B. Ed. Spl. Ed. (M. R. / H. I. / V. I)-
ODL Programme

AREA - C

C - 16 : PSYCHO SOCIAL AND FAMILY ISSUES

A COLLABORATIVE PROGRAMME OF
NETAJI SUBHAS OPEN UNIVERSITY
AND
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AREA - C
DISABILITY SPECIALIZATION
COURSE CODE - C-16 (V.I.)
PSYCHO SOCIAL AND FAMILY ISSUES

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The Self Instructional Material (SIM) is prepared keeping conformity with the B.Ed.Spl. Edn.(MR/HI/VI) Programme as prepared and circulated by the Rehabilitation Council of India, New Delhi and adopted by NSOU on and from the 2015-2017 academic session.

Mohan Kumar Chattopadhyay
Registrar

Netaji Subhas Open University

From the Vice-Chancellor's Desk

Dear Students, from this Academic Session (2015-17) the Curriculum and Course Structure of B. Ed.- Special Education have been thoroughly revised as per the stipulations which featured in the Memorandum of Understanding (MoU) between the Rehabilitation Council of India (RCI) and the National Council for Teacher Education (NCTE). The newly designed course structure and syllabus is comprehensive and futuristic has, therefore, been contextualized and adopted by NSOU from the present academic session, following the directives of the aforesaid national statutory authorities.

Consequent upon the introduction of new syllabus the revision of Self Instructional Material (SIM) becomes imperative. The new syllabus was circulated by RCI for introduction in the month of June, 2015 while the new session begins in the month of July. So the difficulties of preparing the SIMs within such a short time can easily be understood. However, the School of Education of NSOU took up the challenge and put the best minds together in preparing SIM without compromising the standard and quality of such an academic package. It required many rigorous steps before printing and circulation of the entire academic package to our dear learners. Every intervening step was meticulously and methodically followed for ensuring quality in such a time bound manner.

The SIMs are prepared by eminent subject experts and edited by the senior members of the faculty specializing in the discipline concerned. Printing of the SIMs has been done with utmost care and attention. Students are the primary beneficiaries of these materials so developed. Therefore, you must go through the contents seriously and take your queries, if any, to the Counselors during Personal Contact Programs (PCPs) for clarifications. In comparison to F2F mode, the onus is on the learners in the ODL mode. So please change your mind accordingly and shrug off your old mindset of teacher dependence and spoon feeding habits immediately.

I would further urge you to go for other Open Educational Resources (OERs) - available on websites, for better understanding and gaining comprehensive mastery over the subject. From this year NSOU is also providing ICT enabled support services to the students enrolled under this University. So, in addition to the printed SIMs, the e-contents are also provided to the students to facilitate the usage and ensure more flexibility at the user end. The other ICT based support systems will be there for the benefit of the learners.

So please make the most of it and do your best in the examinations. However, any suggestion or constructive criticism regarding the SIMs and its improvement is welcome. 1 must acknowledge the contribution of all the content writers, editors and background minds at the SoE, NSOU for their respective efforts, expertise and hard work in producing the SIMs within a very short time.

Professor (Dr.) Subha Sankar Sarkar
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C-16 : PSYCHO SOCIAL AND FAMILY ISSUES

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C - 16 (V. I.) ❐ PSYCHO SOCIAL AND FAMILY ISSUES

UNIT - 1 ❑ Family of a Child with Visual Impairment

Structure

1.1 Introduction

The birth of a child is usually anticipated with excitement and expectations of a future filled with happiness and success. This exuberance may become muted with birth of a special need child. It does not matter if the handicap is blindness, retardation or a physical abnormality. The behaviour of family in which this child is born will change in some ways.

Having a visually impaired child born in a family and raising the child to adulthood is one of the most stressful experiences a family can endure. An attempt in this unit is being made to discuss the effect of a birth of a child with visual impairment, various types of parenting styles, stereotypic attitude towards visual impairment and role of family in early stimulation, concept development and early intervention as well as role of siblings and extended family towards visually impaired.

1.2 Objectives

After completing this course the learners will be able to:

- Explain the effect of birth of a child with visual impairment on the family

- Analyze the role family and parental concerns related to their child with Visual impairment
- Define parenting styles and differentiate between various types of parenting styles
- Understand the concept of stereotypic attitude and attitude modification towards visual impairment
- Describe the role of siblings and other family members related to child with visual impairment

1.3 Birth of a child with visual impairment and its effect on parents and Family dynamics

With the arrival of a new born child in a family, there is a great change in the structure and the dynamics of the family. It includes the changes like the quality of time parents can devote to individual child, the relationship between parents as well as family's future goals. When a child with visual impairment is born in a family and becomes a part of family, these aforesaid change becomes more severe and full of unusual challenges and subsequently often make additional demands and adjustment on entire family.

No parent would like to have a visually impaired child in their family but when they discover that their child has certain visual problems they undergo a variety of feelings and reactions. It implies that parents of children with visual impairment are more likely to have emotional difficulties and conflicts as a consequence of their child's handicap. As a result, more problems are liable to interfere with providing a wholesome environment for their visually impaired child's development. This is probably the most difficult time for the parents. The reactions in general may vary from neglect to over protection.

The most immediate psychological effect of a child's disabilities on his parents will tend to vary according to when and how suddenly they recognize his or her conditions. In case the child is congenitally blind, the news may come from doctor as a sudden shock and this leads to shattering of their dreams. Parents seek all possible means, so that the child may get back the vision. There could be feeling of disbelief that this could happen and it takes a long time to accept the reality. Their own difficulties arise from their disappointment at having a child who does not appear to fulfil the wish, common to all parents, for a healthy and normal offspring.

When the child loses the sight at later onset of the disability, the process of realization is more gradual. Parents may visit several doctors, eye specialists, various NGOs and other organizations for help and search of a cure for the conditions. In Indian scenario,

especially in rural areas, where still deep rooted religious convictions and superstitions have their say, the family is prompted to take help of local witch hunters.

The rearing and raising of child with visual impairment is likely to involve extra anxiety and problems for the parents. Parents with limited understanding of diagnosis or in case they are not properly educated on this issue of disability, they may get worried and disturbed. As the child grows, parents are faced with many decision problems. For instance, how can they help their child? What would be best for their child? Whether it is possible to look after the child at home or whether they should go into a permanent residential care or?, etc. All these issues regarding their child create a tough situation for them.

The future of the child is another serious concern of all parents. When the child is of preschool stage, the kind of school he or she will go to is seen as being of major importance. Whether he will be accepted in any regular school or whether he or she will need a special school is seen as symbol of whether he or she will be accepted as a part of normal world.

Again looking forward, adolescence is seen as a critical time, as it is another period when a visually impaired child may or may not be accepted by sighted peers on equal basis. How will their visually impaired child fit into the employment world? Will he or she be married and lead successful family life?

In fact, the parents of a visually impaired child are less likely to be able to predict a future for their child than the parents of a normal child.

When the child remains in the family, although he or she has been literally accepted in physical sense but as he or she grows up it may be difficult to accept him or her. The reason behind the rejection may be due to difference between them with their siblings becomes more clear and prominent in terms of accomplishments and other things.

Another serious concern dealing with a visually impaired child is that parents often feel that they should be more protective. This practice actually hinders in the psychological as well as physical developmental process of child by making him or her more dependent upon their parents and slow down to develop self-care skills.

1.4 Parenting styles: Overprotective, Authoritative,` Authoritarian, and Neglectful

1.4.1 Concept of Parenting Style

Parenting style refers to the manner in which parents raise their children. This can refer to the parent's levels of expectations, performance, demands, and attentiveness to rules etc., as well as the style of discipline that parents utilize to enforce their expectations. According to Baumrind (1966) "Parenting style refers to the typical ways that parents think, feel and behave in terms of child-rearing".

Children pass through different stages in life i.e. from infancy to adulthood, therefore parents create their own parenting styles that evolve over time. In many studies it has been observed that parents who provide their children with proper nurture, independence and firm control, have children who appear to have higher levels of competence and are socially skilled and proficient along with ability to maintain close relationship with others. This is also true in case of raising a visually impaired child. A positive parenting style acts as strongest continuous force which helps in proper development of any child including a visually impaired child too.

1.4.2 Types of parenting styles

Parenting styles are categorized into four types:

1. Overprotective Parenting Style
2. Authoritative Parenting Style
3. Authoritarian Parenting Style
4. Neglectful Parenting Style

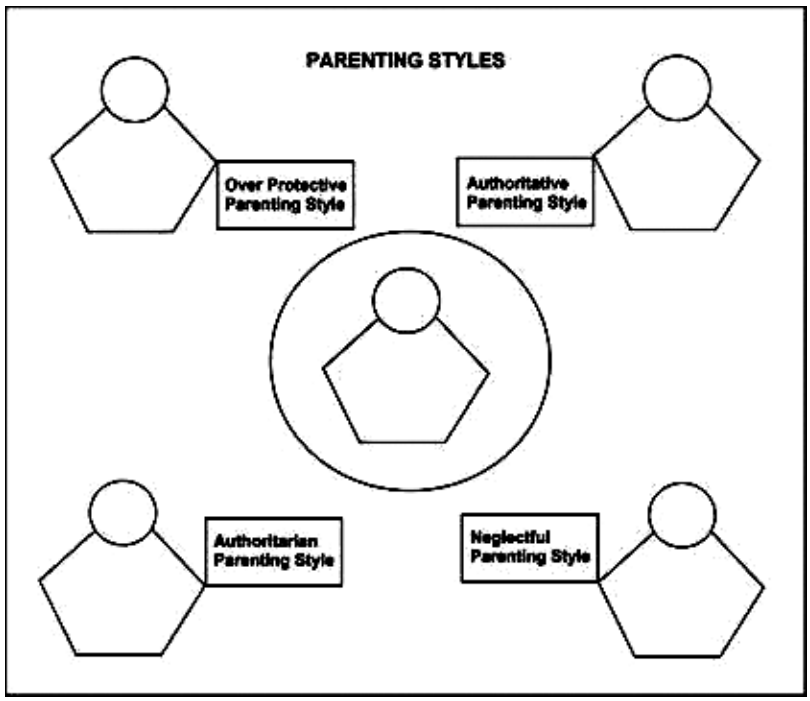

Figure 1. Types of Parenting styles (Adapted: Source; www.google.co.in)

A. Overprotective Parenting Style

Over protective parenting style is a kind of parenting style in which parents generally want to protect their child from any danger, bad experiences, rejections, failures and

disappointment as they think that their children are not able to handle the things or situations by themselves. By doing such practices, parents make their children more dependent which in turn causes an adverse effect by slowing down their attempt to learn and do things by themselves

It has been found in many studies that parents of a visually impaired child are often overprotective by nature. This makes the child less independent and consequently child takes a long period of time to learn self -care skills. This can be understood by taking an example- if a visually impaired child is not allowed to walk as he or she may fall and get injuries, then he or she is less able to develop gross motor skills required for walking and it may be delayed.

B. Authoritative Parenting Style

Authoritative parenting style is a most desirable kind of parenting style in which parents set limits for their children but at the same time they also consider the child's point of view. It is considered as most balanced approach to parenting. Authoritative parents are high in firmness and control, and also in warmth and support. They also expect mature, independent, and age-appropriate behaviour of children. Children raised by authoritative parents grow into emotionally healthy adults. They are empathic, warm, independent, and confident. They are not afraid to pursue their goals.

This can be understood by taking an example—if a child comes home late after visiting his or her friend's house as he/she was stuck in traffic jam. Authoritative parents do not punish him/her but wait to listen to his/her explanation and validate his/her reason. Parents of a visually impaired child are also able to see more clearly to be concerned about their children to work for their benefit.

C. Authoritarian Parenting Style

Authoritarian Parenting style is a kind of parenting style in which parents are strict by nature and employ/set very strict family rules and standards. Authoritarian parents believe that their children should accept and follow, without question, the rules and practices they establish. Intentionally they do not want to involve their children in any family matter. It implies that they are high in firmness and control and low in warmth and support towards their children.

This can be understood by an example—if a child comes home late after visiting his friend's house, his parents punish him without listening to his explanation as they found that their child broke the rules that they set. In this parenting style, adherence to strict discipline is valued over independent behaviour. As a result, they become rebellious or submissive as they grow up.

Parents of a visually impaired child sometimes also manifest this type of parenting style.

It is triggered by feelings of grief and great loss that they do not know how to deal with the child and situations.

D. Neglectful Parenting Style

Neglectful Parenting style is a kind of parenting style in which parents are indifferent to their children's needs, whereabouts, or experiences at home and school or with other peers as they tend to be interested in their own lives and less likely to invest much time in parenting. They do not set firm boundaries or high standards for their children and give their children a lot of freedom and generally stay out of their way. Also known as uninvolved parenting style, parents do not provide guidance and support to their children. They do not show any love or control and do not pay attention to children. They are low in both firmness and warmth and do not place any demands on their teen. This can be understood with a following example-if a child coming home late, the parents here may not notice that he/she came late or may not be there at home when he/she arrives. Neglectful parenting is one of the most harmful styles of parenting that can be used on a child.

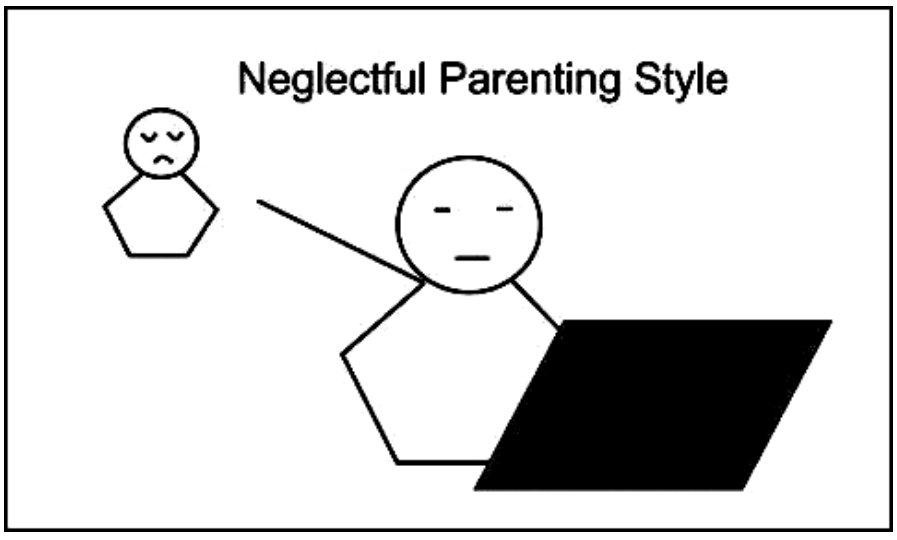

Figure 5 Neglectful parenting style

Studies reveal that parents of a blind child often demonstrate neglectful parenting style. They do not pretend to have any affection and love for their child. In fact, they consider blindness as disgrace and remain busy in their own world.

1.5 Stereotype attitude related to visual impairment

Diversity is the law of nature and every individual is different from another. Every individual acts as a social unit irrespective of ability or disability. Children with visual impairment have always been part of any society. The concept about visual impairment and visually impaired person is directly linked with societal attitudes. Since the stereotypic societal attitude towards visually impaired persons has undergone changed through different stages of social evolution, the concept about visual impairment has also changed accordingly. Before discussing the stereotypic attitude towards visually impaired persons, it is necessary to know about concept of attitude.

According to Webster's dictionary an attitude is an organized predisposition to think, feel, perceive and behave towards a referent object. It usually implies evaluation (acceptance or rejection) of the object towards which it is directed. In other words, an attitude is an idea charged with emotion that leads to certain actions or behaviour. In essence, all our action, perception and behaviour are governed by our attitude.

Behaviour and perception of society members, play a significant role in determining the condition of person with visual impairment. Perception and behaviour is determined by attitude towards them. In ancient times, the traditional and stereotype societal attitude towards visually impaired was apathy and misery. Visually impaired infants were not permitted to survive. It was assumed that these infants would always be a burden and such burden could not be tolerated. In fact, it was stage of neglect and visually impaired persons used to be expelled from the society. Due to obscurantism and ignorance, visual impairment was considered as wrath of supernatural power. The religious beliefs rooted in our cultural heritage were responsible for such attitude. Theory of ‘karma’ forced to accept the condition of visual impairment as something they deserved. The other prevalent notion was that God inflicts suffering on good people to test their resilience and inner strength. In either case, one is expected to respect God's will. Belief in this theory led to a ready acceptance of disability, with little effort in the direction of improving life conditions of people with visual impairment.

After the attitude of apathy and neglect, stage of sympathetic attitude contributed to the condition of visually impaired persons. At this stage, there were numerous beliefs rooted deep in our society about visually impaired, such as they were musical, helpless or beggars. It can be concluded that in this stage visual impairment was marked by a reaction of charity and welfare issue and considered them to be incapable of leading independent and productive lives.

After this, many of the visually impaired women and men were suspected and consequently tortured in the name of witch craft.

1.5.1 Attitude Modification

Attitude towards differently able has changed over the years. A marked shift in the societal attitude towards visually impaired was noticed in the second quarter of the twentieth century. Present modern age is the attitude of empathy towards them. The advent of scientism and awareness of people has brought this stage. Education plays a pivotal role and acts as a powerful instrument of attitude modication towards visually impaired persons.

Further, advocacy programmes in the form of films, radio programmes, and pictorial hand out may play an important role in attitude modification towards visually impaired. An advocacy programme gives general information about visually impaired persons which may help the parents to think of the ways in which their children could cope with sighted children.

Apart from advocacy programmes, reading life histories of visually impaired who have achieved greater heights will gear and boost up the self-confidence of visually impaired persons as well as that of parents.

Our government is making significant effort to educate them to their maximum potential to bring them into mainstream of society. Recently much needed and awaited Act in the name of The Rights of Persons with Disabilities Act came into force from April 2017.The Act confers several rights and entitlements to disabled persons including persons with visual impairment.

1.6 Role of family in early stimulation, concept development and early intervention

Vision is most important modality for acquisition of knowledge as it is general acceptance that 80% of information is gained through it in just a glimpse and it serves the purpose of integrating the information received by other modalities. In other words, we can say that a sighted child starts to learn most of things by watching what others do, but a visually impaired child has to learn by listening to what is told to him or by asking others as well as with the help of remaining senses. Family can play a key role in facilitating and find ways to involve their child who is visually impaired in different activities for early stimulation.

Early stimulation exposes toddlers and children in so many activities that can help to improve many areas of a child's natural development. A visually impaired child needs to be involved in daily routine activities with the assistance of their family members. The family members can orient the child to the environment. Orientation assists the

child in having better concepts regarding position, direction and distance in reading the environment tactually. Early stimulation activities can be classified in many ways. One way to group them is based on the area of development. It includes gross motor activities, rolling, crawling, walking, fine motor dexterity and ability to manipulate with the fingers, cognitive processing and understanding of what is being said and the ability to articulate sounds and words, sensory processing and exposure of all senses (auditory, tactile, visual, etc) to a broad range of inputs, self-care social skills required to become more independent (self-feeding, getting dressed/undressed, etc) social - emotional social ability to interact with others to play, share, etc.

Role of family in concept development

It is needless to mention that development of concept starts from the first year of life of the child. Learning of concepts in day-to-day life is very vital and important for the individual to interact with the world. It means a concept is fundamental unit of all type of learning. In simple term, we may define that a concept is an idea or understanding of what a thing is. We can also define a concept as ordered information about the properties of one or more things or classes of things to be differentiated from and also related to others things or classes of things (Morris, 1971). A child explores his physical environment through the process of observation, imitations and conversation with his parents and other family members and builds many concepts. On the other hand, a visually impaired child due to absence of vision fails to develop basic concepts and its integral concepts in their environment. So, a visually impaired child has some difficulty in the formation of concepts. The role of family is to sharpen and guide at every stage of concept building. Concepts should be taught properly and systematically to them. Family members must provide direct (first-hand knowledge) and indirect experiences to visually impaired child. The second thing which a family can do is to provide concepts pertaining to body (top-bottom, back-front, left right, name of major body parts, lower and upper part of body), awareness of objects, time -awareness, spatial awareness, social awareness. Parents and other family members should make use of toys and verbal manipulative procedures in order to build a concept. So, we can conclude that parental participation and other family members is utmost important and always recommended for concept development in children.

Role of family in early Intervention

When a child is unable to gather information through his sense of sight, it's essential to

help him to get that information in other ways. As soon as he gets some assistance with his explorations, the sooner his growth, development, and learning can be encouraged. That's why early intervention is so important for infants who are visually impaired.

