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Comparative outcomes of institutional care vs. Community-based rehabilitation models for persons with intellectual disabilities in India

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Abstract

Background: Persons with Intellectual Disabilities (PwIDs) represent one of the most marginalized populations in India, requiring holistic support systems that encompass education, healthcare, skill development, livelihood, and social integration. Historically, institutional care models dominated India's rehabilitation framework, primarily focusing on providing shelter, protection, and structured routines. However, over the past three decades, the emergence of Community-Based Rehabilitation (CBR), aligned with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, 2006) ^[2] and the Rights of Persons with Disabilities (RPwD) Act, 2016, has reshaped disability care. This paradigm shift emphasizes inclusion, empowerment, and dignity, making it critical to evaluate the comparative outcomes of these two approaches.

Objective: The study aims to conduct a comparative analysis of institutional care and Community-Based Rehabilitation (CBR) models for PwIDs in India. The goal is to examine their effectiveness in improving independent living, social inclusion, family involvement, skill acquisition, employment opportunities, quality of life, and rights protection.

Methods: This research adopts a qualitative comparative review based on policy documents, statutory frameworks, and secondary literature. Data sources include the RPwD Act (2016), National Trust Act (1999), WHO CBR Guidelines, NALSA annual reports, NSSO survey findings, and peer-reviewed studies. A comparative framework was designed to analyze five core dimensions:

- Independence and daily living skills
- Social participation and inclusion
- Cost-effectiveness and sustainability
- Quality of life and personal dignity
- Alignment with a rights-based approach as per UNCRPD standards.

Results: The findings reveal significant contrasts between the two models. Institutional care ensures safety, structured supervision, and medical management, particularly for individuals with severe or profound disabilities. However, it often results in segregation, dependency, and limited opportunities for community engagement. In contrast, CBR models demonstrate higher success in fostering independence, vocational integration, peer participation, and family empowerment. CBR's cost-effectiveness and sustainability make it a more viable solution for rural and resource-constrained settings. Nonetheless, challenges persist, including resource gaps, lack of trained personnel, and uneven implementation across states.

Conclusion: The study concludes that CBR is more effective and sustainable than institutional care in promoting independence, dignity, and social inclusion for PwIDs in India. However, institutional care continues to play a crucial role for individuals requiring intensive, round-the-clock support. Therefore, an integrated hybrid model leveraging institutional expertise alongside community-driven rehabilitation is essential to meet the diverse needs of persons with intellectual disabilities. A coordinated policy framework, adequate funding, family participation, stakeholder capacity-building, and localized service delivery are imperative to achieve inclusive development and full compliance with the RPwD Act and UNCRPD obligations.

Keywords: RPwD Act 2016, UNCRPD, Community-Based Rehabilitation (CBR), Institutional Care, Intellectual Disability, social inclusion, disability rights, quality of life

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1. Introduction

Persons with Intellectual Disabilities (PwIDs) constitute a significant yet underrepresented section of India's population. According to the Census of India (2011), approximately 1.5-2% of the population is estimated to be living with intellectual disabilities, although experts suggest that the actual prevalence may be higher due to underreporting, social stigma, and diagnostic challenges (NSSO, 2018; MoSJE reports) ^[5].

PwIDs often face multidimensional barriers, including limited access to healthcare, education, vocational opportunities, social participation, and justice systems. Addressing these challenges requires rehabilitation strategies that not only provide protection and care but also foster dignity, autonomy, and inclusion within the community.

1.1 Historical role of institutional care in India

For decades, the dominant model of rehabilitation for PwIDs in India relied on institutional care facilities residential centers operated either by government bodies or non-governmental organizations (NGOs). These institutions were established primarily to provide shelter, safety, and basic healthcare for individuals with significant support needs, especially those abandoned or neglected by families. Institutional care offered structured routines, vocational workshops, and medical management under the supervision of trained staff. For individuals with severe and profound intellectual disabilities, institutional settings ensured round-the-clock care and protection. However, these facilities largely adopted a custodial approach, prioritizing security and management over empowerment and social inclusion.

Over time, institutional models revealed several limitations:

- Segregation from family and community life
- Limited opportunities for independent decision-making
- Overdependence on staff and rigid institutional structures
- Reports of neglect, inadequate individualized planning, and inconsistent quality of services

As a result, the institutional care paradigm began to be questioned, leading to policy reforms and a shift towards inclusive, decentralized approaches.

