PG SW S4-04 (DSE)

TWO YEAR MASTER'S DEGREE COURSE

(CBCS in Accordance with NEP 2020)

SEMESTER - IV

SOCIAL WORK WITH PERSONS WITH DISABILITY

SOCIAL WORK

Surya Kumar Bhuyan School of Social Sciences

KRISHNA KANTA HANDIQUI STATE OPEN UNIVERSITY

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March, 2025

ISBN:

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Printed and published by Registrar on behalf of the Krishna Kanta Handiqui State Open University

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The University acknowledges with thanks the financial support provided by the **Distance Education Bureau, UGC** for preparation of this material.

COURSE INTRODUCTION :

SOCIAL WORK WITH PERSONS WITH DISABILITY

This is a discipline specific elective course of PG fourth semester of Master of Social Work (MSW) programme. The course is titled- Social Work with Persons with Disability. This course will help learners of social work to understand the concept of disability, problems of persons with disability, the impact on the families with persons with disability, various legislations, rehabilitation programmes for PWDs and strategies pertaining to disability rights. It focuses on the measures and role of professional social workers in disability rehabilitation and education.

Objectives of this course are:

- To understand the concept of disability and its varied dimensions.
- To sensitize the students about the vulnerability and rights of PWDs.
- To make students aware of disability issues pertaining to family and across gender.
- To identify various strategies to work towards their rehabilitation.
- To understand the role of social workers in promoting rehabilitation measures for the PWD.

In this course, there is detailed discussion of the different aspects of human rights, its violation and protection measures. The First Unit introduces the concept of disability. The Second Unit discusses the difficulties faced by the persons with disability. The Third Unit explains the impact on the families with persons with disability. The Fourth Unit discusses the prevailing legislations in relation to disability. The Fifth Unit highlights the NGOs and government programmes to deal with disability. Sixth Unit analyses the process of rehabilitation of the PWD. In the Seventh Unit, there is analysis of the various approaches to understanding disability. The Eighth Unit describes the role of social workers in working with persons with disability.

While going through the units of the block, you will find that unit is further divided into certain sections and sub-sections, wherever necessary, for your better understanding. Again, the units may carry certain activities after a particular section where needed. These “ACTIVITIES” will provide you the opportunity to practically apply your own thoughts based on the knowledge gained from reading

the text in a particular section. Besides, in order to give you additional information on certain relevant topics, you will find a category called “LET US KNOW” after the sections in each unit. Another category that has been included at the end of each section of a particular unit is “CHECK YOUR PROGRESS”. The purpose of this category is to help you to asses for yourself as to how thoroughly you have understood a particular section. You may then match your answers with “ANSWERS TO CHECK YOUR PROGRESS” given at the end of each unit. The section “FURTHER READING” in each unit contains the names of a few books which you might want to consult if you are interested in learning more elaborately about the concepts discussed in a particular unit. Furthermore, the category called “MODEL QUESTIONS” is intended to give you a hint of the type of questions you are likely to get in the examination.

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UNIT 1: UNDERSTANDING DISABILITY

UNIT STRUCTURE

1.1. Learning Objectives
1.2. Introduction
1.3. Understanding Disability
    1.3.1. Definition
1.4. Concepts Related to Disability
    1.4.1. Disease
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1.5. Causes for Disability
    1.5.1. Prenatal Causes
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1.7. PWD Population in India
1.8. Changing Types of Disability
1.9. Let us Sum up
1.10. Further Reading
1.11. Answers to Check Your Progress
1.12. Model Questions

1.1. LEARNING OBJECTIVES

This unit on disability shall:

- enable you to understand the different concepts and meaning related to disability;
- discuss the contributing factors and changing types of disability;
- examine the data related to people living with disability.

1.2. INTRODUCTION

It is estimated that one billion people, about 15% of people globally experience one or other form of disability which leads to adverse outcome. The prevalence is high when it comes to developing countries. Disability is a complex issue which is also multidimensional. Persons with disabilities may have varied needsand capacities, and they also have the same rights and equity like any other person in society. Too often their lives are impaired by physical and social barriers in society which hamper their full participation. It is important to have a comprehensive understanding of disability and other related concepts. This unit therefore shall discuss these aspects along with types and causes of disability in the context of India.

1.3. UNDERSTANDING DISABILITY

Disability is a word used in daily conversations that holds different meanings for different people. The experience of disability is unique to each person but there are common impacting factors. Opinion on what constitutes disability may vary; considered as a medical problem, a sin or a curse, have to live with it etc. These views lead to how society accepts people with disabilities which unfortunately results in stigma and discrimination. This transition from an individual, medical perspective to a structural, social perspective has been described as the shift from a “medical model” to a “social model” in which people are viewed as being disabled by society rather than by their bodies.

A person with disability may be unable to perform certain functions just as efficiently as most other people. The disability may be physical; it may involve senses, including seeing or hearing; it may involve finding it difficult or impossible to think clearly; or it may involve mental health. Long term physical, mental, intellectual or sensory impairments may result in physical and socialbarriers that

interfere with their functioning and participation in daily life, leading to a life of complete dependency in many cases. The following section provides explanation on what is disability and how it impairs one's functioning.

1.3.1. Definition

The World Health Organization (WHO) defines 'Disability' as "an umbrella term, covering impairments, activity limitations, and participation restrictions. Impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations. Thus, disability is a complex phenomenon, reflecting an interaction between features of a person's body and features of the society in which he or she lives."

The Preamble to the Convention on the Rights of Persons with Disabilities (CRPD) -2006, adopted by the United Nations, describes disability as: "Disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others."

According to the Rights of Persons with Disabilities Act, 2016,"Person with disability" means a person with long term physical, mental, intellectual or sensory impairment which, in interaction with barriers, hinders his full and effective participation in society equally with others, and "Person with benchmark disability" means a person with not less than forty per cent of a specified disability where specified disability has not been defined in measurable terms and includes a person with disability where specified disability has been defined in measurable terms, as certified by the certifying authority.



Disability is a complex phenomenon, reflecting an interaction between features of a person's body and features of the society in which he or she lives.

1.4. CONCEPTS RELATED TO DISABILITY

Concepts of disability have evolved over the past few decades. The focus of attention has shifted from disability as a state, a consequence of disease, to disability being included as just one of many components of health. It is observed that many terms are used to refer to disability like “impairment,” “disability,” and “handicap,” that are often used interchangeably. But, when we examine what these terms actually mean, it is found that they have different connotations which are very important to be discussed so that it leads to a better understanding of the world of disability and how these terminologies are interconnected.

The most commonly cited definitions are those provided by the World Health Organization (1980) in The International Classification of Impairments, Disabilities, and Handicaps (known as ICF) which provides a conceptual framework for disability in three dimensions – impairment, disability and handicap.

1.4.1. Disease

Disease refers to any harm in the **functional state** of an organism that deviates it from the normal structure or function and is generally attributed with a set of signs and symptoms that differ from any physical injury or accident.

1.4.2. Impairment

It is any loss or abnormality of psychological, physiological or anatomical structure or function. It occurs at the **organ or system function**. For example: defective body part, amputated limb, paralysis after polio, limited hearing, etc.

1.4.3. Disability

Disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.Disability

is concerned with functional performance or activity, affecting the whole person. Impairment leads to disability in the sense that the person may have problem or difficulty in speaking, walking, hearing, or doing any such task due to any bodily impairment.

1.4.4. Handicap

Handicap is a disadvantage for a given individual, resulting from impairment or a disability that limits or prevents the fulfilment of a role that is normal (depending on age, sex, and social and cultural factors) for that individual. 'Handicap'-focuses on the person as a social being and reflects the interaction with and adaptation to the person's surroundings. A disability becomes a handicap when it interferes with doing what is expected at a particular time in one's life.

It can be summarised as impairment referring to a problem with a structure or organ of the body; disability is afunctional limitation with regard to a particular activity; and handicap refers to a disadvantage in filling a role in social life.A 'person with disability' therefore as per the Rights of Persons with Disabilities Act, 2016,means a person with long term physical, mental, intellectual or sensory impairment which, in interaction with barriers, hinders his full and effective participation in society equally with others.

1.5. CAUSES FOR DISABILITY

Many factors can be attributed to disability and it can originate at any stage in a person's life, be itbefore birth, during or after birth, which are complex and heterogeneous. For a clear understanding, they can be classified as prenatal, perinatal and postnatal causes that are discussed below.

1.5.1. Prenatal Causes refer to those before birth. Genetic and chromosomal abnormalities play a significant role in causing disability that is inherited. X and Y chromosomal factor can lead to Down Syndrome. Developmental malformation, maternal illness or infections (like German measles, syphilis, herpes, HIV), age and malnourished state of mother, any injury or fall of the pregnant mother; consanguineous marriage, any exposure to radiation or chemicals, ingestion of drugs, tobacco, alcohol and overuse of medicines by the mother during pregnancy etc. Lack of access to appropriate health during pregnancy due to poverty and other reasons can affect the child leading to low birth weight and other complications.

1.5.2. Perinatal Causes are those that occur during the birth process which are mostly biomedical causes. Babies born with low birth weight or premature are at great risk of developing congenital abnormalities. Complications during delivery, trauma during labour, poor treatment, lack of experts to handle the delivery and lack of essential facilities are other causes. Oxygen deprivation for the child during birth is another major reason that can lead to permanent disabilities in the child.

1.5.3. Postnatal Causes are those that happen after birth. Environmental factors play a major role here where accidents (motor vehicles, fire accidents), injuries (due to falls), conflicts, wars, risky work environments (mining, construction sites), breathing or drinking toxic chemicals, etc are responsible for most of the disabilities in people. Illnesses such as meningitis, polio and measles during childhood can lead to permanent disability that lasts through life.



CHECK YOUR PROGRESS – 1

1.Explain WHOs concept of disability.

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2. What are the environmental factors that cause disability?

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1.6. TYPES OF DISABILITIES

Disability can be classified in many ways which varies across countries depending on their situation whether they are physical or mental or genetic etc.The International Classification of Functioning, Disability and Health (ICF) is the most current method of classifying disability as it uses a very neutral language and does not distinguish between the type and cause of disability.In India, The Right to Persons with Disabilities Act (2016) - RPWDA lists about 21 specified disabilities in the Schedule which are categorized into five major groups as presented in the following section.

