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## Impact of the Vocational Training and Employment to the Persons with Intellectual Disabilities

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### **Abstract:**

*Mental retardation (MR) is one of the most distressing handicaps in any society. Development of an individual with mental retardation depends on the type and extent of the underlying disorder, the associated disabilities, environmental factors, psychological factors, cognitive abilities and psychopathological conditions. This affects the development and functioning of the mind and behavior of the affected person. It is in fact an arrested or incomplete development of the brain usually at birth and leading to a diminution of intellectual powers relative to the chronological age. The constitution of India is guaranteeing education as a fundamental right (Art.21A, 2002). Subsequently, prevention and early detection of disabilities, education, employment, economic rehabilitation, community empowerment and community based rehabilitation have all been given priority by the government through various schemes and also support to non-governmental organizations. Just as normal adults work to earn their livelihood, persons with mental retardation also have the potential to work and earn if they are provided with the necessary training, placement and other supports. At present, many of them are idle, work in sheltered workshops or work a few hours every week. Their earnings do not reflect their capabilities. To make employment a realistic option for people with mental retardation, appropriate jobs from the open market need to be identified. Simple jobs that require minimum supervision and low risk need to be selected for successful training and placement of individuals with mental retardation. If not by their intellectual ability, they need to be selected for the training based on their generic skills and aptitude. Vocational rehabilitation helps persons with mental retardation to hold on to a job. This paper therefore, focuses particularly on the significance of vocational education or vocational training in the field of persons with Intellectual Disability.*

**Keywords:** Intellectual Disability, Mental Retardation, Vocational Education / Training, Employment.

### **Introduction:**

Intellectual Impairment or Mental Retardation (MR) is a psychological disorder, which affects the development and functioning of the mind and behavior of the affected person. According to the most widely used definition of mental retardation, it is characterized by three criteria: significantly sub-average intellectual functioning; concurrent and related limitations in two or more adaptive skill areas; and manifestation before age eighteen. The first step for diagnosing and classifying a person as having mental retardation is for a qualified person to give one or more

standardized intelligence tests and a standardized adaptive skills test on an individual basis. The frequently used terms “mental retardation,” “feeble mindedness,” “subnormal child”, and mental sub normality”, carry the same meaning as “mental deficiency”. The other less commonly used terms are “amentia”. In recent years the term Intellectual impairment has become increasingly popular. Mental retardation is classified in different ways by medical practioners, psychologists and educationists:

- Medical Classification - Based on the causes of Mental retardation, medical practioners have classified mental retardation as Organic mental retardation which is caused by specific organic or physical problems Down’s syndrome and Familial mental retardation does not involve biological damage but represents the lower end of the normal distribution of intelligence
- Educational classification - Educationists have classified mental retardation according to the functional ability of the individual as Educable mentally retarded, Trainable mentally retarded and Custodial mentally retarded,
- Psychological classification - Psychologists classified mental retardation based on IQ level in to four mild levels mild mental retardation (50-70), moderate (49-35) severe (34-20) and profound (below 20).

The terminology and IQ ranges for various degrees of retardation according to American Association of Mental Retardation (AAMR) are IQ from 70 to 84 is Borderline, IQ from 55 to 69 is Mildly Retarded, IQ from 40 to 54 is Moderately Retarded, IQ from 25 to 39 is Severely Retarded, IQ from 0 to 24 is Profoundly Retarded. Mental retardation is a disability characterize by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social and practical adaptive skill areas. The disability originated before the age of 18 years.

### **Review of literature:**

Individuals with subnormal intellectual level and multiple disabilities of all ages are presumed to have inability to learn and acquire skills especially with regard to academic skills, so the growing need of special schools for increasing the social competence of the children is felt for doing the study which is supported by a number of studies. Classified under the category of learning ability of mentally retarded and Positive outcomes of family environment.

### **Need for the Study:**

The families of persons with mental retardation, particularly the parents and siblings, do also have needs different from others, which cannot be segregated from the needs of children with mental retardation, if our intention is to extend proper rehabilitation services, some of the important family needs are: information about the condition of the child, management of the child, services available, vocational rehabilitation, marriage of the child, emotional needs, societal acceptance of the child,

government benefits and legislation, relief of burden like financial problems etc. The need of the families having a child with mental retardation are very complex and call for developing support programs for these families.

Mental retarded children, due to low intellectual growth, function with a limited capacity on compared to normal children. Hence the social functioning of these children is found to be affected, and this is closely related to degree of impairment. In addition to brain pathology, there are other factors related to the malfunction of these children in a normal social setup. By developing occupational competence through efficient vocational guidance and training, it is possible to lead them towards meaningful employment. There are different types of employment which suit the different categories of persons with mental retardation.