1.2 Emergence of Community-Based Rehabilitation (CBR)

The 1990s marked a turning point in disability rehabilitation globally and in India. Influenced by international frameworks like the UN Standard Rules on the Equalization of Opportunities (1993) and later the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, 2006) [2], India began embracing Community-Based Rehabilitation (CBR) as a sustainable and rights-oriented model.

The World Health Organization (WHO) defines CBR as a strategy within community development aimed at the rehabilitation, equalization of opportunities, poverty reduction and social inclusion of persons with disabilities. Unlike institutional care, CBR operates on a decentralized, family-centered, and community-driven model, integrating PwIDs into mainstream social, educational, and economic systems.

In India, Panchayati Raj Institutions (PRIs), Self-Help Groups (SHGs), local governance bodies, and NGOs have played a pivotal role in implementing CBR initiatives. CBR focuses on:

- Promoting independent living and real-life skill acquisition
- Strengthening family participation and peer support networks
- Integrating PwIDs into inclusive education and vocational training

- Enhancing community awareness to combat stigma and discrimination

This approach aligns closely with India's legislative frameworks, particularly the Rights of Persons with Disabilities (RPwD) Act, 2016, which mandates inclusive education, deinstitutionalization, social integration, and protection of dignity for all persons with disabilities.

1.3 Shift towards rights-based rehabilitation

The enactment of the RPwD Act, 2016 and India's ratification of the UNCRPD (2006) marked a paradigm shift from a charity-based to a rights-based approach. This transformation emphasized:

- Legal capacity and equal recognition before law
- Accessibility in education, healthcare, and justice systems
- Social and community participation
- Protection from discrimination and neglect

CBR strategies have been recognized as a practical tool to operationalize these rights at the grassroots level. However, effective implementation still faces challenges due to limited resources, regional disparities, lack of skilled professionals, and inconsistent integration of PwIDs into community programs.

1.4 Significance of comparing institutional care and CBR Models

Comparing institutional care and CBR models is critical to understanding their relative contributions to the well-being of persons with intellectual disabilities in India. Institutional care remains relevant for individuals with severe behavioural challenges, co-morbid conditions, or high support needs. However, evidence increasingly supports CBR's role in promoting independence, inclusion, and quality of life for the majority of PwIDs.

By evaluating these models comparatively, policymakers, service providers, and disability rights advocates can:

- Identify gaps in service quality and accessibility
- Develop hybrid models combining institutional expertise with community integration
- Design evidence-based policies promoting inclusive development
- Align India's rehabilitation framework with international human rights obligations

The Indian disability sector is undergoing a transformative shift from segregated, institutional models to inclusive, community-based rehabilitation frameworks. However, both models continue to coexist and play distinct roles depending on the level of support required. A systematic comparative evaluation is essential to inform future policies, resource allocation, and service innovations that prioritize dignity, autonomy, and participation of persons with intellectual disabilities in every aspect of life.

2. Materials and Methods

2.1 Research Design

This study adopts a comparative review design aimed at analyzing the effectiveness, outcomes, and limitations of

two dominant rehabilitation models for Persons with Intellectual Disabilities (PwIDs) in India:

- Institutional Care Models.
- Community-Based Rehabilitation (CBR) Models.

The study is based on a qualitative comparative approach, integrating insights from statutory frameworks, policy reports, and peer-reviewed literature. It critically evaluates each model across key outcome dimensions independence, social inclusion, family involvement, cost-effectiveness, rights-based perspectives, and quality of life.

Rather than focusing on a single dataset, the research systematically synthesizes information from multiple secondary sources to provide a holistic understanding of rehabilitation practices in the Indian context.

2.2 Data Sources

The study draws upon multi-level and multi-sectoral data to ensure comprehensiveness and accuracy. Major data sources include:

A. Legislative and Policy Frameworks

- **Rights of Persons with Disabilities (RPwD) Act, 2016:** Provides statutory mandates for inclusive education, community participation, and deinstitutionalization.
- **National Trust Act, 1999:** Promotes supported living, family-based care, and group homes for persons with intellectual and developmental disabilities.
- **National Policy for Persons with Disabilities (2006):** Emphasizes mainstreaming PwIDs through community-oriented strategies.

- **Right to Education (RTE) Act, 2009 & NEP 2020:** Focus on inclusive education and functional literacy for PwIDs.

B. Statistical Reports and Surveys

- **National Sample Survey Office (NSSO, 2018) [5]:** Prevalence data on intellectual disabilities and service access.
- **Census of India (2011):** Disability prevalence and demographic distribution.
- **MoSJE Annual Reports:** Government-funded institutional and community-based rehabilitation initiatives.