Specified Disabilities as Mentioned in 'The Schedule of the RPWDA 2016'

S.No.	Categories	Specified Disabilities
1.	**Physical Disability**	1. Locomotor Disability
		2. Leprosy Cured Person
		3. Cerebral Palsy
		4. Dwarfism
		5. Muscular Dystrophy
		6. Acid Attack Victims
		7. Blindness
		8. Low Vision
		9. Deaf
		10. Hard of Hearing
		11. Speech and Language Disability
	2. Intellectual Disability	12. Intellectual Disability
		13. Specific Learning Disabilities
		14. Autism Spectrum Disorder
	3. Mental Behaviour	15. Mental Illness
	4. Disability due to Chronic Neurological Condition and Blood Disorder	16. Multiple Sclerosis
		17. Parkinson's Disease
		18. Haemophilia
		19. Thalassemia
		20. Sickle Cell Disease
5.	**Multiple Disabilities**	21. More than one of the above specific disabilities
6.	**Any Other**	

Brief description of each of these disabilities:

i. **Locomotor disability**- inability to execute distinctive activities associated with movement of self and objects resulting from affliction of musculoskeletal or nervous system or both.

ii. **Leprosy cured person** - a person who has been cured of leprosy but is suffering fromloss of sensation in hands or feet, eye and eye-lid; extreme physical deformity as well as advanced age which prevents him/her from undertaking any gainful occupation.

iii. **Cerebral palsy** - a group of non-progressive neurological condition affecting body movements and muscle coordination, caused by damage to one or more specific areas of the brain, usually occurring before, during or shortly after birth.

iv. **Dwarfism** - a medical or genetic condition resulting in an adult height of 4 feet 10 inches (147 centimeters) or less.

v. **Muscular dystrophy** - a group of hereditary genetic muscle disease that weakens the muscles that move the human body and persons with multiple dystrophies have incorrect and missing information in their genes, which prevents them from making the proteins they need for healthy muscles.

vi. **Acid attack victims** - a person disfigured due to violent assaults by throwing of acid or similar corrosive substance.

vii. **Blindness** - a condition where a person has total absence of sight; or visual acuity less than 3/60 or less than 10/200 (Snellen) in the better eye with best possible correction; orlimitation of the field of vision subtending an angle of less than 10 degree.

viii. **Low-vision** - a condition where a person has visual acuity not exceeding 6/18 or less than 20/60 upto 3/60 or upto 10/200 (Snellen) in the better eye with best possible corrections; or limitation of the field of vision subtending an angle of less than 40 degree up to 10 degree.

ix. **Deaf** - persons having 70 DB hearing loss in speech frequencies in both ears.

x. **Hard of hearing** - person having 60 DB to 70 DB hearing loss in speech frequencies in both ears.

xi. **Speech and language disability** - a permanent disability arising out of conditions such as laryngectomy or aphasia affecting one or more components of speech and language due to organic or neurological causes.

xii. **Intellectual disability** - a condition characterised by significant limitation both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behaviour which covers a range of every day, social and practical skills.

xiii. **Specific learning disabilities** - a heterogeneous group of conditions wherein there is a deficit in processing language, spoken or written, that may manifest itself as a difficulty to comprehend, speak, read, write, spell, or to do mathematical calculations and includes such conditions as perceptual disabilities, dyslexia, dysgraphia, dyscalculia, dyspraxia and developmental aphasia.

xiv. **Autism spectrum disorder** - a neuro-developmental condition typically appearing in the first three years of life that significantly affects a person's ability to communicate, understand relationships and relate to others, and is frequently associated with unusual or stereotypical rituals or behaviours.

xv. **Mental illness** - a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, but does not include retardation.

xvi. **Multiple sclerosis** - an inflammatory, nervous system disease in which the myelin sheaths around the axons of nerve cells of the brain and spinal cord are damaged, leading to demyelination and affecting the ability of nerve cells in the brain and spinal cord to communicate with each other.

xvii. **Parkinson's disease** - a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movement, chiefly affecting middle-aged and elderly people associated with degeneration of the basal ganglia of the brain and a deficiency of the neurotransmitter dopamine.

xviii. **Haemophilia** - an inheritable disease, usually affecting only male but transmitted by women to their male children, characterised by loss or impairment of the normal clotting ability of blood so that a minor woundmay result in fatal bleeding.

xix. **Thalassemia** -a group of inherited disorders characterised by reduced or absent amounts of haemoglobin.

xx. **Sickle cell disease** - a haemolytic disorder characterised by chronic anaemia, painful events, and various complications due to associated tissue and organ damage; "haemolytic" refers to the destruction of the cell membrane of red blood cells resulting in the release of haemoglobin.

xxi. **Multiple Disabilities** (more than one of the above specified disabilities).

Any other category as may be notified by the Central Government can be considered as disability.

1.7. PWD (PERSONS WITH DISABILITY) POPULATION IN INDIA

The WHO estimated that more than six hundred million people across the globe live with disabilities of various types due to chronic diseases, injuries, violence, infectious diseases, malnutrition, and other causes related to poverty. In India, about 2.68 Cr (26.8 million) persons are 'disabled' which is 2.21% of the total population (Census, 2011). There has been a marginal increase in the differently-abled population in India, with the figure rising from 21.9 million in 2001 to 26.8 million over the period of 10 years. Among the disabled population, 56% were males and 44% were females.As per the Census 2011, there are 14.9 million men with disabilities, 11.9 million women and 2.04 million children with disabilities in the country. The total number of differently-abled people is over 18.0 million in the rural areas and just 8.1 million in the urban settings.

Visual impairment is highest at 48.5% followed by movement (27.9%), mental illness (10.3%), speech impairment (7.5%) and hearing loss (5.8%). Highest number of disabled is reported in the state of Uttar Pradesh (3.6 million), followed by Bihar, West Bengal, Tamil Nadu and Maharashtra. As for employment data, only 36.3% of the disabled are employed (about 98 lakh– 71 lakh men and 27 lakh women). 45% of women with disabilities are literate compared to 62% men who are literate. These statistics are based on 2011 Census where only eight types of disabilities where part of the survey. This was collected before the implementation of the Rights of Persons with Disabilities Act 2016,which recognizes21conditions as disabilities. Hence, it is hoped that more accurate number of people with disabilities will be included in that.

1.8. CHANGING TYPES OF DISABILITY

As the concept of disability is constantly evolving, so also the types. It has been increasing over the years and many forms of disabilities get included in the list approved by the Central Government. In the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, only seven types of disabilities were included. But with the latest Rights of Persons with Disabilities Act, 2016, it has extended covering 21 types of disabilities. The new list of recognized disabilities includes three blood disorders (Thalassemia, Haemophilia and Sickle Cell disease) and acid attack survivors. Intellectual disability, Parkinson's disease, Cerebral Palsy, Dwarfism and Autistic Spectrum disorders are also included in the list.



The latest Rights of Persons with Disabilities Act, 2016, it has extended covering 21 types of disabilities.

This change in types of disabilities is reflected in the disabled population Census. Question on disability was included in all the Censuses of India since 1872 till 1931. It was not part of the Census data from 1941 to 1971, and then in 1981 Census, data related to three types of disability (totally blind, totally crippled and totally dumb) alone was collected. In 1991, disability data was not collected and in 2001, only five types of disability numbers (disability in seeing, speech, hearing, moving and mental disability) were gathered. This further extended to eight types in 2011 Census where mental retardation, any other and multiple disability was included to the existing list. Different kinds of disability in the Act are classified based on medical grounds and not on social perception of disability.

With different types of disabilities being included, it is envisaged that people with disabilities will be able to have access to all the rights, opportunities and privileges enshrined in the national and international conventions that enable them lead a qualitative life and maximise their full potential.



CHECK YOUR PROGRESS – 2

3. How many types of disabilities are recognised in India?

.....

.....

4. What is the population of disabled in India?

.....

.....



1.9. LET US SUM UP

- This unit dealt with the understanding on disability that included concepts, meaning, factors contributing to disability and types of disability. The main points to be remembered are as follows: There is a shift from a “medical model” to a “social model” in which people are viewed as being disabled by society rather than by their bodies.
- A ‘person with disability’ therefore as per the Rights of Persons with Disabilities Act, 2016, means a person with long term physical, mental, intellectual or sensory impairment which, in interaction with barriers, hinders his full and effective participation in society equally with others.
- Rights of Persons with Disabilities Act 2016, recognizes 21 conditions as disabilities. Hence, it is hoped that more accurate number of people with disabilities will be included in the subsequent Census of India.



1.10. FURTHER READING

- Scolt, C. A. (2020, Octobor). The Need for Disability Sensitization in Schools and Communities of India. *Journal of Emerging Technologies and Innovative Research* , 2349-5162).
- Shigri, N. (2018, Janury 21). The Importance of Disability Awareness: Home and School. *ARISE impact* .
- Stuntzne, S., & I T. Hartley, M. (2014). Disability and the Counseling Relationship:What Counselors Need to Know. *Ideas and Research You Can Use: VISTAS* , 1-12.



1.11. ANSWERS TO CHECK YOUR PROGRESS

1. Disability is an umbrella term that covers impairments, activity limitations and participation restrictions (WHO).
2. Environmental factors are accidents (motor vehicles, fire accidents), injuries (due to falls), conflicts, wars, risky work environments (mining, construction sites), breathing or drinking toxic chemicals that can cause disability.
3. As per the RPWDA, 2016, there are 21 types of notified disabilities.
4. Population of disabled in India is 2.68 Cr (26.8 million) persons (Census, 2011).



1.12. MODEL QUESTIONS

1. State the types of disabilities in detail.
2. Explain some of the important causes of disability.
3. Discuss the characteristics of the categories of disability.
4. What is meant by impairment.
5. How does WHO define ‘disability’?.

UNIT 2 : DIFFICULTIES FACED BY PERSONS WITH DISABILITIES (PWD)

UNIT STRUCTURE

2.1. Learning Objectives

2.2. Introduction

2.3. Difficulties faced by Persons with Disabilities (PWD)

2.3.1. Individual Level

2.3.2. In day to day Activities

2.3.3. Education

2.3.4. Employment and Societal level

2.3.5. Other Allied Problems/Conditions

2.4. Vulnerable PWDs

2.4.1. Women with Disabilities

2.4.2. Children with Disabilities

2.4.3. Persons with Multiple Disabilities

2.4.4. Persons with Severe and Profound Disability

2.5. Further Reading

2.6. Answers to Check Your Progress

2.7. Model Questions

2.1. LEARNING OBJECTIVES

This unit on difficulties faced by persons with disabilities shall:

- Discuss the hurdles and impediments faced by persons with disabilities;
- Examine the concerns and challenges of the marginalised and vulnerable groups of people with disabilities.

2.2. INTRODUCTION

It is estimated that about one billion people or 15% of the world's population experience some form of disability according to the United Nations. Prevalence is higher in developing countries and as many as 40 to 50 million are from India as against 26.8 million according to Census 2011. Persons with disability are subject to a lot of hurdles and impediments in different areas of their life that hamper their full participation and enjoyment of rights in life. They experience adverse problems compared to people with no disability. Even within this group, there are some of them who are more vulnerable to hardships and obstacles due to their age, gender and severity of their disability. This unit therefore shall be focussed on the issues and challenges of PWDs and specific concerns of the vulnerable groups.

