

Voices from the Lodge: An Analytical Study of Daily Life, Care and Belonging in the Nabajiban Special Children in Nagaon District of Assam

ParameshChowdhury¹, Dr. Karabi Konch²

¹Ph.D. Research Scholar, Department of Sociology

²Associate Professor, Department of Sociology Mahapurusha Srimanta Sankaradeva Viswavidyalaya (MSSV), Nagaon-782001, India

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ABSTRACT

This study examines the challenges and lived experiences of special children residing in children's homes, with particular emphasis on their psychological, social, and educational development. Special children—those with physical, cognitive, or emotional disabilities—often face multiple barriers that require specialized care, rehabilitation, and supportive institutional environments. The research aims to assess how the institutional setting influences their well-being, self-esteem, and opportunities for skill development. It also evaluates the adequacy of available resources, the level of caregiver training, and the inclusiveness of educational and rehabilitation programs within these homes. The study adopts a mixed-method approach, combining qualitative and quantitative techniques, including interviews with caregivers and educators, case-based narratives, and observational analysis of 16 resident children. The findings reveal that while some children's homes provide supportive environments with structured interventions and care practices, several challenges persist, including limited funding, shortage of trained professionals, and inadequate access to therapeutic and rehabilitation services. These constraints affect the overall quality of care and developmental opportunities available to the children. The study highlights the need for strengthened institutional support through policy reforms, improved caregiver training, and greater collaboration with community and rehabilitation services. It concludes by recommending the development of a more inclusive and comprehensive support system within institutional care to promote the holistic development, dignity, and social integration of special children.

Keywords: Special Child, Socio-economic Background, Special Children Home

INTRODUCTION

Children are the most valuable asset of any society, and their overall development plays a crucial role in national progress and social well-being. While most children follow typical patterns of growth and development, some children experience physical, intellectual, sensory, emotional, or developmental limitations that require special care, attention, and support. Such children are commonly referred to as special children or children with special needs (Kauffman & Hallahan, 2011). Understanding their needs and ensuring their rights is an important responsibility of families, educators, communities, and the state. Traditionally, disability was viewed mainly from a medical or charitable perspective, which emphasized illness, dependency, and limitations. In recent years, this perception has changed significantly. Modern approaches adopt a rights-based and inclusive perspective, recognizing that disability is not only an individual condition but also the result of social, environmental, and attitudinal barriers (United Nations, 2006). The United Nations Convention on the Rights of Persons with Disabilities (CRPD) emphasizes equality, dignity, and full participation of persons with disabilities in all aspects of life (UN, 2006). Education plays a vital role in the empowerment and social inclusion of special children. Inclusive education aims to provide equal learning opportunities by educating children with special needs alongside their peers in regular schools, supported by appropriate teaching strategies and resources (UNESCO, 2009). Research shows that inclusive educational

practices benefit not only special children but also promote understanding, tolerance, and cooperation among all students (Florian, 2014). In the Indian context, several legal and policy initiatives have been introduced to safeguard the rights and welfare of special children.

The Right of Children to Free and Compulsory Education Act (2009) ensures access to elementary education for all children, including those with special needs. Similarly, the Juvenile Justice (Care and Protection of Children) Act (2015) focuses on the protection and rehabilitation of vulnerable children, including children with disabilities (Government of India, 2009; 2015). Despite these measures, many special children continue to face challenges such as social stigma, lack of awareness, inadequate infrastructure, and shortage of trained professionals, particularly in rural and disadvantaged areas (WHO, 2011).

Therefore, studying special children is essential to understand their educational needs, social challenges, and the effectiveness of existing welfare measures. The present study focuses on the concept, importance, and educational initiatives related to special children, with the aim of promoting inclusion, awareness, and equal opportunities. Through this study, an attempt has been made to highlight the need for a more inclusive and compassionate approach towards special children in society.

