STATE POLICY ON WELFARE OF THE HANDICAPPED

SELF RELIANCE AND SELF ESTEEM FOR THE HANDICAPPED
State Policy on Welfare of the Handicapped

Dedicated to the Disabled in Tamil Nadu

by

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DISABILITY IS NOT A HANDICAP
STATE POLICY ON WELFARE OF THE HANDICAPPED

A Welfare State is responsible for the well-being of all sections of its people. The State's helping hand must reach out especially to the under-privileged and the handicapped. A number of innovative programmes of this Government in the last three years have, in general, improved the life of the handicapped. However, substantial progress is still to be achieved.

In order that every handicapped person is to have easy access to the service deliveries for him to live a life of self-reliance and self-esteem, we desired a state policy on welfare of the handicapped, covering all aspects of identification, registration, assessment and relief, as a blueprint for all our future plan of action. Eminent specialists and experts in the field have shared with us their valuable ideas and experience.

2. We should remember that perhaps each one of us has some disability in some part of our being, and that the "Disabled" and "Normal" people have more similarities than differences, and that it is by working with one another in a true community spirit that we overcome these disabilities and everyone realizes the full potential. Now is the time when we should rededicate our lives to the great ideals of love and compassion illumined for us by the lives of the sages and mystics of the world.

3. This comprehensive policy aims at early detection and provision of comprehensive services in medical, vocational, economic and social spheres in order to make them self-supporting citizens and integral part of the Society. This involves a joint responsibility of the Government, Entrepreneurs, Philanthropists, affluent people, the NGOs and the community as a whole.

4. The following categories are identified for holistic rehabilitation:
   a) Visually challenged
   b) Hearing challenged
   c) Locomotor challenged
   d) Mentally challenged
   e) Mental illness.

5. The starting point for Rehabilitation is the disability process which consists of:
   (a) impairment of anatomical, physiological and psychological functions
(b) disability: This is defined as inability to function as a normal because of impairment

(c) Handicap: The particular individual as a result of the disability cannot perform the role as a normal would do in accordance with his age, sex, education, social status and vocational skills.

6. INTENSIVE STEPS WILL BE TAKEN:

To assess the nature and extent of the problem of the disabled;

To facilitate registration of every handicapped person;

To persuade and require every head of the family to indicate the authorities concerned the fact of the birth of any child with a handicap as soon as such handicap could be noticed;

To make it possible for the Health Personnel to screen the mothers and attempt to identify defects, if any, when the child is in the womb, and to permit possible corrective measures to overcome the disabilities; and

To undertake extensive studies and surveys to identify and assess the problems of the disabled and update ameliorative measures; the documentation will be adequately improved.

7. Intensive steps will be taken to promote, strengthen and stabilize programmes for prevention of all kinds of disabilities, and

To provide facilities for prenatal, natal and post-natal care in all the primary health centres;

To include the subject of prenatal, natal and post-natal care in the curriculum of those courses relating to welfare of women and children including health workers and primary school teachers and animators; and

To immunise all children against Polio, Measles, Rubella, Mumps, Tuberculosis and Whooping Cough.
8. It is proposed to strengthen and streamline the infrastructural facilities available in the Department of Health for early detection and timely intervention in providing medical and therapeutic treatment, with a view

To ensure early detection of disabilities in new born babies, children and adolescent groups with physical and mental deviations;

To provide to every person identified or suspected to be disabled, easy access to the services that would decrease the degree of impairment;

To develop and arrange to supply simple aids / appliances suited to the needs of the individual in order to improve mobility and physical capacity.

9. It is proposed to ensure that every disabled child is given free and compulsory primary education - either special education or integrated education, based upon the level of disability of the individual, and also

To promote integration of the handicapped students with normal students at every stage depending upon the capacity / level / need of each handicapped child;

To develop the required skilled manpower by establishing Teacher Training Centres, and develop a corps of competent Teachers in Educational Institutions / Training Centres who have developed a deep understanding of the problems of the handicapped;

To create the required facility, by means of new techniques, Teaching materials, Supportive appliances, Resource rooms etc., for provision of quality education to every disabled, both in the special and the integrated system of education;

To arrange to provide proper education to the parents of the handicapped, as to how they should take care of their disabled children and help them in life and learning.

To promote special supportive facilities like scholarship, transport, supply of teaching aids, appointments of
Resource Teachers, Hostel facility etc., and help the disabled to pursue appropriate higher education;

To establish Resource Centres for information dissemination, counselling and guidance;

To establish a State Rehabilitation Council, consisting of Specialists, Scientists, Government officials and NGOs to spearhead, and ensure integration and convergence of all resources for the programme of rehabilitation in the State and to monitor the activities.

