

# INTELLECTUAL DISABILITIES (JFY 2003)

## COUNTRY REPORT

### . General Information

Name of country	: India (Sovereign, Socialist, Secular, Democratic Republic)
Area (sq.km)	: 3.3 million sq. kilometers.
Population	: 1,027 billion (Urban-27.78% Rural-72.22%)
Infant mortality rate	: 80/1000
Life expectancy	: 61 years
Maternal mortality rate	: 18%
Literacy rate	: 65.38%
Education (compulsory)	: For all children up to the age of 14 years
Unemployment	: 22.5%

### . Situation of People with Intellectual Disabilities

#### 1) Situation of I.D in general, Services for I.D provided such as,

As per the National Sample Survey document, 1991, the prevalence rate of persons with intellectual disabilities estimated as 3%. However, the observational analysis of the figures from District Disability Rehabilitation Centers, the incidence rate is being noted as less than 1%. As per the NIMH Directory of Institutions for persons with mental retardation in India, 2002, 730 special schools have been identified for the children with intellectual disabilities out of which, 189 special schools have residential facilities. Services for intellectual disabled population are provided in four phases in the life span development-

- Early Intervention Services for the age group 0-3 years,
- Pre-school services for the age group 4-6 years,
- Special school services for the age group 7-17 years,
- Vocational training both open employment and sheltered employment models for the age group of 18 years and above,

- The current trend for the services for adults with mental retardation is promoting independent living skills.

### 1.1. Finding and diagnosis of I.D.

Assessment and diagnosis of intellectually disabled in India are carried out by a multidisciplinary team comprising of a Medical Professionals, a special educator and a psychologist. Standardized tools are used for diagnosis and therapeutic assessment. Subsequent to this, the clients receive other therapeutic services like speech and audiology, physiotherapy, occupational therapy, early intervention, pre-school, special school and vocational services.

### 1.2. Early Intervention

Infants and toddlers with suspected or at risk of delayed development in the age group of 0-3 years are provided services of early intervention. This service is provided by a multidisciplinary team of experts from medical, occupational/physiotherapist and developmental psychologists. The parents are given guidance regarding immunization, nutrition, feeding, sensory motor development, speech and language development and psycho-social interventions.

### 1.3. Education

School-age children with intellectual disabilities are assessed on current level of functioning in various skill areas and on the basis of individual needs, individualized educational programmes ( IEP) are planned and implemented for individual child. Various learning aids as well as computer assisted training modules are used during training.

On the basis of the functioning level of the children, they are selected for:

- 1) Regular schools with modified curriculum
- 2) Resource – room facilities
- 3) Special class in regular school ( integrated education)
- 4) Special schools ( who can not cope with the regular academic activities in the regular school)
- 5) Home bound instructions ( for very low functioning children) and
- 6) Itinerant teacher facilities.

Apart from these provisions, there are schemes like:

- 1) The National Open School (NOS) which is a programme of open education for children with intellectual impairment in which children are allowed to study at their own pace with a reduced curricular content of the normal school stream. Vocation oriented education is also planned in the same manner.
- 2) The District Primary Education Programme (DPEP) is a scheme with a major step towards universalization of primary education where in the children with special needs are also included and a number of districts in India are implementing the programme. Inclusive education being the concept world over, the DPEP aims at including the children at primary level with suitable teacher preparation, infrastructural facilities and aids and appliances.

#### 1.4 Vocational Training

Socio-economic rehabilitation of persons with mental retardation is promoted through the services of vocational training and job placement. Adults with mental retardation are placed initially for generic skill training and subsequently for on the job training. On the job training varies from person to person depending upon the job opportunities available to the client in his/her locality.

#### 1.5 Employment

Following vocational training placement services are facilitated for the economic rehabilitation of the persons with intellectual disabilities. Through the professional guidance and support, the persons with intellectual disabilities are engaged in different employment setups like, open supported employment, sheltered setup and self employment setup. Long term support is provided to the client till he/she is able to carry on the assigned job independently at the worksite.

