Right to Special Education for Mentally Ill in Punjab: A Study of District Hoshiarpur

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Abstract

Special education is a form of instruction that is designed to meet the needs of children with disabilities so that they can learn the same skills and information as others. It not only enables them to utilize their right to education and to do their daily chores with ease; but also empower them to become more independent and self reliant. With the literacy rate being low in India, special education and skill training is the only way to make people economically independent and to enable them to earn either through self-employment or through wage employment. The children with disabilities (CWD) need this all the more, to supplement their differential talents so that they can prepare themselves for a happy, productive and useful life. Special education becomes all the more important for mentally ill persons as they are the most neglected section among differently abled too. The government in India has an attitude of neglect as far as special education needs of persons with mental disorders are concerned. This can be verified from the fact that though mental health disorders account for one sixth of all health disorders, yet India spends mere 0.83 per cent of its health budget on mental health. Hence, role of NGOs and charitable institutions becomes all the more important as far as special education opportunities for mentally ill persons are concerned. District Hoshiarpur lies in Doaba region of Punjab and it acclaims to have the highest literacy rate amongst all the districts of Punjab. However, as far as education for mentally ill persons was concerned, there was no government institute for the same. Hence, the present study has been conducted in Ashakiran, the only special school for Mentally Ill persons in District Hoshiarpur.
established by a charitable society. The present paper will critically analyze the facilities provided by the institute and will also recommend measures to improve the same.

**Keywords: **Disabled, Mentally ill, Right to Education, Special Education, Special School.

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**I: Introduction**

“Disabled people are not only the most deprived human beings in the developing world; they also the most neglected”

Amartya Sen

Disability is a complex phenomenon, reflecting an interaction between features of a person’s body and features of the society in which he or she lives. It is an umbrella term, covering impairments, activity limitations, and participation restrictions. While impairment is a problem in body function or structure and an activity limitation is a difficulty encountered by an individual in executing a task or action; a participation restriction is a problem experienced by an individual in involvement in life situations.\(^1\) The concept of the term disability has always been changed as per socio-cultural environment of a society. More than anything else disability is in the attitude, which is unable to see the tremendous hope and possibility in people that are termed as ‘disabled’.\(^3\) The fact of the matter is that there is none in the world who is totally able and none is totally disabled. Those who are able today could with one cruel stroke of nature become the disabled of tomorrow. Conversely, the disabled of today with the assistance of rehabilitation programmes and acceptance by the society could consider themselves belonging to the camp of able bodied. Hence, the persons with disabilities, who are living on the brink of profound exclusion, require the support of social protection to lead a dignified life.

Persons with disabilities comprise of 15 per cent of the world’s population, and more than a billion people in the world today experience disability. They have generally poorer health, lower education achievements, fewer economic opportunities and higher rates of poverty than without disabilities.\(^10\) Only 2 per cent of the disabled children in the developing world receive any education or rehabilitation.\(^4\) The growing international interest in disability issues and policy can be significantly traced after the 1970s in the form of United Nation’s Declaration of the Rights of Mentally Retarded Persons (1971) and the Declaration of the Rights of Disabled Persons (1975).\(^5\) However, the apparent radical thrust of these initiatives has been weakened by the continuing influence of conventional individualistic notions of disability and medical rehabilitation. Nonetheless, since the 1990s, anti-discrimination legislation for disabled people has been enacted in countries as diverse as the United States and China.\(^6\) In December 13, 2006, the United Nations formally agreed on the Convention on the Rights of Persons with Disabilities, the first human rights treaty of the 21st century, to protect and enhance the rights and opportunities of the world’s estimated 650 million differently abled people. As of now, 157 out of 159 signatories have ratified the Convention. Countries that sign the convention are required to formulate national laws and policies and to modify the existing ones to enable persons with disabilities to have equal rights to education, employment, and cultural life. With the adoption of convention, national laws have been formulated and modified throughout the world to give benefits to these people in various
facets of life. Despite all these initiatives, the status of differently-abled and specifically mentally ill persons has not changed. They are still deprived of basic rights such as right to life, right to live with dignity and right to education.