2.3. DIFFICULTIES FACED BY PERSONS WITH DISABILITIES (PWD)

PWD form the world's largest minority group who encounter challenges in all spheres of their life. Inaccessible physical environments and transportations, non-availability of aids and assistive devices, and facing negative attitudes in society are some of the day to day problems faced.They are looked at with pity and sympathy which further poses difficulties for them to make efforts to lead a fulfilled life. Many a times they are considered a burden and a liability to family and society at large. The challenges faced by them are discussed herein.

2.3.1. Individual level

Disability is considered as a human rights issue and also a development issue which has huge ramifications in the person's life. An individual with disability foremost needs to come to terms or acceptance of his or her state if they are in a position to

comprehend what is happening. People with physical disabilities will be able to understand their situation and be part of any intervention or rehabilitation measures. But those with mental illness, severe mental retardation or any kind of trauma wherein they are unable to think rationally will not even know they are different and have challenges that need to be addressed. Therefore, it becomes an uphill task for their families and caregivers. Mental health conditions are particularly stigmatized. People with mental health conditions face discrimination even in health care settings.On the other hand, if we examine disability in general, it leaves a big impact in an individual's life, affecting all areas of their functioning – health, education, employment, finances, family, social and cultural life. Apart from facing impediments in these areas, they are also subject to social stigma and discrimination and subject to multiple deprivations. Negative attitudes and behaviours have an adverse effect on children and adults with disabilities, leading to negative consequences such as low self-esteem and reduced participation. People who feel harassed because of their disability sometimes avoid going to places, changing their routines, or even moving from their homes.They live isolated lives, sometimes completely dependent on caregivers even for fulfilment of their basic needs. Many a times, they are not even considered as people who have the same rights entitled to everyone. Policies have been formulated and legislations have been passed in the country to ensure that people with disabilities are cared for and protected and their rights are upheld so that they live a life of dignity and self-respect. But still, there's a long way to go to make it a reality where every person with disability in a developing country like India is able to live a fully productive life.

2.3.2. IN DAY TO DAY ACTIVITIES

Managing daily activities for a person with disability and those who live with them is not an easy task. The family also goes through physical, financial and psychological stress to assist the disabled person. Especially when it is severe disability and they are totally dependent on the caregiver to fulfil all their basic needs. Eating, bathing, dressing, toiletry, mobility etc are some of the most essential activities that may need assistance. Some of them may require medical care on a daily basis too which needs to be looked into. Others may not need any assistance to help them with fulfilling basic needs, but will they be able to cook, shop, clean house, go to work, manage finances and transportation are some of the aspects that are to be considered. The financial status of the PWD also plays a crucial role in enabling the person meet all the daily needs and carry on their activities. Assisted technology may be needed for people to be fully involved in daily activities independently, such as aids that help in travel, to communicate, devices like special computers that help them to communicate, wheelchairs, walkers, scooters that help in their mobility.

2.3.3. Education

Children with disabilities (CWD) are ten times less likely to be out of school than other kids (Plan International) and 90% do not attend school (UNESCO). Global adult literacy rate is low as 3% (UNDP). Low rates of enrolment in schools and even if they join school, drop out at early stage even before they reach secondary level. Sometimes, they are placed in special schools or in residential institutions away from family in order to be educated.There are many barriers that prevent them from availing education.

Some specific challenges in education system are:

- Lack of funds - Special education demand increased budgets that hinder education at the higher levels.
- Accessibility – physical barriers to attend school/college etc. (lack of ramps, elevators, inaccessible washrooms, school buildings etc)
- Discrimination – they are subject to bullying, violence, stigmatised and ridiculed by students, educators and staff.
- Lack of inclusive education –no inclusion of children with mild/ moderate disabilities in regular schools. Sarva Shiksha Abhiyan has made an effort to promote the inclusion of children with disabilities, the system faces a lot of challenges in identifying these children as well as responding to their needs.
- Lack of special schools – no trained special educators or educational materials.

2.3.4. EMPLOYMENT AND SOCIETAL LEVEL

Apart from being deprived of quality or basic education, PWDs face yet another major challenge of getting employed. Inspite of many of them being capable of working efficiently, they are unable to find employers who are willing to recruit someone with disabilities. In India, out of 70 million PWDs, only about 100,000 have been able to get a job. Public sector hardly recruits them even though 4 % reservation is allocated as per the Right to Persons with Disabilities Act, 2016. It's difficult for them to develop employable skills and gaining meaningful employment. There is also lack of access to resources to promote self-employment and other livelihood opportunities. Even in situations where they are employed in

unorganised sectors, there is possibility of exploitation and abuse; they are paid very less for the work they accomplish. Negative attitudes prevail among colleagues which can result in discrimination. Chances of employment is even worse when it comes to people with multiple or severe disabilities. Disabled People's Organisations are very essential to address these issues and advocate for amicable work environments for PWDs.

At the societal level, there is social exclusion of the disabled; they face discrimination every day of their lives, be it in educational institutions, workplace, and transportation or in cultural life. People with mental retardation/mental illness are ridiculed and stigmatised which further leads to social exclusion. They or their families keep themselves aloof from any social gatherings or programmes. PWD also find it a challenge depending on the type of disability to participate in social gahterings or attend religious places of worship.



At the societal level, there is social exclusion of the disabled; they face discrimination every day of their lives, be it in educational institutions, workplace, and transportation or in cultural life.

2.3.5. OTHER ALLIED PROBLEMS/CONDITIONS

- PWDs face other obstacles and hurdles in their life such as Health issues – PWDs have lack of access to or not part of immunisation, health screening, lack of aids and appliances, proper health check-up, monitoring, continuation of medications (for physical or mental illness/symptoms) etc.

- Accessibility –accessibility cuts across many aspects ranging from physical accessibility in buildings, transportation to access to health services, welfare schemes, etc.for their development.

- Violence–PWDs are subjected to physical, emotional or sexual abuse in families, institutions or in society. Those in long term hospitalisation are likely to be mistreated by health workers and they are unable to defend themselves in all situations.

- Poverty – It increases the risk of disability through inadequate access to health care, education, life skills training, safe work places, aids and appliances, safe water and sanitation etc.

- Lack of awareness – About the government welfare schemes and programmes, scholarships, etc. thereby less scope for rehabilitation or mainstreaming in society.



CHECK YOUR PROGRESS – 1

1. What are the challenges in the educational system concerning people with disabilities?

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2. What is assisted technology?

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2.4. VULNERABLE PWDS

Majority of people with disabilities find it very difficult to simply survive and lead lives as they desire. They are very vulnerable due to the different barriers they face such as attitudinal, physical and financial. There are many special groups with disabilities that can be categorised as vulnerable and need specialised care and support when we examine the total population of PWDs. Women, children, people with multiple and severe disabilities are some of them who shall be discussed in this section. Apart from that, other groups who are also vulnerable are the elderly who develop conditions such as arthritis, strokes, deterioration in hearing and seeing; victims of any crime who are disabled, disabled refugees or migrant workers. These groups face discrimination owing to their situation and status and having a disability

further exacerbates their condition, making it very difficult to adapt and survive.

2.4.1. WOMEN WITH DISABILITIES

Women with disabilities are the most disadvantaged and marginalised group experiencing exclusion owing to their gender and disability. There are 11,824,355 women with disabilities constituting 44.09 percent of total disabled population in India (Census, 2011). They aresubject to varied hardships which impede on their access to essential services such as health care, education, vocational rehabilitation and employment.They experience inequality in living, access to credit, and rarely participate in economic decision making.Women and girls with disabilities are more vulnerable to all forms of abuse and exploitation, some of them even in their own homes have been beaten up, and some are even forcibly sterilized. There have been many incidents of violations of their rights, neglect and maltreatment.

The Convention on the Rights of Persons with Disabilities strongly stresses on the need for special protection to women with disabilities and calls upon the governments to take all measures to ensure the full development and empowerment of this marginalised group so that they enjoy their human rights and fundamental freedom.

2.4.2. CHILDREN WITH DISABILITIES

Disabled children are the most vulnerable group and need special attention. It is estimated that globally 93 to 150 million children experience some form of disability (WHO) and 2.04 million children with disabilities in the country in India (Census, 2011). Children are born with disabilities; some develop after birth and others due to any injury or accident. They are less likely

to attend school; thereby they have limited opportunities for employment and productive life in adulthood. Only around two percent of the disabled children are able to attend school. For children to have impairment, it can lead to rejection or isolation from any activity or experience that is part of normal child development. Supportive families and community are essential for them during this time. Even if inclusive education is advocated for, very few children are integrated into the system and most of the educational institutions do not have trained teachers to provide the requisite educational support to these children with mild or moderate levels of disability and can be trained. Availability of special schools for the visually impaired, hearing and speech impaired children is also very less and many families are unable to financially afford them as a result of which such children are just left behind. Poverty is a major hurdle that stands in the way of these children accessing schools. Research states that violence against children with disabilities is 1.7 times greater compared to children without disabilities (Global Campaign for Education, 2011).

The Convention on the Rights of the Child (CRC), 1989 is the first international treaty that has a specific reference to children with disability stating that they should not be discriminated and shall enjoy a full and decent life with dignity and also participate in matters relating to them. Similarly, the Convention on the Rights of Persons with Disabilities also laidemphasis on governments to ensure that children with disabilities have full enjoyment of all human rights and fundamental freedom on par with other children and their best interest should be of prime importance. They should be cared for, protected and have all opportunities for development, grow up in enabling environments and have access to education, health, vocational training and specialized rehabilitation services.

2.4.3. PERSONS WITH MULTIPLE DISABILITIES

Multiple disabilities refer to a combination of two or more serious disabilities. 8% (21.16 lakhs) of the disabled in India have multiple disabilities (Census, 2011). It can be defined as including more than one impairment, the combination of which causes severe educational needs that cannot be accommodated in a programme that caters only for one of the impairments.These conditions make learning and instructions complex. They are slow to make progress and can only grasp slowly with practice and repetition. Problems with muscle movement, understanding, hearing and seeing can be there which makes it difficult for them to commute and also communicate. It is crucial that proper assessment is made of the kind of disability the person has so that immediate interventions can be carried out. Multiple disabilities can be due to traumatic brain injury, genetic disorder, premature birth or chromosomal abnormality. Individual can be affected to a great extent that they need special care to address their developmental and educational needs and some of them may require lifelong support.