Nabajiban Children Home in Nagaon District of Assam

Nabajiban Children Home is located in the Hoibargaon area of the Nagaon district in Assam. It is a Child Care Institution committed to providing comprehensive care, protection, rehabilitation, and holistic development to vulnerable and disadvantaged children, including those who are orphaned, abandoned, destitute, or in need of special care and protection.

The institution is founded on the principle that every child has the right to safety, dignity, love, and equal opportunities for growth. It strives to create a secure and nurturing residential environment where children experience stability, emotional warmth, and a sense of belonging that may have been absent in their earlier lives. The Home ensures the fulfilment of essential needs such as balanced and nutritious meals, adequate clothing, hygienic living conditions, safe accommodation, and access to regular healthcare services including medical check-ups and treatment.

Education is treated as a central pillar of development within the institution. Children are enrolled in nearby schools to ensure their inclusion in mainstream education, while additional in-house academic support, remedial coaching, and personalized guidance are provided to strengthen their learning outcomes. The institution not only focuses on academic achievement but also emphasizes moral education, discipline, character formation, and the cultivation of ethical values.

Life skills education, including communication skills, problem-solving ability, personal hygiene, time management, and social responsibility, is integrated into daily routines to prepare children for independent and productive adulthood. Understanding that many children admitted to the Home have faced trauma, neglect, or emotional distress, Nabajiban Children Home places significant importance on psychological and emotional well-being. Counseling services, mentoring, and supportive supervision are provided to help children cope with stress, build resilience, and develop positive self-esteem.

A child-friendly atmosphere is actively maintained, where children are encouraged to express their feelings, share their experiences, and participate in decisions related to their daily lives. Recreational and co-curricular activities such as sports, cultural programs, music, art, storytelling, and celebration of festivals are regularly organized to foster creativity, teamwork, leadership skills, and social interaction.

The institution operates in alignment with child welfare principles and relevant legal frameworks, particularly the Juvenile Justice (Care and Protection of Children) Act, 2015, ensuring that the rights, safety, and best interests of every child remain paramount. By combining physical care, educational empowerment, emotional support, moral guidance, and skill development, Nabajiban Children Home plays a crucial role in the rehabilitation and social reintegration of children in need. Its sustained efforts contribute meaningfully to

building a compassionate, inclusive, and socially responsible society where vulnerable children are given the opportunity to transform their lives and realize their full potential.

Conceptual Framework: Understanding Disability

Disability is a multidimensional concept that encompasses physical, sensory, intellectual, and psychosocial impairments which, in interaction with environmental and attitudinal barriers, may restrict an individual's full and effective participation in society. The modern understanding of disability is strongly influenced by the social and human rights model, which shifts attention from individual "defects" to societal barriers that create exclusion.

The United Nations, through the Convention on the Rights of Persons with Disabilities (CRPD) adopted in 2006, defines persons with disabilities as those who have long-term physical, mental, intellectual, or sensory impairments that, in interaction with various barriers, hinder their participation in society on an equal basis with others (United Nations, 2006). This definition recognizes disability as a dynamic and evolving concept shaped by social contexts rather than solely by medical conditions.

Globally, disability is a significant public health and development issue. According to the World Health Organization and the World Bank (2011), over one billion people—approximately 15% of the world's population—live with some form of disability. Disability is closely associated with poverty, limited access to healthcare, lower educational attainment, and restricted employment opportunities. The WHO (2011) further emphasizes that persons with disabilities often experience worse health outcomes, lower participation in the labor market, and higher rates of poverty compared to persons without disabilities. These disparities are largely attributed to environmental barriers, discrimination, and inadequate policy implementation.

Disability in India: Policy and Context

In India, disability is both a social and developmental concern. The Census of India (2011) reported that over 26 million individuals, or about 2.21% of the total population, were identified as persons with disabilities. The major categories included locomotor, visual, hearing, speech, intellectual, and mental disabilities. However, experts argue that the actual prevalence may be higher due to underreporting, social stigma, and limited awareness (WHO & World Bank, 2011).