The ultimate aim of special education for the persons with mental retardation is employability and independent living. A child with developmental delays needs an individualized program taking into account the family needs, preferences and supports. Family priorities are best satisfied with every member of the intervention team, the special educator, the parent or care-giver and the members of the interdisciplinary team of experts knowing what the priorities are and working in coordination and collaboration. As a social work practitioner there is a need to study the different ways of situation in upcoming vocational skill development and employability for person with Intellectual Disability. It is an ethical responsibility towards society when investigator have chance to practice it for the betterment of society.

***Limitations in adaptive skills:***

Mental retardation entails significant limitations in two or more of the basic skill areas necessary to cope with the requirements of everyday life, e.g. communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work. Although there are significant variations among those with mental retardation, in terms of their ability to function and their skill levels, all have significant limitations in their "effectiveness in meeting the standards of maturation, learning, personal independence, and/or social responsibility that are expected for his or her age level and cultural group." For instance, an adult with mental retardation may have trouble driving a car, following directions, participating in hobbies or work of any complexity, or behaving in socially appropriate ways. He or she may have trouble sitting or standing still, or may smile constantly and inappropriately. Limitations in everyday coping skills may be more or less severe, ranging from individuals who can live alone with intermittent support, to individuals who require extensive hands-on assistance and guidance, to individuals who require constant supervision and care. For most people with mental retardation, limited adaptive skills make ordinary life extremely difficult unless a caring family or social support system exists to provide assistance and structure.

### **Educational Programmes:**

Educational facilities in India range from special schools to inclusive schools. Special schools are the largest in number and the growth of special schools has been rapid. In 1950, there were about 10 special schools, in 1960s, about 39, in 1970s about 120, in 1980s about 290 and in 1990s reaching 1100.(Reddy, Naryan, Menon,1990)

Special education programmes are selected for mentally retarded children. This consists of a combination of regular classroom exercises and special education approaches. The special education may be optional and it must be remembered that special education programmes for mentally retarded help them learn the basic self care skills. They can also be taught social skills that enable them to interact more easily with people in school and community settings. Most of districts and towns in India have special educational programmes for mental retardation starting from preschool years. Training in language can be useful in helping the child to communicate more effectively. Behavioural training methods also help effectively in teaching self care skills. Vocational training in semi skilled or unskilled jobs can ensure some independent life through employment for educable mentally retarded. They are trained in acquiring self help skills like independent eating, toileting, dressing etc. and in unskilled jobs. The educational programmes for the custodial mentally retarded (severe and profoundly mentally retarded) who cannot be educated nor trained, custodial treatment is the only option. The emphasis here is on teaching self help skills and protection from health and wealth hazards

The growth in the 90s also reflects the awareness which may be due to the Acts and policies and availability of more number of trained professionals. In the 2000s the number of special schools in about 1200. It is difficult to account for the exact number of schools as there are many NGOs who establish such schools are closed. Though most of the schools are registered as Societies or Trusts, there is no central registry or system of recognition of such special schools, thus resulting in poor documentation. Though NIMH (National Institution of Mental Health) publishes and updates a directory, authenticity of the information is questionable as it is recorded as informed by the organization and not verified further. Many parent organizations in India have established special schools for their children with intellectual disability. There are about 130 special schools initiated by parent organization in various parts of the country which reflects active involvement of parents (Narayan, 2005)

On the positive side, these schools provides education to children with mental retardation with the focus on functional skills and independent living skills. Functional assessment and programming is followed and there is no centralized curriculum and certifying board of education for children with mental retardation, as seen in other sensory and motor disabilities. Therefore, it provides flexibility to the teacher in planning, but on the flip side, there are no standards on which

the programme can be evaluated.

Integrated education of disabled children (IEDC) is implemented by the Department of education, Ministry of Human Resource Development (MHRD), and aims to educate children with disabilities in mainstream schools. This scheme is implemented in over 20,000 schools in various parts of India, covering 1,20,000 children with disabilities. (India Educational report, 2002). However, many children with mild or moderate mental retardation, who are enrolled in this programme tend to drop out in senior grades of primary education (class 4 or 5) or in secondary schooling and parents seek special education facilities for their children. The curriculum and evaluation system are not designed to meet the unique needs of children with intellectual disabilities.

Currently, there is a trend towards inclusive education. There is an effort towards allowing flexibility in the curriculum and examination system. National Institute of Open Schooling (NIOS) is one such provision, where children facing difficulties in learning academics have a provision to learn at their own place with a modified curriculum. Another massive effort by the government is the introduction of Sarva Shiksha Abhiyan (SSA) which means 'Education for All' nationwide in order to meet the constitutional commitment to ensure free and compulsory education to all children in the age range of 6 to 14 years. (Ref. 86<sup>th</sup> amendment of the constitution, clause 21A). It is expected that SSA will provide quality elementary education to all children by 2010. SSA aims at enrolling and retaining children, especially the most vulnerable and disadvantaged ones in primary schools. The teacher training programmes have content coverage on inclusive education and establishment of resource rooms in regular schools. Special Teacher trainees at graduate level are given skills and competencies for inclusive education. Parallel, special teachers at diploma level are also prepared to work in special schools to cater the children with severe mental retardation. There are also efforts to convert the existing special schools as resource centers for inclusive education through SSA.

