special Needs Education in Salamanca, Spain in 1994 jointly organized by Government of Spain and UNESCO. Five regional seminars were held prior to this that prepared the basic ground for this conference. Representatives of 92 Government and 25 international organizations participated in this conference. The framework stems from the messages of the World Conference on Special Needs Education. The framework stems from the messages of the Jomtien World Declaration on Education For All (1990) and was reaffirmed in the Dakar Framework of Action (2000).

The statement begins with a commitment to education for all. The major approach reiterated in the conference was inclusive education, which is highlighted by the following statements:

"Schools should accommodate all children regardless of their physical, intellectual, emotional, social, linguistic or other conditions."

"Regular schools with this inclusive orientation are the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving education for all, moreover, they provide an effective education to the majority of children and improve the efficiency and ultimately the cost-effectiveness of the entire education system."

The World Conference went on to call upon all governments to:

- Give the 'highest policy and budgetary priority' to improve education services so that all children could be included, regardless of difference or difficulties.
- 'Adopt as a matter of law or policy the principle of inclusive education' and enroll all children in ordinary schools unless there were compelling reasons for doing otherwise.
- Develop demonstration projects and encourage exchanges with countries with inclusive schools.
- Ensure that organizations of disabled people, along with parents and community bodies, are involved in planning decision-making.
- Put greater effort into pre-school strategies as well as vocational aspects of inclusive education.
- Ensure that both initial and in-service teacher training address the provision of inclusive education.

The Statement also calls on the international community to endorse the approach of inclusive schooling and to support the development of special needs education as an integral part of all education programmes. In particular it calls on UNESCO, UNICEF, UNDP and the World Bank for this endorsement.

It asks for the United Nations and its specialized agencies to 'strengthen their inputs for technical co-operation' and improve their networking for more efficient support to integrated special needs provision. Non-governmental organizations in this statement are asked to strengthen their collaboration with official national bodies and become more involved in all aspects of inclusive education.

3.7 PERSONS WITH DISABILITIES (EQUAL OPPORTUNITIES PROTECTION OF RIGHT AND FULL PARTICIPATION) ACT 1995

Purpose of the Act

This Act was passed by the Parliament on Dec. 12, 1995 and notified on Feb. 7, 1996. The Act elaborated the responsibility of the Central and State Government, local bodies to provide services, facilities and equal opportunities to people with disabilities for participating as productive citizens of the country. The Act enlists the rights and facilities persons with disabilities would be entitled to and which are enforceable.

This is an important landmark. The Act provides for both preventive and promotional aspects of rehabilitation.

Chapter I – Preliminary

The Disabilities covered in the Act are : - blindness, low vision, leproscured, hearing impairment, locomotor disability, mental retardation and mental illness.

A person with disability has to be certified by a medical authority that he or she is suffering from not less than 40% of the disability.

Chapter II – The Central Co-Ordination Committee An Executive Committee

1. The Central Government shall constitute a Central Co-ordination Committee (CCC), headed by the Minister of Social Justice and Empowerment.

The CCC consists of 39 persons, 24 are official members and 15 nominated by the Government, will represent NGOs and associations concerned with disabilities. At least one woman and one person from SC or ST is to be included. The term of all the members will be for three years.

The important functions of the Central Co-ordination Committee are :

- a) Review and coordinate the activities of Government and NGOs.
- b) Development of National Policy.
- c) Advice the Central Government on the Formulation of policies, programmes, legislation and projects.
- d) Advocacy with national and international organisations with a view to provide for schemes and projects for the disabled in the national and international plans and programmes.
- e) Review donor funding policies from the perspective of their impact on persons with disabilities.
- f) To ensure barrier-free environment.
- g) Monitor and evaluate the impact of policies and programmes.

The Central Co-ordination Committee will be bound by such directions in writing as the Central Government may give it.

The Committee shall meet once every six months.