Historically, disability in India was approached through a charity-based or welfare model, focusing primarily on relief and institutional care. Over time, there has been a shift toward a rights-based framework emphasizing equality, dignity, participation, and non-discrimination. This shift is reflected in national legislation such as the Rights of Persons with Disabilities Act, 2016 (RPWD Act, 2016), which replaced the earlier Persons with Disabilities Act of 1995. The RPWD Act expanded the recognized categories of disabilities from 7 to 21 and strengthened provisions related to inclusive education, employment reservation (4% in government establishments), accessibility in public infrastructure, social security, and legal capacity.

The Act mandates the government to ensure reasonable accommodation, barrier-free environments, and protection from discrimination in all spheres of life (Government of India, 2016). Education remains a critical area in disability discourse. UNESCO (2009) emphasizes that inclusive education is essential for achieving equity and social justice, requiring systemic reforms in curriculum, teacher training, and infrastructure. In India, policies such as the Right of Children to Free and Compulsory Education Act, 2009 guarantee free and compulsory education for all children, including those with disabilities. Nevertheless, many children with disabilities face barriers such as inaccessible school buildings, lack of assistive devices, inadequate trained teachers, and negative societal attitudes.

Beyond education, persons with disabilities often encounter discrimination in employment, healthcare, housing, and public participation. Women and children with disabilities are particularly vulnerable due to intersecting forms of marginalization (WHO, 2011). Social stigma, cultural misconceptions, and economic deprivation further exacerbate exclusion.

Disability in Assam: Regional Challenges

Disability is a significant social and developmental concern in Assam, affecting a considerable segment of the population across rural and urban areas. Persons with disabilities in the state include individuals with physical, sensory, intellectual, and mental impairments who often encounter barriers in accessing education, healthcare, employment, transportation, and social participation. Consistent with the social model of disability, the World Health Organization (2011) emphasizes that disability results not merely from medical conditions but from the interaction between impairments and environmental, social, and attitudinal barriers. In Assam, these barriers are compounded by widespread poverty, limited awareness, inadequate infrastructure, and geographical challenges such as remoteness and recurring natural disasters. According to the Census of India (2011), Assam reported a substantial number of persons with disabilities, with locomotor, visual, and hearing impairments being among the most prevalent categories. A large proportion of persons with disabilities reside in rural and flood-prone districts along the Brahmaputra valley, where access to schools, primary health centres, rehabilitation facilities, and assistive devices remains limited.

Seasonal floods and erosion—common in districts such as Dhemaji, Barpeta, and Morigaon—not only damage infrastructure but also disproportionately affect persons with disabilities by restricting mobility, disrupting education, and limiting access to essential services (Government of India, 2011). At the policy level, Assam implements national disability legislation, particularly the Rights of Persons with Disabilities Act, 2016. The Government of Assam has established the office of the State Commissioner for Persons with Disabilities to monitor implementation and safeguard rights. Additionally, inclusive education initiatives are carried out under SamagraShiksha, which provides resource teachers, assistive devices, home-based education for children with severe disabilities, and financial assistance to promote school enrollment and retention (Government of India, 2016). Despite these policy measures, several structural and social challenges persist. Many schools and public buildings in Assam lack ramps, accessible toilets, tactile paths, and appropriate signage, limiting independent mobility for persons with disabilities. There is also a shortage of trained special educators, therapists, and rehabilitation professionals, particularly in rural districts. Social stigma and traditional beliefs sometimes lead families to hide children with disabilities or deprioritize their education.

REVIEW OF LITERATURE

Several studies have been conducted at the international, national, and regional levels to understand disability, special children, and inclusive education. These studies provide valuable insights into the educational needs, social challenges, and policy frameworks related to children with disabilities.

International Studies

UNESCO (2009) emphasized that inclusive education is the most effective way to ensure equal educational opportunities for children with disabilities. According to the report, inclusive schools not only improve academic outcomes for special children but also promote social integration, tolerance, and mutual respect among students.