According to the census 2011, 2.21 percent of the total population of India consists of persons with disability, which are nearly 2.68 crores. Though, a large segment of Indian population consists of persons with disability; it is an irony that low literacy, few jobs and widespread social stigma has made differently abled people as the most excluded section in India. The families with a differently abled member are often worse off than an average family in India. Persons with disability are most neglected not only in the society but also in their family. There are hardly any meaningful attempts to assimilate them in the mainstream. The apathy towards their problem is so pervasive that even the number of the disabled persons existing in the country is not well documented.

**Table-1: Percentage Share of Differently-abled Population by Type of Disability in India**

<table>
<thead>
<tr>
<th>Type of Disability</th>
<th>Percentage Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Seeing</td>
<td>18.8</td>
</tr>
<tr>
<td>In Hearing</td>
<td>18.9</td>
</tr>
<tr>
<td>In Speech</td>
<td>7.5</td>
</tr>
<tr>
<td>In Movement</td>
<td>20.3</td>
</tr>
<tr>
<td><strong>Mental Retardation</strong></td>
<td><strong>5.6</strong></td>
</tr>
<tr>
<td>Mental Illness</td>
<td>2.7</td>
</tr>
<tr>
<td>Any Other</td>
<td>18.4</td>
</tr>
<tr>
<td>Multiple Disability</td>
<td>7.9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Source: Census of India, 2011

India was among the first countries to sign the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and has since ratified it also. The Department of Disability Affairs has also finalized the Rights of Persons with Disabilities Bill, 2014 after extensive consultation with the stakeholders in harmony with the provisions of UNCRPD. Besides this, Article 41 in the Constitution of India provides that “State shall, within the limits of its economic capacity and development, make effective provision for securing the right to work, to education and to public assistance in cases of unemployment, old age, sickness and disablement, and in other cases of undeserved want.” Although, there is legislation called ‘The Persons with Disabilities Act’ (1995), which is the cornerstone of India’s policy framework, but its enforcement faces many challenges. For one, the Ministry of Social Justice and Empowerment - the nodal agency for disability is perennially short of resources. There are also concerns about weak monitoring mechanisms and accountability of public funds.

Differently abled persons have the inherent right to respect for their human dignity. Whatever be the origin, nature and seriousness of their handicaps and disabilities, they have the same fundamental rights as their fellow citizens of the same age, which implies first and foremost the right to enjoy a decent life, as normal and full as possible. Although India has one of the more progressive disability policy frameworks in the developing world; however, there remain huge
challenges in operationalizing the policy framework. Disability in India is still functioning in the realm of social welfare instead of a rights perspective. People with disabilities in India are subject to deprivation in many dimensions of their lives. Social attitudes and stigma play an important role in limiting the opportunities of differently abled people for full participation in social and economic life, often even within their own families. Teachers are not trained and schools don’t have the infrastructure to deal with children with disabilities. Neither are paediatric wards of hospitals equipped to deal with them. There is not enough data on the number of children living with disabilities to allow the Government to provide the necessary services. The children with mental illness are the worst affected with less likely to be in school and are more likely to be unemployed once they turn to adulthood.

II: Need and Significance of Special Education for Mentally Ill Persons

About 80 per cent of the people with disabilities are of working age and face physical, social, economic and cultural challenge to their access to education, skills development and employment, according to the United Nations. The same holds true in India as well. With unemployment rate already being high for non-disabled persons; ensuring employment opportunities for differently abled is another challenge for government in India. Even though many differently abled adults are capable of productive work, they have far lower employment rates than the general population. The provision of 3 per cent seats reserved for differently abled in government employments only considers three types of disabilities- loco motor, hearing and visual. Hence, remaining differently abled population is excluded from this benefit too.

The situation is far worse in the private sector. As far as job opportunities in private sector are concerned, there are very few jobs that are considered as “suitable” for them. The private sector has few incentives for hiring differently-abled persons. The financial assistance too hardly reaches those in need. Though centrally sponsored anti-poverty programmes have reservations for people with disabilities, the numbers of persons who have benefited from such schemes are much below the minimum laid down. The new National Rural Employment Guarantee Act has dropped reservations for the differently-abled entirely, though some states are making efforts to include differently-abled persons for the same. Further, only few people with disabilities are aware of such programs and many states lack focus on social protection for persons with disabilities. Hence, there is an urgent need to have a comprehensive programme of skill development and training for persons with special needs to enable them to be economically independent.