The Central Executive Committee (CEC)

The Central Executive Committee shall carry out the decisions of the Central Co-ordination Committee. The Executive Committee shall meet every three months. The CEC will consist of 23 persons including five persons concerned with disability.

Chapter III – The State Coordination and Executive Committee

Each state shall appoint a State Coordination Committee, consisting of 23 official and five non-official members.

The State Executive Committee will have 13 official and 5 non-official members.

The terms and conditions and functions of the State Committee shall be the same as those of the Central Committees.

Chapter IV – Prevention And Early Detection Of Disabilities

Within the limits of economic capacity and development, the concerned authorities, with a view to preventing the occurrence of disabilities, shall

- a) Undertake or cause to be undertaken surveys, investigations and research concerning the cause of occurrence of disabilities
- b) Promote various methods of preventing disabilities
- c) Screen all children at least once in a year for identifying at-risk cases
- d) Provide facility to trained staff at the primary health centres
- e) Sponsor or caused to be sponsored, awareness campaigns and disseminates information for general hygiene, health and sanitation
- f) Take measures for prenatal and postnatal care of mother and child
- g) Educate the public through the pre-schools, schools, primary health centres, village level workers and anganwadi workers
- h) Create awareness amongst masses through TV, radio and other mass media on the causes of disabilities and its prevention

Chapter V – Education

The Act envisages

Every child with disability should have access to free and adequate education till the age of 18. Students with disabilities should be integrated into normal schools. Special schools should be established in Govt. and Private Sectors and equipped with Vocational Training facilities.

Introduce schemes for non-formal education of children who have discontinued their education after 5th class. Conduct special part time classes for functional literacy in the age group of 16 and above and provide each child, free of cost, special books and equipment needed for his or her education, including education in open schools and universities.

Government shall set up teachers training institutions to run special schools and integrated schools for children with disabilities by trained teachers.

The Government shall provide to such children transport facilities, remove architectural barriers from educational institutions, imparting vocational training and education, provide books, uniforms and

others materials to children attending schools, grant scholarships and restructure curriculum for the benefit of students with disabilities.

Government shall promote research for assistive devices to give a child with disability equal opportunities in education

Government shall present a comprehensive education schemes including transportation, barrier-free environment and grievances redressal forum

Chapter VI – Employment

The Government shall reserve at least 3% posts in Govt. jobs for persons with disabilities as follows -

- | | | |
|----|----------------------------------------|----|
| 1. | Blindness or low vision | 1% |
| 2. | Hearing Impairment | 1% |
| 3. | Locomotor Disability or Cerebral Palsy | 1% |

If in any year, the vacancy cannot be filled then it would be carried to next year, thereafter, people with other disabilities can be given employment and finally, if there is no suitable disabled person, then only a person other than a person with disability can be given employment

Special Employment Exchanges would be set up.

Appropriate Government shall formulate schemes for ensuring employment of persons with disabilities including training.

All Government educational institutions and those receiving aid from the Government shall reserve not less than 3% seats for persons with disabilities. Not less than 3% of all poverty alleviation schemes shall be reserved for persons with disabilities. Government shall within their economic capacities frame scheme to give incentives to employers in public and private sector to ensure that atleast 5 % of their work force is composed of persons with disabilities.

Chapter VII – Affirmative Action

The Government shall provide aids and appliances to persons with disabilities and shall provide land at concessional rates to persons with disabilities for housing, business, special recreation centres, special schools, research centres and factories by entrepreneurs with disabilities

Chapter VIII – Non-Discrimination

Govt. transport shall take special measures to adapt their facilities and amenities so to permit easy access to persons with disabilities.

All authorities shall within their capacity, provide auditory signals along red lights, crossing. Constructions shall be designed for wheel chair users and engraving or zebra crossing for blind people. Buildings and toilets shall be constructed with ramps and other features

No employer shall terminate an employee who acquires a disability during service. No employer shall also deny promotion to an employee on grounds of disability.

Chapter IX – Research And Manpower Development

Government shall promote and sponsor research to prevent disability, rehabilitate the disabled, develop assistive device identify jobs and develop pro-disabled structural features in factories and offices.