The World Health Organization (2011), in its World Report on Disability, highlighted that persons with disabilities face significant barriers in accessing education, healthcare, and employment, particularly in developing countries. The report stressed the importance of removing environmental and attitudinal barriers and strengthening support services to improve the quality of life of persons with disabilities. Kauffman and Hallahan (2011) studied various categories of disabilities and emphasized the need for early identification and appropriate educational interventions for special children. Their work highlighted the role of trained teachers and individualized educational planning in improving learning outcomes for children with special needs.

Florian (2014) focused on inclusive pedagogy and argued that effective inclusion depends on flexible teaching strategies that address learner diversity. The study suggested that inclusive education benefits all learners and requires a shift from traditional teaching methods to learner-centered approaches.

National Studies:

In the Indian context, the Government of India (2016) through the Rights of Persons with Disabilities Act recognized disability as a rights-based issue and expanded the categories of disabilities. Studies based on this Act have emphasized the importance of legal protection, accessibility, and inclusive education for children with disabilities.

Census of India (2011) data revealed that a significant number of persons with disabilities live in rural areas, where access to education and rehabilitation services is limited. Researchers have pointed out that geographical challenges, poverty, and lack of awareness further increase the exclusion of children with disabilities, especially in states like Assam.

Singh and Ghosh (2016) examined the relationship between disability, poverty, and social exclusion in India, finding that persons with disabilities experience compounded disadvantages across multiple dimensions of well-being.

Kumar (2017) provided comprehensive analysis of social work approaches with children with disabilities, emphasizing the need for community-based rehabilitation and family support systems.

Regional Studies:

Studies conducted by various researchers on disability in Assam have highlighted issues such as lack of trained special educators, inadequate infrastructure in schools, and social stigma faced by children with disabilities (WHO, 2011). These studies suggest that while policies exist, effective implementation at the grassroots level remains a major challenge.

Research Gap:

From the review of available literature, it is evident that although significant efforts have been made at international and national levels to promote inclusive education and protect the rights of persons with disabilities, gaps still exist in implementation, particularly in rural and economically backward regions. Furthermore, limited empirical research has been conducted on the lived experiences of children with disabilities residing in institutional care in Assam. This review provides the foundation for the present study, which seeks to examine the conditions, challenges, and support systems available for special children in Nabajiban Children Home.

Objectives of the Study

The following objectives guided this research:

1. To study the different types of disabilities and special needs among children
2. To examine the educational needs and challenges faced by special children
3. To study the role of teachers, parents, and society in the care and education of special children

METHODOLOGY OF THE STUDY

The field and methodology of this work is mentioned as follows:

Research Design

The present study on Nabajiban Children Home of Nagaon District of Assam adopts a qualitative case narrative study approach to understand the lived experiences, rehabilitation processes, and institutional support mechanisms for children with disabilities residing in the institution.

A qualitative design is particularly suitable because it allows in-depth exploration of individual cases, contextual factors, and institutional practices that cannot be adequately captured through quantitative measures alone.

The study follows a descriptive case narrative approach, focusing on individual cases of children with diverse disabilities, including physical disabilities, speech impairment, deafness, cerebral palsy, mental disorders, multiple disabilities, and behavioural issues. The approach emphasizes holistic understanding of each child's background, referral pathway, disability profile, and rehabilitation needs.

Study Area

The study was conducted at Nabajiban Children Home, a registered Child Care Institution operating in Assam. The institution functions in accordance with the Juvenile Justice (Care and Protection of Children) Act, 2015 and under the supervision of statutory authorities such as the Child Welfare Committee (CWC). At present, the Home accommodates 43 children with diverse disabilities.

Sampling Technique

A purposive sampling method was used to select 16 children representing different types and degrees of disabilities. The selection aimed to reflect diversity in age group, gender, disability type, referral source, and rehabilitation needs.

Sources of Data

The study is based on both primary and secondary sources of data. The Primary Sources are Case Records and Institutional Documents which has been collected from Individual child files, medical reports, referral letters, and rehabilitation plans maintained by the Home. In-depth Interviews has been conducted Informal and semi-structured interviews with Institutional staff (superintendent, caregivers, counsellors, special educators), Children (where communication ability permitted).