Examples of multiple disabilities are:

- Deafblind (Visual Impairment + Hearing Impairment)
- Visual Impairment + Hearing Impairment + Mental Retardation
- Visual Impairment + Mental Retardation
- Cerebral Palsy + Mental Retardation/ Hearing/ Speech/ Visual problems

The National Institute for Empowerment of Persons with Multiple Disabilities (Divyangjan) has been established by the Department of Empowerment of Persons with Disabilities,Ministry of Social Justice and Empowerment,

Government of India as a national resource centre in Chennai, Tamil Nadu, for empowering those with multiple disabilities.

2.4.4. Persons with Severe and Profound Disability

Persons who require extensive lifelong support to manage their daily life are termed as those with severe disabilities. Fred Orelove and Dick Sobsey defined this group as persons with mental retardation who require extensive or pervasive support and also possess one or more significant motor or sensory impairments or special health needs. There can be two or more of these characteristics: restriction of movement, skeletal deformities, sensory disorders, seizure disorders, lung and breathing control, or other medical problems such as skin breakdown or bladder infections. They are the most vulnerable among disabled population, they are dependent on others to fulfil their basic physical needs and may require care giving support all the time.

Actually, both these groups of persons with multiple disabilities or profound disabilities are identified at an early stage in life due to significant developmental delays or their physical abnormalities.



CHECK YOUR PROGRESS – 2

3. What is the percentage of women with disabilities in India?

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4. Briefly explain what is multiple disability.

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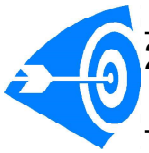
2.5. LET US SUM UP

- This unit dealt with the barriers faced by persons with disabilities and also the concerns and challenges of the vulnerable groups of people especially women, children and multiple disabilities.
- Negative attitudes prevail among colleagues which can result in discrimination. Chances of employment is even worse when it comes to people with multiple or severe disabilities. Disabled People's Organisations are very essential to address these issues and advocate for amicable work environments for PWDs.
- At the societal level, there is social exclusion of the disabled; they face discrimination every day of their lives, be it in educational institutions, workplace, and transportation or in cultural life. People with mental retardation/mental illness are ridiculed and stigmatised which further leads to social exclusion.



2.6. FURTHER READING

- Global Campaign for Eductation, 2011
- Alexandrou, S. (2014, December 23). Caring for the Caregiver: The Important Role of Family in Rehabilitation . New York, White Plains., USA.
- Bolden-Barrett, V. B.-B. (n.d.). What Is the Difference Between a Rehabilitation Counselor & an Occupational Therapist? *CHRON* .
- India, R. C. (2017). *Rehabilitation Council of India.* India: Rehabilitation Council of India .
- Khasnabis C, H. M. (2010). *Disabled people's organizations.* Geneva 27, Switzerland : World Health Organization .



2.7. ANSWERS TO CHECK YOUR PROGRESS

1. Accessibility to and within schools, lack of special schools, lack of inclusive education, discrimination and lack of adequate funds/ budget are some of the challenges in the educational system.
2. Assisted technology helps people with disabilities get fully involved in daily activities independently, such as aids that help in travel, to communicate, devices like special computers that helps them to communicate, wheelchairs, walkers and scooters that help in their mobility.
3. Women with disabilities constitute 44.09 percent of total disabled population in India (Census, 2011).
4. Multiple disabilities refer to a combination of two or more serious disabilities.



2.8. MODEL QUESTIONS

1. Discuss the challenges faced by persons with disability on a daily basis.
2. How does social exclusion of the persons with disability take place?
3. What does the Convention on the Rights of Persons with Disabilities state about the PWD?
4. State the meaning of ‘multiple disabilities’?
5. “Mental health conditions are particularly stigmatized”- Discuss.

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UNIT 3: FAMILIES WITH PERSONS WITH DISABILITIES

UNIT STRUCTURE

3.1 Learning Objectives

3.2 Introduction

3.3 Role of Family Member in Supporting Persons with Disabilities

3.4 Role of Community Involvement

3.5 Issues Faced by Women and Children with Disability

3.6 Role of Developmental Organisations in Empowering the Women and Children with Disabilities

3.7 Early Intervention for Children with Special Needs

3.8 Let Us Sum Up

3.9 Further Reading

3.10 Answers to Check your Progress

3.11 Model Questions

3.1 LEARNING OBJECTIVES

After going through this unit, you will be able to:

- Assess the impact of disability in the family
- Understand the issues faced by women and children
- Explain the importance of early intervention techniques for children with special needs

3.2 INTRODUCTION

In the previous unit, we had discussed the issues faced by persons with disability. In this unit, let us analyze the impact of disability in the family with PWD. Disability of a child or any other member, impacts the entire family. There are issues of social isolation, insecurity and financial and emotional crisis that family members go through.

Thus, in this unit we will explore the challenges faced by the families of persons with disability, role of community involvement, of organizations and significance of early interventions to detect and deal with disabilities among children.

3.3 ROLE OF FAMILY MEMBER IN SUPPORTING PERSONS WITH DISABILITIES

The family as a basic unit of society performs essential functions for its individual members as well as for society at large. In spite of the fact that, with the changing times, the family too has undergone changes in its structure and functions, it is still recognised as the most stable and effective system for taking care of its member - able-bodied as well as disabled. Thus, parents with children with disability have a further role apart from normal parenting who have to raise a child with disability being more dependent on them for a longer period or in most cases life-long dependency on the parents or caregivers.

3.4 ROLE OF COMMUNITY INVOLVEMENT

The term 'community' embodies the importance of each and every member including the disabled individuals as we have witnessed that the existence of a community can allow greater change amongst the people coming from any race, culture, background and religion. In order to bring light to the subject, we must be able to comprehend the dynamics of the terminology; Community. It exists due to the basic fundamentals and the mutual understanding of people including norms, religion, identity and values.

Community participation is the involvement of individuals in community projects and entails giving all individuals the opportunity to participate in activities that can have a positive effect on their health or lives in general.

Some factors that encourage community participation include

the traditional, religious, and social obligation for mutual help and the need to belong to a specific group. For people with a disability, community participation gives them a sense of belonging and increases their ability to live independently.

Disability community participation encourages members to work in areas that improve their life skills by participating in various activities such as shopping, communication, swimming, horse-riding, and cooking.

Some of the benefits that we can list from community participation are:

i. Promotes independence

ii. Improves social and life skill

iii. Reduces the risk for mental disorders

iv. Promotes positive attitude

v. Reduces further accidents

vi. Breaks stereotypes



For people with a disability, community participation gives them a sense of belonging and increases their ability to live independently.

3.5 ISSUES FACED BY WOMEN AND CHILDREN WITH DISABILITY

Women and girls with disabilities experience double discrimination, which places them at higher risk of gender-based violence, sexual abuse, neglect, maltreatment and exploitation. Women and children face the most discrimination within the disabled community. A report presented to the U.N. Secretary-General on the situation of women and girls with disabilities stated that while 12 percent of men present a disability, a slightly higher amount of women-19 percent-have a disability. A report of HRW.org, presents an overview on the ordeal of discrimination women and children faces, in different situations. It is pertinent to look into such situation to understand the real plight.

3.6 ROLE OF DEVELOPMENTAL ORGANISATIONS IN EMPOWERING THE WOMEN AND CHILDREN WITH DISABILITIES.

It is recognised that NGOs have played a significant role in the development of rehabilitation services for persons with disabilities worldwide. This has been done regularly in the absence of Government involvement and initially took an institutional, charity-based approach. Present day developments, however, favour a participatory, community based approach, complementing and liaising with Government plans and services, and working with all the stakeholders' groups. NGOs and Governments vary in their capacity to change their working practices to achieve these aims.



CHECK YOUR PROGRESS- 1

1. What are the benefits of community participation?

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2. List down some of the issues faced by women and children.

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REHABILITATION COUNSELING GUIDANCE TO PWDS AND FAMILY MEMBERS

Counseling is a process where the counselor helps or guides the person to achieve the goal through the persons own ability. Rehabilitation counseling is a scientific process where the counselor provides the person with special needs to achieve the personal, career and independent living goals according to their ability. In addition, rehabilitation counseling support the individual to face the challenge of day to day life in the social situation and enhance the self -esteem, overcome the negativity with psychological process. The rehabilitation

counselor works with three types of therapist. These are physiotherapy, occupational therapy and speech therapy. All therapy serves a unique purpose in helping the individual to recover fully. Ultimate goal of all this therapy is to help the person reach the active and healthy life. Occupational therapist helps the PWD to learn daily life skills and rehabilitation counselor provide psychological support to overcome from emotional and physical impairment with their own abilities.

Rehabilitation counselor teaches the client, family and employers how to live with disability and what is expected from them and how to adjust with learning coping skills. Rehabilitation counselor also teaches the student to transition from school to work. The student with physical and mental disability has to suffer their life with stress, the counselor help them to manage stress. Rehabilitation counselor works for older people with physical or mental disabilities that happen in later part of life because of illness or injuries. They support the older people to live the life with dignity and peace. Rehabilitation counselor usually works in hospital setting, health facilities and others are in private practice.

3.7 EARLY INTERVENTION FOR CHILDREN WITH SPECIAL NEEDS

Early intervention is a system of services that helps babies and toddlers with developmental delays or disabilities. It refers to services for young children (birth to age 3) who have developmental delays or are at risk for delays, as well as for their families. These programs are administered by each state but are federally funded under Part C of the Individuals with Disabilities Act. The primary objective of early intervention is to maintain or maximize a child's development; a wide range of services may be provided including nursing, physical therapy, occupational therapy, and family counseling. Overall, early intervention programs have been shown to improve developmental outcomes, strengthen parent-child interactions, and provide a supportive family environment. There is a continued need for

research, however, in many areas, including assessing the long-term effects of services for specific groups, determining the most effective means of providing services, and evaluating outcomes of family functioning. Early intervention focuses on helping eligible babies and toddlers learn the basic and brand-new skills that typically develop during the first three years of life, such as:

- physical (reaching, rolling, crawling, and walking);
- cognitive (thinking, learning, solving problems);
- communication (talking, listening, understanding);
- social/emotional (playing, feeling secure and happy); and
- self-help (eating, dressing)
- It includes the services and supports that are available to babies and young children with developmental delays and disabilities and their families.
- speech therapy, physical therapy, and other types of services based on the needs of the child and family.

Early interventions can have a significant impact on a child's ability to learn new skills and overcome challenges and can increase success in school and life.

Programs are available in every state and these should ideally be publicly funded programs provide services for free or at reduced cost for any child who is eligible.