Chapter X – Recognition Of Institutions For Persons With Disabilities

Within six months of this Act being passed, persons running establishments or institutions for persons with disabilities shall apply under this Act, for a certificate of registration from a competent authority of this State Government.

Chapter XI – Institution For Persons With Severe Disabilities

Persons having 80% or more disabilities are considered persons with severe disabilities. The Government shall establish and maintain institutions for them. Where private institutions, meeting Government standards exists, they shall be recognised for the purpose.

Chapter XII – The Chief Commissioner And Commissioners For Persons With Disabilities

The Central Government shall appoint a Chief Commissioner for Persons with Disabilities for the implementation of this Act. The Chief Commissioner shall coordinate the work of the Commissioners and monitor the utilization of funds distributed by the Central Government.

Commissioners shall have similar responsibilities at the State level. The Chief Commissioner and the Commissioners shall take up any complaint or sumoto regarding deprivation of rights of persons with disabilities and non-implementation of laws, rules, orders, instructions issued by the Government or local authorities.

The Chief Commissioner and the Commissioners have the same powers as are vested in a court under the Code of Civil procedure, 1908 for summoning and enforcing attendance of witnesses, receiving evidence on affidavits etc.

The Chief Commissioner shall prepare an annual report to be layed in Parliament. The Commissioners shall submit an annual report to the respective State Legislature.

Chapter XIII – Social Security

The Government shall, within their economic limits, undertake rehabilitation of all persons with disabilities and grant financial assistance to NGOs undertaking rehabilitation programmes for persons with disabilities. Where possible, give unemployment allowance to persons with disabilities registered with the

3.8 REHABILITATION COUNCIL OF INDIA ACT 1992 AND ITS RELEVANCE TO EDUCATION

This Act was passed in 1992 for the purpose of constituting the Rehabilitation Council of India, for regulating the training of Rehabilitation professionals and for maintenance of a Central Rehabilitation register. It was amended by Rehabilitation Council of India (Amendment) Act, 2000 to provide for monitoring the training of rehabilitation professionals and personnel, promoting research in rehabilitation and special education as additional objectives of the Council.

Functions of the Council

Recognition of qualifications from Indian Universities

Recognition of outside qualifications

Council is empowered with the statutory responsibility for

- Enrolment of qualified Rehabilitation Professionals
- Collection of relevant information
- Appointment of Inspectors
- Appointment of Visitors at examinations
- Withdrawal of recognition
- Prescribing minimum standards of education
- Registration of Rehabilitation Professionals
- Registration of Vocational instructors and personnel working on disability in the Register
- Recognition of Man-power development Centres
- Privilege of persons registered on the Register
- Professional misconduct and removal from Register
- Appeals against order of Removal from Register
- Furnishing information
- Prosecution of Offenders

Rights of The Disabled That Emerge From The Rehabilitation Council Of India Act, 1992

1. To have the right to be served by trained and qualified rehabilitation professionals whose names are borne on the Register maintained by the Council
2. To have the guarantee of maintenance of minimum standards of education required for recognition of rehabilitation qualification by Universities and other institutions in India.
3. To have the guarantee of maintenance of standards of professional conduct and etiquette by rehabilitation professionals through the provision of penalty of disciplinary action and removal from the Register of the Council.
4. To have the guarantee of regulation of the profession of rehabilitation professionals by a statutory council under the control of the Central Government and within the bounds prescribed by the state.