Non-participant observation method has been applied to study the daily routines, therapy sessions, educational activities, recreational programs, and caregiving practices apart from that the through Interaction process with Referral Agencies Information has been collected from CWCs, District Legal Services Authority (DLSA), NGOs, and district authorities involved in child rescue and referral

Secondary Sources:The secondary sources are such as Government reports and policy documents related to child protection and disability rehabilitation. Relevant literature on disability studies, inclusive education, child welfare, and rehabilitation practices. Legal frameworks such as the Rights of Persons with Disabilities Act, 2016 and child protection guidelines issued by the Government of India

Data Collection Tools

- Interview schedules (semi-structured)
- Observation
- Case Narratives

Data Analysis

Information collected from interviews, observations, and records was categorized into key themes such as: Nature and type of disability, Age-specific developmental needs, Educational inclusion, Psychological and emotional support, Rehabilitation and therapy services, Role of referral agencies, Institutional challenges. Cross-case comparison was also conducted to identify patterns and variations across the 16 cases.

Ethical Considerations

The study maintained strict ethical standards:

- Confidentiality of children's identities was preserved
- Informed consent was obtained from institutional authorities
- Sensitive information was handled with care
- The best interest principle of child protection was upheld in accordance with national child welfare laws

Profile of Children: Case Narratives

The following section provides a detailed narrative account of the 16 individual cases, highlighting the nature of disability, age-specific needs, and the role of referral agencies in ensuring care and protection.

Case 1: The 16-year-old child with a physical disability referred from State Home, Nagaon, presents mobility limitations that restrict independent movement and daily functioning. Due to delayed access to rehabilitation services in the past, the child requires regular physiotherapy, mobility aids, and periodic medical supervision. Educational inclusion with necessary classroom accommodations is essential to support continued learning and social participation.

Case 2: The 14-year-old child with speech impairment, produced before the Child Welfare Committee (CWC), Sonitpur, experiences significant communication barriers that affect academic progress and peer interaction. The child requires structured speech therapy, alternative communication methods (such as sign language or visual aids), and individualized educational planning to enhance expressive abilities and self-confidence.

Case 3: The 16-year-old child with deaf and dumb disability rescued from Udalguri District through Ross NGO faces dual sensory-communication challenges. Lack of early intervention has limited formal schooling exposure. Comprehensive rehabilitation, including sign language training, hearing assessment, special education support, and social skills development, is necessary to promote inclusion and independence.

Case 4: The 13-year-old child with multiple disabilities—speech impairment, mental retardation, and epilepsy—referred from State Home, Nagaon, represents a complex case requiring multidisciplinary care. Regular neurological consultation for seizure management, cognitive stimulation programs, behavioral therapy, and close supervision are essential. Individualized care planning is critical to ensure safety and gradual developmental progress.

Case 5: The 10-year-old child diagnosed with cerebral palsy and referred from Lakhimpur SAA requires intensive physiotherapy, occupational therapy, and assistive devices to improve motor functioning. Cognitive assessment and inclusive education planning are also necessary to address both physical and learning needs.

Case 6: The 10-year-old child with physical disability referred by Sonitpur (CWC) faces limitations in mobility and participation in physical activities. Provision of assistive devices, accessible infrastructure, and inclusive classroom support will enhance educational retention and social integration.

Case 7: The 14-year-old child with a diagnosed mental disorder referred through Hojai DLSA requires psychiatric evaluation, medication management if necessary, and structured counseling. Behavioral monitoring and a supportive environment are essential to prevent relapse and ensure emotional stability.

Case 8: The 14-year-old child transferred from Destination Special Home, Guwahati, also diagnosed with a mental disorder, exhibits emotional and behavioral instability. Continued therapeutic intervention, psychosocial counseling, and structured daily routines are vital for rehabilitation and social adjustment.