The same can be ensured by providing special education for differently-abled persons. Special education is a form of instruction that is designed to meet the needs of students with disabilities, so that they can learn the same skills and information as other children in school. In 1997, the International Standard Classification of Education (ISCED-97)* replaced the term special education with special needs education in order to differentiate it from earlier international definition of special education as that which took place in special schools or institutions. The aim of

* The International Standard Classification of Education (ISCED) was designed by UNESCO in the early 1970’s to serve ‘as an instrument suitable for assembling, compiling and presenting statistics of education both within individual countries and internationally’.

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such education for persons with special educational needs is more than what it is for non-disabled persons. Special education is about enabling such persons in line with their abilities; to live full and independent lives so that they can contribute to the society, cooperate with other people and continue to learn. It is the fundamental element for the development of the persons with disabilities, because it is the only way for them to prove themselves and have an individual identity without any discrimination. Hence, there is a need to ensure adequate access to special education for these children.

However, in India, it seems a long way to go to ensure educational rights to differently abled children especially to mentally ill children. Large numbers of children with disabilities in India remain out of school. Very few children with special needs are reported to be studying in primary and secondary schools, reported in 2011 population census. Further, there is no data on inclusion of children with special needs in 0-6 age group and in higher education. They are 4 to 5 times less likely to be in school than SC/ST children. If they go to school, they rarely progress beyond primary levels. This leads to lower employment and incomes. There is paucity of special institutions which take care of the education of the differently abled children so that they can be taught in the way that they can learn better.

While the Sarva Shiksha Abhiyan (SSA) has made a concerted effort to promote the inclusion of children with special needs, the system faces challenges in identifying these children and responding to their needs. Only around 1 per cent of funds under SSA are spent on inclusive education. And, the budget for educating children with mild to moderate disabilities in regular school settings has not increased commensurately since the focus on inclusive education began in the 1970s. Besides this, there are gaps in coordination among the Ministries of Human Resource Development and Social Justice and Empowerment, the Rehabilitation Council of India and the general teacher training system. Physical accessibility of buildings, transportation and access to services is prerequisite for the persons with disability. Guidelines already exist for constructing buildings which are universally accessible and are friendly for both the differently abled and the elderly. However, these guidelines need to be adopted into building bye-laws to make them legally binding. All these problems lead to less development of the persons with disabilities in our country. The situation is worse as far as mentally ill persons are concerned. The persons suffering from mental illness and their families are ostracized, isolated and boycotted by the society.

Mental health disorders account for one sixth of all health disorders, yet India spends mere 0.83 per cent of its health budget on mental health. Hence, the need of the hour is to treat persons with disability as active participants rather than clients. There is thus an urgent need for reforms at all levels.

Punjab is one of the most prosperous states in India and is famous for its agriculture, cultural heritage and tradition. According to Census of India (2011), the population of persons with disability in Punjab was 6,54,063. This includes various types of disability i.e. hearing, vision, speech and movement impairments, mental retardation, mental illness, multiple disabilities and others. The present study was conducted to analyze the status of differently abled in district Hoshiarpur. As per the census of 2011, the Hoshiarpur district is one of the most literate districts in Punjab. The district has large number of educational institutes (Table 2).
Table-2: Number of Education Institutes in District Hoshiarpur

<table>
<thead>
<tr>
<th>Type of Educational Institute</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Schools</td>
<td>1265</td>
</tr>
<tr>
<td>Middle Schools</td>
<td>183</td>
</tr>
<tr>
<td>Secondary Schools</td>
<td>161</td>
</tr>
<tr>
<td>Colleges</td>
<td>21</td>
</tr>
<tr>
<td>Polytechnic Institute</td>
<td>1</td>
</tr>
<tr>
<td>Industries Art. &amp; Craft Schools</td>
<td>7</td>
</tr>
<tr>
<td>Special School for Differently-abled</td>
<td>1</td>
</tr>
</tbody>
</table>


However, as far as special education for differently-abled was concerned, there was only one special school in the district for the population of 33,665 differently abled persons (Census of India, 2011). As there was only one institute in the district; it becomes important to analyze the facilities provided in the institute to differently-abled children. Hence, the present study analyzed the special education provided to the differently-abled persons in special education institute ‘Aashakiran’ in the district. The study focused on the development of the persons with disabilities enrolled in the institution and identified the problems and gaps in the delivery of services. It also suggested measures for better enforcement of services.