3.9 NATIONAL TRUST ACT (FOR THE WELFARE OF PERSONS WITH AUTISM, CEREBRAL PALSY, MENTAL RETARDATION AND MULTIPLE DISABILITIES)ACT 1999

Introduction

The National Trust is a statutory body under the Ministry of Social Justice and Empowerment, Government of India, setup under the "National Trust for the welfare of persons with Autism, Cerebral Palsy, Mental Retardation And Multiple Disabilities" Act (Act 44 of 1999)

Objectives

- 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
- To strengthen facilities to provide support to persons with disability
- To extend support to registered organisations to provide need-based services during the period of crisis in the family of persons with disability
- To deal with problems of persons with disability who do not have family support
- To promote measures for the care and protection of persons with disability in the event of death of their parent or guardian.
- to evolve procedure for the appointment of guardians and trustees for persons with disability requiring such protection
- To facilitate the realization of equal opportunities, protection of rights and full participation of persons with disability, and
- To do any other act which is incident to the aforesaid objects

Thrust Areas

- Campaign for effecting positive attitudinal change
- Programme which foster inclusion and independence by
 - Creating barrier – free environment
 - Developing skills
 - Promoting self-help groups
- Training and Support of Care givers and community members
- Formation of local level committees to grant approval for guardianship
- Development of sustainable models for Day Care, Home Based, Respite and Residential Care
- Research in the four areas of Disabilities
- Advocacy for the rights of persons with four disabilities.
- Programme for persons with severe disabilities and women with disabilities

Resource Mobilization

- One-time contribution from Central Government
- Donations, Gifts, Grants
- Benefactions, bequests or transfers from individuals and organisations
- Funds in any other manner or from any other source

Programmes

- Registration of Associations (of Parents and Non-Government Organisations)
- Formation of Local Level Committees

- Appointment of Guardians.
- Support for a range of services including residential
- Home Visiting/ Care Givers Programme.
- Development of Awareness and Training Material
- Community Participation Programme for Reach and Relief.
- Such other programme which promote the objectives of the Trust.

Coordinating and Implementing Agencies

- National Trust
- District level local committees.
- Registered Parents Associations and Non-Governmental Organisations.

3.10 UNIT SUMMARY

In this Unit various strategies for preventing disabilities have been described. There is close association between Poverty and Disability, giving better nutrition to the child and pregnant mother and providing process of birth would go a long way towards preventing a child with disability.

The UN General Assembly adopted a charter of rights of the disabled in 1975.

The Indian Parliament provided the legislative framework for protecting the rights of people with disabilities and giving them equality of opportunity by enacting the following three Acts:

1. **RCI Act 1992:** The Act guarantees right of the child to be taught by a qualified teacher.
2. **Persons with Disabilities Act 1995.** The Act has the following provisions:
 - Assures that every child with disability shall have access to education until 18 years of age.
 - Every child with disability shall be placed in the most appropriate educational environment.
 - Reserves 3% seats for children with disability in every aided school in the country.
 - Establishes grievance redressal machinery at the central and state levels.
 - Earmarked 3% vacancies for people with disabilities in identified post in all classes of employment under the central and State Govt. and Public Sector Undertaking.
3. **The National Trust Act 1999.** It provides for support to people with MR, CP, Autism and Multiple disabilities in their own homes or appointment of guardians after there is no one to care for them. In special cases care homes can also be established.

3.11 CHECK YOUR PROGRESS

1. What are the main features of Persons with Disability Act 1995.
2. Describe briefly the functions of RCI.
3. Describe briefly the objects of National Trust Act 1999.

3.12 ASSIGNMENT /ACTIVITY

Identify three children with disabilities in your area indicating how they can be helped by Law

3.13 POINTS FOR DISCUSSION AND CLARIFICATION

After going through the Unit you may like to have further discussion on some points and clarification on other. Note down those points below

3.13.1 Points for Discussion

3.13.2 Points for Clarification

3.14 REFERENCES :

1. Ray, D. (1987) Human Rights and Education: an overview. In Tarrow, N.B. (Ed.) Human Rights and Education (Vol. 3) Paragons Press
2. Rehabilitation Council of India Act 1992
3. Person with Disability Act 1995
4. National Trust Act 1999