Early intervention is set of services for children six year of age or younger, who are at the risk of or who currently have developmental delays or social- emotional problems (Guralnick, 2005). The underlying premise for early intervention is that children's developmental and social-emotional problems can be either prevented or remediated through specialized services designed to maximize their potentials (Guralnick, 2007). A wide and comprehensive range of services is provided through an early intervention programme.

Parents play an important role in early intervention services to have a significant effect on child's developmental and social and emotional well-being. It is important for parents and other family members to be involved in all the services their visually impaired child receives. With the help of trained professionals, entire family will learn how, through play, by providing stimulating experiences, and by describing people, objects, and events, they can teach their child to explore his surrounding environment and become aware of what is around him.

1.7 Role of siblings and extended family

Siblings exert pivotal influence on the development of a visually impaired child's life. Birth of a visually impaired child creates a difficult experience for most siblings, who quickly realize that they must have to share their parents love, affection and attention with them. In these situations, parents should encourage acceptance of a visually impaired child by his/her siblings. Once they accept and realize that their brother or sister is born with visual impairment or having some visual problems, they start to build affection and concerns for them. Gradually, siblings start spending time together; sharing toys while playing and express friendliness towards them. In many studies, it has been found that siblings often assist them in academics and in everyday tasks. When their parents are not around, they take great care of them.

Extended family consists of Grand-parents, aunts, uncles, and cousins, all living nearby or in the same house. Like normal children, the visually impaired also need warmth from his extended family members. Their optimistic view about them helps the visually impaired child to maintain emotional stability and bonding. The extended family may contribute resources (money, time, care etc.) which alleviate the negative impact on children's well-being.

1.8 Let Sum Up

- Parents are the most important people in the life of the sighted child as also that of visually impaired.
- Parents of children with visual impairment are more likely to have emotional difficulties and conflicts as a consequence of their child's impairment.
- The reactions in general may vary from neglect to over protection.
- Parenting styles refer to the manner in which parents raise their children.
- Parenting styles are categorized into four types: Over protective parenting style, Authoritative parenting style, Authoritarian parenting style, Neglectful parenting style.
- A positive parenting style acts as strongest continuous force which helps in proper development of any child including a visually impaired child too.
- Behaviour and perception of society members play a significant role in determining the condition of person with visual impairment.
- Education plays a pivotal role and acts as a powerful instrument of attitude modification towards visually impaired person.
- Siblings exert pivotal influence on the development of a visually impaired child's life.
- Like normal children, the visually impaired also need warmth from his extended family members. Their optimistic view about them helps the visually impaired child to maintain emotional stability and bonding.
- Early stimulation exposes toddlers and children in so many activities that can help to improve many areas of a child's natural development. A visually impaired child needs to be involved in daily routine activities with the assistance of their family members.
- A visually impaired child due to absence of vision fails to develop basic concepts and its integral concepts in their environment. So, a visually impaired child has some difficulty in the formation of concepts. The role of family is to sharpen and guide at every stage of concept building.
- Parents play an important role in early intervention services to have a significant effect on child's developmental and social and emotional well-being.

1.9 Check your Progress

- Discuss in detail the impact of birth of a child with visual impairment on family.
- What do you mean by parenting styles? Distinguish between over-protective and neglectful parenting style.
- What are the various stereotypic attitude prevailing in the society related to visually impaired persons?
- Write down the role of family in concept development and early intervention programme.

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UNIT - 2 ❑ Parental Issues and Concerns

Structure

2.1 Introduction

Family plays an important role in overall development of the child in general and helping them to develop behaviorual compatibility in particular. One of the important ways in which parents are involved in their children's education is through choosing the school they attend. In case of special need children, parent's role becomes utmost crucial as they play a major role in every aspect of life of their children and try to ensure best possible educational environment for them. An attempt in this unit is made to discuss some of pertinent issues like relationship between gender and disability, challenges associated with transitions to adulthood for people with visual impairment, effect of parent support on children having visual impairment. Further, an attempt has also been made to discuss attitude of professionals in involving parents in IEP and IFSP.

2.2 Objectives

After going through this unit, the learner will be able to

- Analyze the role of family-and parental concerns related to their child with Visual impairment

- Understand the relationship between gender and disability
- Explain the challenges that a visually impaired adolescent faces during the transition from adolescence to adulthood
- Describe the benefits of parent support groups
- Understand the concept of IEP and IFSP and attitude of professionals involving parents in IEP and IFSP

2.3 Choosing an Educational Setting

Parents are the most important people in the life of the sighted child as also that of the visually impaired. Parents' support and involvement in their child's education plays a significant role in the educational endeavors as well as to help them grow into a well -adjusted individual. The decision regarding an appropriate educational setting for their child needs a very careful consideration on the part of them. There may lay many options ranging from residential schools to inclusive schools set-up. Actually, decision of sending their visually impaired child in a particular educational set-up depends upon number of factors like nature and severity of visual impairment, the type of educational set-up available for the education of visually impaired child, men and material sources in nearby school etc.

The following types of placement provisions may be made available depending upon the needs of situation and resources available.

1. Residential school - Here, visually impaired children are provided with necessary training and education for their adjustment and educational progress along with other visually impaired children by residing in the school campus. Residential school is generally suitable for totally blind children as it becomes difficult to educate them along with sighted children. The entire campus of the residential school is designed to meet the needs of visually impaired children. In addition to classroom teachers, there may be other specialists in orientation and mobility, vocational counselors, social-workers and psychologists.
2. Integrated schools - Integrated schools run contrarily to the philosophy related to institutionalization, which catered to the needs of establishing special schools for the care and education of exceptional children in general and visually impaired children in particular. Here, a visually impaired child receives instruction in regular classroom along with their normal peers but the requires to attend the resource room programme at scheduled intervals or depending upon the his needs.

3. Inclusive schools -An inclusive school welcomes all children without discrimination and takes good care of them, by creating a climate of inclusiveness. In this set-up, visually impaired children are taught along with sighted peers without any discrimination with essential adaptation. The special needs and problems faced by a visually impaired are handled by a regular class teacher with an occasional help of the special teachers connected with the education and welfare of visually impaired children.

The choice of particular educational set-up in case of visually impaired children depends upon the degree and nature of their visual impairment. All the placement alternatives described above for the education of the visually impaired children have their own strength and limitations and thus may suit according to their needs and requirements. Parents should be realistic and take wise decision while choosing a particular type of school set-up for their visually impaired child.

2.4 Gender and disability

Meaning of the term Gender- The terms sex and gender have been used interchangeably but they convey different meaning. According to Moitra(2002) ,the sex/ gender system points out that sex is biological, pre-given and natural whereas gender is socially constructed, culturally specific and historically produced. This means sexual differences are classified as male and female. Gender, on the other hand is a cultural construct which fixes certain norms and roles upon male and female and attributed as masculine and feminine respectively. In most cultures ideally men are expected to be aggressive, assertive and brave and women are expected to be passive, receptive and caring (Roychowdhary, 2017).

Meaning of the term Disability -

Disability is defined as the functional deficit that a person experiences as a result of impairment (WHO-1980) . In other words, disability limits an individual's ability to perform certain task (Mangal, 2009). For exsmple, visual impairment may result into one's loss or reduced function with respect to use of his visionary system.

Gender and Disability

There is close connection between Gender and disability and with their combination create new form of challenges and barriers. From ancient times, girls and women have been striving to attain equal status with men in the society. Even among persons with disabilities discrimination has also been portrayed in terms of their gender differences. This creates a detrimental effect on women with disabilities as they have to put their

disability first and their woman hood second. It implies that many women are discriminated against merely because they are women. This double prejudice is the route cause of the inferior status of women with disabilities, making them the world's most disadvantaged group. There are ample evidences that women with disabilities experience major psycho-social problems, including depression, stress, lowered self-esteem, and social isolation, which remain largely neglected (Nosek and Huges, 2003). Evidence also suggests that women are more likely to be restricted to house-hold activities while men tend to be supported in more public and outward-looking avenues. Stereotypes are artifacts of culture that can only be understood by exploring their relations to each other in the cultural system (NCERT, 2005). Gender stereotypes interact with disability stereotypes to continue a deep matrix of gendered disability in every culture, developed within specific historical contexts and affecting those contexts over time (NCERT, 2005). While language is the most analyzed site for the examination of both gender (Connell, 2002) and disability (Corker and French, 1999), they interact in many other cultural locations, viz. cinema, television, fiction, clothing and body language. Thus, cultures sustain the social relations of stereotypes and expectations (Meekosha, 2004). In the field of education, discrimination on the account of gender has been reported in many studies. Female literacy rate , increasing school dropouts amongst girls as well as sex ratio in our country is a staggering example to prove this point . Moreover, girls with disabilities have remained invisible both from writings on gender and on disability. Therefore, the needs of girls with disabilities may be more special than needs of any other group and has to be addressed in all spheres of education.

2.5 Transition to adulthood : sexuality, marriage, and employment

Transition in any parlance is a very significant process across all spheres. The transition from childhood through adolescence into adulthood is very important for each and every individual. We make many transitions in our lives, but perhaps the one with the most far- reaching consequences is the transitions into adulthood (Heslop et.al, 2002). It implies that experiences that an individual gains in this period have great influence on the rest of life and this is also true in case of youth with visual impairment or any other disability. The transition process can have multiple and huge impacts on youth with visual impairment and on their family members too. They used to face challenges and these challenges can be more profound. They may experience difficulties in finding meaningful involvement in sexuality, marriages and occupational roles such as employment.

Children who are born with visual impairment or who become visually impaired or who have very significant visual impairment are likely to have highly distorted limited concept about sexuality (Rai,1992). Sex studies have shown that visually impaired adolescents are either ignorant or have wrong notion about sexuality and this ignorance derives partly from taboos on touching in our society and the importance of vision as the way we learn about sexual behaviour (Rai,1992). They are not as likely as the sighted to be exposed to sexual pictures and literatures (Foulke & Uhde, 1974). Parents are often embarrassed to read material to a visually impaired child that sighted may read for themselves and even schools emphasized the difficulty in sex education (Rai,1992). So,that visually impaired adolescents and adults have limited concepts about sexuality. Torbett (1974) suggested that because the visually impaired child's and adolescent's tactile exploration is limited to his own at body, they may enhance self-pre-occupation and further suggested that sound sex education programmes should include exposure of visually impaired individuals to the same kind of sexual culture experienced by the sighted. If they get proper information and appropriate sex education from beginning, this will help in building concepts regarding sexuality and further help in building concepts regarding marriage.

Employment is considered to be an important life activity that enhances quality of life, offers financial self-determination, improves self-esteem, gives feelings of contributing to society, and offers general life satisfaction. This is also true among youth with visual impairment where employment is an essential factor in the gaining of independence, achieving social inclusion and ensuring equal participation in all aspects of life. The adult who has vision loss will often need job training, transportation to the workplace and possibly housing near the job site. An individual with a vision loss that occurs in adulthood usually has job skills that were learned prior to the loss. In this case, the individual can assist the employer with reasonable adaptations to the work area. If the job requires good vision, the worker may have to compete for another job within the agency or in the community. Sometimes the person with a visual impairment will need to obtain job training through the state vocational rehabilitation services. The adult with visual impairment should be independent within the workplace unless the setting is a sheltered workshop or another specialized work environment. We can say that community information and referral systems, however, can make a difference for the adult with visual impairment.

2.6 Parent support groups

A Parent Support Group is a group of parents where they provide various types of help to each other. In fact, parent support groups are a great way to meet the practical and

emotional support of other parents. In other words, when families with the same concerns meet, they can provide mutually needed information and emotional support and help in getting a realistic and pragmatic solution of a problem. The group can help to develop positive parenting solutions in a respectful environment.

Families with a child who has visual impairment have special concerns and often need a great deal of information like information about disability of their child, about school services,therapies,funding resources, government policies, medical facilities and much more. If parent of such a visually impaired child joins a parent support group, they can obtain various types of information and valuable support from them. Here, we have mentioned some of services provided by parent support group given below:

- Parent support group may help in the identification and diagnosis of the problems associated with the visual impairment or other disabilities.
- Parent support groups may provide valuable support service in building a quite positive and healthy attitude towards visually impaired and visual impairment.
- The support of parents is also available in terms financing the effort of the school in building necessary infrastructure and extending their help in purchasing needed assistive devices.
- Parent support groups may contribute by participating in parent-teacher meetings and can help in the preparation of individual as well as combined educational plans for the education of visually impaired children.

2.7 Attitude of professionals in involving parents in IEP and IFSP

2.7.1 Concept of IEP and IFSP

An IEP (Individualized Educational Plan) is a well written document which should be developed for every special need child receiving special education services. IEP includes :

(1) a statement about a child's present level of educational performance

(2) a statement about short term and long term annual goals

(3) a statement about specific types of special education or related services to be provided to such special need children

(4) a statement about date for initiation of the services and their anticipated duration

(5) a statement about appropriate objective criteria and evaluation procedures and schedules for determining, whether instructional objectives are achieved.

IEP must be reviewed annually. The concept behind IEP is that all educational programming should be driven by unique needs and strength of special need children and concerns of the parents for enhancing their child's education. IEP includes a team of qualified professionals and parents of special need children.

Concept of IFSP - IFSP (Individualized family service plan) is a programme implement as early intervention services for children from birth to age 5 who are experiencing developmental delays or who have a diagnosed mental or physical condition that puts them at risk for developing these delays. Services are intended to address various needs of special need children like their physical, cognitive, communication, social, emotional and adaptive needs.The basic principle lying behind the development of IFSP is that infants and toddlers with known or suspected disabilities and other developmental issues are uniquely dependent on their families and can be best understood with in context of their families. Thus, intent of the IFSP is to focus on the family and to support the natural care giving roles of the family.

Many of the components of IFSP are similar to that of IEP but several differences are also there for example—the outcome statements on IFSP are family centered whereas outcome statements in IEP are child -centered.

2.7.2 Attitude of professionals in involving parents in IEP and IFSP

As we have already mentioned that IEP and IFSP comprise a team of qualified professionals and parents or family members of special need children. The attitude of special need children or individuals towards themselves is mainly influenced by the attitude of parents, family members, peers and professionals with whom they interact. However, in this unit we limit our discussion to attitude of professionals towards parents who are involved in IEP and IFSP. Professionals and experts involved in IEP and IFSP must develop a healthy and positive attitude towards parental participation and encourage them to become more responsive in attending and participating in IEP and IFSP meetings. Professionals and other experts need to understand the problems of parents empathetically and assist them how to participate in the programme. Professionals must organize an interaction programme outside of IEP in order to understand the attitude of professionals and make the IEP and IFSP successful.

2.8 Let us sum up

- Parents' support and involvement in their child's education plays a significant role in the educational endeavours as well as to help them grow into a well -adjusted individual

- The decision regarding an appropriate educational setting for their child needs a very careful consideration on the part of them. There may lay many options ranging from residential schools to inclusive schools set-up.
- The choice of particular educational set-up in case of visually impaired children depends upon the degree and nature of their visual impairment. All the placement alternatives described above for the education of the visually impaired children have their own strength and limitations and thus may suit according to their needs and requirements.
- There is close connection between Gender and disability and with their combination create new form of challenges and barriers. From ancient times, girls and women have been striving to attain equal status with men in the society. Even among persons with disabilities discrimination has also been portrayed in terms of their gender differences.
- Transition in any parlance is a very significant process across all spheres. The transition from childhood through adolescence into adulthood is very important for each and every individual.
- They may experience difficulties in finding meaningful involvement in sexuality, marriages and occupational roles such as employment.
- Children who are born with visual impairment or who become visually impaired or who have very significant visual impairment are likely to have highly distorted limited concept about sexuality.
- Employment is considered to be an important life activity that enhances quality of life, offers financial self-determination, improves self-esteem, gives feelings of contributing to society, and offers general life satisfaction. This is also true among youth with visual impairment where employment is an essential factor in the gaining of independence, achieving social inclusion and ensuring equal participation in all aspects of life.
- A Parent Support Group is a group of parents where they provide various types of help to each other. In fact, parent support groups are a great way to meet the practical and emotional support of other parents.
- Parent support groups may contribute by participating in parent-teacher meetings and can help in the preparation of individual as well as combined educational plans for the education of visually impaired children.

- Professionals and experts involved in IEP and IFSP must develop a healthy and positive attitude towards parental participation and encourage them to become more responsive in attending and participating in IEP and IFSP meetings.

2.9 Check your Progress

- Describe in detail the role of family and parental concerns related to child with visual impairment.
- Differentiate between the term sex and gender. Is there a relationship between gender and disability? If yes, then justify your answer with examples.
- What are various challenges that a visually impaired adolescent faces during the transition from adolescence to adulthood?
- What do you mean by Parent support groups? Mention the support services provided by the Parent support group.
- What do you mean by an IEP and IFSP? Why is it important for the parents to be involved in IEP and IFSP.

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Unit 3 ❐ Rehabilitation of Children with Visual Impairment

Structrue :

3.1 Introduction

Rehabilitation is the prime part of any type of welfare project. So in the case of rehabilitation process for visually impaired children it also has major role Rehabilitation means to insist a child to reach his optium aim. On the other had society known rehabilitation person means to support a person fully or help a person to make himself physically, mentallyor spiritually satisfied. Many people think that rehabilitation is also a part of social development. On the basis of this thought people who are engaged in various types of social works also take rehabilitation process as challenge.

3.2. Objective

After going through this unit you will be able to :

1. Explain the concept of rehabilitation.
2. Know about the various kinds of vocational rehabilitation.
3. Structure the legal provisions, concessions and advocacy and their role in rehabilitation.
4. Narrate CBR and CPR in the field of rehabilitation.

3.3. Concept of Habilitation and Rehabilitation

3.3.1 Concept and Needs of Habilitation

Habilitation refers to a process aimed at helping disabled people attain, keep or improve skills and functioning for daily living. Its services include physical, occupational, and speech-language therapy, various treatments related to pain management, and audiology and other services that are offered in both hospital and

outpateient locations. Habilitation refes to activities that support visually impaired children and young people to develop skills for daily living bearing in mind that they had no opportunity to develop these previously as sighted person. Activites are also appropriate for the age and stage of the young person. So, someone who loses his vision at age 25 already knows how to cook a meal, catch a train or shop for clothes.

3.3.2 Concept and Needs of Rehabilitation :

Rehabilitation includes all measures aimed at reducing the impact of disability for an individual, enabling him or her to achieve independence, social integration, a better quality of life and self–actualization. Rehabilitation can no longer be seen as a product to be dispensed; rather rehabilitation should be offered as a process in which all participants are actively and closely involved. Rehabilitation refers to regaining skills, abilities, or knowledge that may have been lost or compromised as a result of acquring a disability or due to a change in one's disability or circumstances. Rehbabilitation involves activities to support people who lose their sight as adults so they can develop new ways to complete everyday living tasks. They can build on the skills and understanding they acquired before losing their vision and be helped make best use of any vision that they retain. They will need support to adapt thewir techinques to complete such taska without sight or with residual vision. They any also need support and encouragement to regain their confidence.

3.3.3 Relation Between Habilitation and Rehabilitation :

There is often some confusion surrounding the differences between the concepts of "rehabilitation" and "habilitation" for people affected by sight loss. However, a child who loses sight will have no opportunity to cook, travel by public transport or shop independently. They will need to learn how to complete such tasks without or with limited vision from the start. This will involve a different approach from that used for working with visually impaired adults. Rehabilitation and Habilitation workers use some similar and some different methods in their work. In some cases, practioners provide services to both adults and children and children experiencing sight loss. Rehabilitation and Habilitation workes can be sited within voluntary, private and statutory sector organisations.

As defined in CRPD, Habilitation and Rehabilitation "enable persons with disabilities to attain and maintain maximum indepedence, full physical, mental, social, and vocational ability, and full inclusion and participation in all aspects of life." Without adequate habilitationa and rehabilitation servives, persons with

disabilities may not be able to work, go to school, or particiapte in cultural, sports, or leisure activities, At the same time, barriers to other human rights can prevent persons with disabilities from claiming the right to habilitation and rehabilitation. Services may exist, hut if there is not accessible transportation, many persons with disabilities will not receive the benefit of these services. If information about habilitation ane rehabilitation services is not available in accessible formats, persons with certain disabilities maynever kjnknow tht they exist.