Examples of early intervention services- If an infant or toddler has a disability or a developmental delay in one or more of these developmental areas, that child will likely be eligible for early intervention services. Those services will be tailored to meet the child's individual needs and may include:

- Assistive technology (devices a child might need)
- Audiology or hearing services
- Speech and language services
- Social worker for Counseling and training the family
- Medical services

- Nursing services
- Nutrition services
- Occupational therapy
- Physical therapy
- Psychological services

Services may also be provided to address the needs and priorities of the child's family. Family-directed services are meant to help family members understand the special needs of their child and how to enhance his or her development.

The Ministry of Social Justice and Empowerment has been striving to provide services with universal coverage and equitable distribution for Persons with Disabilities. The Persons with Disabilities Act, 2016 has been passed to ensure equal opportunities, protection of rights and full participation for Persons with Disabilities. Chapter IV of The Act deals with prevention and early detection of disabilities. One of the priority areas for action is early detection, early intervention and education. With this in view, one way of providing accessible services will be to utilize already existing infrastructure of community service provisions to cater to the needs of very young children requiring Early Intervention services.



The Persons with Disabilities Act, 2016 has been passed to ensure equal opportunities, protection of rights and full participation for Persons with Disabilities.

The ministry of Social Justice and Empowerment has taken up the mandate to ensure availability of services to all the sections of the country. In this endeavour, directives from the Ministry of Social Justice and Empowerment have entrusted different organisations the responsibility of initiating Early Intervention units in ideal locations to cater to the population even at the district level. It needs to be noted that inspite of 226 Early Intervention centers in the country (as per the data available at the National Institute for the Mentally Handicapped- NIMH) and the presence of an Early Intervention units, catering to the growing need of clients requiring Early Intervention services has become a distant possibility. Issues like transportation, lack of awareness, financial and other constraints pose a hurdle in

delivering Early Intervention services. Therefore, establishing up Early Intervention centers all over the country will ensure that services are available at the doorsteps for a wider population. It is heartening to note that nationwide efforts are being made to propagate Early Intervention. To implement the Persons with Disabilities Act which stresses on prevention and early detection of childhood disabilities, all infants should have access to early intervention services.



CHECK YOUR PROGRESS- 2

3. What does early intervention of children with special needs focus on?

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4. What does therapy focus on?

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3.8 LET US SUM UP

- There are issues of social isolation, insecurity and financial and emotional crisis that family members go through.
- The Ministry of Social Justice and Empowerment has been striving to provide services with universal coverage and equitable distribution for Persons with Disabilities.
- The Persons with Disabilities Act, 2016 has been passed to ensure equal opportunities, protection of rights and full participation for Persons with Disabilities
- Rehabilitation counselor teaches the client, family and employers how to live with disability and what is expected from them and how to adjust with learning coping skills.
- Rehabilitation counselor also teaches the student to transition from school to work. The student with physical and mental

disability has to suffer their life with stress, the counselorhelp them to manage stress.

- A participatory, community based approach is important, complementing and liaising with Government plans and services, and working with all the stakeholders' groups. NGOs and Governments vary in their capacity to change their working practices to achieve these aims.



3.9 FURTHER READING

- Department of Empowerment of Persons with Disabilities (Divyangjan), Ministry of Social Justice and Empowerment, Government of India. https://disabilityaffairs.gov.in/content/page/national-fund-under-pwds.php.
- WHO 1991, Disability Prevention and Rehabilitation. Report by the Director General https://apps.who.int/iris/bitstream/handle/10665/170433/EB89_15_eng.pdf;sequence=1



3.10 ANSWERS TO CHECK YOUR PROGRESS

1. Some of the benefits that we can list from community participation are:

i. Promotes independence
ii. Improves social and life skill
iii. Reduces the risk for mental disorders
iv. Promotes positive attitude
v. Reduces further accidents
vi. Breaks stereotypes

2. Women and girls with disabilities experience double discrimination, which places them at higher risk of gender-based violence, sexual abuse, neglect, maltreatment and exploitation.

Women and children face the most discrimination within the disabled community. A report presented to the U.N. Secretary-General on the situation of women and girls with disabilities stated that while 12 percent of men present a disability, a slightly higher amount of women-19 percent-have a disability. A report of HRW.org, presents an overview on the ordeal of discrimination women and children faces, in different situations. It is pertinent to look into such situation to understand the real plight.

3. Early intervention focuses on helping eligible babies and toddlers learn the basic and brand-new skills that typically develop during the first three years of life, such as:

- physical (reaching, rolling, crawling, and walking);
- cognitive (thinking, learning, solving problems);
- communication (talking, listening, understanding);
- social/emotional (playing, feeling secure and happy); and
- self-help (eating, dressing)
- It includes the services and supports that are available to babies and young children with developmental delays and disabilities and their families.
- speech therapy, physical therapy, and other types of services based on the needs of the child and family.

4. All therapy serves a unique purpose in helping the individual to recover fully. Ultimate goal of all this therapy is to help the person reach the active and healthy life. Occupational therapist helps the PWD to learn daily life skills and rehabilitation counselor provide psychological support to overcome from emotional and physical impairment with their own abilities.



3.11 MODEL QUESTIONS

1. What are the challenges faced by women and children with disability?
2. How does the family of a person with disability cope up?
3. Explain the role of a counsellor in dealing with stress by family members.
4. Why is early intervention important for children with special needs?
5. Explain the role of developmental organizations.

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UNIT 4- PREVAILING LEGISLATIONS

UNIT STRUCTURE

4.1.Learning Objectives

4.2.Introduction

4.3.UN Convention on Rights of Persons with Disabilities

4.4.National Legislations

4.4.1. Rehabilitation Council of India 1992

4.4.2. Persons with Disability Act 1995

4.4.3. National Trust Act 1999

4.4.4. National Policy for Persons with Disabilities 2006

4.4.5. Rights of Persons with Disabilities Act 2016

4.4.6. The Mental Health Care Act 2017

4.5.Let us Sum up

4.6.Further Reading

4.7.Answers to Check Your Progress

4.8.Model Questions

4.1. LEARNING OBJECTIVES

This unit on prevailing legislations shall:

- Appraise you on international conventions on disability;
- Discuss the existing national legislations for the welfare of people with disabilities in India.

4.2. INTRODUCTION

Legislations of a country should imbibe the human rights model of disability and remove all barriers that restrict the functioning of people with disabilities (PWD). It should also ensure that PWDs are respected, protected and fulfilled.When policies become law, it is

implemented and the concerned group of people can become beneficiaries of the provisions outlined in the Act. Laws are laid for protection of the vulnerable sections of the society and PWDs are one among this group who are in need of support and protection. In India, the Department of Empowerment of Persons with Disabilities (Divyangjan) in the Ministry of Social Justice and Empowerment is the nodal department responsible for implementing the policy, legislations, schemes and programmes for the welfare of PWDs. This unit shall discuss the present legislations for PWDs that are implemented by the department in compliance with the United Nations Convention on Rights of Persons with Disabilities. For a detailed review of the legislations, it is recommended to review the department's (Divyangjan) website.

4.3. UN CONVENTION ON RIGHTS OF PERSONS WITH DISABILITIES

The Convention on the Rights of Persons with Disabilities (CRPD) is an international human rights convention which lays down the fundamental human rights of people with disability. It is a treaty of the United Nations intended to protect the rights and dignity of persons with disabilities. It was adopted by the United Nations General Assembly on December 13, 2006.India signed the Convention and ratifiedit on October 1, 2007. When a treaty is ratified by a country or a State, it becomes legally binding for the country to comply and fulfil its provisions. 177 States have ratified the document till date. The UNCRPD proclaims that disability results from an interaction of impairments with attitudinal and environmental barriers which hinders full and active participation in society on an equal basis.

The purpose of CRPD is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all PWDs.It makes a paradigm shift from a charity approach to rights-

based approach for PWDs. The convention consists of 50 articles based on eight general principles that address on respect for inherent dignity of PWD, acceptance, accessibility, equal opportunities and non-discriminationof PWDs. Further, it enumerates a list of rights such as equality before law, right to life and freedom of expression, health, education, work, not to be exploited, tortured or abused, and to participate in socio-political and cultural life. The underlying message is that PWDs are not passive recipients of medical support and charity but active and autonomous participants in the society.

4.4. NATIONAL LEGISLATIONS

Legislation plays a vital role in the treatment of persons suffering from any form of disability. The Constitution of India provides ample scope for development of legal instruments to protect the rights of the disabled people. The Government of India has enacted some legislations for PWDs which shall be briefly discussed in this section. As India is a signatory to the UNCRPD, it becomes mandatory and legally binding to change the national laws, identify obstacles and barriers and eliminate them in order to comply with the UN convention. Accordingly, many legislations that were in place earlier before the implementation of UNCRPD such as the Mental Health Act 1987, The Persons with Disability Act 1995, were repealed and new legislations came into force complying with the requirements of the Convention.



On September, 1992 the RCI Act was enacted by Parliament and it became a Statutory Body on 22nd June 1993.

4.4.1. REHABILITATION COUNCIL OF INDIA 1992

The Rehabilitation Council of India (RCI) was a registered society set up in 1986as an apex government body. On September, 1992 the RCI Act was enacted by Parliament and it became a Statutory Body on 22nd June 1993.The Act was amended by Parliament in 2000 and made it broad based. The

purpose of the Act envisaged the constitution of Rehabilitation Council of India for regulating the training and development of rehabilitation professionals, monitor services given to PWD, standardise the syllabi and maintenance of a Central Rehabilitation Register of all qualified professionals and personnel working in the field of rehabilitation and special education.

Rehabilitation professionals according to this Act refers to audiologists and speech therapists, clinical psychologists, hearing aid and ear mould technicians, special educators, vocational counsellors, employment officers and placement officers working with persons with disability, multi-purpose rehabilitation therapists, technicians or other categories of professionals that the Central government may include in consultation with the Council. It also suggests strict action against unqualified personnel providing services to PWD. The RCI offers a wide range of certificate, diploma, PG Diploma, Degree, PG Degree and short term or refresher courses through regular and distance mode for the disabled persons. It executes various functions related to education and training. The Council lays down policy parameters regarding various aspects of training and education in the field of rehabilitation and all institutions have to seek recognition from RCI as per provision of RCI Act, 1992.

4.4.2. PERSONS WITH DISABILITY ACT 1995

The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 came into force on February 7, 1996. It is a significant step which ensures equal opportunities for the people with disabilities and their full participation in the nation building. The Act provides for

both the preventive and promotional aspects of rehabilitation like education, employment and vocational training, reservation, research and manpower development, creation of barrier- free environment, rehabilitation of persons with disability, unemployment allowance for the disabled, special insurance scheme for the disabled employees and establishment of homes for persons with severe disability etc. The PWD Act categorises seven types of disabilities such as blindness, low vision, leprosy-cured, hearing impairment, locomotor disability, mental retardation and mental illness. The Act offered three percent reservation for PWD category in educational institutions and government services.