UNIT – 4 : CONCESSIONS AVAILABLE FOR THE DISABLED, SCHEMES AND BENEFITS

STRUCTURE

- 4.1 Introduction
- 4.2 Objectives
- 4.3 Concessions offered by the Central Government
 - 4.3.1 Travel Concession
 - 4.3.2 Tax Concession
 - 4.3.3 Other Tax Concession
- 4.4 Central Government Scheme for Rehabilitation
 - 4.4.1 Reservation in Jobs
 - 4.4.2 Educational Assistant Scheme
 - 4.4.3 Programme of Integrated Education
 - 4.4.5 Other Benefit
- 4.5 Unit Summary
- 4.6 Check Your Progress
- 4.7 Assignment/ Activity
- 4.8 Points for Discussion/ Clarification
- 4.9 References

4.1 INTRODUCTION

Every disability imposes on the individual extra expenditure. For example, a blind person may need an escort and a person with moving problems may need someone to move the wheel chair. To partly compensate for this extra financial burden, the Central and State Governments have announced number of concessions to be given to people with disabilities especially in taxes and travels as well as in other benefits.

4.2 OBJECTIVES

After studying this Unit, you will be able to acquaint yourself with the following:

- Reservation in jobs for the disabled
- Economic assistance for self-employment.
- Educational Facilities/ Scholarships
- Travel Concessions
- Tax concessions

4.3 CONCESSIONS OFFERED BY THE CENTRAL GOVERNMENT

4.3.1 Travel Concessions

1. By Road

Many of the State Governments offer either full concessions or 50% concession for Travelling in States run buses.

2. By Rail

The Ministry of Railways allows the disabled persons travelling with an escort, travel by rail the concessional fare up to 75% in the first, second and sleeper classes. The concession is 50% for the season ticket-first and second class.

3. By Air

The Indian Airlines Corporation does not give concession to Orthopaedically Handicapped persons, as given to the blind persons. But, the Orthopaedically Handicapped persons are allowed to carry a pair of crutches/ braces or any other prosthetic devices free of charge.

4. Others

Disabled employees used to get Rs. 100 as conveyance allowance per month. The limbs Pay Commission has revised this scheme. Now persons suffering from disability affecting their lower get transport allowance, that is double of the allowance normally entitled to them in accordance with their pay scale.

4.3.2 Tax Concessions

1. Income Tax Concessions

Section 80 DD of the Income Tax Act provides for a deduction in respect of the expenditure incurred by an individual on the medical treatment (including nursing), training and rehabilitation etc. of handicapped dependents. The limit of deduction is Rs. 15,000/-.

Under the Section 80 V, the parent of a disabled minor is allowed to claim a deduction upto Rs. 20,000/-.

Section 88 B provides for an additional rebate from net tax payable by a resident individual, who has attained the age of 65 years, to 20% in case where the gross total income does not exceed Rs. 75,000/-.

A deduction of Rs. 20,000/- from the taxable income of the parents or guardians of handicapped children has been allowed provided this amount is deposited in any approved scheme of LIC, UTI etc.

Deductions from the total income of the handicapped persons under Section 80 U is Rs. 40,000/-.

2. Custom Duty Concessions

The Central Government exempts certain pre-identified categories of goods when imported into India by a locomotor handicapped or disabled person for his personal use, from the whole of the duty of customs and the additional duty subject to the condition that the importer produces to the Assistant Collector of Customs, at the time of importation, a certificate from the Civil Surgeon of the District, Medical Officer or the Administrative Medical Officer or the Director of Health Services of the

concerned State or a Specialist in the concerned speciality attached to Government Hospital or a recognised medical college to the effect that the importer suffers from the particular handicap or disability and that the imported goods is respect of which the exemptions claimed are essential to overcome the said handicap or disability. The list includes:

- a) Orthopaedic appliances falling under heading 90.21 of the first schedule to the Customs Tariff Act
- b) Wheel Chairs falling under heading No. 87.13 of the said first schedule.

4.3.3 Other Tax Concessions

Physically handicapped persons owning a motorised vehicle get exemption from paying road-tax.