3.3.4 Rehabilitation in Psycho Social Area Of A Child

Psychiatric rehabilitiation, also known as psychosoical rehabilitation, and sometimes simplified to psych rehab by providers, is the process of restoration of community functioning and well-being of an indivicual diagnosed in mental health or mental or emotional disorder and who maybe considered to have a psychiatric disability. Society affects the psychology of an individual by setting a number of rules, expectations and laws. Psychiatric rehabilitation work is undertaken by rehabilitation counsellors (especially the individuals educated inpsychiatric rehabilitation), licensed professional counselors (who work in the mental health field), psych rehab consultants or specialists (in private business), university level Masters and PhD levels, classes or related disciplines in mental health (psychiatrists, social workers, psychologists, occupational therapists) and community support or allied health workers represented in the new direct support professional workforce. (e.g. psychiatric aides). These workers seek to effect changes ina persno's environment and in a person's ability to deal with his/her enviroment, so as to facilitate improvement in symptoms or personal distress and life outcomes. These services often "combine pharmacologic treatment (often requird for programme admission), independent living and social skills training, psychological support to clients and their families, housing, vocational rehabilitation and employment, social support and network enhancement and access to liesure activities."

There is often a focus on challenging stigma and prejudice to enable social inclusion, on working collaboratively in order to empower clients, and sometimes on a goal of full recovary. The latter is now widely known as a recovary apporach or model. Recovary is a process rather than an outcome. It is a personal journey that is about the rediscovery of self in the process of learning to live with the debilitations of the illness rather than being defined by illness with hope, planning and community engagement Psychiatric rehabilitation is not a practice but a field of academic study or discipline, similar to social work or political science; other defintions may place

it as a specialty of commnutiy rehabilitation or physical medicine are rehabilitation. It is aligned with the community support development of the National Institute on Mental Health begun in the 1970s, and is marked by a rigorous tradition of research, training and technical assitance, and information dissemination regarding a critical population group (e.g., psychiatric disability) in the US and worldwide. The field is reposible for developing and testing new models of community service for this population group.

■ **Definition :**

The Psychiatric Rehabilitation Association provides this definition of psychiatric rehabilitation :

The term was added to the U.S. National Library of Medicine's Medical Subject Headings (MeSH) in 2016. Thee, psychiatric rehabilitation is defined as : From the 1960s and 1970s, the process of de-institutionalization meant that many more individulas with mental health problmes were able to live in their communities rather than being confined to mental institutions. Medication and psychotherapy were the two major treatment approaches, with little attention given to supporting and facilitating daily functioning and social interaction. Therapeutic interventions often had little impact on daily living, socialization and work opportunities. There were often barriers to social inclusion in the form of stigma and prejudice. Psychiatric rehabilitation work emerged with the aim of helping the community integratioan and independence of individuals with mental health problems. "Psychiatric rehabilitation" and "psychosocial rehabilitation" became used interchangebly, as terms for the same practice. These approaches may merge with or conflict with approaches based in the psychiatric survivors movement, including the concept of user-cortrolled personal assitance servives.

Psychiatric rehabilitation promotes recovery, full community integration, and inproved quality of life for persons who have been diagnosed with any mental health condition that seriously impairs their ability to lead meanigful lives. Psychiatric rehabilitation services are collaborative, person-directed and individualized. These services are an essential element of the health care and human services spectrum, and should be evidence-based. They focus on helping individuals develop skills and access resources needed to increase their capacity to be successful and satisfied in the living, working, learning, and social enviroments of their choice. Speciality field that promotes recovery, community functioning, and increased wellbeing of individuals diagnosed with mental disorders that impair their ability to live meaningful lives.

In the 1980s, the US Department of Education, National Institute on Disability Research and Rehabilitation, revised a Rehabilitation Resaerch and Training Center program to meet the new needs in the community of special population groups. A priority center, published in the Federal Register, was the Rehabilitation Resaerch and Training Center in Psychiatric Disabilities (awarded to Willium Anthony's Boston University Center). As of 2015, it remains a priority center, providing nationwide assistance and serving as flagship center internationally. With the founding of Psychosocial Rehabilition in 2004, the professional organization International Association of Psychosocial Rehabilitation Services (IAPSRS) changed its name to United States Psychiatric Rehabilitation Association (USPRA) and the trend is toward the use of "psychiatric rehabilitation."

In 2013, USPRA removed the national designation from its name, becoming the Psychiatric Rehabiliation Association (PRA). In 2012, Temple University was founded in the field of psychiatric disabilities for a national center with the National Institute on Disablity and Rehabilitation Resaerch (NIDRR), of Education, having this population group as a priority. Master' program in psychiatric rehabilitation was part of a MA degree inrehabilitation counseling in the School of Education, and courses were founded in part through the federal Rehabilitation Reaserch and Training Program (now part of National Institute on Disability, Independent Living and Rehabilitation Research). The theoretical base for psychosocial then psychiatric rehabilitation is community support theory as the foundational theory;it is aligned with integration and community integration theories, psychosocial theories, and the rehabilitation and educational paradigms. Its fluid natre is due to variability in deelopment and integation into other essential fields such as family support theories (for this population group) which has already developed its own evidence-based parent education models. The concept of psychiatric rehabilitation is associated with the field of community rehabilitation and later on social psychiatry and is not based on a medical model of disability or the concept of mental illness which is often associated with the words "mental health."

However, it can also incorporate the academic discipline psychiatric rehabilitation has contributed new models of services such as supported education, has cross-validated models from other fields (e.g., supported employment), had developmed the first university-based community living models for populations with "severe mental illness", developed institutional to community training and techincal assitance, developed the degree protrams at the university levels, offers leadership institutes, and worked collaboratively to expand and upgrade order models such as

clubhouses and transtional employment services, among others. Psychiatric rehabilitiation was developed and formulated as a new profession of community workers (not medical psychiatry which is a MD awarded by a Medical School). which couls assist both in deinstiktutionalization (e.g., system conversion) and in community development. It also represents a movement toward evidence-based practices, critical for the development of viable community support services. Psychosocial services, in contrast, have been associated with the term “mental health” as part of community support services. Psychosocial services, in contrast, have been associated with the term “mental health” as part of community support movement nationwide since the 1970s which has an academic and political base. These services, which has roots in education, psychology and mental health (and community services) administration, were basic funded services of new community mental health agencies offering community living and professionalized community support since the 1970s.

Mental health service agencies or multiservive agencies in the non-profit and voluntary sectors form a critical deliverysystem for psychosocial services. In the 2000s, a sometimes similar but sometimes alternative approach (varibility and fidelity of providef implementation in the field) empolys the concept of psychosocial recovery. The concept has been integrated with a community support approach, including supported housing/housing and support, recreation, employment and support, culture/gender and class, families and survivors, family support, and community and systems change. Problems experienced by people with psychiatric disabilities are thought to include difficulties understanting or dealing with interpersonal situations (e.g., misinterpreting social cues, not knowing how to respond), prejudice or bullying from others because they may seem different, problems coping with stress (including daily hassles such as travel or shopping), difficulty concentrating and finding energy and motivation.

People leaving psychiatric centres after long-term hospitalizations, an outdated practice may also have need to assist with injuries that may have occured and community integration. Psychiatric rehabilitation is distinct from the concept of independent living and consumer-controlled services which have been written about are promoted by psychiatric surviviors. The psychiatric rehabilitation concept is separated from the psychiatric survivor concept, in education and training of individuals with psychiatric disorders, in that psychiatric survivors tend to operate services and control funding.

The mission of psychiatric rehabilitation is to enable with best of illness management, psychosocial functioning, and personal satisfaction. Treatments and practices towards this is guided by princples. There are seven strategic principles :

1. Enabling a normal life.
2. Advocating structural changes for improved accessibility to pharmacological services and availability of psycho-social services.
3. Person-centered treatment.
4. Actively involving support systems.
5. Coordination of efficient services.
6. Strength-based approach.
7. Rehabilitation isn't time specific but goal specific in succeeding.

Principles guides to better psychosocial rehabilitation practices. Recovery through rehabilitation is defined possible without complter remission of their illness, it is geared towards aiding the individual in attaining optimum mental health and well being. Psychiatric rehabilitation services may include : community residential services, workplace accommodations, supported employment or eduation, social forms, assertive community treatment (or outreach) teams assisting with soical service agencies, medication management (e.g., self-medication training and support), housing, programmes, employment, family issues, coping skills and activities of daily living and socialising. Traditionally, "24-hour" service programmes (supervised and reuglated options) were based upon the concept of instrumental and daily living skills as formulated in the World Health Organization (WHO) definition. Psychiatric rehabilitation is illustrated by agency models which are offered by traditional and non-traditional service providers, and maybe considered to be integrated (e.g., dispersed sites in the community) or segregated (e.g., campus-based facitlities or villages).

However, agencies supporting integration may align with normalization or integration philosphy, as opposed to the older shletered workshop or day care models which have been cititzed for underpayment of wages at the Indian Congerssional level in the late 2000s. However, Agencies may deliver cross-field best pratices (e.g., supported work), consumer voices, multiple disabilities (e.g., chemical dependency), training of its own community residential, employment, education and support service professionals, rehabilitation outcomes, and management and evaluation of its own services.Core principles of effective psychiatric rehabilitation (how services are

delivered) must include : providing hope when the client lacks it, respect for the client wherver they are in the recovery process, empowering the client, teaching the client wellness planning, and emphasizing the importance for the client todevellp social support networks. Psychiattic rehabilitation (what services are delivered) vairs by provider and may consist of eight main ares : Psychiatric (symptom management; relaxation,meditation and massage; support groups and inhome assitance) Health and Medical (mainting consistency of care; family physican and mental helath counseling) Housing (safe environments; supported housign; community residential servives; group homes; apartment living) Basic Living Skills (personal hygiene or personalcare, perparing and sharing meals, home and travel safety and skills, goal and life planning, chores and group decision-making, shopping and appontments) Social (relationships, recreational and hobby, family and friends, housemates and boundaries, communications & community integration) Vocational and/or Educational (vocational palnning, transportation assistance to employment, preparation programs (e.g., calculators), GED–Gross Economic Developed classes, televised education, coping skills, motivation) Financial (personal budget), planning for own apartment startup funds, security deposit), household grocey; social security disability; banking accounts (saving or travel) Community and Legal.

It is expected that areas such as supported housing, household management, quality medical plans, advocacy for rights, counseling, and community participation be part of the available package of options for services, Modernization in these fields includes better health care, such as women and men's health (e.g., heart disease), public and private counselling services in mental health, integrated services (for dual and multiple diagnoses), new specialized treatments (e.g. eating disorders), and understanding of trauma services and mental health. Psychiatric rehabilitation is typically associated with ling term services and supports in the community including post secondary education as supported education.

3.3.5 The Functions of Family :

The family is the fundamental social unit in almost all societies and plays a critical role in meeting basic human needs. Children depend on their families for their survival and for the well-being. A caretaker's illness, death, or separation deprives the child of the many developmental benefits of parental care. Every step should be taken during a crisis therefore to prevent families from being separated, or to reunite separated family members. Providing support to families allows them to offer stability and improved care to their children. It helps parents to feel confident

and secure in their care-giving, which also imprves children's psychosocial well-being. As a result, psychosocial interventions may provide support which targets not only children directly, but also their caretakers throughparenting peer support, early childhood development (ECD) activitesor livelihoods support such as skills training. Ensuring that caregivers have the time tocare for themselves and their families in threatening enviorments is also integral to children's psychosocial well-being, as caregivers under extreme stress will not be able to provide essential support to their children. Establishing regularly scheduled activities for children and youth is therefore important not only for the child's own development and psychosocial recovery, but also to allow caregives time to tend to other important activities such as getting rations, engaging in social activities, or just relaxing.

A picture of the tragedy involved is conveyed by the common responses of parents of children with duabilities in 3 categories retardation, physical handicaps or severe learning disabilities.

According to UNICEF 8.4.4% of the parents in all categories reported having severe emotional responses, such as depression, anger, shock, denial, fear, guilt, sorrow, griefl, despair, hostility or emotional breakdown. 31.3% reported negative physiological responses such as crying, not eating, cold sweat, trembling, physical pain, rapid heartbeat and breakdown. 81% of the parnets cited never-ending emotional and/or physical fatigue, social isloation and the feeling of lack of freedom. 78% cited financial problems. The special expenses entailed usually constitute a heavy burden for the entire family. Private teachers, specfic learning courses, consultations, private doctors and therapy constitute major expenses. About half of the parents felt that they lacked accurate information regarding educational setting and services available for their children. 93% of the parents reported that theyused psychological services either for the child, for themselves or for siblings. 80% reported referral to educational services. 71% to medical services, and 51% to paramedical services, such as phisiotherapy. 55% of parents were concerned about their children's inclusion in society, and especially their financial and physical independence, 50% were concerned about the child's education, finishing school, ability to acquire a profession and have economic independence, and 30% pondered how, in the future, their grow-up children would manage without them, were they would live and what kind of financial and emotional supported they would receive. A noteworthy 75% report that their initial negative reactions and feelings have turned into positive and optimistic feelings of love, joy and acceptance, as well as satisfaction and strength that accompany success in rearing their special child. 28%

of parents still felt anger, sorrow, frustration and pain.

The results of the research indicate three of support and central factors which favourably affect the parents' ability to cope ane to reduce feeliongs of hardship and stress and contribute to successful functioning :

1. Cooperation, discussion and consultation of parents with family, friends and professional contribute to strengthening parental functioning;
2. A positive bond between parents which support and strengthen them;
3. Utilizing the various services abailable for diagnosis, treatment, counselling and training, whether assistance is directed to the child or to the family.

Dsepite the various difficulties that parents raising children with special needs indicated, among them health concerns, the financial burden, organizational problems, with siblings, 75% of the parents reported a favourble and optimistic outlook and expressed satisfication with their lives. The expectations of parents that their children will acqurie an education and an occupation, will have families and be financially independent are similar to the universal hopes and expectations of parents of children without disabilities. But, alongside their hopes and expectations, one third of the parents dreat and fear the day that they will no longer be able to help their children as adults. It could have been expected that children with different types of disabilties wouls diversely affects the reaction of parents and the extent of family coping. It can be assumed that a child with speical need causes disruption of the routine and creates stress, confusion and anger in most of the families, regardless of the precise nature of the disability. In families beset by continuous stress, crisis and hardship, the constructive and favourable mutual support of the family unit, as well as practival support services, promote cooperation and coping, and are the heathly forces that are thekey toresilience and sucessful functioning. These coping strategies that may contribute to parents' competencies, for the benefit and future welfare of their children, as well as for their own well-being and that of their families.

3.4. Community based Rehabilitation [CBR] and Community Participatory Rehabilitation [CCR] :

3.4.1 Definition, Objectives And Activities in Community Based Rehabilitation:

Generally communities are not in every homogeneous or static entity. A

"traditional" rural community might not have all its members coming from the same ethnic group, speaking the same language or sharing the same culture and religion. Only some of these conditions might exist in other rural or in marginal urban settlements, and as a consequence a "commuity spirit" might not be so easy to identify. In such and environment, it may take longer to get a community response to the call for an effort to show solidarity with the disabled persons. In general terms, a community is sub-set of society but larger than a family. It constitutes a group of people, living together in social association, harmony and understanding. The existence, involvement, co-operation, interest and participation of the members of community influences survival, progress, development and welfare of the individual, directly or indirectly. According to various thought–E. Helander's (1992) Definition : "A community consists of people living together in some form of social organization and cohesion. Its members share in varying degree political, economic, social and cultural charecteristics, as well as interests and asporations, including health. Communities very widely in size and socio-economic profile, ranging from clusters of isolated homesteads to more organized villages, twons and city districts." CBR Working Group (1997) Definition : "In the CBR context, community means (a) a group of people with common interests who interact with each other on a regular basis; and/or (b) a geographical, social or Government administrative unit."

This group of individuals generally have a common goal, common cause and develop a sense of belinging. They share their views on their poltical, cultulral, economical and social ideology with each other. Community, in general, comprises of family members, neighbours, friends, co-workers, reference groups or opinion leadera, local administrative authorities, local transport authoritities, postman, school teacher, village headman, local revenue officials, nearby shopkeeper, local development agencies, local welfare agencies, and other such people or officials. Explanation of the Term "Within Community" :In the ILO-UNESCO-WHO approach to CBR, the phrase "within community development" is understood to be the following strategy recmmended by United Nations (Working Group on CBR, 1997) :"....the utilization, [in an integrated programme], of approaches and techniques which they rely on local communities as units of action and which attempt to combine outside assistance with organized local self determination and effort, and which correstpodingly seek to stimulate local intiative as the primary instrument of change." The concept "within community" refers to the stimulation of local initiative whihc may be supported with outside support, advice and specialized inputs for ensuirng community empowerment. The approach ensures that what is done at the initiative of community in the name

of CBR actually fits into the reality of commuity and is solely owned by community itself. The term "based" signifies that rehabilitation and integration of the disadvantaged individuals is the responsibility of the family and comunity. It is essential that commuity realizes that all the human beings are of equal worth and are entitled to equal rights, privileges and responsibilities. It is the responsibility of the community to extend appropriate opportunity for their complete rehabilitation and acceptance in the mainstream of society. The responsibility of the caring of the disabled person is ultimately that of his family and community. Whatever services are provided by a specialist agency are largly interventional and need-based and cannot ever take on a permanent nature, Ensuring the active participation and support of community in promotion of comprehensive rehabilitation of its members is imperative due ot following factors :

- **Foundation of CBR :** CBR is founded on the principles of equity, equal rights and social justice. It implies that disadvantaged group in the community have the inherent right of a availling services and opportunities at per with other individuals. For them, the community is a backbone, a support system which ensures their survival, growth, progress and complete integration. It is the root of a fruit tree which encourages their active and meanigful participation in all spheres of social life,It is the bridge which connects that individual to a productive soical live. It limplies that visually imparied persons are entitled to at least such privileages which they would have been entitled to, had they been sighted.
- **Importance of Community :** Most visual impairment is caused primarily by enviromment factors–disease, lack of ophthalmic facilities, lack of public awarness, superstitions, wrong treatment, lack of early screeming and eye check-up facilities. Thus most of visual impairment is acquired and not necessarily due to the fault of the indivicual. The family is the right place and community the base for creating a rightful place and enhancing acceptance of such individual. The family is the first social unit of the individual and it is essential that this unit is the place which accepts him totally and plans for his total development.
- **Rehabilitation-A Continuous Process :** CBR programme initiates the process and provides individual need-based services with the active participation, involvement and understanding of the community. The prime responsibility of the CBR programme is to provide the technical expertise and training in the

skills of rehabilitation to the visualy impaired, the family and the community at large. The ultimate objective is that the community is expected to continue providing further trainig; support services, tangible as well as intangihle inputs, and above all, acepts the individual in its fold. Rehabilitation is continuous process and the community takes the responsibility of providing further services.

- **Use of Community Resources :** Considering community is foundation of CBR programme would help ot sensitize any one to existence and use of abundant community resoruces. It would help to utilize resource from within and render the programme cost effective, low cost and economical. The cost to CBR programme would merely be provision of techinical support, outside expert servives and manpower for the promotion of the concept. Whereas community would be able to contribute all the tangible as well as intangible local resources already available there. Examples are placed for imparting training, local trainers, raw material for local crafts, shed for income generation activities, marketing facilities etc. The interesting part is that mose commnuity resources are easily available, accessible and affordable. The CBR programme needs to encourage community to use these resources for the integration and complete rehabilitation of its own members.
- **Outcome of CBR Programme :** If community particpates in programme planning and its implementation, the CBR approach would be sustainable and would ensure delivery of services for ever. It would also ensure involvement, understanding and particiapation of the community on a permanent basis. It would promote sense of belinging among the individuals and reduce dependence on outside inputs and services. It would bring about self-reliance and complete rehabilitation of the individudal. Community has plenty of resources, desire to support and potential to promote appropriate rehabilitation. What it lacks is appropriate information, skills, technology and support system which have to be organized by the CBR programme as inputs and service delivery.

The dictonary meaning of rehabilitation is to “return or restore to previous state or condition.” In other words, rehabilitation signifies restoring any individual to social, functional, economic status he/she enjoyed before the onslaught of impairment. It refers to all the measures which need to be taken to bring the individual to her/ his functional capabilities which he possessed before his visual impairment. The understanding of rehabilitation needs to be modified in case of congential visually impaired persons or those who were performing scuh activities which cannot now

be easily performed due to nature of activities. In case of congenital visual impairment, the term rehabilitation signifies restoration of an individual to a functional status which he/she might have attained if he/she were sighted in the same enviroment or family conditions. In case of such persons who cannot perform the activities which they were performing prior to visual impirment, the term rehabilitation would mean performance of possible activities which are close to activities being performed earlier. Thus rehabilitation signifies restroation of any individual to pervious, probable or possible activities which that person may perform despite visual impairment after certain training, retraining, other tangible or intangible inputs. CBR is an extension of the term rehabilitation with the major difference in the mode of delivery of services and the venue for imparting training and other inputs leading to comprehensive rehabilitation. When the term CBR is expatiated, it means imparting training and providing services to the individual in community itself with the active participation of the family and the community leading to comprehensive rehabilitation.