4.4.3. NATIONAL TRUST ACT 1999

The National Trust (NT) for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999 addresses the needs of four categories of disabilities. It was felt necessary for a special enactment for the protection of vulnerable groups among the disabled – persons with autism, cerebral palsy, mental retardation and multiple disabilities and to enable their well-being. Hence, the NT a statutory body of the Ministry of Social Justice and Empowerment, Government of Indiawas set up to discharge two basic duties, viz., legal and welfare. Legal duties are executed through the Local Level Committees (LLC) that provides legal guardianship and welfare duties are carried out through different schemes implemented by the trust. It has a network of 550 registered organizations and 628 LLCs at district level. The purpose is to create an enabling environment for them so that they can live independently as far as possible.



CHECK YOUR PROGRESS – 1

1. What is the paradigm shift that UNCRPD undergo?

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2. What are the basic duties of the National Trust?

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4.4.4. NATIONAL POLICY FOR PERSONS WITH DISABILITIES 2006

The Union Government came up with a National Policy on Disability in the year 2006 which is comprehensive and covers critical areas like education, employment, support services, access, social security, etc. The National Policy recognizes that Persons with Disabilities are valuable human resources for the country and seeks to create an environment that provides equal opportunities, protection of their rights and full participation in society. The National Policy recognizes the fact that a majority of persons with disabilities can lead a better quality of life if they have equal opportunities and effective access to rehabilitation measures.

The crucial aspects of the policies are i). Physical Rehabilitation, which includes early detection and intervention, counselling and medical interventions and provision of aids and appliances. It also includes the development of rehabilitation professionals; ii). Educational Rehabilitation which includes vocational training; and iii) Economic Rehabilitation, so that one can lead a dignified life in society.The Ministry of Social Justice & Empowerment is the nodal Ministry to coordinate all matters relating to the implementation of the Policy. The prime areas of intervention under the policy are: Prevention, Early-detection and Intervention; Programmes of Rehabilitation; Human

Resource Development; Education of Persons with Disabilities; Employment; Barrier free-environment; Social Protection; Research; Sports, Recreation and Cultural Activities.

4.4.5. RIGHTS OF PERSONS WITH DISABILITIES ACT 2016

This Act replaced the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995to comply with the provisions of United National Convention on the Rights of Persons with Disabilities (UNCRPD). According to the Rights of Persons with Disabilities (RPWD) Act, 2016, which was enacted on December 28, 2016 and came into force from April 19, 2017,disability is considered as an evolving and dynamic concept.The act contains 17 chapters with 102 sections, framed considering the socio-cultural and local needs of the society. The type of disabilities has been increased from seven of the earlier PWD Act to 21, which will benefit more PWDs to have access to the opportunities, schemes and welfare programmes implemented by the government.

The RPWD Act provides for special courts in each district to handle any case of their rights violation; creating institutional infrastructure according to their needs; setting up of State and national fund; 5% reservation of seats in government institutions and 4% reservation in government jobs for persons with benchmark disabilities (those with at least 40% of any disability as per the notified list). It is a comprehensive Act focussed on provision of equal opportunities to PWD in India so that they can enjoy the right to equality, a life of dignity and respect and not be discriminated at any cost.

4.4.6. THE MENTAL HEALTH CARE ACT 2017

The Mental Health Care (MHC) Act, 2017 was passed in 2017 and came into force from May, 2018 complying with the provisions and spirit of UNCRPD recognising the human rights of Persons with Mental Illness (PMI). The MHC Act has repealed the earlier Mental Health Act 1987 which had its drawbacks of not acknowledging the rights of mentally ill people, limited definition of mental illness, etc. The Mental Health Care Act 2017 is split into 16 chapters.The objective of this Act is to provide mental healthcare and services for PMI and to protect, promote and fulfil their rights. It provides a wide and elaborate definition of mental illness and human rights is given major importance. Various rights ofPMI includes the right to access mental health care treatment, cost affordability and good-quality mental health services, accessibility, and without discrimination.

The decriminalization of attempt to suicide is one of the major highlights of the act.Some of the sections focus on enabling PMI to lead a dignified life, protecting them from torture or cruel treatment, provision of adequate food, privacy, clothing, sanitary environmental conditions, and also free legal services.The facilities include acute care and outpatient and inpatient treatment. Mental Health Professionals according to this Act refers to psychiatrist, persons with postgraduate degree in Ayurveda in Mano Vigyan Avum Manas Roga or Homeopathy in Psychiatry or Unani in Moalijat (Nafasiyatt) or Siddha in Sirappu Maruthuvam and alsoprofessionals registered with the State Authority under section 55 who are clinical psychologists, psychiatric social workers and mental health nurses. All these professionals are eligible for assessing the mental health and status of PMI and deciding on their admission.



CHECK YOUR PROGRESS – 2

3. What are the different types of rehabilitation emphasised in the National Policy for Persons with Disabilities 2006?

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4. What is the benefit of the RPWD Act 2016 in terms of employment?

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4.5. LET US SUM UP

This unit dealt with the prevailing legislations for PWDs that are implemented by the Department of Empowerment of Persons with Disabilities (Divyangjan) in the Ministry of Social Justice and Empowerment, GoI in compliance with the United Nations Convention on Rights of Persons with Disabilities. The main points to be remembered are as follows:

- The Rehabilitation Council of India (RCI) was a registered society set up in 1986 as an apex government body. On September, 1992 the RCI Act was enacted by Parliament and it became a Statutory Body on 22nd June 1993.

  The Act was amended by Parliament in 2000 and made it broad based. The purpose of the Act envisaged the constitution of Rehabilitation Council of India for regulating the training and development of rehabilitation professionals, monitor services given to PWD, standardise the syllabi and maintenance of a Central Rehabilitation Register of all qualified professionals and personnel working in the field of rehabilitation and special education.

- The decriminalization of attempt to suicide is one of the major highlights of the act.Some of the sections focus on enabling PMI to lead a dignified life, protecting them from torture or cruel treatment, provision of adequate food, privacy, clothing, sanitary environmental conditions, and also free legal services.The facilities include acute care and outpatient and inpatient treatment.



4.6. FURTHER READING

- Neumann, V., Gutenbrunner, C., Christodoulou, N., & Varela, E. (2010). Interdisciplinary team working in physical and rehabilitation medicine. *Journal of Rehabilitation Medicine : Official Journal of the UEMS European Board of Physical and Rehabilitation Medic* .

- Praharaj, M. D. (2013, December 3). Barrier-free design: Making environment accessible to the disabled. Bhubaneswar, Urisya , India.

- Scolt, C. A. (2020, Octobor). The Need for Disability Sensitization in Schools and Communities of India. *Journal of Emerging Technologies and Innovative Research* , 2349-5162).



4.7. ANSWERS TO CHECK YOUR PROGRESS

1. UNCRPD made a paradigm shift from a charity-based approach to rights-based approach for PWD.
2. Basic duties executed by the National Trust are legal and welfare duties.
3. Physical Rehabilitation, Educational Rehabilitation and Economic Rehabilitation.

4. The RPWD Act 2016 has increased the reservation for employment of persons with disabilities in government sectors from 3 % to 4 %.



4.8. MODEL QUESTIONS

1. Explain the UN Convention on Rights of Persons with Disabilities
2. Discuss the legislations for the protection of the rights of the persons with disability.
3. “The RPWD Act 2016 has increased the reservation for employment of persons with disabilities”- Discuss

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UNIT 5- GOVERNMENT AND NGO PROGRAMMES

UNIT STRUCTURE

5.1. Learning Objectives

5.2. Introduction

5.3. Government and NGO Programmes

5.3.1. Schemes and benefits

5.4. Preventive measures

5.4.1. Early identification

5.4.2. Intervention

5.4.3. Rehabilitation

5.5. Institution Based Rehabilitation Programmes

5.6. Community Based Rehabilitation Programmes

5.7. Government Organizations

5.7.1. RCI

5.7.2. National Trust

5.7.3. National Institutes under Ministry of Social Justice and Empowerment

5.7.4. Social Welfare Department/Department of Differently Abled

5.8. NGOs

5.8.1. CBR Forum

5.8.2. CBM

5.8.3. Blind People Association

5.8.4. Grass-root Level NGOs

5.8.5. PWD Associations

5.9. Let us Sum up

5.10. Further Reading

5.11. Answers to Check Your Progress

5.12. Model Questions

5.1. LEARNING OBJECTIVES

This unit namely Government and NGO programmes on disability shall :

- provide information on schemes and programmes for PWD;
- discuss the importance of prevention related to disability;
- assess the role of government and non-government organizations and their programmes for PWD.

5.2. INTRODUCTION

People with disabilities require assistance or aid from any social protection programmes in order to fulfil their basic needs and issues arising due to disability. These programmes make a big impact in their lives to promote their independence and inclusion and enable mainstreaming into the society. The assistance can range from poverty reduction schemes, educational and vocational training support, unconditional cash transfer, social and health insurance, disability pension, mobility grants, grants for aids and appliances. Apart from spending on rehabilitation measures, it is indispensable that adequate preventive measures are implemented in order to prevent the occurrence of disability itself. This can be realised only when there is awareness about prevention, intervention and rehabilitation measures at all levels in families and communities. This unit hence shall discuss about the welfare schemes and programmes for PWDs and the aspects of prevention and rehabilitation.

5.3. GOVERNMENT AND NGO PROGRAMMES

A separate Department of Empowerment of Persons with Disabilities – Divyangjan (DEPwD) was established in May 2012 to undertake all policy related issues, activities, schemes and programmes to provide an inclusive society for PWDs so that they are not discriminated and they are able to lead productive and

meaningful lives. Apart from the Government, there are many NGOs who have been registered with the DEPwD and offer assistance in the rehabilitation of PWDs.

5.3.1. SCHEMES AND BENEFITS

Schemes of Government of India for the Welfare of Persons with Disabilities

The DEPwD is the nodal department for implementing various programmes, schemes and other initiatives for the welfare of persons with disabilities.



The DEPwD is the nodal department for implementing various programmes, schemes and other initiatives for the welfare of persons with disabilities.

- **National Fund under PWDs – ADIP Scheme (Assistance to Disabled Persons for Purchase/Fitting of Aids and Appliances)**

  Assistance will be provided to the needy PWDs for buying good quality, lasting and latest aids and appliances to enable their total functioning and mainstreaming in society. Grants are released to agencies for purchasing and distributing them.