4.4 CENTRAL GOVT. SCHEMES FOR REHABILITATION

4.4.1 Reservations in Jobs

Since 1977, the Central Government has reserved three percent of the vacancies in lower level posts. This reservation is not against all vacancies, but is limited to posts which the handicapped can satisfactorily manage. Similar reservations in favour of the handicapped have been made by several State Government and Union Territories. This reservation policy has been genuinely welcomed by the handicapped population. The Central Government has also set up Special Employment Exchange to exclusively register and place handicapped job-seekers.

It is generally found that orthopaedically handicapped persons can handle a wide variety of jobs in most organisations. Locomotor disabled persons do not suffer from any learning or sensory difficulty and could, therefore, handle most jobs. Field jobs, which require a high degree of mobility, would however, present difficulties for them. Locomotor disabled persons should not generally be excluded from any job and should be considered as eligible for holding all jobs other than those types which are outside their physical capabilities.

Most of the jobs whether technical or non-technical can be handled by the locomotor handicapped persons depending upon the nature of the jobs and the degree of the disability. Most of the undertakings/ banks and representatives of the various departments are of view that persons with loss of not more than one upper limb could handle a large number of jobs both in technical and non-technical areas while persons with disabilities lower extremities could handle jobs in which a high degree of mobility is not needed.

Jobs in Finance, Accounts, Hindi(Translation), Law and Personnel Departments can be handled by the orthopaedically handicapped.

Proper placement of the handicapped persons is not possible without identifying the suitable for employment of handicapped persons.

4% vacancies are reserved for the orthopaedically handicapped persons in group 'C' and 'D' posts in Central Services and in comparable posts in government of the Public Sector Undertakings. Priority is accorded for submission for candidates by employment exchanges against Central Government Vacancies for Group 'C' and 'D' posts.

Where a sufficient number of person belonging to a given category of the physically handicapped is not available, the unfilled vacancies will be carried over for a period up to three recruitment years

4.4.2 Educational Assistance Schemes

Educational Facilities/ Scholarships

Ministry of Welfare

The scheme covers scholarships for general education from Class-IX onwards and for technical training at certificate, diploma and degree levels

Department of Social Welfare

State Governments also provide scholarships to pursue education from Class I to Class VIII

4.4.3 Programmes of Integrated Education

The Programme of Integrated Education by placing handicapped children in ordinary schools provides for special coaching classes qualified and specially trained teachers for every type of handicapped child. Assessment at the time of admission and later at regular intervals is major feature of this programme.

The Central Government has taken the responsibility of meeting 100% expenditure

Fellowships

The University Grants Commission has reserved 1% of the fellowships allocated to the University for the handicapped.

Admission into ITIs

In Industrial Training Institutes, State Government have reserved 3% seats for the handicapped under the Craftsmen Training Programme at the Centre/State level have been instructed to identify trades from among the existing 136 trades designated under the Apprentices Act, 1961 considered suitable for Apprentices. Training of the physically handicapped and to place the maximum number of handicapped apprentices in the establishment concerned so as to achieve to overall target of 3% taking all the establishments in the public and private sectors together.

Others

Handicapped persons are exempted from payment of application and examination fee as prescribed by UPSC/SSC.

Hostel facilities for physically handicapped students are provided by certain States and Union Territories.

4.4.4 Other Benefits

1. Assistance to Disabled Persons for Purchase/ Fitting of Aids/Appliances

The main objective of the scheme is to assist the needy physically handicapped persons in procuring durable, sophisticated and scientifically manufactured aids and appliances that promote their physical, social and psychological rehabilitation. The scheme is implemented through centres run by institutions registered under companies Act, registered Societies, Trusts or any other institutions recognised by the Ministry of Welfare for the purpose.

2. Allotment of Accommodation on Priority Basis

Ad-hoc allotment of general pool residential accommodation to the physically handicapped employees is allowed on request after recommendation by the special recommendation committee and on approval of the Ministry of Urban Affairs and Employment.