Objectives of the Study

FOR the purpose of present research, the set objectives pertain to:

- Study the profile of the institution.
- Analyze the availability and accessibility of infrastructural and other facilities available for the differently abled persons in the institution.
- Suggest measures for better access to special education for differently-abled persons.

Research Methodology

The research is primarily based on primary method of data collection. For the purpose of data collection, the interview schedule and observation tool have been used. Different methodologies were adopted to interact with students with different stages of mental illness. As interaction with the children with mental illness requires special skill; hence, the help of the special educator in the institute was taken to fill the questionnaire. One blind student with mild mental illness was able to communicate well and was specifically interviewed to understand the student’s perception and their problems. The researcher ensured that there is minimum bias or influence of the teacher concerned in getting the questionnaire filled. An informal interaction was also made with the special educator and other staff members of the institute. Parents of the students enrolled in the institute were also interviewed. The observation method was used to gauge the accessibility and efficacy of services provided in the institution.
III: The Study of Ashakiran- A Special School for Mentally Ill in Hoshiarpur

Jagjit Singh Sachdeva Ashakiran is a special school for mentally challenged children run by Ashadeep Welfare Society. It was started in the year 1995 with one small room with 4 children. At the time of survey, 100 children were enrolled in the institute. The institute provided special education and vocational training to mentally ill persons. The prime objective of the institution has been to educate and train the mentally ill persons and to make every effort to rehabilitate them so that they can achieve economic independence. Further, it also aimed to help every mentally challenged child to grow into a self-reliant person by providing diagnostic facilities through camps and home visits. The institute also aimed to organize various camps within the schools and in the nearby villages to make people aware and sensitive towards the needs of persons with mental illness. Furthermore, efforts were made to educate the parents and community through regular counselling and by involving them in various rehabilitation activities. This section discusses the working of the institute in detail.

(A) Admission Procedure

The institute has been established to provide vocational training to only mentally ill persons. For the enrolment in the institute, the beneficiary should have mental disability of 40% and above. The same was to be verified through medical statement (certificate) which the parents had to submit at the time of admission. There was no specific age group for getting enrolled in the institute. Hence, the age group varied from 04 years to 45 years. The enrolment list of the institute revealed that it had students not only from different parts of Punjab, but also from other neighbouring states such as Rajasthan and Himachal Pradesh. One of the most obvious reasons for the same can be unavailability of such training institutes for mentally ill persons in these states. The special educator in the institute, during the informal interview with the researchers also claimed that no other institution in nearby states offered so many vocational courses and day care to the mentally ill persons. However, as institute enrolled only mentally ill persons; a major segment of differently-abled population i.e. physically challenged persons were not eligible to be enrolled in the institute. The reason behind the same was the perception of the head of the institute that there are lots of opportunities for physically challenged persons in the society. It was further stated that physically challenged persons can go to regular school and can learn things easily. Though, the perception is partially right as mentally ill are more disadvantaged among the differently abled population too; however, exclusion of physically challenged persons for this reason was not tenable. In the real world, physically challenged persons face lots of stigma and discrimination which restrain them from being the part of mainstream. Besides this, in India, there are still very limited avenues of vocational training for such children.

(B) Infrastructure

The institute had two storey building with multiple rooms to run vocational courses. It was further observed that building was under construction to create more rooms. The special educator in the institute stated that new construction has been undertaken to create the infrastructure as per the needs of the differently abled persons. The visits to the institute revealed that as the building was under construction, there was always a fear of any accident. Besides this, though the institute was especially for the differently abled children, there were no ramps at the entrance or inside the
building. The institute has facility of lift; however, due to frequent power failure, most of the time the lift was non-functional. The washrooms of the institute were also not differently abled friendly. Though various educational facilities have been provided to differently abled children but it was very difficult for students to learn things easily because there were no smart class rooms in the institute. The need was felt to have classrooms designed as per the requirements of the mental state of such students. Besides the smart classroom, the need was felt to have other assistive technologies to make the learning interesting for such students.