According to WHO : "CBR involves measures taken at the community level to use and build on the resources of the community, including the impaired, disabled and the handicapped persons themselves, their families and their community as a whole." Modification of the Definition : In the context of developing countries, the definition of CBR be modified. It should :

- be cost effective, low cost individual need-based and result-oriented; and
- result into the complete integration of the individual into community.

Once rehabilitated, a person should lead a more productive life, thus helping the community economically.

It calls for the full and coordinated involvement of all levls of society : community, intermediate and national. It seeks the integration and intervention of all relevant sectors–educational, health, legislative, social and vocational–and aims at the full representaion and empowerment of disabled people. CBR should be sustained in each country by using a level of resources that is realistic and maintainable. Referral serivces are needed to cater to those disabled people who need more specialized interventions than the community can provide. There are certain interventions which require medical specialists, Para-medical professionals or the services of rehabilitation personnel. These services necessitate the involvement of professional as all skills cannot be transferred to community volunteers or the family. It is strategy within general community development for the rehabilitation,

equalization of opportunities and social inclusion of all people with idabilities. The primay objective of CBR is the improvement of the quality of life of peorple with disability/marginalized persons. Key principles relating to CBR are equlity, social justice, solidartiy, integration and dignity CBR is not an approach that only focuses on the physical or medical needs of a person or delivering care to desabled people as passive recipients. It is not outreach from a centre.

It is not determined by the needs of an institution or groups of professionals, neither it is segregated and separate from services for other people. Conversely CBR involves partnesrships with disabled people, both, adults and children, their families and careers. In involves capacity building of disabled people and their families, in the context of their community and cultrue. It is an holistic apporach encompassing pyysical, social, empolyment, educational, economc and other needs. It promotes the social inclusion of disabled people in existing mainstrem services. It is a system based in the community, using district and national level services. Institutional rehabilitation provides excellent services to address the problmes of individual disbled person and is often available only for a msall number at a very high cost. Moreover, the end evern in an institution, is often out of context to the felt needs of the disabled person, and thus falls short of their expectations. In an institutional rehabilitation programme, the community is not linked with the process.

Hence, when the disabled person returns home, it may become difficult for them to integrate into their commuity. Disability often requires life-long management, therefore, activities aimed at enabling people with disability should be community based as much as possible. Sustainability is the ability of project or programme to contiune to address needs as long as needs exist. The most basic rehabilitation activities can be carried out in the person's own community. A multi-sectoral/multi-disciplinary concept of CBR is to be adopted. This concept emphaizes working with and through the community. In response to this conceptual change, CBR is now defined as a community development programme that has sven different components– 1. Creatioon of a positive attitude towards people with disabilities II. Provision of rehabilitation services III. Provision of education and training opportunities IV. Creation of mciro and macro income–generation opportunities V. Provision of long term care facilities VI. Prevention of causes of disabilities VII. Monitoring & Evaluation. The core values of individual dignity, autonomy or sefl-determination, equality and the ethic of solidartiy are fundaamentals of human rights law that concern disability.

To achieve this there is an increased focus on the participation and involvement

of disabled poeple and their representatives **Primary health care & rehabilitation**– Health is defined as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity primary health care is essential health care based on practical scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community thgough their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health shstem, of which it is the central function and main focus, and of all the overall sociasl and econmic development of the community. It is the first leel of contact of individuals, the family and the community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process. Community based rehabilitation is fully consonant with the concept of Primary Health Care. This approach promotes awareness, self reliance resposibility for rehabilitation within the community. It builts onmanpower resources in the community, including the disabled themselves, their families and other community members. CBR encourages the use of simple methods and techiniques that are acceptable, affordable, effective and appropirate to the local setting. CBR is implemented through the combined efforts of disabled people themselves, their families and communities, and the approproate health, education, vocational and social services.

CBR programme must be flexible so that it can operate at the local level and within the context of local conditions. In case of Leprosy, the social implications of the disease are closley interwoven with the cultural traditions of society. Every society considers health and disease, and life & death in different ways and this influences the attitude taken by the community towards patient. Adverse reactions of the community tend to devalue the status of patients. This manifests itself by fear, insecrrity and withdrawl leading todeviant behaviour which hinders leprosy control activities. In initial phase of CBR process it is important to identify and understand the currrent situation and map services; then toidentify with all those concerned what gaps exist and what is required. Only then consideration by all relevant parties is given towhat health service provision is most appropriate. This needs totake account of feasibility, accessibility and acceptability issues. None of this can be done without consideration of resouce constraints, financial, facilities/equjipment, education, transport, and manpower, including level of skills and competency required todeliver what is necessary for CBR personal–1. CBR workers are grass root workers

delivering services in community 2. Supervisors or medico social workers who organize and support grass root workes 3. Professional such as surgeon, physiotherapist, vocational trainers, cousellors to whom referrals can be made from the community.

CBR workers are key in the implementation of CBR. They are usually the main persons in contact with the family. They are able to : Act as local advocates on behalf of people with disabilities and their families with the health services personnel. Provide liaison and continuity of care in the community on behalf of professionals eg. Continued supervision of home programmes. Act as directors of community initiatives to remove social and physical barriers that affect exclusion. Provide a positive role model for service users if they themselves have a disability. Professionals involved at thethird level of service provision can be included, but are not limited to docotors, nurses, physical therapists, occupational therapists, counsellors, support staff, orthotists/prosthetists and techinicians. The basic concept inherent in the multisectoral approachto CBR is the decentralizations. In this approach governmental and non-governmental institutional and outreach services must support community initiatives and organizations, the useful initiatives for CBR can be–

- Social counselling
- Training in mobility and daily living skills
- Providing or facilitating access to loans
- Community awarness raising
- Providing or facilitating vocational training/apprenticeships
- Facilitating information for local self-help groups, parents groups and Disabled People's Organizations (DPOs)
- Facilitating contacts with different authorities
- Facilitating school enrolment (school fees and contacts with teachers/)

The outcome of CBR is expected to be a change in their mindest-from passive receiver to active contributor and that each LAP (Learning Assistance Programmer) participate infamily and community life; in learning, playing, working, and household activities; in politics and cultural activities. Empowerment of community to assume responsibility for ensuring that all its members, including those with disabilities, achieve equal access to all of the resources that are available to that community, and that they are enabled to participate fullyin the social, economic and political life of the community.

Approach for empowering may be social mobilization, political participation, communication, Self Help Groups (SHGs) and Disabled People's Organization (DPOs). People come together in groups to pursue common interests. A DPO is bigger than all SHG. It is more formally structured, with office bearers and with systemetic ways of conducting its work. Providing information and choices about rehabilitation, education and liveliohood, and laying out choces and opening up opportunities for decision making enhance the process f empowerment. For empowrment to happen five approaches can be used–1. Social mobilization, 2. Political participation, 3. Language & communication, 4. Self Help Groups (SHGs), 5. Disabled People's Organizations. (DPOs)

● **Social Mobilization :** Social mobilization means to bring people and resources together to achieve a particular tasks necessary to promote the inclusion of LAP/people with disability into all aspects of society. The purpose of social mobilization is to get disability into the social consciousness of the community and integrate the disbility issue into development programmes Political & economic approach is most powerful, it influences local conomic and cultural life. Evey decision made by political leaders affects local people. Society is to be involved in problem solivng by understanding 'cause and effect'. Changing the policies which causes the pattern of exclusion may result in a wider and more long term effect. The behaviours of people reveal their values and attitudes. Behaviours include how people treat each other. Understanding what motivates people is critical to bring about a change in behaviour.

Sat our what you want to achieve–a claer goal. Collect information–policy documents, legal documents, reports of seminars and conferences, information from porfessional and the community, and stories from people with disabilities and their families. Collect similar examples of social injustice from newsletters, TV, the community, people with disabilities, ect. Identify the best point at which to make an intervention–at village, district, provincial or state level. Look at how decisions were mae :

- What is the process? What is the decisive moment Whose opinion carries most weight and why?
- Build a good working relationships with decision-makers, agencies, media and allies.
- Make sure the interests of people with different impairments and multiple disbilites are included.

- Follow up, review, change the plan.
- Document the process–the success and failures. **Negotiation :** The SHG or DPO will : • Agree on a core demand and what can and cannot be negotiated away. • Try to understand the point of view of the other parties whomight be able to influence the decision-making. • Look for points of agreement between parties not just the differences. • Take into account the belief system and spiritual background of the different parties. • Choose a negotiating team and allocate roles to each team member–who will open up the conversation, who will keep a record, who will ask questions etc. •Organize and co-ordinate the event–decide whether to arrange a high profile event, how to use the local media etc.

● **Political Participation :** Political & economic approach is most powerful, it influences local ecomomic and cultural life, Every decisionmade by political leaders affects local people. Society is to be involved in problem solving by understanding 'cause and effect'. Changing the plicies which causes the pattern of exclusion may result in a wider and more long term effect. Political participation means people using their poer as citizens to take part in and shape the decisions that effect their lives. This means being involved in goverment at local, regional and national levels, and playing an active part in politics parties, choosing representatives and voting. It include contesting elections and standing as representatives, and forming, shaping and implementing policies. It also means being active fromoutside the political structures by pressurising, persuading and lobbying to ensure representatives take the interest of people with disabilities seriously. The element is about enabling people with disabilities take part in the family, community decisions and in political decisions which affect their lives. the goal of political participation is to integrate disability issues into political decision-making, to put these issues at the centre of policies, programmes and their implemenation, and for people with disabilities to be active decision-makers. There are six long-term outcomes for political participation : • Increased awarness of political processes by people with disabilities and their family members; • Increased awarness of civic rights; •Increased awarness of civic responsibilities; • Ability to exercise civic rights and responsibilities. • Increased knowledge of how to benefit from policies and programmes. •Ability to get grievances redressed through political processes. Decisions are made by the people with power.

Analyzing what underpins someone's power–what makes him or her powerful–is the first step to being able to influence this power and start to play a role in

decision-making. Politics means the power play between groups of people with different ideas and interests. The tensions, struggles, and arguments between these groups are the practice of politics. (See also the element of Social Mobilization). There are three branches to goverment : the legislative branch e.g. parliament, the judiciary eg. The courts and the executive e.g. the bureaucracy. The CBR programme needs to know who the key players are on each of the goverment bodies, how the bodies relate to each other, and how they make decisions. Politics in about power and therefore participation in the political process is critical to achieving inclusion. Participation in this process involves identifying issues, prioritizing them, separating causes from effects, and choosing from a range of methods, such as lobbying, voting and campaigning toinfluence that decisions-making and bring about change. Communication and Language-Communication is a two way process that is important in every one's life. People communicate for many reasons, for example, to make social contract, to exchange news, to express their needs and their feelings. It is not just about words but also about facial expressions–smiles, frowns, stares, about gesture, touch, noises. All these aspects of communication are used to build relationship with each other. Without using at least some of these words, sounds, signs and symbols, it is difficult to relate to each other. Communication is an essential part of social, cognitive and emotional growth. As such, it is a key element in the process of empowerment and underpins inclusion and equal rights.

Communication is a basic human need.

Communication is basic human right. Talking with others, listening to others, expressing our wants, emotions, opinions connects us to our family and community. Impairments of various sorts can hamper both verbal and non verbal communication. The CBR programme plays a key role in working with people with disabilities to improve their ability to express themselves and to engage with others. Sometimes the assistive solutions are simple, sometimes more technical and sophisticated. Communication is not straight forward. Our relationship with the other person, feeling intimidated, having less status, being stereotyped, being left out and ignored, feeling small becuase the other person talks in incomprehensible jargon, having our wishes pre-empted rather than being asked–all these factors are just as important as more obvious factors such as hearing or speech. Self-helf Groups (SHGs)–Enable people with disabilities to form Self-help Groups to advocatge for themselves and to take responsibility for their own development. In CBR programmes, the outcomes for SHGs are : • Increased visibility of group members within the community; •Stronger support for individual group members; • Better solving of group problems;

• Enhanced mainstreaming of disability issues into development projects; • Increased sense of group identy among the group members and of the group within the community; • Memebrs becoming a resource to the community, for example as bookkeepers, rehabilitation workers and facilitators. Self-help Groups work to these values : • Mutual respect, and an understanding that everyone knows something and there is no one who knows nothing. • A recognition of the strengths of the weakest and poorest membrs; • The participation of people with severe and multiple disabilities; • The equal participation of women with disabilities. • Leadership from amongest the weakest sections of the group.

● **The characteristics of SHGs include :** • a common goal which is shared by all and which originates from the needs of the members; • a group name; • a set of rules and regulations, and guidelines on how to work together. • shared responsibility among the members; • democratic decision–making; • Leadership from within the grop. Groups often need considerable support and capacity building before they can function effectivey and democratically. Members may need a mix of skills including. • How to prepare an agenda • How to write minutes • How to conduct meetings • How to resolve differences • How to facilitate consensus • How to learn from failure • How to delegate tasks • How to plan and review differences • How to speak in public with confidence.

● **Other trainings for the group may include :** • Analyzing skills–identifying the common threads between individuals' problems; connecting the shared problems to the wider issues of disbility and poverty; • Linking issues–identifying the links between disability, poverty and discrimination; • Joining with others–understanding the benefits of joining with other groups who are working on similar issues and translating these mutual concerns into social action. Self-help Groups have become the focus of development around which many disadvantaged communities have found solutions to their day to day problem, and from which rights movments have made real progress in gaining justice and equity. The concept of self-help has given a new dimension to the disability movements in countries around the world. Disabled People's Organization (DPO)–They are membership organizations. Intially a few people with disabilities come together and form a group. They work to increase membership and draw up a constitution. They rigester as a legal entity. The membership becomes the General Body of the organizations. The General Body elects a Governing Body. The Governing Body elects office bearers. The General Body meetings are conducted every one year. The function of the General Body is to elect the Governing Body, to approve the annual report and financial statements

of the organization and also to make amendments to the consititution. The Governning Body is accountable and responsible for conducting the affairs of the organization. The office-bearers include president, secretary and treasurer. They are the legal holders of the organization. The Governing Body employs stuff to implement its policies and programme. The DPO is also accountable to its members and to other constituencies such as donors, staff and voluntreers, service providers, and statutory bodies such as government agencies. DPOs are bigger and more structured version of SHGs. DPOs focus more widely on influencing policy and resource allocation. By working together, SHGs and DPOs are able to meet the needs of people with disabilities at the local and wider level, and in the short and long-term. The CBR program achieves its objectives largly through these groups.

● **Steps in Implementation of CBR :** I. Identification of person requiring rehabilitation services. II. Assessment of disabilities and various needs for rehabilitation of identified person. III. Provide the basic services through PHC, such as drugs, dressing materials, protective footwear, counselling and training in self care. IV. Introduce/escort the person to 'Village Health & Sanitation Committee' along with his/her problems or issues. V. Refer him/her to secondary or tertiary care centre for physical rehabilitation service, like ulcer dcare, physiotherapy, surgical treatment, treatment, treamtment of eye complications, prostheses and so on. Follow up of referral services is also an essential task. VI. Facilitating the accessibility to 'socio-economic rehabilitation services' through social welfare department by a 'CBR worker'. A health supervisou, MPW (Multi Purpose Workers), ANM (Auxilary Nurse Midwifery), AWW (Anganwadi Workers), ASHA (Accredited Social Health Activist) or even a volunteer can play the role of CBR–worker. Joint efforts by 'Village health & sanitation committe' will be often required. VII. Review meetings by all sakes holders, to discuss the progress of CBR project or individual's problems will help in expediting the rehabilitation. VIII. District Nucleus steers the rehabilitation activities and provides support to CBR workers in facilitating the accessibility to defferent services. IX. Coordination with social welfare department and working jointly. X. Education of people, behavioural change communication and all effort to reduce stigma need to be carried our simultaneously and jointly so that rehabilitation activities can be carried out smoothly. XI. Participatory Evaluation of CBR services/ projects at definite intervals will open the avenues of effective and sustainable rehabilitation.

● **Characteristics of CBR :** Experience gained in various countries confirms the importance of integrating the CBR services into primary health care. The level

of integration, however, is dependent upon availibity of medical and non-medical personnel in the community. CBR is a creative application of primary health care approach in rehabilitation services. It involves measurs taken at community level touse and build on the resources of the community, including the persons with disabilities themselves, their families and their community as a whole. The following characteristics are common to CBR programmes :

To establish the local communities to create awarness about persons with disabilities recognize their rights and accept at least part of responsibility for their rehabilitation.

To motivate the local communities to mobilize the own resources–human, material and financial, including persons with disabilities themselves, their families and friends to take an active part in rehabilitation training.

- To organize training for personal ad different levels and to use appropirate training material.
- To deliver services built upon existing commuity, organiational infrastructure, especially primary health care serives.
- To establish a referral network to meet needs which cannot be met locally and work in conjunction with other sectors viz. education, vocational, employment etc.
- To ensure strong political commitment for the promotion of CBR.

As such, CBR is an integrated rehabilitation programme based on trained community action with appropriate referral support at all levels of national health infrasturcture. Similarly, transfer of skills and technology is the most important step for CBR to succeed.

The basic concept inherent in the multi-sectoral approach to CBR is the decentralization of responsibility and resources, both human and financial, to community level organizations. In CBR approach, governmental and non-govenmental, institutional and outreach rehabilitation services must support community intiatives and organizations.

Multi-sectoral Approach : The Working Group on CBR (1997) considers that the starting point for understanding CBR is the following approach agreed to in 1994 by ILO, UNESCO and WHO.

"CBR is a strategy within community development for rehabilitation, equalization

of opportunities and social integration of all people with disabilities. CBR is implemented through the combined efforts of persons with disabities themselves, their familes and communities, and the appropriate health, education, vocational and social servies."

This approach to CBR is multi-sectroal and includes all Government and non-Government services that provide assitance to persons with disabilities are not traditionally considered relevant to CBR programmes and persons with disabilities. Examples include community development organizations, agricultural extension services and water and sanitiation programmes.

CBR Programme Criteira : The CBR Working Group (1997) has proposed 7 following criteria for the development and implementation of CBR programme :

a. People with disabilities should be included in CBR programmes at all stages and level, including initial programme design and implementation.

b. The primary objective of CBR programme activities should be the improvement of the quality of life of people with disabilities.

c. One focus of CBR programme activities is working with community to create positive attitudes towards people with disbilities and to motivate community members to support and participate in CBR activities.

d. The other focus of CBR programmes is providing assistance for people with all disabilities; and for people of all ages, including older people.

e. All activities in CBR programmes should be sensitive to the situation of girls and women.

f. CBR programmes must be flexible so that they can operate at the local leval and within the context of local conditions.

g. CBR programmes must coordinate service delivery at the local level. As far as possible, services should be available at the local in a comprehensive manner.

The services may include medical intervention, educatin & training, provision for income generation care facilities and prevention of causes of disabilities. The CBR Working Group (1997) advocates provision of specialized outside service, comprehensive package of services and its delivery at the local level with the active involvment and participation of community at all levels of planning, implementation, management, monitoring and evaluation.

● **Outcome of CBR :** CBR programme shuld restore the functioning and participation of the individual to the normal level. It should grant equitable opportunities of social integration, participation and progress in the normal stream of social life The CBR should enable the individual : (i) to stay within the fold of the family and contribute towards the family income. (ii) to function and perform as he used to function and perform prior to disability, that is restoring the fullest use of the senses to compenseate for the loss of vision. In other words, CBR programme is goal-oriented, need based; time bound activity which envisages community participation ensures use of community resources and brings our fullest efficiency of the individual in a cost-effective and environment friendly manner, that too within the community.

● **Components of CBR Programme :** 1. Prevention of cause of disablity, 2. Provision of care facilities, 3. Creating a positive attitude towards people with disabilities, 4. Provision of functional rehabilitation services, 5. Empowerment, provision of education and training opportunities, 6. Creationof micro & macro income–generation opportunities, 7. Management/monitoring and evaluation of CBR projects 4.3 Empowerment component–The essence of empowerment is that people with disbilities and their families take responsibility for their development wihtin the context of general community development.