- **Deendayal Disabled Rehabilitation Scheme (DDRS)**

  Is a central sector scheme to provide grant-in-aid to non-governmental organizations (NGOs) for projects relating to rehabilitation of PWDs aimed at enabling them to reach and maintain optimal, physical, sensory, intellectual, psycho-socio functional levels; create an enabling environment to ensure equal opportunities, equity, social justice and empowerment of persons with disabilities; encourage voluntary action for ensuring effective implementation of the RPWD Act, 2016.

- **District Disability Rehabilitation Centers (DDRCs)**

  DDRCs are set up in the unserved districts by creating infrastructure, training and guidance of rehabilitation professionals. The DDRCs are provided with financial, infrastructural, administrative and technical support by the Central and State Governments, so that they are in a position

to provide rehabilitation services to Persons with Disabilities in the concerned districts.

- **Scheme for Implementation of the Rights of Persons with Disabilities Act, 2016 (SIPDA)**

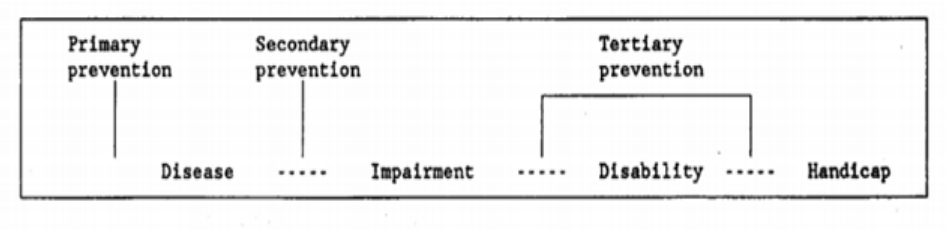
  This scheme is implemented for providing financial assistance to fulfil all the various activities outlined in Rights to Persons with Disabilities Act, 2016, relating to rehabilitation and barrier-free access.

Scheme-wise details are as follows:

i. Components of Skill Development
ii. Accessible India Campaign/ Sugamya Bharat Abhiyan
iii. Awareness Generation and Publicity Scheme
iv. Research on Disability Related Technology, Products and Issues
v. Unique Disability ID Project (UDID)
vi. Incentive Scheme for providing employment to Persons with Disabilities (PwDs) in the private sector
vii. In-Service Training and Sensitization of Key Functionaries of Central and State Government, Local Bodies and other Service Providers
viii. Scheme of "Support for Establishment/ Modernization/Capacity augmentation of Braille Presses"
ix. State Spinal Injury Centre
x. Scheme for Financial Assistance to Colleges for Deaf in Five Regions of Country
xi. Scholarship Scheme
xii. Indian Spinal Injury Centre (ISIC)
xiii. National Handicapped Finance and Development Corporation (NHFDC)National Awards for the Empowerment of PWDs

5.4. PREVENTIVE MEASURES

Prevention is essential for reducing the incidence of impairment and disability. Majority of disabilities can be avoided if efforts are taken during the pre-natal, natal and post-natal stages itself. Prevention is therefore cost effective compared to treatment and rehabilitation. Prevention of disability is carried out through public health measures aimed at preventing the disease at the first place,through medical measures that treat the disease, and through curative and rehabilitative measures which treat the impairment or the disability, with the three types of measures forming a continuum of primary, secondary and tertiary prevention as explained in the figure.



Source:WHO 1991

Accessed from *https://apps.who.int/iris/bitstream/handle/10665/170433/EB89_15_eng.pdf;sequence=1*

STAGES OF PREVENTION

Primary Prevention– This involves prevention of the manifestation of the disability; reduce the occurrence or delay the disabling process (focus on all/high-risk groups/individuals with an identified risk). Efforts taken are:

- Genetic counselling – counselling on genetic disorders / prevention of transmission of genetic genes;
- Immunization programmes – in infancy prevents (poliomyelitis, tuberculosis, meningitis and encephalitis);

- Improved prenatal, perinatal and postnatal care – management of maternal risk factors at time of delivery; support for premature babies;
- Regulations and legislation – calling for mandatory immunization.

Secondary Prevention – The focus is on reducing the duration or severity of disability. This involves early identification, intervention and treatment to minimise the development of disability.

- Neonatal screening – examination of all neonates to rule out specific disorders, genetical and developmental disabilities (clinical and biochemical screening). Eg. Screening for Phenylketonuria, hypothyroidism and thalassaemia (special diet given to prevent severe mental retardation, ensure better development and growth in such cases). Nowadays, genetic or surgical procedures on an affected foetus are carried out to correct any abnormality such as congenital heart disease, cleft lip etc.

Tertiary Prevention – This limits or reduces the effects of a disability by providing long-term management care; rehabilitation or correction of the disability to lead normal or manageable life and enables integration in the society.

5.4.1. EARLY IDENTIFICATION

The first step is the accurate and early recognition of disability if the above preventive measures are to be carried out. It is easy to identify certain abnormalities on basis of physical or clinical examination such as skeletal abnormalities, blindness, hearing, speech disorders, chromosomal anomalies etc. But certain disorders take some time to identify or diagnose. Parents, especially mother plays a major role in early detection of disability, development delays in movement,

speech, learning etc. If any diagnosis of genetic disorder is identified in the parent even before conception, counselling is given about preventing the pregnancy of child with abnormality. Sometimes, during pregnancy, tests are done to identify such defects and parents are prepared to care for a child who may have a disability. Many conditions can be prevented/reduced in level of disability if there is an institutional mechanism to screen, detect and intervene in the right manner. For early detection it is important to ensure adequate education and orientation of families and technical assistance to them by medical social services.



If any diagnosis of genetic disorder is identified in the parent even before conception, counselling is given about preventing the pregnancy of child with abnormality.

5.4.2. INTERVENTION

Early detection and early intervention can avoid the progression of several disabilities. Birth to 6 years of age is crucial time for holistic development of the child where early intervention can be carried out. Identification and intervention should happen simultaneously without losing out time as it is key in reducing the overall disability burden. Many of the conditions (eg: autism spectrum disorders, muscular dystrophy, cerebral palsy etc.) need therapeutic intervention by professionals. Depending on the type of disability, the intervention has to be applied which can be medical or non-medical in nature. Emphasis is on rehabilitative, therapeutic or psychological interventions. Some surgical procedures are also necessary to correct disabilities.

5.4.3. REHABILITATION

Rehabilitation services are aimed at facilitating the participation of disabled persons in regular community services and activities.The main objective is to enable them function independently in all areas in society, and be gainfully employed.

They should be mainstreamed or reintegrated in society. Severe disability can be minimized if preventive and rehabilitative measures are provided at early stage in their life.

Rehabilitation includes the following types of services:

- Early detection, diagnosis and intervention;
- Medical care and treatment;
- Social, psychological and other types of counselling and assistance;
- Training in self-care activities;
- Provision of technical and mobility aids and other devices;
- Specialized education services;
- Vocational rehabilitation services;
- Follow-up.

The abilities, potential and capacities of the person should be focussed in rehabilitation services to get the maximum benefit. Families and communities of the disabled person should also be involved as they are a very strong source of support. Participation of the PWD in decision-making related to their rehabilitation is very crucial as they have a right to do so.

5.5. INSTITUTION BASED REHABILITATION PROGRAMMES

Institution based rehabilitation is one of the three approaches in rehabilitation of PWDs. These services are provided in hospitals (public/ private) or institutions through short term/special treatment with the purpose of addressing their needs and concerns. Most of the institution-based programmes start at early stage where skilled professionals provide treatment and focussed interventions. The number of beneficiaries in an institution is usually small in number, but specialized care, advanced medical approaches can be provided by an interdisciplinary team consisting of physician/psychiatrist,

physiotherapist,speech therapist, psychologist, psychiatric social worker, nursing care etc. Many a times, people with severe disabilities are treated in hospitals or institutions where they may need special attention and management. But all those needing institutional based care may not be able to avail due to financial constraints.

5.6. COMMUNITY BASED REHABILITATION (CBR) PROGRAMMES

CBR programmes have been in operation since 1970s as an important strategy to respond to the needs of people with disabilities, particularly in developing countries. CBR was initially promoted to deliver rehabilitation services in countries with limited resources. It is implemented through the combined efforts of people with disabilities, their families, organizations, and communities, and the relevant government and nongovernmental services. Government/NGOs implement these programmes in select villages/districts depending on the prevalence of number of disabled people residing in that locality. PWD is an important part of the team comprising of family, community members, local organizations, government etc. to decide on the services to be availed. It is therefore a type of strategy within the development of general community for equalization of opportunities, rehabilitation and social inclusion of all disabled people. Rehabilitation services are available within the community so that the PWD can avail them easily without any discrimination, exclusion and it is seen that all are included. The major objective of CBR is to ensure that PWDs are able to maximize their abilities, have access to regular services and opportunities, and achieve full integration within their communities. Above all, it is affordable. Resources available within the community should be tapped and utilised to the maximum so that there is ownership from the community in supporting their own PWDs. These programmes are ideal in far flung villages and areas where they don't have the access to institutional care and treatment. For those who need specialized

interventions and advanced medical help, they will be referred to the treatment facility at the district or state level as only basic services can be provided through CBR programmes.



CHECK YOUR PROGRESS - 1

1. What is ADIP scheme?

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2. What is the main objective of rehabilitation?

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5.7. GOVERNMENT ORGANIZATIONS

The following are the functions and schemes of some of the government organizations for the welfare of PWDs in India.

5.7.1. REHABILITATION COUNCIL OF INDIA (RCI)

The RCI has been set up as a statutory body under the Rehabilitation Council of India Act, 1992 with the purpose of developing, standardizing and regulating training programmes and courses in the field of rehabilitation and special education. It also maintains the Central Rehabilitation Register for qualified Professionals/ Personnel and standardizes and regulates their training in the area of Rehabilitation and Special Education and promotes Research in Special Education.Universities/ institutions (government/non-government) should get the approval of RCI before offering any training course in the field of rehabilitation/special education. RCI facilitates a National Bridge Course for persons who do not have any recognized rehabilitation qualification and been working in the field of disability. It has launched a National Programme on Orientation

of Medical Officers working in primary health care centres to create awareness and sensitization in the rural areas.

5.7.2. NATIONAL TRUST

National Trust is a statutory body set up under the National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999. It discharges two duties – legal and welfare through the schemes and implements activities like training awareness and capacity building programme, and empowerment. It also offers registration to voluntary organizations, association of PWDs and association of parents of PWDs. During the year 2020-21, there are about 668 Registered Organizations of the National Trust in India.