(C) Services Provided

Though institute was primarily established for providing vocational training to mentally ill persons; however, there were various other services provided by the institute. Some of these have been mentioned below.

(a) Vocational Training Programme: The institute provided vocational training to the differently abled persons with the age of 13 years and above to make them economically independent. Different types of projects have been initiated by the institute to economically enable mentally ill children and to bring them to mainstream. Various vocational courses available in the institute were:

- Making Kitchen Napkins
- Masala Grinding
- Making of Shagun Envelop
- Greeting Cards
- Lamination and Photostat
- Candle Making
- Aggarwati Making
- Phenyl Bottle Filling/Liquid Cleaner
- Phenyl Bottle Sealing
- Emboj Painting Programme

Though the institute offered a large number of courses; however, the study found that there were certain courses which were specifically offered only to girls such as making kitchen napkins; while some other courses were available only to boys such as lamination and Photostat, phenyl bottle filling etc. The institute could not provide any tenable reason for such segregation.

(b) Regular Education: Besides providing special education to mentally ill, there was also a provision of regular classroom teaching in order to enable them to have basic understanding of numbers and alphabets. As students of various age groups were enrolled in the institute (04 year to
45 year), arrangements have been made to have classroom education from pre-primary up to 5th standard. The institute acclaimed that five of its last batch students cleared 5th standard examination successfully.

(c) **Degree in D.Ed and B.Ed in Special Education:** As the institute was a philanthropist initiative, so funding was the biggest challenge for the institute. In order to overcome the financial restraints, the institute started a two year diploma course for non-disabled students (D.Ed. in Special Education) in 2011 with yearly intake of 30 students. As the course got a good response, the institute also started B.Ed. Degree in Special Education in 2014 with intake of 25 students. The institute also has facility of hostel for girls’ students of D.Ed. and B.Ed.

(d) **Counseling and Training in Routine Activities:** The institute also provided counseling services to the parents of mentally ill students to make them more aware about the needs and condition of their child. It has developed weekly modules to train students to be independent in their day to day activities. For example, in the first week, students were taught how to wash or clean their hands; in other weeks they have to learn how to eat properly and other activities follows. The behavior modification and repetitive work is also taught to them so that they can do their daily chores and can learn to control their emotions. The institute has made a grading system to promote the student in the next class. Besides this, there was also a provision of physiotherapy, speech therapy, psychology lab and resource room for the persons with disabilities, which further help the students to learn faster.

(e) **School for Hearing Impaired (Deaf) Children:** In order to overcome the recurring criticism that institute only works for the empowerment of the mentally ill and with continuous demand for such initiative for other disabilities too; the institute recently (26th May, 2016) added one more block within the institute to provide vocational education to hearing impaired (Deaf) children. However, as it is a recent initiative, the analysis of the effectiveness of the same can be only analyzed in the years to come.

(D) **Transportation**

Transportation is another necessity as it makes it easier for the differently-abled persons to move from their homes to the institute. The institute had two buses and two small vans to pick and drop children from various part of the district Hoshiarpur. The institute has appointed a care taker in the bus to pick the children from their homes. As far as transport charges were concerned, adequate relief was provided to the poor and deserving candidates. The study revealed that all these buses and vans had male care takers. As there were many girl students enrolled in the institute, the need was felt to have a female care taker too to ensure the safety of the girl students. Besides this, the interaction with the care takers revealed that they were not trained to deal with children suffering with mental illness; which otherwise must me compulsory requirement for such institutes.

(E) **Hostel Facilities**

The institute has a provision of hostel accommodation for the mentally ill children. There were 22 seats available for the adult male students. At the time of survey, 18 students were staying in the hostel. There was no such facility for the female students. The hostel had 5 rooms with 4 beds in each. To make it easily accessible, the hostel has been situated on the ground floor. The hostel had
adequate staff such as one warden, three caretakers, a cook and one helper to take care of the basic needs of these 18 residents. The numerous visits to the institute revealed that each room has adequate infrastructure such as beds, television, blankets, bed sheets, lamps and required study material. The hostel was in the good shape with adequate arrangement of mess to take care of the nutritional requirements of all inmates. The research revealed that the institute gained popularity in nearby areas not only because of the large number of courses offered for vocational training but also due to the availability of hostel facility, which was a miss in most of such institutes.