Due to cost constraing, commonality of services, scattered target group and State policy, it is essential that the CBR should : a. cover persons of all age groups, b. be cost effective and result orented, c. be realistic and need-based, d. be in consonamce with State policy, e. include all aspects of-prevention and cure of curable blindness, certification of incurable blindness, social integration, integrated education, economic rehabilitation, support services and concessions, advocacy for the rights of persons with disabilities, acting as a pressure group for influencing State policies, community empowerment and participation and use of community resources.

● **CBR Service Spectrum :** CBR programme for the visually impaired should encompass all aspects of prevention, cure, rehabilitation, child preparatory services, integrated education, and support services. The nature of services, however, would vary with the type of target group as listed below: For the General Population-a. Eye check-up, b. Child screeing, c. Refraction, d. Public awarness, e. General health care.

In the case of medical rehabilitation, the CBR programme should confine its role in referral in the respecitve sepciallist agencies. The integrated education is handled by litnerant Teachers by admitting children to accredited educational institutes in the

same village preferably. Similarly, prevention and cure actitivies are exclusively handeled by the Ophthalic Surgeons or Eye Hospitals or such other institutions. CBR programme should aim at providing individual need based services to the general public, persons with eye problems and the incurable visually impaired. The project will extend all serives which will result into public awarness, prevention and cure of visual impairment and complete rehabilitation of the visullay impaired.

a. Identification of the visully impaired and their felt needs.
b. Providing services of O & M and activities of daily living.
c. Encouraging eye care agencies to provide eye care services.
d. Promoting integrated education for visually impaired children.
e. Counselling the parnets and creating public awareness.
f. Involving other development agencies in services dielvery.
g. Ensuring economic rehabilitation.
h. Providing work counselling to facilitate their self employment.
i. Enabling them to avial various concessions and benefits.
j. Creating awarness about the rights of the disabled, legal advice, creation of selh-help groups.

Organizational Structue :

The organizational structure of the CBR programme should be a simple linear one without overlapping of reponsibilities. It has been divided into three tiers because of the following advantages :

a. Developing a national network of services for the target group.
b. Enabling extensive coverage of the target group.
c. Providing essential local contacts and effective supervision.
d. Ensuring involvement of other development agencies.
e. Offering decentralized supervision.
f. Organizing centralized monitoring, coordination and evaluation.
g. Understanding of local environement, language and traditions.
h. Promoting comprehensive services in remote areas.

3.4.2 Definition, Objectives And Activies In Community Participarotry Rehabiliation :

The community-based rehabilitation (CBR) approach is the concept of community participation. While many projects are based on the CBR approach, it is not evident how many CBR projecs indeed use and measure community participation. The prupose of this study was to qualitatively analyse the extent of evaluation of community participation in CBR studies evaluated over the years or only evaluated community participation. In the evaluations that measured community participation, it was found that four documented positive effects of participation, while two showed that comunity participation did not work, or was inadequate in the project. Community participation as a constrauct has not been adequately measured by CBR programmes. Thee is need to measure all dimensions or participation including measurement of the number of people with disabilities reached and quantity ane quality of resources generated as a result of community participation. Valid and reliable measures of community participation need to be developed. Three decades have elapsed since the World Health Organisation (WHO) introduced the community-based rehabilitation (CBR) strategy as part of its goal to accomplish "Health for All by the year 2000(1). A training manual was produced in 1980 (2) which was revised in 1989 (3) and has how been translated in several languages for use at the village level. In Asia Pacific Disability Rehabilitation Journal essnece, the primary tenet of CBR is to provide primary care and rehabilitative assistance to persons withdisabilities, by using human and other resources already available in their communities. The five basic principles of CBR strategy include.

- Utilisation of available resources in the community.
- Transfer of knowledge about disabilities and skills in rehabilitation to people with disabilities, families and communities.
- Community involvement in planning, decision making, and evalution.
- Utilisation and strengthening of referral services at district, provincial, and national levels that are able to perform skilled assessments with increasing sophistication, make rehabilitation plans, participate in training and supervision.
- Utilisation of a co-ordinated, multi-sectoral approach.

There is no agreement among planners on the contribution of community participation in improving the lives of people. Some of the arguments that theyhave identified for inclusion of participation in CBR programmers are that people know

what works for themand professioals need to learn form them, people make contributions of resources (money, materials, labour) for these programmes, people become commited to activities that theyhave developed, and people can develop skills, knowledge and experience that will aid them in their future work. It is againist this backdrop that the purpose of this study was to qualitatively analyse the extent of evaluation of community participation in CBR studies evaluatied over the years.

3.4.3 Relation Between CBR and CPR :

Many contributors to this publication felt strongly that CBR should be part of community development, and that to encourage the development of CBR programmes as separate entities, was at odds with a participatory approach anddid not conform to the ideology of inclusion. Rather, it served to further separate people with disabilities from the mainstrem services available. It is obvious that more work needs to be done on establishing are practicalities of such an approach and the expected outcomes. If it were tobe shown to be the best way forward, then people also need information on how this can be facilitated and what structures need to be put in place, in order to achieve this. For examples, services for PWDs relating to HIV in Chapter 14, and to accessing communitye services in Chapter 2, illustrate the importance of developing CBR as part of community development.

3.5. Provisions, Concessions and Advocacy :

3.5.1 Definition, Meaning and Need

A legel provision iks a legel caluse or condition contained within a contract that requires one or both parties to perform a particular repquirement by some specifiec time or prevents one or both parties from performing a particular requirement by some specified time. for example, the anti-greenmail provision contained within some companies' characters protects shareholders from the board wanting to pass stock buybacks.

Concession a contractural right to carry on a certain kind of business or activity in an area, such as to explore or develop its natural resources or to operate a "concession stand" within a venue.

Concession, an area within one country that is administered by another, usually conceded by weaker country to a stronger one Concession, failure to challenge or cessation of challenging, as in"conceding an election" or "coneceding a game".

There are many definition of advocacy and much debate exists regarding which one is most appropriate to use. Having a definition of advocacy is necessary so that we have something to refer to, to check against and to encourage discussion about what we are doing. Most of these elements were agreed to : Advcacy is speaking acting, writing with minimal conflict of interest on behalf of the sincerely perceived interests of a disadvanteged person or gruop to promote, protect and defend their welfare andjustice by being on their side and no-one else's or being primarily concerned with their fundamental needs or remaining loyal and accountable to themin a way which is emphaticand vigorous and which is, or is likely to be, cstly to the advocate or advocacy group. There are a number ofkey elements of advocacy. To breifly explain the elements of advocacy we have identified the following as the predominant key elements.

Advocacy is active. It involves doing something. It may be writing letters to politicians, raising issues of concern toorganisations or services, being with a person when the ary confronted with situations they find difficult, being with a person where they could be taken advatage of or fighting for a person's right to live a more fulfilling life. This issue lies at the core of advocacy and is one of the harest, most important issues to cme to grips with. In any situation there will be more than one person or groups' interests that will be conflict or competition with the interest of a person with a disability.

This issue is one of the most complex and difficult issues for advocates to address. The advocate does not just speak for what a person may want or what a person may by interested in. Advocates will be faced with making decisions about a person with disablity's life and well being and may be the only individual in that person's life who has a positive vision for that person's future in the long term. When what a person says they want is different from what seems to be in their best interests, advocates arefaced with a difficult dilemma. Identifying what is in a person's interests, what they need versus what they want is a diffficult process.

As an advocate you do this precisely because the well being of, and justice for, disadvantaged, devalued people is often risk. Things we take for granted are often not available for people with disabilities. Devalued people are apr to be treated as sub-human with all the degrading, inhumane treatment that accompanies such notions of devalued people and people with disability in particular. For example, people with disabilities have been placed in cages, left unattened on toilets for long periods of time, bathrooms and toilets often do not have doors fitted. Little attempt is made to ensure privacy and dignity for the person. One must be convinced that the dynamics of oppression are a constant reality in these people's lives, so that our

advocacy efforts are aimed at enhancing and protecting the value, the competencies and the image of the person for whom wer are advocating, as opposed to promoting devalued social roles and images. Unless we are highly conscious and convinced of the devaluing structures and processes that operate within the lives of devalued persons, we can actually assist and tacitly engage in, those destructive processes.

Advocacy requires fervour and depth of feeling in advancing the cause or interest of another, taking a lead, initaiting, sense of urgency, doing more than what is done routinely,challenging the community. As an advocate you need to be prepared tobend over backwards to pursue and achieve even small, ordinary gains. Instead of only writing a letter to the editor, it may require you to alsoring your local politician; instead of complaining once about an unacceptable situation, it may require you do complain weekly.

3.5.2 Functions in Challanged Persons' Sector

The disabled and the constitution

The Constitution of India applies uniformly to every legal citizen of India, whether they are healthy or diasbled in any was (physically or mentally)

Under the Constitution the disabled have been guaranteed the following fundamental rights :

1. The Constitution secures to the citizens including the disabled, a right of justice, liberty of thought, expression, belief, faith and worship, equality of statues and of opportunity and for the promotion of fraternity.
2. Article 15(1) enjoins on the Government not to discriminate against any citizen of India (including disabled) on the ground of religion, race, caste, sex or place of birth.
3. Article 15(2) States that no citizen (including the disabled) shall be subjected to any disability, liability, restriction or condition on any of the above grounds in the matter of their access to shops, public restaurants, hotels and places of public entertainment or in the use of wells, tanks, bathing ghats, roads and places of public resort maintained wholly or partly out of goverment funds or dedicated to the use of the general public. Women and children and those belonging to any socially and educationally backward classes or the Scheduled Castes & Tribes can be given the benefit of special laws or special provisions made by State.
4. There shall be equality of opportunity for all citizens (including the disabled)

in mattes relating to employment or appointment to any office under the State.

5. No person including the disabled irrespective of his belinging can be treated as an untouchable. It would be an offence pubishable in accordance with law as provided by Article 17 of the Constitution.
6. Every person including the disabled has his life andliberty guaranteed under Article 21 of the Constitution.
7. There can be no traffic in human beings (including the disabled), and beggar and other forms of forced labour is prohibited and the same is made punishable in accordance with law (Article 23).
8. Article 24 prohibites employment of children (including the disabled) below the age of 14 years to work in any factory or mine or to be engaged in any other hazardous employment. Even a private contractor acting for the Government cannot engage children below 14 years of age in such employment.
9. Article 25 guarantees to every citizen (including the disabled) the right to freedom of religion. Every disabled person (like the non-disabled) has the freedom of conscience to practice and propagate his religion subject to proper order, morality and health.
10. No desabled person can be compelled to pay any taxes for the promotion and maintenance of any particular religion or religions group.
12. Every disabled person can move the Supreme Court of India to enforce his fundamental rights and the rights to move the Supreme Court is itself guaranteed by Article 32.
13. No disabled person owning property (like the non-disabled) can be deprived of his property expect by authority of law though right to property is not a fundamental right. Any unauthorized deprivation of property can be challenged by suit and for relief by way of damages.
14. Every disabled person (like the non-disabled) on attainment of 18 years of age becomes eligible for inclusion of his name in the general electroal roll for the territorial constituency to which be belongs.

- **Education Law for the Disabled :** The right to education is available to all citizens including the disabled. Article 29(2) of the Constitution provides that no citizens shall be denied admission into any educational institution

maintained by the State or receiving aid our of State funds on the ground of religion, race, caste or language.

2. Article 45 of the Constitution directs the State to provide free and compulsory education for all children (including the disabled) untill they attain the age of 14 years. No child can be denied admission into any education institution maintained by the State or receiving aid out of State fund on the ground of religion, race, caste or language.

- **Health Laws :** Article 47 of the constitution imposes on the Government a primary duty to raise the level of nutrition and standard of living of its people and make improvements in public health-particularly to bring about prohibition of the consumption of intoxicating drinks and drugs which are injurious to one's health except for medical purposes.

  The health laws of India have many provisions for the disabled. Some of the Acts which make provision for health of the citizens including the disabled may be seen in Mental Health Act, 1987.

- **Family Laws :** The rights and duties of the parties to a marriage whether in respect of disabled or non-disabled persons are governed by the specfic provisions contained in different marriage Acts, such as the Hindu Marriage Act, 1955, the Christian Marriage Act, 1872 and the Parsi Marriage and Divorce Act, 1935. Other marriage Acts which exist include; the Special Marriage Act, 1954 (for spouces of differing religions) and the Foreign Marriage Act, 1959 (for marriage outside India). The Child Marriage Restraing Act, 1929 as amended in 1978 to prevent the solemnization of child marriages also applies to the disabled. A Disabled person cannot act as a gurdian of a minor under the Guardian and Wards Act, 1890 if the disability is of such a degree that one cannot act as a guardian of the monr. A similar position is taken by the Hindu Minority and Guardianship Act, 1956, as also under the Muslim Law.

- **Succession Laws for the Disabled :** Under the Hindu Succession Act, 1956 which applies to Hindus it has been specfically provided that physical disability physical deformity would not disentitle a person from inheriting ancestral property. Similarly, in the Indian Succession Act, 1925 which applies in the case of intestate and testamentary succssion, there is no provision which deprives the disabled from inheriting an ancestral property. The position with regard to Parsis and the Muslims is the same. In fact a disabled person can

also dispose his property by writing a 'will' provided the understands the import and consequence of writing a will at the time when a will is written. For example, a person of unsound mind can make a will during periods of sanity. Even blind persons or those who are deaf and dumb can make their Wills if they understand the import and consequence of doing it.

- **Labour Laws for the Disabled :** The rights of the disabled have no been spelt our so well in the labour legislations but privisions which cater to the disabled in their relationship with the employer are contained in delegated legislations such as rules, regulations and standing orders.
- **Judicial Procedures for the Disabled :** Under the Designs Act, 1911 which deals with the law relating to the protection of desingns anyperson having jurisdiction in respect of the property of a disabled person (who is incapable of making any statement or doing anything required to be dne under this Act) may be appointed by the Court under Section 74, to make such statement or do such thing in the name and on behalf of the person subject to the disability. The disability may be luncy or other disability.

- **Income Tax Concessions :**

Releif for Handicapped

Section 80 DD : Section 80 DD provides for a deduction in respect of the expenditure incurred by an individual or Hindu Undivided Family resident in India on the medical treatment (including nursing) training and rehabilitation ect. of handicapped depedants. For officiating the increased cost of such maintenance, the limit of the deduction has been rasied from Rs. 12000/-to Rs. 20000/-

Section 80 V : A new section 80V has been introduced to ensure that the parent in whose hands income of a permanently disabled minor has been clubbed under Section 64, is allowed to claim a deduction up to Rs. 20000/-in terms of Section 80V.

Section 88B : This section provides for an additional rebate from the net tax payable by a resident individual who has attained the age of 65 years. It has been amended to increase the rebate from 10% to 20% in the cases the gross total imcome does not exceed Rs. 75000/- (as against a limit of Rs. 50000/-specified earlier).

- **The Persons with Disabilities RPWD Act, 2016 :** "The Persons with Disablities Act, 2016" had come into enforcement on December 28th, 2016.

It is a significant step which ensures equal opportunities for the people with disabilities and their full participation in the nation building. The Act provides for both the preventive and promotional aspects of rehabilitation like education, employment and vocational training, reservation, research and manpower development, creation of barrier-free environment, rehabilitation of persons wit disablity, unemployment allowence for the disabled, special insurance scheme for the disbled empolyees and establishment of homes for persons with severe disability etc.

- **Main Provisions of the Act :**

Prevention and Early Detection of Disabilties

Education

Employment

Non-Discrimination

Research and Manpower Development

Affirmative Action

Social Security

Grieveance Redressal

- **Prevention and Early Detection of Disabilities :** Surveys, investigations and research shall be conducted to ascertain the cause of occurrences of disabilities. Various measures shall be taken to prevent disabilities. Staff at the Primay Health Centre shall be trained to assist in this work.

All the Children shall be screened once in a year for identifying 'at-risk' cases.Awarness campaigns shall be launched and sponsored to disseminate information.

Measures shall be taken for pre-natal, peri natal, and post-natal care of the mother and child.

- **EDUCATION :** Every Child with disability shall have the rights to free education till the age of 18 years in inclusive schools.

Appropriate transportation, removal of architectural barriers and restructuring or modifications in the examination system shall be ensured for the benefit of children with disabilities.

Children with disabilities shall have the right to free books, schoarships, uniform

and other learning material.

Special Schools for children with disabilities shall be equipped with vocational training facilities.

Non-formal education shall be promoted for children with disabilities.

Teachers' Training Institutions shall be established to develop requisite manpower.

Parents may move to an appropriate forum for the redressal of grievances regarding the placement of their children with disabilities.

- **EMPLOYMENT :**

4% of vacancies in goverment employment shall be reserved for people with disabilities, 1% each for the persons suffering from :

Blindness or Low Vision

Hearing Impairment

Locomotor Disabilities & Cerebral Palsy

Suitable Scheme shall be formulated for-

The training and welfare of persons with disabilities.

The relaxation of upper age limit

Reglating the empolyment

Health and Safety measures and creation of a non-handicapping, enviroment in places where persons with disabilities are employed.

Government Educational Institutes and other Educational Institutes receiving great form Government shall reserve at least 4% seats for people with disabilities.

No employee can be sacked or demoted if they become disabled during service, although they can be moved to another post with the same pay and condition.

No promotion dcan be denied because of impairment.

- **Affirmative Actions :**

Aids and Appliances shall be made available to the people with disabilities.

Allotment of land shall be made at concessional rates to the people with disabilities for :

House

Business

Special Recreational Centres

Special Schools

Resarch Schools

Ractoris by Entrepreneurs with Disability,

- **Non-Discrimination :**

Public building, rail compartments, buses, ships and air-crafts will be designed to give easy access to the disabled people.

In all public places and in waiting rooms, the toilets shall be wheel chair accessible. Braille and sound symbols are also to be provided in all elevators (lifts).

All the places of public utility shall be made barrier-free by providing the ramps.

- **Research and Manpower Development :**

Research in the following areas shall be sponsored and promoted

Prevention of Disablity

Rehabilitation including community based rehabilitation

Development of Assistive Devices.

Job Identification

On site Modifications of Offices and Factories.

- **Social Security :**

Financial assistance shall be made available to the universities, other institutions of higher learning, professional bodies and non-government research-units or institutions, for undertaking research for special education, rehabilitation and manpower development.

Financial assistance to non-government organizations for the rehabilitation of persons with disabilities.

Insurance coverage for the benefit of the government empolyees with disabilities.

Unemployment allowance to the people with disabilities who are registered with

the special employment exchange for more than a year and could not find any gainful occupation.

● **Grievance Redressal :** In case of violation of the rights as prescribed in this act, people with disabilities may move an application to the Chief Commissioner for Persons with Disabilities in the Centre, or Commissioner for Persons with Disabilities in the State.

● **THE MENTAL HEALTH Act, 1987 :**

Under the Mental Health Act, 1987 mentally ill persons are entitled to the following rights :

1. A right to be admitted, treated and cared in a psychiatric hospital or psychiatric nursing home or convalescent home established or maintained by the Governmnt or any other person for the treatment and care of mentally ill persons (other than the general hospitals or nursing homes of the Government).
2. Even mentally ill prisoners and monors have a right of treatment in psychiatric hospitals or psychiatric nrusing homes of the Government.
3. Minors under the age of 16 years, addicted to alcohol or other drugs which lead to behavioural changes, and those convicted of any offence are entitled to admission, treatment and care in separate psychiatric hospitals or nursing homes established or maintained by the Governmnt.
4. Mentally ill persons have the right to get regulated, directed and co-ordinated mental health from the Government. The Central Authority and the State Authorities set up under the Act have the responsibility of such regulation and issue of licenses for establising and maintaining psychiatric hospitals and nursing homes.
5. Treatments at Government hospitals and nursing homes metioned above can be obtained either as in patient or on an out-patients basis.
6. Mentally ill persons can seek voluntary admission in such hospitals or nursing homes and minors can seek admission through thier guardians. Admission can be sought for by the relatives of the mentally ill person on behalf of the latter. Applications can also be made to the local magistrate for grants of such (reception) orders.
7. The police have an obligation to take into protective custody a wandering or

neglected mentally ill person, and inform his relative, and also have to produce such a person before the local magistrate for issue of reception orders.