New steps will be launched to provide Vocational Training to every handicapped person, depending upon the aptitude and learn a trade or to carry the same job they were doing before the disability.

To identify the trades suited to each category of the disabled, particularly in specific industries and to establish and run training centres for the disabled.

To reserve a certain percentage of seats for the disabled in selected Training Centres / professional courses.

To encourage entrepreneurs and NGOs to start and run training centres for the Disabled by giving them adequate financial support to use their varied competences.

To arrange financial assistance to the handicapped trainees towards purchase of tools, kits etc., required by them.

To encourage entrepreneurs preferably from the handicapped to set up special Industrial Training Units in Industrial Estates for the disabled.

To provide all possible concessions to Training Units where majority of the trainees are handicapped.

To initiate measures for provision of training in rural based occupations or industries with more scope for self employment of the disabled.
To review the reservation of percentages of vacancies for the handicapped in Government Departments/Government undertakings.

To seek reservation of vacancies for the handicapped in private industrial establishment also.

To start Production Centres exclusively for the handicapped.

To initiate measures for establishment of Sheltered Workshops for providing employment to severely handicapped.

To give all possible incentive to the Employers of handicapped persons.

To enable Banks and other institutions to assist liberally self employment ventures.

To encourage loans under schemes like IRDP, TRYSEM to the handicapped, and

To foster innovative agencies for promotion of employment to the handicapped.

11. Intensive measures will be undertaken to kindle social consciousness in the community for the rehabilitation needs of the disabled and their need to be understood and accepted as they are and

To create a positive and favourable healthy attitude through Media.

To prepare material highlighting the special ability of the disabled.

To educate all sections of society on the possible prevention and reduction of disability and the cure and rehabilitation of the disabled.

To highlight success stories of the Disabled with a view to enhancing the meaning of life for all.

To include educative information on disabilities as part of the school curriculum.

To institute and present Awards to the Employers, Employees, Institutions, Social Workers, Students and Teachers to encourage and recognise exemplary performance.
To give representation to the disabled in various forums.

To initiate legislation for protection of the rights of disabled persons to equal opportunities; and to ensure that there is no discrimination on the ground that someone is "being" different.

To introduce measures for the removal of Architectural barriers in all public buildings, to provide easy access; and indeed all barriers to the successful adjustment of the disabled.

To ensure that necessary protection is given to the workers who become disabled during the course of employment, by giving them alternate jobs in similar cadre.

To set up a special cell in the Chief Minister's Secretariat to attend to the grievances of the disabled.

To amend the existing Adoption and Maintenance procedures for provision for adoption of Mentally Retarded/Mentally ill.

To encourage Home care and keep institutionalisation to the necessary minimum.

To create adequate opportunities and congenial atmosphere for participation in sports, games and other recreational activities.

12. The rehabilitation is a continuous process and this causes difficulty to achieve a lifetime rehabilitation for an individual. To avert this impedance, a follow up programme with a qualified team personnel has to be created.

13. Research: Considering the culture, habits and living environment of our people, a simple transfer of technology from developed countries will not be enough to help the handicapped. Further, it is very expensive too.

Therefore, research in the field of rehabilitation has to be established to innovate less expensive aids and appliances to suit the living habits of Tamil people.
14. Social Auditing: To ensure adequate and proper utilisation of Government Funds in the field of Rehabilitation, Social Auditing has to be made compulsory.

Innovations and coverage are needed in services, delivery systems and management. Rehabilitation is not a static process. The pattern will continue to change with the thinking and the practice in future years. If new kinds of intervention are to be meaningful, they must become an integral and routine part of accepted medical practice, of Social Welfare activity, of Educational systems, and of Management - Labour concerns. The most important is to achieve change in attitudes and knowledge of the society as a whole. Our ultimate objective is to ensure a life of dignity and self-respect for the disabled, and how every "normal" person can realize his own full potential by working with a handicapped person.

This is only a beginning, with a realization that limitations do not make anybody less human, and for applying this realization in our daily life. The special susceptibility of the disabled people themselves to developing greater feelings of inadequacy compared to "normal" people will have to be tackled. Recognizing that disability is after all a matter of relationships in community living, the whole community should endeavour as one being to support every part of it. The feelings of alienation, separation and isolation which affect many in society, irrespective of any physical defect, should be dealt with. We will launch a comprehensive Mental Health Care Program, which will cover, apart from the points specifically mentioned in this Policy, issues like aids, drugs, violent behaviours etc. We aim at a better quality of life for all.

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