(F) Medical and Emergency Services

Adequate mechanism for regular medical check up and for medical emergencies is must for any institution. However, the same becomes all the more important for institute taking care of persons with mental illness. Hence, the institute had appointed a doctor, who visited weekly in the institute for routine check up of the residents and to study the progress/improvement in the health of the mentally ill children. Besides this, two doctors were on the panel to provide emergency services. As the institute was a charitable initiative, all three doctors were found to be providing their services free of cost to the institute.

(G) Cultural and Co-curricular Activities

Being creative is best thing to happen with special kids; hence, special schools need to focus on cultural and co-curricular activities for overall development of the students. The institute had multiple cultural and co-curricular activities for the students. Various dance forms were taught to the students in the institute and students were encouraged to participate in various cultural programmes organized in the school and out of the school as well. Institute acknowledged that sports are an integral part of the development of children as it involves love, cooperation and coordination with other players; hence, there was a special provision of sports activities. Olympics ‘Punjab Chapter’ was held at Hoshiarpur during the year 2000 and 2010 and students from the institute not only participated enthusiastically but also won many awards. The institute also provided opportunity for students to participate in various games organized at state, national and international level. One of the special child of the institute also participated in Winter Special Olympics at Korea in 2012 and won a Silver Medal in floor hockey.

(H) Staff and their Behavior

Caring for someone with mental illness brings unique challenges. Mental health problems vary greatly in severity. It is important to listen to what they’ve got to say and to encourage and reassure them. Hence, lots of patience and empathy is required to deal with such persons. The principal of the institute assured that the staff of the institute is very well trained to deal with mentally ill persons. The observation method was used by the researcher to assess the reality. Numerous visits were made to the institute for the same. Though, most of the time, staff was found to be supportive to the children; however, at few instances, it was found that the staff was not as attentive as they should be towards the needs of the students. In one such incident, the researcher observed that the child suffering from Down syndrome was crying very badly; however, special educator rather than attending him, asked another child to look after him. This kind of behavior towards mentally ill children can be very harmful for the overall development of such persons. The head of the institute
negated the same and affirmed that she has never received any complaint against any staff member neither from the students nor from their parents. However, the same cannot be verified as many people with a mental illness were not able to communicate at all; while many others lack the confidence to say what they really want to. This careless attitude of the staff can be one of the reasons for high dropout rate from the institute.

(I) Creating Employment Opportunities

The major objective of the institute has been to make mentally ill persons more independent and self reliant, so that they can take care of their own health and hygiene. As the students coming to the institute were suffering from severe mental illness, enabling them to do their own daily need jobs was a tough task. However, institute took up this challenge and besides enabling them to do their own work; it also created job opportunities for these special children. Besides providing training for the above stated courses, the institute also sold the products made by the students. This not only gave an additional source of revenue to the institute and students; but also enhanced their confidence that they can be economically self reliant. The enrolment to various courses revealed that there were many students enrolled in phenyl bottle filling. The reason for the same was that it was a good business with better profit margins in comparison to rest of the trades available. The profit earned by the institute from these trades was shared with the students who were involved in the work. Trained/semi trained children were paid some stipend to encourage them. Furthermore, 7 ex-students of the institute were employed by the institute itself, while two other were working with Sonalica industry in Jalandhar and pickle factory in Hoshiarpur. Those seven who were employed by the institute itself were performing various duties in the institute such as on reception, at Photostat and lamination shop, as peon and as helper in the office. The discussions with the Principal further revealed that many of their pass out students is now successfully contributing to their family business. It was further revealed that 5 students from the institute have been selected for training in the Vardhman Industry.