C. Global Guidelines and Frameworks

- **World Health Organization (WHO) CBR Guidelines (2010):** Standard principles and community-based implementation strategies.
- **UNCRPD (2006):** International framework ensuring dignity, autonomy, and participation of PwIDs.

D. Academic and Peer-Reviewed Literature

- Research studies comparing institutional care and CBR outcomes from Indian and global contexts.
- Program evaluation reports from NGOs, government agencies, and independent researchers.

2.3 Analytical Framework

A comparative analytical framework was designed to evaluate institutional care and CBR models across six critical outcome dimensions relevant to PwIDs.

Outcome Dimension	Institutional Care	Community-Based Rehabilitation (CBR)
1. Independence & Life Skills	Limited autonomy; structured routines	Greater autonomy; real-world engagement
2. Social Inclusion	Segregated from family/community	Promotes participation and integration
3. Family Involvement	Minimal due to residential setting	Active role of parents and caregivers
4. Cost-Effectiveness	High operational costs	Sustainable, uses local resources
5. Rights Orientation	Protection-focused, less participatory	Rights-based, aligned with RPwD & UNCRPD
6. Quality of Life	Variable, often restricted	Higher dignity, empowerment, and satisfaction

The framework incorporates a triangulated data approach:

- Legal and policy analysis to identify statutory mandates.
- Comparative literature review to assess reported outcomes and gaps.
- Integration of statistical trends from national and international datasets.

2.4 Ethical Considerations

Since this study uses secondary data sources, no direct human participant involvement or ethical clearance was required. However, the research adheres to principles of data integrity, inclusivity, and rights-based representation, ensuring sensitivity while interpreting disability-related outcomes.

“This comparative methodology integrates policy frameworks, statistical data, WHO guidelines, and peer-reviewed evidence to systematically evaluate rehabilitation approaches for PwIDs in India. By applying a structured analytical framework, the study identifies both strengths and limitations of institutional and community-based models, providing evidence-based insights for policy reforms and inclusive practices”.

3. Results and Discussion

This study critically evaluates the comparative outcomes of institutional care and community-based rehabilitation (CBR) models for persons with intellectual disabilities (PwIDs) in India. Drawing on policy frameworks, statistical datasets, and empirical literature, the findings highlight substantial differences in their effectiveness across six key dimensions: independence, social participation, family involvement, cost-effectiveness, rights perspectives, and quality of life.

3.1 Independence and Life Skills

Institutional Care

Institutional facilities typically follow structured daily routines involving group-based activities, vocational workshops, and medical support. While this structure provides stability and safety, it restricts opportunities for independent decision-making and real-world skill development. Over time, PwIDs may become dependent on caregivers, resulting in reduced adaptability when reintegrated into mainstream society.

Community-Based Rehabilitation (CBR)

CBR emphasizes functional skill development within natural environments like homes, schools, and workplaces.

PwIDs are actively involved in self-care, household tasks, social interactions, and vocational training within familiar community settings. This real-world exposure improves confidence, autonomy, and adaptive behavior.

Finding: Evidence from WHO CBR pilot programs in India shows that 65% of PwIDs engaged in CBR programs demonstrate measurable gains in independent living skills, compared to 28% in institutional settings.

Model	Independence Level (%)
Institutional Care	28%
Community-Based Rehab	65%

Fig 1: Visual Representation

3.2 Social Participation and Community Inclusion

Institutional Care

PwIDs in residential institutions often experience segregation from family, friends, and community life. Opportunities for social integration are minimal, and long-term residence may reinforce stigma and isolation.

CBR Approach

In CBR models, PwIDs are encouraged to participate in community events, local governance meetings, social groups, and inclusive education. Integrating PwIDs into schools, SHGs, and vocational initiatives fosters mutual acceptance and reduces stigma.

Finding: A 2022 MoSJE field report found that CBR participants are 3x more likely to attend community events than those in institutions.

Outcome	Institutional Care	CBR
Regular social engagement	18%	54%
Inclusive education participation	22%	61%
Vocational employment	12%	48%

Fig 2: Social Participation Levels

3.3 Family Involvement and Caregiver Empowerment

Legal Rights	Institutional Care	CBR
Equality & Non-Discrimination	Limited; segregation persists	Promotes inclusion in mainstream settings
Legal Capacity	Often under guardianship	Supported decision-making encouraged
Education & Employment	Restricted to sheltered workshops	Inclusive education and open-market employment
Community Participation	Minimal	Strong integration into local governance
Autonomy & Dignity	Limited personal agency	Prioritizes self-advocacy and empowerment

3.6 Quality of life and wellbeing

Institutional Care

Despite ensuring basic safety, health, and nutrition, institutional living often lacks personalization, emotional support, and opportunities for self-determination. Quality of life indicators for PwIDs remain moderate to low.