#### 1.6 Financial Assistance

National Handicapped Finance & Development Corporation (NHFD) is an organization under the administrative control of Government of India (Ministry of Social Justice and Employment) for enhancing employability and Independent Living of persons with disabilities. Any Indian with disability in the age range of 18-55 years with 40% or more disabilities is eligible for applying financial assistance under this scheme. Specific jobs have been identified for persons with intellectual impairment for availing the loan facility.

Under the Central and State Governments, schemes are available for providing scholarship for education by the children with intellectual disabilities. Provision is also to extend the pension of the parents who are working in Government sectors to the children with intellectual disabilities throughout the life after the death of the parents.

#### 1.7 Others

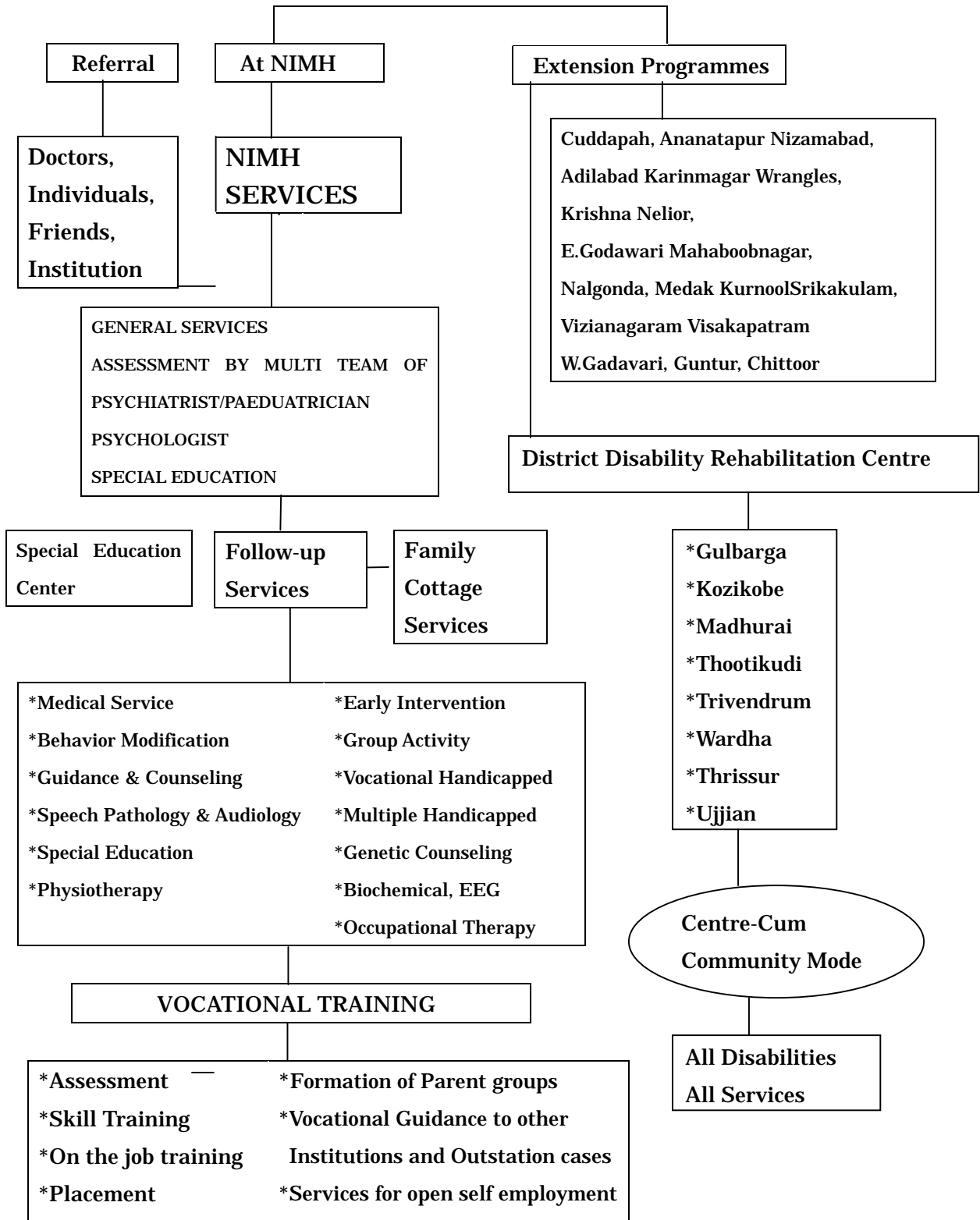
Provision of aids and appliances and assistive devices at low cost has been an objective of Government of India. Under the scheme of Assistance to the Disabled Persons (ADIP), persons with intellectual disabilities can receive free of cost assistive devices, educational kits.