#### **Acts and Policies:**

##### **Constitution of India:**

After Independence when Constitution of India was framed in the year 1950, 'right to education and right to work, in case of disablement was mentioned in Art.41 of the Directive principles of state policy; however, it is not in a fundamental right. Mental Retardation did not have a special mention in the Constitution of India.

**The 86<sup>th</sup> constitutional amendment (2002)** included a new article (21A) which notes education to all children of the age of 6 to 14 years. In addition, early childhood care and education for children up to the age of 6 years was included in the amendment (Art.45). These amendments have direct impact on children with disabilities in the area of early intervention, education and parental involvement.

##### **National Policy on Education (1986):**

In the year 1986, when the National Policy of Education was revised, Education of the Handicapped (as it was called) has a separate subsection (4.9). The plan of action to implement this policy on integrated education included children with mental retardation also. This policy stated that education of children with milder disabilities will be common with others, children with severe disabilities will be provided special school, and adequate arrangement will be made to give vocational training to children with disabilities and teacher training programme.

#### **Rehabilitation Council of India Act (1992):**

In 1992 this Act was passed which brought about major development in human resource development in the area of disabilities. RCI is a statutory body under the Ministry of Social Justice and Empowerment (MSJ & E).

#### **Persons with Disabilities (Equal opportunity, Protection of Rights and full Participation) Act (1995): PWD Act.**

PWD Act was enacted to ensure Rights of persons with disabilities. The Act covers areas including Prevention, early detection, education, employment, affirmative action, non discrimination, manpower development, social security and research and development.

#### **National Trust for Welfare of persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, (1999): NT Act.**

This Act aims to provide guardianship to persons with disabilities covered by the Act. The main objective of the Act is to enable and empower the persons covered by the Act, strengthen facilities within the family, support registered organisation to provide support to families when in crisis, support those who do not have family support, care and support to the disabled person in the event of death of the parent/ guardian, appoint guardian/ trustees, facilitate equal opportunity, protection of rights and full participation.

#### **Vocational Education/Training and Employment:**

A visit to special schools or special education centers having the facilities of vocational training shows that they impart training on specific trades like candle making, chalk making, caning of chairs, basket making, weaving, book binding, printing, making of envelopes, and greeting cards, etc. Such programmes can be described as craft activates rather than any serious effort to train adult person with mental retardation in a vocation leading to employment or job placement.

Vocational training plays an important role in the overall plan of the education for persons with mental retardation. In order to maximize their potential for employment, they must be educated, trained for the world of work and this training must begin at an early age and continue through successful employment. It is not a one step process, but rather requires movement through different stages, school instruction, planning for the transition from school to work, and placement into meaningful employment.

The characteristics of traditional vocational training programmes and work adjustment services necessitated further investigation when professionals begin to probe the actual outcome of the service delivery system and explore alternative vocational training practices. A community referenced approach provides a strong functional relationship between service delivery and targeted outcome and takes a more active role in providing optional employment opportunities for clients with disabilities.

In the government sector, currently there is a 3 per cent job reservation for persons with disabilities but it does not include those with mental retardation. This quota needs to be increased along with including mental retardation. Generally, the avenues for persons with mental retardation includes open employment, sheltered employment and supported self employment and the options are made by the individuals and his/her care givers based on the ability level of the person and the environment in which he lives. For instance, an individual with mild intellectual disability living in urban area is found efficient in working in an open employment setting such as a printing press or a phone-fax-photocopy center while another with similar ability level in rural area is found to be competent in managing dairy or poultry farm under supervision. Those with moderate and severe levels of retardation are involved in sheltered or supported employment where the level of supervision more than the open employment. For this employability various training programmes are offered in various organizations in the country. The trainees of the course are trained in assessment of abilities, potentials and aptitude of persons with mental retardation, job survey, job analysis, and placement and follow up. There are also Vocational Rehabilitation Centers (VRCs) set up by Ministry of Labour in various parts of the country which train persons with mental retardation in various vocations. But there is gap exists when we compare intellectually challenged persons and persons with other disabilities in the context of making them individually sustainable and economically empowered. This gap needs to be filled.

### **Conclusion:**

This paper has been aimed to enumerate the level of 'disability associated with mental retardation' on the parents and the society with the retarded children. Having a disabled child in the family is a continuous source of stress to the family members. Not only the retarded child but the whole family fabric gets affected to this. This effect shows impact on economic conditions of the society and the country as all are linked with one another. This negative impact can be converted into a positive impact by accepting the situation realistically, standing right behind the retarded child and provide support through employment oriented vocational education or vocational training to make him/her as an independent person. The vocational trades are chosen keeping in view what the person with mental retardation can possibly learn and perform. Rarely any market survey is done to assess the market demand and tailor the job suit market conditions. Any training given on trades for which

there is already saturation in the job market, it is unlikely to generate employment.

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