However, such success stories were few and rare. Most of the students after completing their courses were unable to find out any job for themselves. Many of them were in the institute itself for last 4-5 years or more. Some of these students interviewed by the researcher revealed that though they have been employed at various places; however, the salary given to them is very meager. One of them stated that he gets only Rs 1200 per month, which is not sufficient enough to take care of his own basic needs. Though Disability Act, 1995 provided for the special employment exchange in each state to provide job opportunities to differently-abled persons; however, there was no such exchange in the state of Punjab. The institute did not have any coordination with any government or private agency to ensure employment to the students. Furthermore, there was no follow up mechanism to check out the status of children who were passing out from the institute.

(J) Finances

Though the school claimed itself to be a charitable initiative; however, the study revealed that none of the services were free of cost in the institute. Initial one time admission fee was Rs 1500/-, followed by Rs 700/-monthly. Hostel fee of Rs 1500/- rupees has been also charged from the residents at the time of admissions and Rs 800/- as room rent and mess charges after every three months. A medical assistance and medication fee was also charged according to the expenditure.
incurred on the medicines of particular student. The institute charged Rs 500 per month from the students as transportation charges. Besides this, interaction with the parents of the students revealed that beyond this monthly fixed fee, additional charges were imposed on and off for additional activities organized by the institute. The head of the institution admitted that fee is charged from students for various facilities; however, the fee structure is very flexible and fee is waived off for persons belonging to scheduled caste category or from economically poor families. He further stated that the operation and maintenance of the institute requires lots of finances such as salary to the staff, annual maintenance, telephone/electricity bills, transportation cost and expenditure on mid-day meals. Major portion of this expenditure is met through the donations, while rest is collected through fees collected from the mentally ill students and from the Diploma students. As far as grant-in-aid from Government of India is concerned; it is negligible and irregular. Hence, in order to overcome the same, the institute has initiated a project namely ‘An Alternative Shelter Residential Area’ (AASRA). Under the project, the institute plans to have a special hostel for mentally ill children of age 15-30 years with in the institute with all comforts/ facilities required for good living. This hostel will specifically cater the needs of mentally challenged children, after the death of their parents. The proposal is to charge a fix amount of money from the parents while they are alive so that their wards can be taken care after their death for the rest of their ward’s life.

IV: Recommendations

The right to education, right to employment, right to basic necessities of life and right to livelihood are the rights without which an individual cannot have a better living. Each and every individual including the differently-abled persons should have access to these rights. In a developing country like India, where financial resources are limited with the government to ensure these rights to a large segment of differently-abled persons; the institutes like Aasha Kiran provides a hope for such persons. Though various gaps in the functioning of the institute were identified, which need to be addressed to serve the purpose for which the institute has been established; the institute still must be applauded for the efforts it made to empower the mentally ill persons in its region. It not only provided vocational training to the children suffering from various mental disabilities but also helped them in regaining their confidence and self-esteem. Besides this, through counselling and therapies, efforts have been made to enable such persons to do their daily chores themselves. This section provides certain recommendations that institute can adopt so as to further improve its services.

• **Introducing more Courses:** The institute should introduce more vocational courses so that mentally ill persons can have better employment opportunities. Courses like music, hand crafts, making of paper bags can also be introduced. Besides this, there must be no gender segregation of various courses and all the courses must be offered to both girls and boys. For example kitchen napkins can be made by boys too and girls can also do lamination and photostat. This will not only give more options to mentally ill persons but will also set an example for other such institutions.

• **Expanding Sports and excursion Facilities:** Though the institute provided sports activity to the students; however, the same should be made part of the day to day curriculum of the institute rather than making it an occasional event. There can be more indoor or outdoor sports available for the differently-abled persons which will not only help them in regaining their
confidence but will further help them in learning other trades better. Sports will add a fun element into their learning process. Besides this, excursion visits must be organized for the differently-abled persons more often as it will provide them the opportunity to interact with the outside world.

• **Provision of Formal Education:** Education is very important for making the lives better and worth living. The institute provided education to the mentally ill children but it should be done more effectively. For example, children belonging to different age groups can be taught in the same classrooms on the basis of their IQ level. The classrooms should be more differently-abled friendly. Smart classroom with various assistive technologies must be created as per the requirement of such students. Automatic wheelchair, speaking software, hearing equipments and other audio visual aids should be there in the school. The funds for the same may also be availed from the government under Sarva Siksha Abhiyan. For students who want to continue education at secondary and higher education level; open school authorities can be contacted. This will not only lead to increase in enrolment rate in the institute; but will also facilitate the differently-abled persons by providing them all major facilities under one roof.