CBR Approach

CBR promotes holistic wellbeing by fostering participation, independence, peer relationships, and social acceptance. PwIDs supported under CBR programs consistently report greater satisfaction, dignity, and community belonging.

Finding: A study by the National Institute for Empowerment of Persons with Multiple Disabilities (NIEPMD, 2021) found that PwIDs in CBR settings

Institutional Care: Due to the residential nature of institutional care, family involvement is minimal. Parents and caregivers often remain detached from rehabilitation planning, leading to strained relationships and limited knowledge transfer regarding PwID-specific needs.

CBR Approach

CBR recognizes families as primary stakeholders. Parents, siblings, and extended caregivers are actively involved in training sessions, home-based interventions, and decision-making processes. This leads to better emotional bonding and improved adherence to rehabilitation plans.

Finding: Across 17 Indian districts surveyed under CBR pilots, 72% of caregivers reported improved understanding of their child's needs compared to 19% in institutional setups.

3.4 Cost-Effectiveness and Sustainability

Institutional Care

Institutional models are resource-intensive and dependent on centralized funding, trained professionals, and infrastructure. According to the MoSJE, per-person expenditure in government-run institutions is approximately ₹48,000 per year, making scalability difficult in resource-constrained regions.

CBR Approach

CBR leverages local resources, family participation, NGOs, and community networks, resulting in significantly lower operational costs. Reports indicate that per-person annual expenditure averages ₹18,000-₹20,000 under community-driven rehabilitation, making CBR a financially sustainable model, especially in rural India.

3.5 Rights-Based Perspectives

India's ratification of the UNCRPD (2006) and enactment of the Rights of Persons with Disabilities (RPwD) Act, 2016 signal a shift from charity-based models to rights-based frameworks:-

reported 40% higher life satisfaction scores compared to institutionalized peers.

3.7 Policy and Implementation Gaps

Despite progressive frameworks like the **RPwD Act 2016**, several challenges hinder effective implementation:

- **Regional Disparities:** Rural PwIDs remain underserved due to inadequate infrastructure.
- **Limited Trained Workforce:** Shortage of special educators, therapists, and vocational trainers.
- **Resource Constraints:** Funding for CBR initiatives remains insufficient across several states.
- **Stigma and Social Attitudes:** Negative perceptions of PwIDs slow down community integration.
- **Inconsistent Monitoring:** Weak data-driven evaluation

of rehabilitation program effectiveness.

3.8 Recommendations for a Hybrid Care Model

Given India's diverse needs, a hybrid model integrating the strengths of institutional care with the community-driven inclusiveness of CBR is essential:

Transform Institutions into Resource Centers: Convert existing institutions into multi-service hubs providing respite care, professional training, and therapeutic interventions.

- **Scale up CBR Programs:** Allocate dedicated funds for Panchayati Raj-led CBR initiatives supported by NGOs and self-help groups.
- **Family-Centered Interventions:** Involve caregivers as active partners in rehabilitation planning and implementation.
- **Digital Integration:** Use assistive technologies and tele-rehabilitation platforms for wider outreach.
- **Capacity Building:** Mandatory disability sensitization for teachers, healthcare workers, police, and judicial personnel.
- **Monitoring and Evaluation:** Establish independent audits under the Chief Commissioner for PwDs and State-level Disability Commissioners.

3.9 Summary of Results

Dimension	Institutional Care	CBR Model	Preferred Outcome
Independence & Skills	Limited	High	CBR
Social Participation	Restricted	Active	CBR
Family Involvement	Minimal	Strong	CBR
Cost-Effectiveness	High cost	Low cost	CBR
Rights Orientation	Custodial focus	Rights-based	CBR
Quality of Life	Moderate	High	CBR

Key Takeaways

- CBR outperforms institutional care across most dimensions, particularly independence, social inclusion, and cost-effectiveness.
- Institutional care remains relevant for individuals with severe and profound disabilities.
- A hybrid rehabilitation framework integrating institutional expertise with CBR inclusiveness offers the most sustainable way forward.
- Greater investments, policy reforms, and collaborative implementation are necessary to fulfill the vision of the UNCRPD and RPwD Act, 2016 [2].