Case 9: The 8-year-old child with speech impairment referred from Child Line Open Centre is at a crucial developmental stage. Early therapeutic intervention, speech training, and inclusive primary education can significantly improve long-term communication outcomes.

Case 10: The 15-year-old child with speech impairment referred from Karbi Anglong (CWC) has experienced academic delays due to communication challenges. Special education support, speech therapy, and peer integration programs are needed to reduce social isolation.

Case 11: The 8-year-old child with physical disability referred from Missa, Nagaon (CWC), requires early rehabilitation services to prevent secondary complications. Educational access with proper infrastructural support will be essential for long-term development.

Case 12: The 17-year-old adolescent with mental retardation referred from Sonitpur (CWC) is approaching adulthood and requires life skills training, vocational orientation, and behavioral guidance. Transition planning for independent or assisted living is particularly important in this case.

Case 13: The 14-year-old child with speech impairment and behavioral problems referred by Nagaon (CWC) demonstrates communication-related frustration that may contribute to behavioral outbursts. Integrated speech therapy and behavioral counseling are necessary to improve emotional regulation and social interaction.

Case 14: The 16-year-old child with multiple disabilities (deaf, dumb, and behavioral problems) referred from Nagaon (CWC) faces compounded challenges affecting communication and behavior. Intensive special education, sign language training, psychological counseling, and structured supervision are required to address both developmental and behavioral needs.

Case 15: The 11-year-old child with physical disability referred from Sonitpur (CWC) requires regular medical follow-up, physiotherapy, and inclusive educational support. Early intervention and consistent monitoring can improve functional independence.

Case 16: The 14-year-old child with behavioral issues referred from Child Home, Rangulu, Nagaon, presents emotional instability possibly linked to adverse childhood experiences. Psychological counseling, behavioral modification strategies, and a stable caregiving environment are essential for positive transformation. Above all the case narratives it is observed that these sixteen cases arise from a combination of medical, developmental, and socio-environmental factors. Several children suffer from congenital or neurological conditions such as cerebral palsy, epilepsy, and intellectual disabilities, which may result from complications during pregnancy, birth, or early brain development. In other cases, speech and hearing impairments appear to be linked to developmental delays or untreated sensory problems, often aggravated by the lack of early therapeutic intervention such as speech therapy or hearing assessment. Physical disabilities affecting mobility may stem from congenital musculoskeletal conditions, childhood illness, or injury, while some mental and behavioral disorders are associated with psychological trauma, emotional stress, or adverse childhood experiences. A common underlying factor across many cases is delayed access to healthcare, rehabilitation services, and inclusive educational support, which has contributed to the persistence or worsening of these disabilities and their impact on the children’s daily functioning and social participation.

Data Presentation and Analysis: The data of the present study has been given as the following table:

Table: Category, Age, and Source of Rescue of Special Children

SL	Category of Disability	Age (Years)	Rescue / Referral Source
1	Physical disability	16	State Home, Nagaon

2	Dumb	14	Sonitpur (CWC)
3	Deaf and Dumb	16	Udalguri District, Ross NGO
4	Dumb, MR and Epileptic	13	State Home, Nagaon
5	Cerebral Palsy	10	Lakhimpur SAA
6	Physical disability	10	Sonitpur (CWC)
7	Mental disorder	14	Hojai DLSA
8	Mental disorder	14	Destination Special Home, Guwahati
9	Dumb	8	Child Line Open Centre
10	Dumb	15	KarbiAnglong (CWC)
11	Physical disability	8	Missa, Nagaon (CWC)
12	MR (Mental Retardation)	17	Sonitpur (CWC)
13	Dumb with behavioural problem	14	Nagaon (CWC)
14	Deaf, Dumb with behavioural problem	16	Nagaon (CWC)
15	Physical disability	11	Sonitpur (CWC)
16	Behavioural issue	14	Child Home, Rangulu, Nagaon