4.5 UNIT SUMMARY

In view of the fact that disability is closely associated with poverty, Central and State Govt. have granted concessions to persons with disabilities in travel, taxes and scholarship.

4.6 CHECK YOUR PROGRESS

1. Describe briefly travel concession given to the disabled by Central Govt.

4.7 ASSIGNMENT/ ACTIVITY

Identify five children in your area who can benefit from various concessions of the Central and State Govt. indicating how they can benefit.

4.8 POINTS FOR DISCUSSION AND CLARIFICATION

After going through the unit you may like to have further discussion on some points and clarification on other. Note down those points below.

4.8.1 Points for Discussion

4.8.2 Points for Clarification

4.9 REFERENCES

1. Government of India . Handbook on Disability Rehabilitation. New Delhi. National Information Centre on Disability Rehabilitation, Ministry of Social Justice and Empowerment
2. NCPED and NAB (1998) Role of NGOs vis-à-vis the employment scenario in India with reference to disabilities. New Delhi.
3. Respective State Government - Department of Welfare compilation of benefits and concessions.

UNIT – 5 : ROLE OF FAMILIES AND COMMUNITY

STRUCTURE

- 5.1 Introduction
- 5.2 Objectives
- 5.3 Community Mapping
- 5.4 Mobilising Community Resources Including the Panchyat at various levels.
- 5.5 Formation of self-help mutual aid groups of families to promote education of children with disabilities.
- 5.6 Unit Summary
- 5.7 Check Your Progress
- 5.8 Assignment
- 5.9 Points For Discussion And Clarification
- 5.9 Reference

5.1 INTRODUCTION

The purpose of educating a child with a disability is to prepare him for full participation in community life. Therefore, it is of the greatest importance that the community should from the very start be involved in the education of children with disabilities in their neighbourhood. This will ensure better acceptance of disability and potential of children with disability for education, employment and social activities.

5.2 OBJECTIVES

After reading this unit you will be able to

- understand the process of community involvement
- adopt the methods suggested in this unit in your own neighbourhood
- Even if you are a teacher, you can in your spare time be the educator of the disabled in your community.

And this unit will suggest ways how to do so.

5.3 COMMUNITY MAPPING

This means preparing a list of all those resources in the community, which can help the education of children with disabilities. To illustrate you can ask, which regular schools in your community are

prepared to admit children with disabilities and what support services they can provide. You can talk to peers and find out whether they will be able and willing to escort or help in either ways a disabled peer.

5.4 MOBILISING COMMUNITY RESOURCES

Community resources can be mobilised to promote the education of children with disabilities. For example, if a Resource Teacher is needed, you may ask the Panchayat, whether they will be able to pay his/her salary. Similarly, if some equipment is needed, the local Panchayat or the Block Development Officer may be able to pay or get through convergence some aids and appliances. You may also be able to locate special school or an alternative school to which a child with a disability can go. For this purpose, you may have to contact the District Education or Social Welfare Officer, who can guide you on available resources. Some villages have appointed a Village Education Committee. Please find out whether such a committee exists in your village. If so what help they can give.

5.5 FORMATION OF SELF-HELP GROUPS

In urban areas, to minimize the burden of the transportation difficulties, car sharing is a common phenomenon. Similarly group of parents can get together and help each other in some of the following tasks

- getting admission for their disabled wards in a neighboring school
- taking turns to take a few children with disability to school every day and bringing them back.
- organising evening Coaches
- organising appropriate recreational activities.

5.6 UNIT SUMMARY

Community Mapping means preparing a list of all those resources in the community, which can help the education of children with disabilities.

Community resources can be mobilised to promote the education of children with disabilities.

Formation of Self-Help Group can minimize burden, bring relief, will educate children with disabilities.

5.7 CHECK YOUR PROGRESS

1. Discuss briefly how you will involve community in the education of children with disabilities.
2. How will you undertake community mapping?
3. What steps will you take to form mutual Self Help Group?
4. What work will you assign to these group?
5. How will you ensure that the Groups continue and do not break up.