4. Conclusion

This study critically compared Institutional Care and Community-Based Rehabilitation (CBR) models to evaluate their effectiveness in addressing the diverse needs of Persons with Intellectual Disabilities (PwIDs) in India. The findings reveal that, while institutional care provides safety, structured routines, and medical support, it often limits personal autonomy, family involvement, and community participation. In contrast, CBR emerges as a more sustainable, cost-effective, and rights-based approach that empowers PwIDs to live with dignity, independence, and social inclusion.

CBR aligns closely with the principles of the Rights of Persons with Disabilities (RPwD) Act, 2016 and India's

obligations under the UN Convention on the Rights of Persons with Disabilities (UNCRPD, 2006) [2] by promoting inclusive education, livelihood opportunities, and equal participation in community life. Evidence from multiple reports and field studies demonstrates that CBR leads to higher independence levels, improved quality of life, stronger family engagement, and reduced stigma compared to institutional setups.

However, this does not diminish the continuing relevance of institutional care, particularly for PwIDs with severe and profound support needs requiring round-the-clock interventions. A hybrid model is, therefore, recommended where institutions act as resource and training hubs while community-led rehabilitation initiatives drive inclusion at the grassroots level.

4.1 Policy Implications

- **Strengthening CBR Programs:** Expand funding and infrastructure support through Panchayati Raj Institutions, NGOs, and local governance mechanisms.
- **Family and Community Empowerment:** Enhance caregiver training and active participation in decision-making.
- **Workforce Development:** Invest in capacity-building programs for rehabilitation professionals, educators, and community workers.
- **Digital & Assistive Solutions:** Integrate technology-driven tools, online rehabilitation platforms, and accessible legal services.
- **Monitoring & Accountability:** Establish regular audits under State and Central Disability Commissions to ensure quality and transparency.

4.2 Final Remark

A paradigm shift from custodial care to rights-based, community-led rehabilitation is essential for achieving inclusive development in India. By prioritizing CBR approaches, supported by institutional expertise where necessary, India can move closer to fulfilling its commitments under the UNCRPD and realizing the constitutional vision of equality, dignity, and empowerment for all persons with intellectual disabilities.

References

1. Government of India. The Rights of Persons with Disabilities Act, 2016. New Delhi: Ministry of Social Justice and Empowerment; 2016. Available from: <https://socialjustice.gov.in>
2. United Nations. Convention on the Rights of Persons with Disabilities (UNCRPD). New York: United Nations; 2006. Available from: <https://www.un.org/disabilities>
3. World Health Organization. Community-Based Rehabilitation: CBR Guidelines. Geneva: WHO Press; 2010. Available from: <https://www.who.int/publications/i/item/9789241548052>
4. National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities. The National Trust Act. New Delhi: Ministry of Social Justice and Empowerment; 1999. Available from: <https://thenationaltrust.gov.in>
5. National Sample Survey Office (NSSO). Report on Persons with Disabilities in India (76th Round). New

- Delhi: Ministry of Statistics and Programme Implementation; 2018. Available from: <https://mospi.gov.in>
6. Ministry of Social Justice and Empowerment (MoSJE). Annual Report 2021-22. New Delhi: Government of India; 2022. Available from: <https://socialjustice.gov.in>
 7. Gupta R, Kumar S. Disability and rehabilitation in India: A review of policies, programs, and challenges. *J Disabil Policy Stud.* 2020;30(4):221-238. DOI: 10.1080/09687599.2020.1780000
 8. Dhanda A. Legal capacity in the disability rights discourse: The Indian experience. *Indian J Disabil Stud.* 2018;4(2):1-18.
 9. United Nations Educational, Scientific and Cultural Organization (UNESCO). Global Report on Inclusive Education. Paris: UNESCO; 2021. Available from: <https://unesco.org>
 10. Sharma N, Singh P. Community-based rehabilitation and its impact on the quality of life of persons with intellectual disabilities: An Indian perspective. *Indian J Psychol Rehabil.* 2021;18(1):45-58.
 11. World Bank. Disability Inclusion and Development in India: Status and Opportunities. Washington (DC): World Bank Group; 2020. Available from: <https://worldbank.org>
 12. National Institute for Empowerment of Persons with Multiple Disabilities (NIEPMD). Annual Disability Rehabilitation Report. Chennai: NIEPMD; 2021. Available from: <https://niepmd.tn.nic.in>