Source: Nabajiban children home, Nagaon District of Assam

Interpretation of Data

The above table presents the demographic and disability profile of special children residing at Nabajiban Children Home. The data reveals that the children belong to the age group of 8 to 17 years, indicating the need for long-term institutional care, education, rehabilitation, and psychosocial support. The children suffer from multiple and complex disabilities, including physical disability, deafness, dumbness, cerebral palsy, intellectual disability (MR), epilepsy, mental disorders, and behavioural issues. Several children are affected by multiple disabilities simultaneously, such as MR with epilepsy and deafness combined with behavioural problems. This highlights the complexity of care required and the necessity for multidisciplinary interventions. The sources of rescue show that the majority of children were referred by Child Welfare Committees (CWCs) from different districts such as Nagaon, Sonitpur, KarbiAnglong, and Udalguri. Other referral agencies include State Homes, NGOs, Child Line Open Centres, District Legal Services Authority (DLSA), Specialized Adoption Agencies (SAA), and Special Homes. This indicates that Nabajiban Children Home functions as a key rehabilitation and protective institution within the child protection system of Assam.

Findings and Discussion

The present study examines the socio-economic background of special children residing at Nabajiban Children Home, Nagaon, Assam, the role of institutional staff in their development, and the adequacy of facilities and services provided. The findings are based on primary data collected through structured interviews with 15 respondents, supplemented by relevant secondary sources.

Socio-Economic Background of the Special Children

The study reveals that the majority of children residing at Nabajiban Children Home belong to economically disadvantaged and socially marginalized backgrounds. Most of the children were admitted through referrals from Child Welfare Committees (CWCs), District Child Protection Units (DCPUs), NGOs, and State Homes. A significant proportion of the children had lost one or both parents, while others were abandoned due to poverty, disability, or the family's inability to provide adequate care. Factors such as natural disasters (especially floods), unemployment, substance abuse by parents, and lack of access to healthcare were found to be major contributors to institutionalization. The children suffer from various disabilities including deafness, blindness, cerebral palsy, intellectual disability, behavioral disorders, and epilepsy. Notably, the incidence of epilepsy was found to be very high (approximately 90%), and many children had multiple disabilities, indicating complex care needs. These findings are consistent with earlier studies that highlight the strong link between poverty and disability, particularly in rural and disaster-prone regions like Assam.

Children with disabilities from poor socio-economic backgrounds face multiple layers of vulnerability, making institutional care a critical support system for their survival and development.

Category and Nature of Disabilities

The study identified a wide range of disabilities among the children, including:

- Physical disabilities
- Deaf and dumb
- Intellectual disability (mental retardation)
- Cerebral palsy
- Behavioral and emotional disorders
- Multiple disabilities

The age range of the children is 6 to 18 years, indicating the need for long-term care, rehabilitation, and continuous educational support. Many children exhibit overlapping conditions, such as intellectual disability combined with epilepsy or behavioral problems, which requires specialized and multidisciplinary interventions. The diversity and complexity of disabilities emphasize the importance of integrated services such as medical care, physiotherapy, special education, counseling, and life-skills training.

Role of Staff in the Development of Children

The findings indicate that the staff of Nabajiban Children Home play a crucial and positive role in the physical, emotional, and social development of the children. The Superintendent-cum-Counselor provides administrative leadership as well as emotional and psychological support, which is essential for children who have experienced trauma, abandonment, or neglect. The Instructor focuses on literacy education, life-skills training, and creative activities, helping children develop basic educational skills and self-confidence. The Physiotherapist-cum-Special Educator plays a vital role in improving mobility, motor skills, and individualized learning, particularly for children with cerebral palsy and physical disabilities. The Nurse ensures regular health check-ups, medication management, and monitoring of chronic conditions such as epilepsy. Supporting staff, including the helper, cook, and security guard, ensure daily care, nutrition, hygiene, and safety. Overall, respondents expressed satisfaction with the dedication and commitment of the staff. However, the study highlights the need for regular training and capacity-building programs to enhance professional skills, particularly in managing complex disabilities and mental health issues.