The Central and State Governments provide various benefits and concessions to persons with intellectual disabilities such as:

- 1) Travel concession by bus/train along with escorts.
- 2) Maintenance allowance.
- 3) Income tax deduction for parents.
- 4) Financial support to Non-Governmental Organization providing services for parents with intellectual disabilities.

2.) Flow chart of Services Delivery System

**NIMH SERVICES**



3) **Laws concerned with I.D.**

**National Policy on Education (1986) emphasizes on the following points:**

- 1) **Education of children with mild disabilities in regular schools,**
- 2) **Children with severe disabilities in special schools with hotel facilities in district headquarters,**
- 3) **Initiation of Vocationlization in education,**
- 4) **Reorientation of Teacher Training Programmes to include education of the children with disability, and**
- 5) **Encouragement for all voluntary efforts.**

**The Rehabilitation Council of India Act (1992) is a major move by the Government of India for quality assurance in the education, training and management of persons with disabilities. The Rehabilitation Council of India (RCI) is a statutory body under the Ministry of Social Justice and Empowerment to regulate and introduce uniformity in the human resource development in the country. Under this act, every rehabilitation practitioner is expected to register with RCI after qualifying from Training Institutes recognized by RCI. The training institutes are inspected by RCI to ensure maintenance of standards.**

**The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (PD Act). This act was responsible for bringing about major changes in the programmes for persons with disabilities in India. The act has 14 chapters covering 7 disabilities namely, 1.blindness, 2.low vision, 3.leprosy cured, 4.hearing impairment, 5.locomotor disability, 6.mental retardation and 7. mental illness. Under the Act, every disabled person must be certified to receive Government benefits and concessions.**

**Through this act, the quality of life of persons with disabilities in expected to improve as the literacy level, employment, social security, suitable assistive devices and barrier free environment are focused.**

**The National Trust for Welfare of persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act (1999), it is well known that some of the disabilities need life long care of varying degrees, despite best of training and rehabilitation efforts. Parents always have the big question in their mind, of “what will happen to our child after us???” The National Trust Act is an answer to this question.**

The National Trust Act has made provisions for appointment of guardians for those who have applied, and residential facilities by organizations who will have to maintain minimum standards prescribed by the trust in terms of space, staff, furniture, rehabilitation and medical facilities.

4.) Community Based Rehabilitation Programmes (System, Organization responsible)

Objective	What	For whom	By whom (in general, by grass root level workers)	How
Prevention	Awareness creation	Community	Village Health Workers, PHC staff, Primary school teachers	DDRC Promotes street play, talk in sangams(groups), informal groups, place of workshop and community gathering
	Immunization	Parents, Women with high risk ore	VHN, Anganwadi Workers, ICDS	PHCs, door to door visit, Planned monitoring, talk to people, coordinate with department of health and sanitation.
	Nutrition and general health, Sanitation	Follow up of high-risk babies		
Early detection and intervention	Home based/ Pre school/ Anganwani Centre based.	Children at risk and/or with DD & families.	School/teacher, Anganwadi Workers(ICDS), Health workers, TNINP workers.	DDRC promotes simple screening tools, training of mothers/care givers at home, follow up.
Education	Primary education	Children with Intellectual impairment of school age.	Primary teacher/resource teacher, Itinerant teacher, Peer group	DDRC helps in: Inclusion in primary school, Adaptation of curriculum and TLM Participation of peers, One to one paring for peer tutoring.