8. Mentally ill persons have the right to be discharged when and entitled to 'leave' the mental health facility in accordance with the provisions in the Act.
9. Where mentally ill persons own properties including land which they cannot themselves manage, the district court upon application has to protect and secure the management of such properties by entrusting the same to a 'Court of Wards' by appointing guardians of such mentally ill persons or appointment of managers of such property.
10. The costs of maintenance of mentally ill persons detained as in-patient in any government psychiatric hospital or nursing home shall be borne by the state goverment concerned unless such costs have been agreed to be borne by the relative or other person on behalf of the mentally ill person and no provision for such maintenance has been made by order of the District Court. Such costs can also be borne our of the estate of the menally ill persons.
11. Mentally ill persons undergoing treatment shall not be subjected to any indignity (whethe physical or mental) or cruelty. Mentally ill persons cannot be used without their own valid consent for purpose of research, though they could receive their diagnosis and treatment.
12. Mentally ill persons who are entitled to any pay, pension, gratuty or any other form of allowance from the government (such as government servants who become mentally ill during their tenure) cannot be denied of such payments. The person who in-charge of such mentally person or his dependents will receive such payments after the magistrate has certified the same.
13. A mentally ill person shall be entitled to the services of a legal practitioner by order of the magfistrate or district court if he has no means to engage a legal practitioner or his circumstances so wareent in respect of proceedings under the Act.

- **The Rehabilitation Council of India Act, 1992 :**

This Act provides guarantees so as to ensure the good quality of services rendered by various rehabilitation personal.

Following is the list of such guarantees :

1. To have the right to be served by trained and qulified rehabilition professionals whose names are borne on the Register maintained by the Council.

2. To have the guarantee of maintenance of minimum standards of education requried for recognition of rehabilitation quslification by universities or institutions in India.
3. To have the guarantee of maintenance of standards of professional condudt and ethics by rehabilition professionals in order to protect against the 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 statute.

- **The National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disbalities Act, 1999 :**

1. The Central Government has the obligation to set up, in accordance with this Act and for the prupose of the benefit of the disabled, the National Trust of Welfare or Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disablity at New Delhi.
2. The National Trust created by the Central Goverment has to ensure that the objects for which it has been set up as enshrined in Section 10 of this Act have to be fulfilled.
3. It is an obligation on part of the Board of Trustees of the National Trust so as to make arrangments for an adequate standard of living of any beneficiery named in any request received by it, and to provide financial assistance to the registered organizations for carrying out any approved programme for the benefit of disabled.
4. Desabled persons have theright to be placed under guardianship appointed by the 'Local Level committees' in accordance with the provisions of the Act. The guardians so appointed will have the obligation to be responsible for the disabled person and their property and requried to be accountable for the same.
5. A disabled person has the right to have his guardian removed under cetain conditions. These include an abuse or neglect of the disabled, or neglect or misapporpriation of the property under care.
6. Whenever the Board of Turstees are unble to perform or have persistently made defualt in their preformance of duties, a registered organization for the disabled can complain to the central governemtn to have the Board of Trustees superseded and/or reconstituted.

7. The National Trust shall be bound by the provisions of this Act regarding its accountability, monitoring finance, accounts and audit.

- **United Nations declaration on the Righsts of Disabled Persons :** This declaration on the rights of disabled person's calls for national and international actions so as to ensure that it will be used as a common basis and frme of reference for the protection of their rights :

1. The disabled person has, to the maximum degree of feasibility, the same rights as under human beings.
2. The disabled person has a right to proper medical care, physical therapy and to such education, training, rehabilitation and guidance which will enable him to further develop his ability, and reach maximum potential in life.
3. The disabled person has a right of economic security and of a decent standard of living. He/she has a right to perform productive work or to participate in any other meaningful occupation to the fullest possible extent of capabilities.
4. Whenever possible, the disabled person should live with his own family or with his foster parents and particiapte in different forms of community life. The family with which he lives should receive assistance. If an institutional care becomes necessary then it should be provided in surrounding and circumstances as much closer as possible to that of a normal lifestyle.
5. The disabled person has a right to a qualified guradian when this is required in order to protect his personal well-being or interests.
6. The disabled person has a right to get protection from exploitation, abuse and a degrading treatment. If prosecuted for any offence; he shall have right to the due process of law, with full recogition being iven tohis degree of mental responsibility.
7. Whenever disabled person are unble (because of the severity of their handicap) to exercise their rights in a meanigful way or it should become necessary to restrict ordeny some or all of thier rights then the procedure(s) used for that restriction or denial of rights must contain proper legal safeguards against every form of abuse. This procedure for the disabled must be based on an evaluation of their social capability by qualified expets, and must be subject to periodic review and a right of appeal to the higher authorities.

Advocacy can involve costs to the advocate and to the person needing advocacy

and these costs must be considered. To say that advocacy costs, is not to say that people with disability are costly to be with. The cost element of advocacy reflects the demands of all strong advocacy, whether for people with disability or advocacy for another prupuse, for example, environmental cuses. Recognising that advocacy costs, helps advocates to prepare and understand what may happen to them when they do advocacy. People with disability need advocates who are prepared and able to be there for the long haul.

- **COST TO THE ADVOCATE :** The potential costs to the advocate include one or many of the following at various times :

Time or other resources that the advocate may rather spend on something or someone else such as time with your family, going to the movies. Emotional were and tear that arise from the highs and lows of advocacy. Not being able to adequately meet bodily demands usch as having time to sleep, rest, eat a leisurely dinner. Social rejection and ridicule that you may experience. Often by being an advocate you may suffer some of the same things devalued person or group experiences–exclusion, ridicule, rejection by your peers, work eolleagues, friends. Self esteem and self-certainty may be attached. Often people who rock the boat are labelled troublemaker, eccentric, dogooder and are treated accordingly. This may cause you to lose faith in yourself and your actions. Financial security and livelihood may be lessened. Your actions an advocate may lead to the los of promotional or job opportunities, the loss of existing job, or the cost of litigation.

● **COSTS TO PERSON NEEDING ADVOCACY :** If there is a potential cost to the person with a disability you must also warm them as to what that ight be. For example, you may be advocating for a person to have visitiors when they wish. Firstly, you must considr how your actions could negatively affect the person. If it is likely the person could be penalised in small ways, such as being served last at dinner, you may decide to go ahead in this situation. If the consequnce could be the person being singled out by staff and made fun of in front of everyone you might decide the cost is too great. However, if you were making complaints to a service because of suspected physical and sexual abuse, the potential costs of being made fun of will almost certainly be worth stopping the abuse.

Ther are other elements of advocacy htat are omplied by the definition, they are : Being on the side of the disadvantaged party. Advocacy is biased; it does not claim to be neutral. It is not about mediating, faciliatating or negotiating on behalf of someone. It mens placing yourself fundamentally on the side of the person with a

diability. If you are advocating for–then you will be advocating against as well. There is no middle road. It does not mean you will have to be aggressive or confrontational although some situations may warrant that. It simply means clearly, consistently, and firmly acting and speaking on behalf of one person or group of people.

Advocacy involves being there over ther long run. This may involve making commitment to be in someone's life for a long time a making a commitment to see a particular situation through to its end. Some people with a disability, particularly those who are dependent on services, have little continuous contact with people. Residential care officers, mental health workers, social workers, case managers often come and go. Hence it is important to make a realistic commitment to be there.

As an advocate you need to concentrate ona person's fundamental needs fiest. A persons's need for a home of their own, enduring relationship, to be free from abuse, to be healthy and safe may take priority over encouraging a person to attend personal development courses or even having work. Mindful of parties even more needy than the person you are advocating for. There may be other parties whose needs must be considered. For example, the child of parents who lack competence is more vulnerable than those parents. Advocates for the parents must bear in mind the needs of the vulnerble child and at least arrange independent advocacy for the child.

Concessions Given by the Central and Stae Governments for Disabled Travel :

Travel Concession for the Disabled :

- **By Rail :** As per the Order of Ministery or Railways, Government of India, the following concessions are available for the disabled persons.

I. Blind Person

The blind person travelling alone or with an escort, on production of a cerfiticate from Government doctor or a registered medical practitioner, is eligible to get the concession as below :

Element of Concession :

Class :	**First Class**	**Second Class**	**Sleeper Class**	**Season Ticket**	
	First Class	**Second Class**			
%age of Concessions:	75	75	75	50	50

The form certificate is given Appendix 'A'. The concession certificate may be issued by the Station Master on collection of the certificate form and the copy of original certificate duly attested by a Gazetted Officer, M.P., and M.L.A. etc. may be produced while collecting the ticket. The blind person may not be present at the station for purchase of the ticket.

II. Orthopaedically Handicapped Person

The orthopaedically handicaped person travelling with an escort, on production of a certificate from a Government doctor to the effect that the person concerned is orthopaedically handicapped and cannot travel without the assistance of an escort, is eligible for getting concession.

Element of Concession :

Class	**First Class**	**Second Class**	**Sleeper Class**	**Season Ticket**	
	First Class	**Second Class**			
%age of Concession :	75	75	75	50	50

All categories of Orthopaedically Handicapped Persons/patients accompanied by escort, when travelling for admission or on discharge from hospital where the O.H. persons are treated or for consultation with Medical Expert, on production of a certificate from a government doctor/orthopaedic surgeon that the person is a bonafide. O.H. person and he cannot travel without an escort, for availing concession.

III. Deaf & Dumb Peson

A Deaf & Dumb person travelling alone (both afflications together in the same person) on production of a certificate from a government doctor is eligible for the concession.

Element of Concession :

Class :	**First Class**	**Second Class**	**Sleeper Class**	**Season Ticket**	
	First Class	**Second Class**			
%age of Concessions :	75	75	75	50	50

Note : a. deaf personis allowed 50% concession in railway fare both in first and second class, but conession is not available for the escort. A deaf and dumb person is permitted to travel by 2-tier A.C. Sleeper on payment of concessional fare for first class and full surcharge for 2-tier A.C. Sleeper.

I Mentally Retarded Person

A mentally retarded person, accompanied by an escort, on production of a certificate in the prescribed form, from a government doctor, is eligible to get the concession.

Class :	**First Class**	**Second Class**	**Sleeper Class**	**Season Ticket**	
	First Class	**Second Class**			
%age of Concessions :	75	75	75	50	50

Note : Mentaly Retarded personis permitted to travel by 2-tier. A.C. Sleeper on payment of concessional fare for first clas and full surcharge for 2-tier A.C. Sleeper. Facility of issue of concessional return ticket will also be available in one month from the date of commencement of outward journey. M.R. person should be given prefernce in allotment of coupe on reservation in first class, if requried. Free ticket for on escort is avialble for every two persons in the same class of carriage whether theyhold adult ticket or half ticket.

All the concessional fares shall be calculated on the basis of the baic railway fare for the journey. No person/party will be allowed more than one concession at one time. The holder of a concession ticket will not be permitted to change the ticket to a higher class by paying the difference except in the case of T.B. and Cancer patient, leprosy patient etc. The break-up journey shall not be allowed on a concession ticket for a specific journey for example students travelling for an examination centre, patient travelling to/form a hospital, professor travelling from/ to a conference etc. The break journey will be allowed only if it is a natural event. During break journey, the passnger has to endorse the ticket along with Station Master's initial, date and station code. Refund of the untravelled person on such tickets will not be allowed.

The Indian Airlines Corporation allows 50% concessional fare to blind persons on single journey or single fare for round trip journey on all domestic flights. To avail this facility (for blind persons) they have to produce a certificates from a medical practitioner. Air Hostess/Steward will look after the blind persons not accompanied by escorts in flight. The Public Relation Officer or the Traffic Officer Incharge at the airport will render necessary assistance to such infirm passengers at the airport of the departure and arrival. Escorts are to pay full fare. This concession cannot be combined with any other concessional fare allowed by the Indian Airlines.

The Orthopaedically Handicapped persons are not given this concession. However, they are allowed to carry a pair or crutches/brasses or any other prosthetic devices free of charge.

● **COMMUNICATION :**

POSTAGE : Payment of postage, both inland and foreign, for transmission by post of Blind Literature packets is exempted if sent by surface route only. If packets are to be sent by air, prescribed air mail charges should be paid. The relevant rule from the Post Office Guide is reproduced below.

Exemption from Postal Fees

1. 'Blind Literature' packets are exempted from payment of the following fees besides being exempetd from the payment of postate (I) registation fee, (II) fee for acknowledgement and (III) fee for the attested copy of the reciept.
2. Postage free 'Blind Literature' packets will be transmitted by surface route only, and if they are to be sent by air, the airmail charge as prescribed for packets has to be paid.

Contents and Conditions of Posting

Papers of any kind, periodicals and books printed inBraille or other special type for the use of the blind may be transmitted by post as 'Blind Literature' packets, provided that they are posted in accordance with the below mentioned conditions. Plates bearing the characters of writing, sound records for the use of the blind, and discs, films, tapes and wires on which spoken message for the blind have been recorded, when sent by, or addressed to, an officially recognised institution for the blind, shall also be treated as 'Blind Literature.'

(a) The packets shall consist only of articles specially impressed as described above for the use of the blind, and shall not-contain any communication either in writing or printed in ordinary type, except the title and table of contents of the book or periodical and any key to, or instructions for, the use of special type, or any ecnlosure except a level for the returen of the packet.

(b) The packet shall bear on the outside the inscription 'Literature for the Blind' and the wirtten or printed name and address of the sender.

(c) The packet shall be posted without a cover, or in a cover open at both ends, which can easily be removed for the purpose of examination.

(d) No 'Blind Literature' packet may weigh more than 7 kg.

(e) 'Blind Literature' packets are subject to the same limits of dimensions as printed papers.

● **TELECOMMUNICATION :**

Concessional Telephone Connection to Blinds :

It has been decided to provide telephone facility to blind persons onconcessional and priority basis on the following terms : Rental rebate-50% of the normal rental. Advance Rental-50% of the annual advance rental and bi-monthly rental as applicable to a private subscriber. This facility is available in Non-OYT (S) category only.

Preference in Allotment of STDIPCO to Handicapped Persons

Educated unemployed persons are eligible for allotment of STD/PCOs. The eudcational qualification for the applicants is : VIIIth or Middle School Pass for rural areas. At least Matriculation or High School for urban areas.

● **Exemption for Braille Paper :**

Ministry of Finance (Department of Revenue) vide their Notification dated 1.3.81 (Annexure VI), has exempted Braille paper, falling under item No. 17 of the First Schedule to the Central Excises and Salt Act. 1944 (1 of 1944) from the whole of the duty of excise leviable thereon subject to the condition that such paper is supplied direct to a school for the blind or to Braille press against an indent placed by the National Institute for the Visually Handicapped, Dehradun.

1. The whole of the duty of customs leviable thereon, which is specified in the said First Schedule; and
2. The whole of the additional duty leviable thereon under Section 3 of the said Customs

Traiff Act, subject to the conditions that–(a) The audio cassettes so imported shall be re-exported within one year from the date on which these are imported into India or a such extended period as the Assistane Collector of Customs may allow;

(b) The importer executes an undertaking binding himself to pay an amont equal to the duty livealbe on the audio cassettes at the time of import, to the Assistant Collector or Customs in the event of failure to re-export the said audio cassettes within the period specified or, as the case may be, such extended period as may be allowed; and (c) The importer produces the audio cassettes before the proper officer for identification before re-export.

● **CONVEYANCE ALLOWANCE :**

In accordance with the revisd Orders of Central Government No. F. 1902912186-EN and F. 1902911189-E. N dated 16.5.87 and 12.9.89 respectively, issued by the Ministry of Finance, Department of Expenditure, the Central Government empolyees who are on regular establishment (including work charged staff) and who are blind or orthopaedically handicapped (with disability of upper or lower extremities) are to the granted conveyance allowances at 5% of basic pay subject to a maximum of Rs. 1001-p.m. subject to the following conditions :

1. An orthopaedically handicapped employee will be eligible for conveyance allowance only if he/she has a minimum 40% permanent/partial disability of either upper or lower limbs or 50% permanent/partial disability of both upper and lower limbs together.
2. Conveyance allowance will be admissible to the orthopaedically handicapped employees on the recommendation of the head of Orthopaedic Department of a Government Civil Hospital.
3. In the case of a blind employee the allowance will be admissible on the recommendation of the head of Ophthalmological Department of a Government Civil Hospital.
4. Conveyance allowance is also applied to Central Government employees suffereing from spinal deformity (generally known as hunch back diasbility) at the same rate as available to other Physically Handicapped persons.
5. The allowance will not be admissible during leave (except casual leave), joining time or suspesnion.

● **CHILDREN'S EDUCATIONAL ALLOWANCE :**

As per Office Memorandum No. 21011121188-Estt (Allowances) dated 17.10.88, issued by the Ministery of Personnel, Public Grievances & Pensions (Department of

Personnel & Training), grant of children educational allowance, reimbursement of tuition fee etc. to Central Govt. employee will be governed by the Central Civil Serivces (Educational Assitance)

Under this order, the reimbursement of tutition fee in respect of physically handicapped and mentally retarded children of the Central Govt. empolyee has been enhanced to Rs. 50 p.m. (from class I to XI) in comparison with general category where it restricts only Rs. 20 p.m. The disabled children will, however, get other assistance under this scheme as per rates prescribed for the normal children.

● **OTHER CONCESSIONS :**

1. In the case of severely orthopaedically handicapped children, it may be necessary to allow one attendant for 10 children in a school. The attendent may be given the standard scale of pay prescribed for Group 'D' employees in the State/U.T. concerned.
2. Disabled children residing in school hostels within the same institution where they ar are studying may also be paid boarding & lodigng charges as admissible under the State Govt. rules/schemes. Where there is no State Scheme of Scholarships to hostellers, the disabled children, whose parents' income does not exceed Rs. 3000/-per month, may be paid actual boarding & lodging charges subject to a maximum of Rs. 200/- p.m.
3. Severely orthopaedically handicapped children residing in School hostels may need the help of a helper or an ayah. A special pay of Rs. 501-p.m. is admissible to any employee of the hostel wiling to extend such help to children in addition to his/her duties.
4. In a school in rural areas where at least 10 handicapped children are enrolled, capital cost for purchase of school reckshaw for free use of these children and expenses for Rickshaw Puller @ Rs. 300/-p.m. will be provided under the scheme. In such cases, no transport allowance will be payable to the students.

● **INCOME TAX CONCESSIONS**

Relief for Handicapped :

For a decuction in respect of the expenditure incurred by an individual or HUF resident in India on the medical treatment (including nursing), training and rehabilitation etc. of handicapped dependants, officiating the increased cost of such

maintenance, the limit of the deduction has been rasied from Rs. 12000/-to Rs. 20000/. To ensure that the parent in whose hands, income of a disabled minor has been allowed to claim a deduction up to Rs. 20000/ or deduction of Rs. 20000/- in case of an individual who is suffering from a permanent disability (including blindness) or is subject tomental retradation. An additional rebate from net tax payable by a resident individual who has attained the age of 65 years, has been amended to increase the rebate from 10% to 20% and to allow this benefit in cases where the gross total income does not exceed Rs. 75000/-(as against a limit of Rs. 50000/-specified earlier).

Scheme of inclusive education for Disabled at secondary stasge has been launched from the year 2009-10, provides assistance for the inclusive education of the disabled children in classes V-XII Jo enabled all students with disabilities to pursue further eight years of secondary schooling after completing of primary was shooling in an inclusive and enabling environment. The scheme covers all childern studying at the secondary stage in government, local body and government aided schools with one or more disabilities as defined under the persons with disabilities act and the national trust act. Girl's with the disabilities receive special focus to help them gain access to secondary schools as also to information and guidence for developing this potential. Student oriented components suches medical and educational assessment, books and stationaery, uniforms, transport allowance, reader allowance stipend forgirls, support services, assistive devices baording the lodging facility, therapentic services, teaching learing materials etc. other components of this scheme include appoinment of special education of this scheme include appointment of special education teachers, allowances for general teachers for teaching such childeren, teacher training, orientation of school administrator, establisment of resources room, providing barrier free environment, etc. Central assistance for all items covered in the scheme is on 100 percent basis. The state governments are obly required to make provisions for scholarship of Rs. 600/-per disabled child per annum.

● **OTHER CONCESSIONS :**

The Government of India have recently announced the following additional concessions for individual or Hindu Undivided Families which have a relative who is physically disabled, blind or mentally retarded. An assessed who is resident in India being an individual or Hindu Undivided Family has during the previous year incurred any expenditure for the medical treatment (including nursing), training and rehabilitation or a person who is a relatie of the individual or is a member of the

Hindu Undivided Family and is suffering from prmenent physicalk disability including blindness or mental retardation shall be allowed a deduction of Rs. 6,000/. His deductions will not be allowed where his total income exceeds Rs.1,00,000/. Deduction from the total income of handicapped persons of the Income Tax Act have been raised from Rs. 20,000/- to Rs. 40,000/- 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 LID, UTI, etc.