5.8 ASSIGNMENT

Write down briefly all the steps you will take to identify children with disabilities in a rural area and what steps will you take to fully involve the local community.

FOUNDATION COURSE ON EDUCATION OF CHILDREN WITH DISABILITIES

BLOCK – 1 : DEVELOPING BROAD POSITIVE PERCEPTION OF CHILDREN WITH DISABILITIES AND INTERVENTION MEASURES

- Unit – 1 Defining People With Disabilities*
- Unit – 2 Understanding The Needs Of Children With Disabilities*
- Unit – 3 Intervention Measures and Legislative Frame Work*
- Unit – 4 Concessions Available for the Disabled, Schemes and Benefits*
- Unit – 5 Role of Families and Community*

BLOCK – 2 : UNDERSTANDING EDUCATION FOR CHILDREN WITH DISABILITIES

- Unit – 1 Factors Affecting Learning
- Unit – 2 Understanding Educational Needs Of Children With Disabilities
- Unit – 3 Types Of School And Models Of Education For Children With Disabilities
- Unit – 4 Curriculum Adaptation For Children With Disability
- Unit – 5 Equipment And TLM Needed In Resource Room For Children With Different Disabilities

BLOCK – 3 : UNDERSTANDING OF EARLY CHILDHOOD DEVELOPMENT AND INTERVENTION OF CHILDREN WITH DISABILITIES

- Unit – 1 Early Childhood Care And Development
- Unit – 2 Early Identification And Assessment
- Unit – 3 Early Intervention
- Unit – 4 Behavioral Modification Skills

BLOCK – 4 : DEVELOPMENT OF ADAPTIVE SKILLS, ASSISTIVE DEVICES AND SPECIAL THERAPIES FOR CHILDREN WITH DISABILITIES

- Unit – 1 Development Of Adaptive Skills, Assistive Devices And Special Therapies For Children With Hearing Impairment
- Unit – 2 Development Of Adaptive Skills, Assistive Devices For Children With Visual Impairment
- Unit – 3 Development Of Adaptive Skills, Assistive Devices And Special Therapies For Children With Mental Retardation
- Unit – 4 Development of Adaptive Skills, Assistive Devices and Special Therapies for Children with Locomotor Impairment, Cerebral Palsy and Spinal Injury

BLOCK – 5 : BASIC TRAINING FOR TEACHING CHILDREN WITH SPECIAL NEEDS

- Unit – 1 Early Identification And Intervention
- Unit – 2 Observation Of Teaching In School
- Unit – 3 Teaching Practice Of 15 Lessons
- Unit – 4 Community Contact Programme

ध्वनिर्वर्णा पदं वाक्यमित्यास्पदं चतुष्टयम् ।
 यस्याः सूक्ष्मादिभेदेन वाग्देवी तामुपास्महे ॥



The above idol of *Vagdevi* (The Goddess of Learning), of international fame, which was initially placed in *Bhojshala* (the school of Learning created by the great King Bhoj of Central India in the Year 1035 AD) is now in British Museum. With a very generous support of King Bhoj, scholars from all the parts of India converged to *Bhojshala*, which produced 84 monumental works in *Sanskrit*. The last two words in the sloka written on the top mean *Dedication for the cause of learning*. These words appear in the emblem of the Madhya Pradesh Bhoj (Open) University.

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MINISTRY OF LAW, JUSTICE AND COMPANY AFFAIRS
 (Legislative Department)
New Delhi, the 2nd September, 1992 (Section 11, 1914 (India))

The following Act of Parliament received the assent of the President on the 3rd September, 1992, and is hereby published for general information:—

THE REHABILITATION COUNCIL OF INDIA ACT
 1992
 No. 34 of 1992 / 1st September, 1992

An Act to provide for the constitution of the Rehabilitation Council of India for regulating the training of rehabilitation professionals and the maintenance of a Central Rehabilitation Register and for matters connected therewith or incidental thereto.

As enacted by Parliament in the Forty-third Year of the Republic of India