• **Counselling Facility:** The counselling facility should be made more effective. Continuous counselling is required for the differently-abled persons so that they can come out of their complexes which are imbibed in them due to prevalent social taboos prevalent in the society. Besides the differently-abled persons, their parents/guardians should also be counselled at least once in a month. The counselling will help the family members to understand the problems faced by their wards and will also help in finding out the ways to overcome those problems. It will also help in keeping the parents updated about the growth of their ward.

• **Regular Review of the Progress of the Students:** The study revealed that there was no mechanism for regular review of the progress made by persons enrolled in the institute. Many differently-abled persons were enrolled in the institute for around 4 to 5 years. Hence, along with counseling, mechanism must be in place to review the performance of the students.

• **Employment Opportunities:** Education and employment of differently-abled persons remains a serious concern. There was no mechanism to offer on-campus placement from the institute; nor did the institute had any tie up with any employment agency for the same. Those employed after passing out from the institute had applied for the job/post on their own. The study revealed that few of the staff members kept the differently-abled persons updated about the job openings; however, the same was not part of any formal procedure in the institute. It is also recommended that the institute should link up with other capacity building programmes so that students after passing out of the institute can be channelized to undertake other suitable program so that he/she can lead his/her life independently. A regular link must be established with sub-regional employment exchange to further improve the employment opportunities for differently-abled persons.

• **Facilitating Pension and Other Social Security Benefits:** Besides providing vocational training to the mentally-ill persons, the institute can also act as a bridge between the government and these beneficiaries. It can not only make them aware about various schemes including pension, medical assistance and loaning which have been in place for such persons;
but can also act as a facilitator by providing them the benefits of such schemes. Awareness generating activities including advertisements could be done rigorously so that Differently-abled persons and their parents/guardians are aware of such schemes.

**Identifying Innovative Sources of Funding:** Alternative innovative methods of funding must be explored to improve the services provided by the institute. One such method can be involvement of NRIs (Non-Resident Indians) to contribute to the institute. As Hoshiarpur has a large number of persons who are well settled abroad with their lands and families still in Punjab, the same can be tapped for the benefit of the differently-abled persons. Adequate funds will help in improving infrastructure of the institute.

The above mentioned suggestions if implemented in spirit may provide a better platform to the differently-abled persons to improve, excel and be satisfied with their lives. It has further to be understood that disability is a multi-sectoral and multi-dimensional issue and hence needs a multi-pronged strategy to mitigate the effects of disability. The government is required to bring more policies for the development of the differently-abled persons. The introduction of the integrated education requires institutions to ensure that learning and teaching practices are accessible to differently-abled students. There is also a responsibility to make anticipatory adjustments and this will lead to the development of proactive practices, not merely responding to issues as they arise. The Accessible India Campaign initiated by the Government of India to mitigate the problems of accessibility to differently-abled children is a positive step in this direction.

Newer thinking and better coordination of programs is called for. Preventive health programs need to be deepened and all children need to be screened at a young age. People with disabilities need to be better integrated into society by overcoming stigma; disabled adults need to be empowered with employable skills; and the private sector needs to be encouraged to employ them. The scale of disability in India needs to be better understood by improving the measurement of disability. Most importantly, persons with disabilities should themselves be made active participants in the development process. There is also a need for a more accurate data collection. Harmonizing definitions of disability in government surveys and the census would be a good beginning.

The basic purpose of the inclusive approach is to facilitate interactions between the differently-abled and the non-differently-abled individuals that would contribute to both bonding and building the society. Thus inclusion becomes a moral issue, a goal, indeed a value, we decide to pursue or reject on the basis of what we want our society to look like. So inclusive education, as a concept or notion requires educational institutions to respond to the varying competencies of the student rather than students adapting to the institution and the curriculum practices. This in turn envisages a system which fulfils the goal set by the National Knowledge Commission (2007): ‘expansion, excellence and equity’.
Endnotes


vii  Ibid.


ix  Melanie Ryding, Inclusion And Behaviour Management In Schools, United Kingdom: Oxford University Press, 2011, pp. 54-60.