● AWARD OF DEALERSHIPS AGENCIES BY OIL COMPANIES :

Ministry of Petroleum & Natural Gas has reserved 7% of all types of dealership aganecies of the public sector oil companies for Physically Handicapped/Government Personal (other than defence personnel disabled on duty) windows of Government personnel (other than defence personnel who die in the course of duty). The oil industry appoints its dealers/distributors through an advertisement in one English daily and 1 regional daily having maximum circulation in the district in which the dealership distributionship is to be located.

Eligibility Crieria : 1. Indian National, 2. Age group (between 21-30 years), 3. Educational qualification (Matriculation or equivalent), 4. Pysically Handicapped persons should produce a certificate from Civil Surgeon/CMO or Superintendent of a Government hospital that he/she is O.H. to the extent of min. 40% permanent partial of either upper or lower limb or both upper and lower limbs together. Partially HH candidates are also eligible. Totally blind persons are eligible to apply for retail outlet/kerosene/LDO dealership. They are however not eilgible for LPG distributorship.

Income : The candidate's income should not be mnore than Rs. 50,000/-p.a. Income for this purpose would include the incme of the candidate, his/her spouse, dependent children pur together. In case of dependent, his/her parent's income would also be taken into consideration.

Application Form : Standard formats can be obtained from divisional/regional area office of the concerned oil companies.

● RESERVATION OF JOBS AND OTHER FACILITIES FOR DISABLED PERSONS :

(i) 4% reservation in Gr. 'C' and 'D' posts.

As per the order of Government of India reservation of 4% in jobs have been

made in Gr. 'C' and Gr. 'D' posts for the PH persons. The categories of handicapped persons benefitted are the blind, the deaf and the O.H. persons as given below :

	Category of handicapped	**%age of reservation**
(1)	The Blind and Lowvision	1%
(2)	The Deaf and hard of hearing	1%
(3)	The Locomotor disabiliting	1%
(4)	Autism, intellectual disabiliting specific disability mental illness	1%

For effective implementation of the reservation it has been advised to maintain a roaster of vacancies arising in Gr. 'C' and Gr. 'D' posts from year to year. Thus 34th vacancy may be earmarked for the blind. Similarly the 67th vacancey and 100th vacancy would be reserved for the Deaf and the OH respectively in a cycle of 100 vacancies.

(ii) Definitions of Disabled for the Purpose of Reservation

The Blind

The blind are those who suffer from either of the following conditions :

(a) Total absence of sight;

(b) Visual acutiy not exceeding 3/60 or `10/200 (Snellen) in the better eye with correcting lenses :

(c) Limitation of the field of vision subtending an angle of 10 degree or worse.

The Deaf

The Deaf are those in whom the sense of hearing is non-functional for ordinary purposes of life. They do not hear and understand sounds at all even with amplified speech. The cases included in tis category will be those having hearing loss more than 70 decibels in the better ear (profound impairment) or total loss of hearing in both ears.

THE ORTHOPAEDICALLY HANDICAPPED :

The orthopaedically handicapped are those who have a physical defect or derformity which causes in interference with the normal functioning of the bones, muscles and joints.

(iii) Identification of jobs : In order to implement these reservations, without loss of productivity some posts are identified disability wise. To insure sufficient recruitment of blind persons separate list has been identified for the blind and partially blind persons.

(iv) Posting of handicapped candidates : As per the decision of Government of India Gr. 'C' and Gr. 'D' posts recurited on regional basis and who are physically handicapped may be given posting as far as possible near thier native place within the region subject to administrative constraints. PH employees may be given preference in transfer case near thier native place.

(v) Relaxation of ban order on recuritment to vacancies earmakrd for PH persons : As per The Government order regarding ban on filling up of non-operational vacant post, it will not be applicable in case of reserve vacancies to be filled up by PH persons.

(vi) Carry forward of vacant posts under reserve category : As per the Government order if a reserve category of person is not available or the nature of vacancy in an office is such that the given category of peson cannot be empolyed then thepost may be carried forward for a period of three subsequent years.

(vii) Appointment of VH persons as caner in Government Deptt : As per the decision of Government of Indi it has been instructed that recanning of chairs in Government Offices should be done by blind persons as far as possible. When the volume of work require a full time chair canner then a suitabla post may be created in consultation with the Finance. For the purpose of recanning the chairs in Government offices Vocational Rehabilitation Centres and Special Employment Exchange for the PH persons may be contacted.

(viii) Instrction to appointing authority for intimating vacancies reserved for handicapped :

As per the existing instruction of the Government all the vacancies in Gr. 'C' and 'D' irrespective of their nature and duration are to be notified to the Employment Exchange and also to be filled through the agency unless filldc through UPSCISSC. It has also been decided that all the appointee should send their request to Employment/nearest Vocational Rehabilitation Centres for P.H. for nominating suitable handicapped persons.

(ix) Grans of age concession to PH persons : As per the Government order it

has been decided to extent the age concession of 10 years in favour of handicap persons to recruitment to posts filled through the SSC and through Employment Exchange in Gr. 'C' and Gr. 'D' posts.

(x) Relaxations in typing qualifications : As per the order PH persons who are otherwise eligible for appointment to posts of LDC but cannot be so appointed for being unable to satisfy the typing qualifications due to their disability may be exempted from the typing qualification for appointment.

(xi) Consideration for confirmation in job blind person : It has been instructed to all the Ministers/Deptt. Of Goverment of India that there should not be any delay in confirmation of offices including blind persons on account of confirmations is made without delay and at appropriate time.

(xii) Reservation for PH persons in posts filled by promotion : As per the order handicapped persons may be promoted to Gr. 'C' from Gr. 'D' and within Gr. 'C' against the I identified post if they are capable of being filled/held by the appropriate category of PH.

(xiii) Exemptions from payment of examinations fee : As per the order PH persons recruited to Gr. 'B and Gr. 'C" posts advertised by the UPSC and SSC will be exempted from the payment of applications and examination fee as prescribed by UPSCISSC.

● **SPONSORSHIP POWER TO NATIONAL INSTITUTIONS :** The Ministry of Labour in consultation with the Ministry of Welfare and Department of Personal & Training, has decided to grant co-sponsoring power to the National Level Rehabilitation Institutes as given below :

1. National Institute for empowerment of persons with visual disabilities.
2. National Institute for the empowerment of persons with intellectual disabilities.
3. Ali Yavar Jung National Institute of speech and hearing disabilities.
4. National Institute of locomotor disabilities.
5. National Institute for Rehabilitation Training & Research, Cuttack.
6. The Institute for the Physically Handicapped, Delhi.
7. National Institute for Empowerment of persons with Multiple Disablities.

● ECONOMICS ASSITANCE

(a) Public Sector Banks :

Under the 'Scheme of Public Sector Banks for Orphanages, Women's Homes and Physically Handicapped Person's, the benefits of the deferential rate of interest are available to physically handicapped persons as well as institutions working for the welfare of the handicapped. The details of the shcme are as under :

Eligibility (For individual)

Physically handicapped persons are eligilbe to take loans under the scheme, if they satisfy the following conditions :

-Should be pursuing a gainful occupation

-Family income from all sources should not exceed Rs. 72001-p.a. in urban or semi urban areas or Rs. 64001 p.a. in rural areas.

-Should not have land holding exceeding 1 acre if irrigated, and 25 acres in un-irrigated.

-Should not incur liability to two sources of finance at the same time.

-Should work largly on their own and with such help as other members of their family or some joint partners may give them and should not employ paid employees on a regular basis.

Eligibility (For Instutions)

Insitutions for the physically handicaped persons pursuing a gainful occupation are also eligible to take benefit under this scheme. The above institutions are exempeted from income criteria. However, these istitutions could utilise the funds for productive pruposes only and not for meeting their normal administrative and establishment expenses.

Assessment : The quantum of loan, both for working capital and for acquistion of fixed assets, will be determined on the basis of the needs of institutions/ individuals in a scientific method to ensure that all their legitimate financial requiremejnts are met in toto.

Amount of Loan : The amount of loan will depend on the particular scheme porposed to be financed. It should be adequate to enable the borrower to finance his requirments without having to borrow funds from other sources. The normal limit

will be Rs. 6,5001-for working capital loan and Rs. 5,5001-for a term loan. In exceptional cases, particularly for institutions etc. higher amounts are allowed. Both the working capital and term loan are admissible in accordance with the specific requirement of the borrower. In the case of small scale industries, village artisans etc. in decentalised sector advances under the scheme may be granted up to Rs. 6,0001-without making any distinction between working capital and term loan by way of composite loan.

Repayment : Term for the acquistion of fixed assets are normally allowed for five years, including a grace period not exceeding two years on the repayment of principle. The repayment schedule will be worked out in each case having regard to the nature of the activities of the borrower and the economics of the scheme. In assessing the surplus for the payment of interest and principal, due allowance is made for the sustenance requirements of the borrower himself.

Security : The borrower mayor may not be able to offer tangible sceurity to secure the loan. The viability or the potential viability of a project will be not be able to offer tangible security to secure the loan. The viability or the petential viability of a project will be the main criterion for the grant of an advance. However, the assets purchased with the loan may be hypotecated to the Bank. In addition, in appropirate cases of loans to a homogeneous group of borrowers group guarantee may be accepted.

Margin : In the case of borrowers belonging to the weakest strata of society who may not be in a positions to furnish margin money, requirements of margin money will be insisted upon.

Rate of interest : Keeping in view the social objective the interest will uniformly be charged @4 per cen per annum. Physically handicapped persons including blind eligible under DRI Scheme are also given loans for purchasing of artificial limbs, hearing aids, wheel chairs etc. subject to maximum of Rs. 25001-per borrower provided such assistance is gives along with the advances for productive activities and self employment ventures and all other requirements under DRI scheme are fulfilled. Under the scheme of 'Financing Small Scla Industries' a special provision has been made to allowed concession of 112% in the rate of interest to the physically handicapped availing working capital limit above Rs. 25001 and up to Rs. 2 lakhs.

Repayment Period and Interest on Working Capital : Repayment Period :

Meduin term loan : 5 to 7 years including period of 6 to 12 months, Old machinery other than generator set : 36 months, New generaror set 42 montsh. Old generator set 30 months, Interest for Working Capital : With aggregate advance upto Rs. 25,000/-12.5%, Above Rs. 25,000 Rs. 2 lakh 13.5%

(B) Subsidy to Handicapped Under the Integrated Rural Development Programme (IRDP) :

Under the IRDP, 3% quota is earmarked for the Physically Handicapped persons. The Government has now decided that per family subsidy limit under the IRDP be raised from :

Rs. 3000/-to Rs. 4000/-in normal areas.

Rs. 4000/-to Rs. 5000/- in drought prone areas and desert development programme areas.

Rs. 5000/-to Rs. 6000/-for Physically Handicapped beneficiaries.

CENTRAL GOVERNMENT SCHEMES FOR THE REHABILITATION OF DISABLED :

(a) Assistance to organisations for the disabled.

(b) Assitance to voluntary organisations for deveolopment of manpower in the field of Cerebral palsy and Mental retardation.

(c) Programme for mentally ill persons

(d) Assistance to voluntary organisations for leprosy cured persons.

(e) Scheme of Assistance to disabled persons for purchase/fitting of aids and appliances.

(f) Scheme of assistance to voluntary organisationsfor establishment of special schools

(g) Two other schemes which have been transferred to the State Government. (i) Scheme of scholarships to disabled persons, (ii) Scheme of Petrol subsidy.

● **(A) SCHEME OF ASSISTANCE TO ORGNIZATIONS FOR THE DISABLED PERSONS :**

Under this scheme the **Union of Social Welfare** offers assistance up to 90%

of the recurring and non-recurring expenditura to voluntary organisations for developing services for the disabled. Assistnace for building does not exceed Rs. 5 lakhs. The following types of activities are assisted :

(i) Detection, intervention of primary natrue, prevention of disability.

(ii) Education and/or training.

(iii) Rehabilitation-phycisal, psychological, social and economic.

● **(B) PROGRAMME OF MANPOWER DEVELOPMENT IN THE FIELDS OF CEREBRAL PALSY AND MENTAL RETARDATION :**

Objectives :

To encourage voluntary organisation to undertake training of teachers and other personal requried in the education and rehabilitation of cerebral palsied and mentally retarted persons. Under the programme, assistance would be given to voluntary organizations on a cent percent basis for imparting training to teachers in the fild of CP & MR on the basis of cources recognised by the Rehabilitation Council of India. Items like (i) Staff salaries, (ii) Honorarium to guest faculty, (iii) Stipend to trainees, (iv) Contingencies, (v) Hostel facilities for trainees, (vi) Purchase or books and journals, (vii) Constructions of building, and (viii) Purchase of furniture/ equipment would be admissible for sanction of grandt-in-aid.

● **(C) PROGRAMME FOR REHABILIATATION OF THE MENTALLY ILL PERSONS :**

The following are the objectives of the programme :

(i) To assist voluntary organisation in providing psycho-social and economic rehabilitation to those who have recovered partially/fully from mental illness. Assistance would be given to voluntary organisation up to the extent of 90% for providing rehabilitation to mentally ill persons. Mentally ill persons have been defined those who hae recovered from functional psychosis or showing partial recovery from functional psychosis. Assistance would be given for activities like (a) Psycho-social training, (b) Counselling to parents/caregivers and mentally ill persons, (c) Awarness generations, (d) Vocational training, (e) Half way home facilities and (f) Placement services.

● **PROGAMME FOR REHABILITATION OF LEPROSY CURED PERSONS :**

Programme will have the following objectives :

(i) To assist suitable voluntary organisations in developing programmes for rehabilitation of leprosy cured persons with the objectives of removing stigma and re-integrating them in the mainstream of society. Under the programme, assistance would be given up to 90% to voluntary organisation for activities like awarness generation, vocational training, economic rehabilitation establishment of open employment.self-employment/shelterd worskhops, placement services, home for severly disabled leprosy cured persons, and administrative expenses for running the programme.

● **WELFARE SCIEEME**

(E) SCHEME OF ASSISTANCE TO DISABLED PERSONS FOR PURSHASE/FITTING OF AIDS APPLIANCES :

The Union **Ministry of Social Welfare** operates a scheme under which assistance is given to disabled persons for the purchase and fitting of aids and applicables. The object is to promote their physical rehabilitation as well as their capacity to participate in economic activities.

Eligibility :

The following persons will be eligible for assistance :

(i) Indian citizens of any age and sex.

(ii) Persons who is certified to be disabled by a registered medical practitioner.

(iii) Persons who are employed/self-employed or getting pensions and whose average monthly income from all sources does not exceed Rs. 2500.

(iv) In case of dependents, the income of parents/guardians should not exceed Rs. 2,500.

(v) Persons who have not received assistance from the Govt. Local Bodies and nonofficial organisatikons during the last two years for the same prupose. However, for children below 12 years of age limit would one year.

Quantum of Assistance :

(i) Only those aids and appliances which do not cost less than Rs. 25 and more than Rs. 36001-are covered under this scheme. These limits will applyh to indivicual itmes of aid and where more than one aid is required, giving of the same will be permissible and the limits will be applied separately. The amount of assistance will be as follows :

Total Income Amount of Assistance

(i) Up to Rs. 1200 Full cost of the aid

(ii) Rs. 1201 to Rs. 2500. 50% of the cost of the aid

● F. SCHEME OF ASSISTANCE TO VOLUNTARY ORGANISATIONS OFOR ESTABLISHMENT OF SPECIAL SCHOOLS :

The scheme envisages assistance to the NGOs up to extant of 90% for establishment and up gradation of special schools in the four major disability areas– orthopaedic, hearing and speech, visual and mentally retarded. Priority under the scheme is given for setting up of schools in districts where there is no special school at present. Both recurring and non-recurring expenditure is supported by the ministry.

● (G) SCHEME OF SCHOLARSHIP TO THE DISABLED PERSONS AND SCHEME OF SUBSIDY FOR PURCHASE OF PETROL/DIESEL TO DISABLED PERSONS :

Two central scheme namely 'Scheme of scholarship to disabled persons from class IX onwards' and 'Scheme of subsidy on pruchase of petrol/diesel to physically handicapped persons' have been transferred to the State/U.T. Govt. for smoother functioning of the programme where the Facilities/grants are uniformly available in each State/U.T. The details of the schemes are :

Scheme of scholarship to disabled persons (from class IX onwards)

Type of course	**rate per month for day scholars**	**rate per month for hostellers**	**reader's allowences per month**
IX, X, Pre-University courses and I.A./I.Sc.	Rs. 85	Rs. 140	Rs. 50
B.A./B.Tech/M.B.B.S./ LL.B./B.Ed	Rs. 170	Rs. 240	Rs. 100
Diploma in professional and engineering studies etc. /in-plant training.	Rs. 170	Rs. 240	Rs. 100
M.A.IM.Sc.IM.Com/ LL.M./M.Ed. etc.	Rs. 170	Rs. 240	Rs. 100

The scholarship under the scheme is limited to a maximum period of six years after Class XII. Under this scheme, no shcolarship would be admissible to post M.A./ M.Sc. and M. Phil. level as thee are many schmes under the Universtities to provide scholarship to students at this level. Income limit of parents/guardians of the candidatea should not be more than Rs. 2,000 per month.

● **Other Allowances :**

(i) In the case of severely disabled person who requires special arrangements for trasnport an additional monthly allownace of Rs. 50 or actual expenditure whichever is less may be sanctioned. Each case will be examined on its own mertis on the recommendation of the head of the institution/establishment and on the basis of medical certificate.

(ii) In the case of visullay handicapped reader's allowances shall be paid if it is certified by the head of the institutions/establishment that candidate has employed a reader sruing the period the allowance is calimed.

(iii) Not transport allowance will be paid to the student who resides in the hostel situated in the premises of the institution where studying or taking training.

● **Tenure Of Scholarship :**

The scholarship will be tenable for a particular stage of study and is renewable from year to year within the stage of education and it will depend on promotion to the next class. However, the scholarships would be limited to a period of six years after class XII. The stage of study is as given below :

(a) From Ninth standard leading to pre-degree courses or its equivalent examination.

(b) For the courses after pre-degree or its equivalent examination up to First Degree Examination.

Viz. B.A./B.Sc./B.Com./Medical/Engineering etc.

(c) For post graduate course, i.e. M.A/M.Sc./M.Com./L.L.B./B.Ed./ Chateraccountancey/C & W Accountancy/Company Secretary ship, etc.

(d) For the following courses in Vocational/Techincal Professional Apprenticeship :

(i) For the Certificate Course.

(ii) For the Diploma Course.

(iii) For the post Diploma Course.

(e) The period of training in commercial or any other establishment or other training shall in each case be decided by the establishment in consultation with the State Deptt. of Social Welfare provided that the period shall not exceed one year, say, with the specific approval of the Department on the basis of exceptional circumstances set down in writing.

● **Mode of Applying :**

(a) Applicaton should be made to the State Department of Social Welfare in the prescribed form through the had of the institution whre the candidate is admitted as astudent/apprentice/trainee.

(b) Documents to accompany application : Each application shall be accompanied by the following documents :

(i) Medical Certificate : A certificate in the prescribed form that the candidate is permanently disabled within the Surgeon/Registered Medical Practitioner/Clinical Psychologist or Psychiatrist.

(ii) A recent photograph in case of orthopaedically handicapped candidate showing the deformity.

(iii) Audiogram : An audiogram chart in respect of a deaf candidate.

(iv) Statement of marks : Statement of marks indicating the maximum marks and those obtained at the previous annual examination passed indicating percentage of marks duly attested by a gazetted officer of the Cental or State Govt. or head of the institution concerned or a Member of Parliament or State Legislature. A copy of the Scheme could be obtained by writing to the Union Ministry of Welfare.

(ii) Scheme of subsidy for purchase of Petrol/Diesel to phyically handicapped persons :

Physically handicapped owners of motorised vehicles granted exemption from the payment of road tax State Government/Union Territory Administration are eligible to claim refund up to 50% of the expenditure incurred by them on purchase of petro./diesel from recognised dealers subject to a celling as indicated below : Vehicle up to 2H.P-15 its. Per month Vehicle more than 2H.P-25 its. Per month. The physically handicapped persons having an income up to Rs. 2,50001-form all sources would only be eligible for the grant of subsidy on purchase of petrol/diesel. The scheme is operative through District Social Welfare Officers or Tehseeldar/equivalent Officer.