<b>Economic Rehabilitation</b>	<b>Identification of traditional trades in community</b>	<b>Persons with Intellectual Impairment</b>	<b>Families, community village sangams(group)and Women's group, National Banks and Loan giving agencies(NHFDC), schemes of poverty alleviation, disabilities rehabilitation, village cooperatives etc.</b>	<b>DDRC through CBR worker as catalyst- Identifies trade and market demand, develops adaptations to compensate for intellectual impairment, educates families on schemes of financial assistance and follow up</b>
<b>Social integration</b>	<b>Full participation, equal opportunities and protection of rights</b>	<b>Persons with Intellectual Impairment</b>	<b>Community, Govt. schemes Acts &amp; Policies P.D. Act, National Trust, Pressure group in the community and families.</b>	<b>CBR worker creates awareness on the acts and polices, benefits and rights. Ensures integration, follow up and fades support.</b>

**5) Government Agencies concerned with I.D.**

National Institute for the Mentally Handicapped (NIMH) is the apex body under the Ministry of Social Justice & Employment, Government of India with the aim to develop service models, generates human resources, conduct research and document and disseminate information in the area of intellectual disability. It has its headquarters in Secunderabad, Andhra Pradesh and three Regional Centers, New Delhi, Mumbai, Kolkata. Apart from NIMH, there are seven Composite Regional Centers situated at different parts of India under the Ministry of Social Justice and Empowerment, and District Disability Rehabilitation Centers located at 113 of the 580 districts in India. These are involved in offering services to people with all types of disabilities. These are also involved in distribution of aids and appliances under ADIP Schemes.

There are 7 vocational rehabilitation centers under the Ministry of Labor, Govt. of India are located at 17 places all over India, who are actively involved in vocational



training and rehabilitation of persons with all typed of disabilities. They also facilitate for availing loan facilities for the disabled persons under self-employment schemes.

## **6) Non-Governmental Organizations**

**6.1 Number of Organization:** There are around 750 NGOs identified which are located at different places covering entire India. They are involved in the services for the persons with intellectual disabilities.

**6.2 Name, Function, Address (Mailing & Email), Tel., Fax. No. of organizations-**  
Refer the enclosed Directory of Institutions for persons with mental retardation in India, compile and edited by Dr.S.H.Reddy.

## **. Outline of our organization**

### **1) Function:**

The National Institute for the Mentally Handicapped (NIMH) was established in 1984 as an autonomous body under the administrative control of Ministry of Social Justice & Empowerment, Government of India. It has objectives to undertake human resources development for delivery of services to the persons with mental handicap, to develop appropriate models of care for persons with mental retardation, to identify, conduct and coordinate research in assessment, education, training and rehabilitation of persons with mental retardation and to serve as National Resource Centre in the field of mental retardation.

### **Vision:**

The quality of life of every person with mental retardation is equal to other citizens in the country, in that they will have independent living in the community to the maximum extent possible.

### **Mission:**

Through constant professional endeavors, empowering the persons with mental retardation to access the state-of-art rehabilitation intervention viz., educational, therapeutic, vocational, employment, leisure and social activities, sports, cultural services and full participation.

### **Value Statement:**

**NIMH values equal opportunity, protection of rights and full participation for the persons with mental retardation. NIMH believes in participation of the persons with disabilities, parents, professionals, employees and other stakeholders in the rehabilitation programmes, which are client focused.**

### **2) Organization Charge**

**I am working as a faculty in the department of medical sciences as lectures in speech pathology and audiology. I am in charge of the section of speech pathology and audiology.**

### **3) My Responsibility**

#### **\*Human resource development**

- Teaching/training the students of various courses at postgraduate/diploma level.**
- Training professionals, teachers, grass root level workers concerned with intellectual disabilities through workshops, training programmes and seminars..**
- Conduction of training programmes for the parents, siblings and other family members of the persons with intellectual disabilities.**

#### **\*Research**

- Undertaking research projects regarding the subjects concerned with the intellectual disabilities, especially in the area of speech-language pathology and audiology and finding out the solutions.**
- Publishing research papers in the reputed journals.**
- Developing service models for intellectual disabilities.**

#### **\*Services**

- Catering speech therapy and audiology services to the persons with intellectual disabilities.**

#### **\*Co ordinations**

- Coordinating activities of the serving organization as and when assigned. At present, coordinating the general services, family cottages, composite rehabilitation camps and district disability rehabilitation center.**