Facilities and Services Provided by the Institution

The study finds that Nabajiban Children Home provides a range of facilities aimed at the holistic development of the children, including:

- Nutritious food and regular health check-ups
- Physiotherapy and basic medical care
- Literacy classes and special education
- Life-skills training
- Counseling and emotional support

- Recreational activities such as games, art, music, picnics, and sightseeing programs
- Celebration of cultural and social events (Bihu, Children's Day, World Disability Day, etc.)

These services significantly contribute to the emotional well-being, social integration, and confidence-building of the children. Community interaction through visits by dignitaries, welfare officials, and well-wishers has further enhanced social exposure and moral support. The implementation of COVID-19 safety measures was found to be satisfactory, reflecting the institution's commitment to child safety and health.

Financial and Administrative Challenges

Despite its positive role, the institution faces serious financial challenges, mainly due to the non-receipt of grant-in-aid for the year 2019–2020 from the State Child Protection Society, Assam. Currently, the institution is operating on limited organizational funds and loans, which raises concerns about long-term sustainability. Delayed financial support affects infrastructure development, staff training, and expansion of specialized services. This finding is in line with broader challenges faced by child care institutions across India, where irregular funding often hampers service quality and institutional growth.

DISCUSSION

The findings clearly demonstrate that Nabajiban Children Home plays a vital role in protecting and nurturing special children who would otherwise face risks of neglect, exploitation, and social exclusion. The institution provides a structured, inclusive, and supportive environment that promotes dignity, safety, and overall development.

However, the study also identifies certain gaps, including:

- Limited access to advanced medical and therapeutic services
- Financial instability due to delayed funding
- Need for continuous professional training
- High dependence on institutional care owing to limited community-based rehabilitation options

The case studies included in the research illustrate that with appropriate care, counselling, and education, special children can exhibit remarkable resilience and positive development, reinforcing the importance of early intervention and sustained institutional support.

CONCLUSION

The present study offers a comprehensive understanding of the lived realities, institutional care structures, and developmental challenges of children with disabilities residing in Nabajiban Children Home. Drawing upon qualitative case analysis, interviews, and institutional records, the research highlights that disability is not merely a medical condition but a multidimensional social and rights-based issue, as emphasized in the Convention on the Rights of Persons with Disabilities. The findings reveal that most children admitted to the institution come from economically marginalized and disaster-prone backgrounds, where poverty, parental loss, social stigma, and limited access to healthcare significantly contribute to institutionalization. The study underscores the diversity and complexity of disabilities among the children, including physical, sensory, intellectual, psychosocial, and multiple disabilities. Many cases require multidisciplinary intervention involving physiotherapy, special education, counseling, medical supervision, and life-skills training. The role of institutional staff—comprising the superintendent, counselor, special educator, physiotherapist, nurse, and support personnel—emerges as central to the holistic development of the children. Through structured routines, inclusive educational support, therapeutic care, and cultural participation, the institution fosters a sense of belonging, dignity, and emotional security among residents. These practices are aligned with the

child protection principles enshrined in the Juvenile Justice (Care and Protection of Children) Act and the inclusive mandates of the Rights of Persons with Disabilities Act. However, the study also identifies significant structural challenges, particularly financial instability due to delayed grant-in-aid, shortage of advanced therapeutic facilities, and limited access to trained professionals. These constraints reflect broader implementation gaps in disability and child protection frameworks, especially in states like Assam, where geographical vulnerability, rural isolation, and socio-economic disparities persist. Despite these challenges, Nabajiban Children Home stands as a critical protective and rehabilitative space within the child welfare system, offering stability and opportunity to children who might otherwise face neglect and exclusion. In conclusion, the research reaffirms that inclusive care, rights-based policy implementation, sustainable funding, community sensitization, and professional capacity building are essential for ensuring the full participation and development of children with disabilities. By foregrounding their voices and experiences, the study contributes to academic discourse, informs policy refinement, and advocates for a more compassionate, inclusive, and socially just society where every child—regardless of ability—can realize their full potential.

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