● OTHER PROGRAMMES

(a) National Institutes : Inconsonance with the policy of providing a complete package of welfare services to the physically and mentally handicapped individuals and groups and in order to effectively deal with multidimensional problems of the handicapped population, the following national institutes have been set up in each major area of disability : National Institute for the empowerment of persons with visual disability, National institute for the empowerment of persons with multiple disabilities, Chennai. Dehradun. National of locomotor disabilities Calcutta. Ali Yavar lung National Institute of speech and hearing disbility Mumbai. National Institute for the empowerment of persons with intellectual diabilities, Secunderabad. These institutes are apex level organisation in the field of education, training, vocational guidence, counselling, resarch, rehabilitation and development of suitable service modules for the handicaped. Development and standardisation of aids and appliances and perparation of community awarness materials, both for the electronic and the print media, for the target audience, be the parents, the community and professionals working in the field etc. are also their responsibilities. In addition to the five national institutes, the following two organisations have been working in the field to provide training facilities and services for rehabilitation of persons with locomotor disabilities : Institute for the Physically Handicapped (IPH), New Delhi. National Institute of Rehabilitation, Training and Research (NIRTAR), Cuttack.

(b) National Awards : Each year on occassion of the World Disabled Day, National Awards are given by the President of India to the following : Best employer of handicapped; Best handicapped employee and self-employed; Best individual working for handicappec welfare; Best institution working for handicapped welfare; Placement Officers, Role Model, Best Applied Research, Outsanding work in the creation of Barreir free enviroemnt, Best districtin providing rehabilitation service, Best State Channelizing Agency of the National Handicapped Finance and development corporation, Best sport person with disabilities, Best State in promoting empowerment of person with disabilities, Best Accessible website, Best Braillepress, Best creative child with disabilities, Outstanding creative Adult pesosns with disabilities. and National Techonology Awards for Welfare of the Handicapped. In consonance with the resolution of General Assmebly of UNO, Govt. of India has also decided to observe 3rd December as World Day for the Disabled.

(c) Artificial Limbs Manufacturing Corporation (ALIMCO) : Establishment in 1972 under the Companies Act with the sole objective of promoting, developing, manufacturing and marketing of artifical limbs and appliances, IMC is the only public sector company of its type in the country. It manufactures crutches, wheelcharis, tricycles (both mechanical and motorised), and othe aids and applicans which are of international standards. The company has set up 35 limb fitting centres which operate through State Governments. Besides, there are 152 implementing agencies which provide the aids and appliances manufactured by ALIMCO.

(d) District Rehabilitation Centre Scheme : The Government of India launched the District Rehabilitation Centre Scheme in early 1985, for providing a package of model comprehensive rehabilitation services to the rural disabled. The scheme, at present, is operated in 256 different places in different parts of the country.

Objective : The objective of this scheme is to provide services to the following categories of disabled population (i) Locomotor disabled (ii) Speech and Hearing impaired (iii) Mentally Handicapped (iv) Visully Impaired (v) Multiple Handicapped.

The services provided in the scheme include : Prevention and Early Detection; Medical Intervention and Surgical Correction,; Fitment of Artifical Aids and Appliances; Therapeutically Services such as Physiotherapy, Speech Thearpy and Occupational Therapy; Provision of Educational Services in Special and Integrated School; Provision of Training for Acquisition of Skills through Vocational Training, Job Placement in local Industries and Trades with proper linkages with On-going Training and Employment progammes; Provision of Self Employment opportunities and Bank loans; Establsihing a meaningful linkage with existing Govt. Scheme such as Disability/Old age pension, Scholarship, etc; and an important aspect of this scheme is the creation of awarness, involvement of thc Community and Family Counselling.

Level of Services : Village level : At the village level the Integrated Child Development Scheme (ICDS) functionaries like teachers, local Health Workers, etc. undertake the work of disability prevention, detection and referral to the appropriate level namely Primary Health Centre (PHC)/Community Health Centre (CHC)/ District Centre or Voluntary Organisation wherever such facilities exist.

PHC/CHC : at the PHC/CHC level there are no specialised staffs of rehabilitation, but all the PHCs/CHCs, Medical and Para-Medical personal are being

given training and orientation in the matters of disability intervention.

DRC level : The functions of the district level unit are

- to provide direct services to the handicapped persons at the Headquarters in conjunction with the local hospital authorities;
- to provide rehabilitation services through camp approach throughout the district;
- to arrange for services like education, vocational training and placement in conjunction with voluntary agencies and concerned departmentalise institutions of the Government.

Regional Rehabilitation Training Centre : The Regional Rehabilitation Training Centres (RRTCs) were set up to provide techincal support to the DRCs in the area of trained professional manpowers, paramedical and field workers. The four RRTCs are in Lucknow, Chennai, Cuttack and Mumbai. Each RRTCs had 3 to 4 DRCs in its jurisdiction.

■ SUPPORTING CENTRES OF CENTRAL ADMINISTRATIVE AND COORDINATION UNIT OF DRC SCHEME

National Information Centre on Disability & Rehabilitation (NICDR) : The NICDR was born out of a need for a comprehensive and active communication system of the rehabilitation services in the country, in 1987.

Aims & Objectives : 1. To provide a databse for comprehensive information on all facilities and welfare services for the disabled within the country. 2. To act as a nodal agency for awarnes creation and preparation/collection and dissemination of materials/information on disability relief and rehabilitation.

Rehabilitation Technology Centre : The Rehabilitation Technology Centre was set up in 1987.

Aims & Objectives :

1. To act as high level convencer or rehabilitation, scientists and traniers.
2. To act as executive arm of S&T Project in Mission Mode.
3. To train corps of Master Rehab. Engineers and Technicians.
4. To help setting up standards of rehabilitation and assistance devices.
5. To facilitate a system of testing loboratories.

Rehabilitation Council of India : The Government of India have set up the Rehabilitation Council of India to enforce standards in training of professionals in the field of rehabilitation for the habdicappec, maintenance of Central Rehabilitation Register and other connected matters. The Rehabilitation Council of India Act has been enacted and has come in force w.e.f. 31st July, 1993. The aims and objectives of the Council are as follows :

(i) To prescribe minumum standards of education and training of individuals;

(ii) To regulate these standards in Government institutions uniformly throughout the country;

(iii) To recognise foreign qualificaitons;

(iv) To collect information regarding education and training & om institution in India and abroad.

(v) To recognise qualifications;

(vi) To withdrew recognition of qualifications;

(vii) To inspect examination conducted by training institutions in India and abroad;

(viii) To withdrew recognition from defaulting institutions;

(ix) To maintain Indian Rehbilitation Register.

● **MISCELLANEOUS PROGRAMMES :**

Family Pension : Family Pension to Disabled Children : Handicapped children shall be eligible for the benefit of family pension even if they have been after retirement of the Government servant from a marriaes solemnised after retirement. Ad-hoc Allotment of General Pool Residential Accommodation to the physically handicapped employee : Government emplyoees suffering from T.B., Cancer & Physically Handicapped persons may get Adhoc allotment of general pool residential accommodation on request after recommendation of the Speical Recommendation Committee and on the approval of the Urban Development Ministry.

Legal provisions, advocacy and concessions are the three parts of any social awarness programme. It helps a child not only to fulfil it's need but also to occupy a social position easily. Many researches show that these three parts do not worked separetely they can work as chain system. In the sector of disability these three parts paly a great role. But here no one can work without other. So it must be said that these three are the basic parts of rehabilitation programme.

3.6. Vocational Rehabilitation : Needs sand Challenges

3.6.1 Concept of Vocational Rehabilitation :

Vocational rehabilitation is a process which enables persons with functional, psychological, development, cognitive employment impariments or health disabilities to overcome barries to accessing, maintaining or returning to employment or other useful occupation. Vocational rehabilitation can require input from a range of health care professional and other non-medical disciplines such as disablity employment advisers and casreer counsellors,

Techniques used can include : assesment, appraisal, progrmme evaluation and research. goal setting and intervention planning. provision of health advice and promotion, in support of returning to work. support for self-management of health conditions. making adjustments to the medical and psychological impact of a disablility. case manatement, referral, and service co-ordination. psychosocial interventions. carrer counselling, job analyssis, job deveolpment, and placement services, functional and work capacity evauations.

● **NEED FOR VOCATIONAL REHABILITATION :** Vocational rehabilitation is the managed process that provides an appropriate level of assitance, based on assessed programme is to return a person to the workforce to at least the level of their pre-injury employment. Broadly, services may include vocational assessment, guidance or counselling, functional capacity assessments, work experience, vocational training and job seeking assitance. Whilst returning to paid employment may be the primary goal to work towards, other forms of 'employment' should not be rled out as a successful vocational outcome. Other forms of employment might include a work trial ikn a range of possible organisations where there is potential for employment. This type of employment can be beneficial whereby specific job skills can be learnt as a work readying option or as an outcome in its own right. A vocational rehabilitation programme can also include psychosocial rehabilitation and medical management rehabilitation activities as part of a whole of person approach to helping a person to sustainable employment when the time is right. Goal Attainment Scaling is mandatory when developing a whole-of-person plan includes vocational rehabilitation.

Good work is defined as work that is safe, enables the person to be productive

and engaged and provides economic stability and mental health and wellbeing. Moreover, the negative impacts of remaining away from work do not only affect the absent worker. Families, including the children of parents out of work, suffer consequences including poorer physical and mental health, decreased educational opportunities and reduced long term employment prospects. Recent evidence on return to work rates indicate that the longer a person is absent from work, the harder it is for them to return to work. For example, people who are absent from employment for 20 days, have a 70% return to work rate. However, people who are absent from work for 70 days, have a 35% return to work rate. This reinforces the importance of employment as an early intervention approach to facilitating recovery after a service injuiry or disease. This research indicates that good work : helps to reduce the risk of depression; promotes wellbeing and recovery from both physical and mental health injuries; is an important part of the process of rehabilitation, and not just an end goal of rehabilitation; leads to better short term and long term physical and mental health outcomes; provides people with a valued and productive role with is recognised by their community and their family; promotes long term financial security; provides a sense of community and social inclusion; gives structure to a person's life; and increase physical activity and reduces engagement with risky behaviours such as excessive drinking.

3.6.2 Need For Vocational Rehabilitation :

The VR agency assists people with disablities to find and keep employment. To achieve this goal VR provies a variety of services that help clients market and use their interest's skills and abilites within the presnt work force. These services include work evalutaion job retraining and educational expenses. Vocational rehabiliatation is not a "make work" or entitlement programme. You are not automaticslly eligible just because you have arthritis and are unempolyed or because you are at risk of losing yhour job. It must be shown that the disability directly affects your ability to obtain or maintain employment.

How to qualify for VR : Eligibility for rehabilitation services is determined on the basis of three criteria :

1. must have a physical or mental disability.
2. disability must create or cause a substantial handicap to employment or cause to perform the job below potential.
3. Thee is a reasonable expectation that the provision of VR services will helf for obtaining employment.

The realationship between these three criteria is veryimportant as shown in the examples given below :

1. school counsellor with osteoarthritis in the knees would probably not be eligible for services. This is because the disability does not prevent person from counselling and the individual already has the skills necessary to perform the work.
2. An unemployed construction worker with rheumatoid arthritis would most likely benefit from VR services. The arthristis may present a handicap to employment. The provision of services such as job restraining would enable the person to enter a field of work that betten suits his or her limitations. A state rehabilitation counsellor will decide if a person qulifies for VR services based on the federal definitions of "physical and mental disablity Substantial handicap to employment" and "employability". "The counsellor will also consider medical and work evaluations and the effects of the disability on the person's job performance. Thee are several factors that should not affect a person's application : Race sex colour creed or national origin. Whether or not the person is a resident of the state. Age : clients should be at an employable age. However services are available to younger students in preparation for future work or higher education. Older adults are a;lso served but many states often set priorities based on age groups and funding limits.

Three outcomes are possible when you apply for VR services :

1. You may be detremined to be not eilgible for services. This decision can be appealed
2. You may be determined to he eligible for services. (Application and preliminary diagnostic studies meet guidelines.)
3. You may be given an extended evaluation period. If there is a question about employability the extended evaluation looks at all client informatio in depth. Services will be provided on a trial basis for up to 18 months to determine if the person's employability will improve. During this time a decision will be made to contiuue or terminate services. Again the denial can be appealed.

Evaluation process : The service of vocational rehabilitation are designed to help people from all walks of life who are desabled match their skills with current job opportujnities. These may include professional jobs self-employment family or farm work indistiral or techincal work sheltered or homebound employment or any

other gainful work. The specific type and numbers of services you mght need are determined through an evaluation process. Two examaples are given below :

1. A surgical nurse with severe osteoarthritis in the feet may only need work evaluation studies to determine what other types of hospitals work he or she can perform.
2. A truck driver with progressive enclosing spirit might require a number of services and a complete change of career.

Examples of VR services : To help achieve employment goals VR mayh provide the following services : Medical and psychological examination person may be asked to see a rheumatologist physical and/or occupational therapist or psychologist Evaluation of interests skills and ability for future work Counselling guidance and referral to other necessary services Physical or mental restoration programs and services that could include surgery hospitalization or physical therapy Expenses for training or education in universitites collegs technical schools apprenticeship programs or on-the job Expenses for purchashing books tools licenses or other equipment Basic living expenses Transportation costs Medical equipment necessary for employment Wheelchairs prosthetics glasses self-help devices Job placement Follow-up after employment VR services for teens.

For young peoplewith arthritis the change or transition from school to working life involves many choice many choices and decisions regarding employment or higher education. Vocational rehabilitation and the Department of Education will work together to help teens make a successful transition from student to independent adult. The two agencies coordinate and offer services that beign in high schools and contiune into the early adult years. parents and students need to actively pursue this coordinations. They should check with the school counselor and local office about transition programs. Early planning will make the transition smoother and success more likely.

Payment for VR services : Not all vocational rehabilitation services are provided free of charge for disable person will be asked to submit information about his incme and expenses to determine how much he can contribute to the cost of his VR programme. In some cases institution does pay for all expenses when the person has very limited funds. Theywill be asked to pay for services that involve medical psychological or vocational evaluation counselling referral and job placement. However financial need must be proven for all other services. Individuals who are entering an educational program beyond high school (college university techincal

shcool) must apply for federal student financial aid. Usually financial aid pays for educational costs and covers disbility-related expenses. As discussed earlier each state sets its own budget for rehabilitation programs. The amount of money available for Vocational rehabilitation state will directly affect the range of services and number of clients served. In addition each state agency receives its funds for a 12-month period (fiscal years). The fiscal year may begin on January 1 or another date and this may8 very from state to state. That means there will bemore money available at the beginning of the fiscal year than at the end. Thse factors : budget number of clients served and timing in relation to the fiscal year may affect your ability to recive needed services even though qualfify . Therefore it is advisable to apply early in the fiscal year. Contact the local office with specific questions. For individuals who cannot visit the local office counsellors will interview clinets in the home. There are several ways to contact vocational rehabilitation. Individuals who receive Disability Insurence Benefits (DIB) from Social Secruity (also called Social Security Disablity Insurnece or SSDI) may be referred to VR by the Social Security Adminstration. Self-referral by phone letter or a visit to the local office. Referral by a physician other health care professional or health agencey such as the Arthritis Foundations. After your application is received a VR counsellor will be assigned. A general medical Examination is require (paid for by VR). The counsellor may requet additional information such as school records work history Social Security data and current medical reports Person's medical history is very important and should be complete and upated. All of the above information helps the counsellor determine whether you qualify for VR and what type of services are needed. The reports share with the counselor are kept confidential. When an application for rehabilitation is approved the counsellor and client develop an Individualized Written Rehabilitation Plan (IWRP). The plan describes in detail the persons's employment goals and the services VR will provide IWRP spells out how VR will assist and what are expected to accomplish. Regualr reviews are made o proper plan. If condition changes the IWRP will be revised accodingly.

Services provided by VR : Starting and ending dates for services Estimated cost of services How and when the plan will be reviewed A statement of a responsibilities including payment of some services if ncessary A statement that understand and approve the program and have been informed of rights and appeal process Criteira for deciding when rehabilitated Any plans for providing services after employment is very important. It bcomes the written plan of action between the client and the state agency. Individuals need to work closely with the counselor to make certain

that the plan accurtely and fuly describes a programme which will help them reach their vocational goals. It is also a good idea for clients to share the IWRP with their physician and physical and occupational therapist. These professionals can determine if the activities are appropriate and will benefit the client. In most cases disagreements over a persons' rehabilitation services or plan can be settled between the counsellor and client.

3.7. Issues and Challenge Inrural Settings :

3.7.1 Concept Of Rural Settings :

In general, a rural area or countryside is a geographic area that is located outside towns and cities. The **Department of Health and Family Welfare** Service of India defines the word "rural" as cencompassing"....all population, housing, and territory not included within an urban area. Whatever is not urban is considered rural." Typical rural areas have a low population density and small settlements. Agricultural area are commonly rural, as are other types of areas such as forests. Different countries have verying definitions of "rural" for statisfical and adminstrative purposes.

3.7.2 Definition Of Issues :

According to Mills (1959), "issues" means the action of societal concerns that take into account larger and more public matters. The issues of persons with disabilities are their integration into and access of societal institutions such as higher education, whihc was the public matter in the 21st century, the concept of accssible technology for all citizens, the profits from land or other property, to deliver appliences for use, sale, etc; put into circulation, to mint, print, or publish for sale or distribution, to distribute (food, clothing, etc.), to military personnel, to sent out; discharge; emit. to go, pass, or flow out; to originate or proceed from any source, to arise as a result or consequnce; result, to be born or descended, to come as a yield or profit, as from land etc., issue-an important question that is in dispute and must be settled; "the issue be settled by requiring public education for everyone"; "politicans never discuss the real issues" cognitive content, mental object etc. The sum of range of what has been perceived discovered or learned are come under issue. An issue elicits strong emotional reactions called lot issue but paramount issue is the that typy of where settlement is more important than anything else; So we say that issue must be settled before anything else can be settled.

Rural development is the process to improve the quality of life and economy of the rural areas. It has traditionally centred on the exploitation of land intensive natural resources such as agricultural and foresing. However, changes in global production networks and increased urbanization have changed the character of rural areas. Rural development actions are intended to further the social and economical development of rural communities. Its developmental programme have histrically been to down from local or regional arthorities, regional development agencies, NGOs, national governemtns or international development organizations. The rural vocational rehabilitation rate in India is very low for disabled persons. Ministry of Rural development, government of India, takne has a project. National Rural Livelihood Mission, to reduce the cirsis. This scheme promotes self employment and organization for rural people. If organizes many self help groups making them capable for self employment. On the other hand in 2011 Swarnajayanti Grameen Swarojgar Yojana was launched. It's aim was to reduce provety by eanbling the poor household to access gainful self employment and skilled wage employment opportunities resulting in appreciable imporvement in their livelihood in a sustainable basis through building strong and sustainable grassroot institutions for the poor. But till now this project has not got full success in the area of the disabled. Many NGOs in Indida are trying to improve the conditions of rural disabled peop9le. Among all the NGOs sight savers are working for the disabled. They are trying to give opportunities to disabled people in rural area for proper rehabilitation through vocational trassing. We hope that in future we shall be to overcome this crisis of gainful occupation for the disabled in rural areas. Proper skill development of the differently able should be the aim of all sorts of training programmes to ensure livelihood for them.

3.7.3 Meaning Of Challenges :

The situation of being faced with something needs great mental or physical or financial effort in order to be done successfully. It refers to difficulty in a job or undertaking that is stimulating to one enganed in it. Barriers that hinder lecture's and students' use or integration of ICT in their teachng and laring. Eight items were developed to measure this variable and they include barriers, problems and constraints of ICT. Constraints that act as a bottleneck for the development and management of cooperative housing green areas and street trees. A demand to

explain, justify, difficulty in a job or undertaking that is stimulating to one engaged in it.

3.8. Let Us Sum Up

Rehabilitation refers to the total structure of ideas and activities developed by an institution to meet the needs of community and to achieve the desired aims. A well designed and properly implemented rehabilitation programme can happen by the help of legal provisions, concessions and vocational placements for socially challenged children. Rehabilitation programme is needed for national development, developing democratic life, rising standard of living, national integration and international understanding. Everyday's challenges can help a person to get rehabiliation by the help of soical professionals. So it must be said that rehabilitation and issues or challenges are the two sides of a coin.

3.9. Check Your Progress

1. Describe the significance and need of CBR.
2. Describe the needs of CPR in the time of rehabilitation programmes.
3. What are the major factors that lead to the efficient implementation of the advocacy for disable person.
4. What are the various legal provisions? Explain one of them.
5. Write about the vocational rehabilitation for visually impaired children.

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