Schemes under National Trust of India (for persons with any of the four disabilities as outlined in the Act)

- **DISHA** -Early Intervention and School Readiness Scheme (for children up to 10 years).
- **VIKAAS**Day Care–scheme for people with autism, cerebral palsy, and multiple disabilitiesthose above 10 years
- **SAMARTH**- Respite Care (provides respite home for orphans, families in crisis)
- **GHARAUNDA**- Group Home for Adults (provides housing and care services throughout the life).
- **NIRAMAYA** -Health Insurance Scheme (provides affordable health insurance).
- **SAHYOGI** - Caregiver training scheme (scheme to set up Caregiver Cells).
- **PRERNA**- Marketing Assistance (to create channels for sale of products and services produced by persons with any of the four disabilities).

- **SAMBHAV** - Aids and Assistive Devices (to set up additional resource centres in each city collect aids, and other assistive devices).
- **DISHAcum VIKAAS** - Day Care Scheme (merger scheme).
- **SAMARTH cum GHARAUNDA** - Residential Scheme (merger scheme).
- **GYAN PRABHA** - Educational support (scheme for pursuing educational/ vocational courses).
- **BADHTE KADAM** - Awareness, Community Interaction and Innovative Project

5.7.3. NATIONAL INSTITUTES UNDER MINISTRY OF SOCIAL JUSTICE AND EMPOWERMENT

National Institutes have been established under the Ministry of Social Justice and Empowerment, as autonomous bodies focussed on specific types of disabilities. They prioritise human resource development in this sector by conducting various courses on disability, provide rehabilitation services and promote research and development. **Nine institutes** have been set up which are:

i. National Institute for the Empowerment of Persons with Visual Disabilities (NIEPVD), Dehradun;

ii. Ali Yavar Jung National Institute of Speech and Hearing Disabilities (AYJNISHD), Mumbai;

iii. National Institute for the Empowerment of Persons with Intellectual Disabilities (NIEPID), Secunderabad;

iv. National Institute for Empowerment of Persons with Multiple Disabilities (NIEPMD), Chennai;

v. Pt. Deendayal Upadhyaya National Institute for Persons with Physical Disabilities (PDUNIPPD), Delhi;

vi. Swami Vivekanand National Institute of the Rehabilitation Training and Research (SVNIRTAR), Cuttack;

vii. National Institute for Locomotor Disabilities (NILD), Kolkata;

viii. Indian Sign Language Research & Training Centre (ISLRTC), New Delhi;

ix. National Institute of Mental Health and Rehabilitation (NIMHR), Sehore.

Composite Regional Centre for Skill Development, Rehabilitation and Empowerment of Persons with Disabilities (CRCs)- 21 centres are set up as extended arms of the National Institutes to provide rehabilitation services to all categories of PWDs, train professionals, and create awareness.

5.7.4. SOCIAL WELFARE DEPARTMENT/DEPARTMENT OF DIFFERENTLY ABLED

Department of Empowerment of Persons with Disabilities (Divyangjan) under Ministry of Social Justice & Empowerment is the nodal agency set up in May 2012 with the aim to facilitate empowerment and inclusion of the persons with disabilities and their development. Some of the features includes: it implements legislations, sets up institutions, organizations to undertake prevention, early detection, intervention, education, health, vocational training and social integration of PWDs. In some states in the country, the Social Welfare Department or Department of Differently Abled are responsible for execution of the above responsibilities.

5.8. NGOs

NGOs are non-governmental organizations whose primary aim is to provide assistance to PWDs. Physical, medical, vocational training, rehabilitation, skills training, and many such services are needed for the differently abled. The government sector will not be able to reach out to the two-crore people in India who need assistance. Hence, NGOs fill up this large service gap by reaching out to those inaccessible parts with the passion and zeal to provide the required help.

5.8.1. CBR FORUM

CBR Forum was registered as Collective Action for Basic Rights Foundation under Societies Registration Act in New Delhi to reach out to the unreached rural and tribal parts of the country with the purpose of empowerment and inclusion of PWDs to ensure their full participation in family and community life. They focus on activities throughout the country by partnering with PWDs, NGOs, DPOs (Disabled Peoples Organizations),Governments and other stakeholders in the community for promoting the well-being of disabled groups. Through partnership with 62 NGOs and 76 programmes, CBR Forum reaches out to all categories of PWDs with no discrimination, extending across all genders and socio-economic strata. Priority groups are women and children, severe and multiple disabilities and those in rural and tribal areas. They capacitate NGOs to provide services until DPOs are able to take it up with the State ultimately ensuring that the government responsibly undertakes to provide quality services for PWDs. Stand-alone CBR programme; District Level Initiative (DLI) CBR programme; Mainstreaming of PWDs at Organizational Level; Lifting barriers; fellowship programme and DPOs are their overall strategies.



Through partnership with 62 NGOs and 76 programmes, CBR Forum reaches out to all categories of PWDs with no discrimination, extending across all genders and socio-economic strata.

5.8.2. CHRISTIAN BLIND MISSION (CBM)

Christian Blind Mission (CBM) is an international Christian development organisation, committed to improving the quality of life of people with disabilities in the poorest communities of the world. It was founded in 1908 by Pastor Ernst Jakob Christoffel in Turkey as a home for blind and disabled, orphaned. Based on its religious values and over 100 years of professional expertise, CBM addresses poverty and works in partnership in over 20 countries, in the most disadvantaged societies, irrespective of race, gender or religion to reduce the prevalence and conditions that lead to disability; promote equal opportunities for economic empowerment, livelihood security, and full inclusion in all aspects of society for persons with disabilities.

5.8.3. BLIND PEOPLE ASSOCIATION

Blind People's Association is a professional organization established in 1984 to provide employment opportunities to PWD. Education, employment, self-employment (through Micro credit system), placement in public and private sectors has been the focus of the organization since its inception, which believes in providing equal opportunities to all categories of people with disabilities. The 'Swayamsiddha Pariyojana' project focuses on empowerment of blind women by providing them Micro Credit, so that they can be independent individuals.

5.8.4. GRASS-ROOT LEVEL NGOS

Grass-root level NGOs adopt community-based approaches and address the problem at the local level and they have all the requisite knowledge of the people, their culture, issues etc. which makes it easier for them to implement

the programmes. Work begins with creating awareness and sensitizing the local community initially and then with their participation, it is possible to carry out need based disability intervention approaches.

5.8.5. PWD ASSOCIATIONS

Associations for PWD function at the state, regional, national and international levels, focussing on single disability or cross disability and inclusive of all people with disabilities. They are mostly advocacy associations focussing on changing policies and ensuring equal rights and opportunities for PWD. They are registered, structured and function like any other organization. Few people come together and form a group of PWD where there is membership, a constitution made up, general body, governing body, office bearers and then they get affiliated to larger movements at national or international level. There are many such associations in India. One of them is the Association of People with Disability (APD) established way backin 1959 in Bangalore, Karnataka. APD works extensively for the rehabilitation of PWD from the most disadvantaged and underprivileged sections of society to an inclusive society and mainstream them.



CHECK YOUR PROGRESS – 2

3. How many National Institutes are established for PWDs in India?

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4. Which is the health insurance scheme implemented under National Trust?

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5.9. LET US SUM UP

- These programmes make a big impact in their lives to promote their independence and inclusion and enable mainstreaming into the society.
- The assistance can range from poverty reduction schemes, educational and vocational training support, unconditional cash transfer, social and health insurance, disability pension, mobility grants, grants for aids and appliances.
- Apart from spending on rehabilitation measures, it is indispensable that adequate preventive measures are implemented in order to prevent the occurrence of disability itself.
- National Institutes have been established under the Ministry of Social Justice and Empowerment, as autonomous bodies focussed on specific types of disabilities.
- They prioritise human resource development in this sector by conducting various courses on disability, provide rehabilitation services and promote research and development. **Nine institutes** have been set up.



5.10. FURTHER READING

- Department of Empowerment of Persons with Disabilities (Divyangjan), Ministry of Social Justice and Empowerment, Government of India. https://disabilityaffairs.gov.in/content/page/ national-fund-under-pwds.php.
- WHO 1991, Disability Prevention and Rehabilitation. Report by the Director General https://apps.who.int/iris/bitstream/handle/10665/170433/EB89_15_eng.pdf;sequence=1

5.11. ANSWERS TO CHECK YOUR PROGRESS

1. Assistance to Disabled Persons for Purchase/Fitting of Aids and Appliances)
2. The main objective of rehabilitation is to enable them function independently in all areas in society, and be gainfully employed.
3. Nine National Institutes
4. NIRAMAYA - Health Insurance Scheme

5.12. MODEL QUESTIONS

1. Discuss the importance of the persons with disability associations.
2. What is the role of the grass roots level NGOs?
3. What is primary and secondary intervention?
4. What does rehabilitation services include?

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UNIT 6: REHABILITATION OF PERSONS WITH DISABILITIES

UNIT STRUCTURE

6.1. Learning Objectives

6.2. Introduction

6.3. Process of Rehabilitation

- 6.3.1. Early Identification
- 6.3.2. Treatment
- 6.3.3. Education
- 6.3.4. Vocational Methods
- 6.3.5. Role of Community in Rehabilitation Process

6.4. Social Mobilization

6.5. Networking with Organizations

6.6. Job Placement for the Disabled

- 6.6.1. Organized Sectors and Self-employment
- 6.6.2. Utilization of Government and Other Resources

6.7. Type of Guidance

- 6.7.1. Vocational
- 6.7.2. Educational
- 6.7.3. Personal

6.8. Let us Sum up

6.9. Further Reading

6.10. Answers to Check Your Progress

6.11. Model Questions

6.1. LEARNING OBJECTIVES

This unit on rehabilitation of persons with disabilities shall:

- enable you to understand the process of rehabilitation of PWDs;

- explore the scope of job placement of PWDs;
- discuss the different types of guidance for PWDs.

6.2. INTRODUCTION

Rehabilitation refers to a set of measures that help individuals who experience or are likely to experience disability to achieve and maintain optimal functioning in interaction with their environments. Rehabilitation efforts are targeted towards making changes in functioning of individuals to facilitate them to handle life independently or enabling their environment (eg: installing a toilet handrail). This unit shall therefore discuss the process of rehabilitation from various sectors and explore the possibilities for job placement of those living with disabilities.

6.3. PROCESS OF REHABILITATION

Rehabilitation is generally a long-term process, sometimes it can also be lifelong procedures needed for persons with disabilities to lead qualitative lives. Rehabilitation should help to empower a person with a disability and his/her family. The focus of rehabilitation can be on the prevailing health condition in order to reduce the impact of damage. Therefore, regular assessment and check-up of the person's health condition is essential. Article 26 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) calls on countries to organize, strengthen, and extend comprehensive rehabilitation services and programmes, which should begin as early as possible, based on multidisciplinary assessment of individual needs and strengths, and including the provision of assistive devices and technologies.

Process of rehabilitation as explained in the figure below begins with:

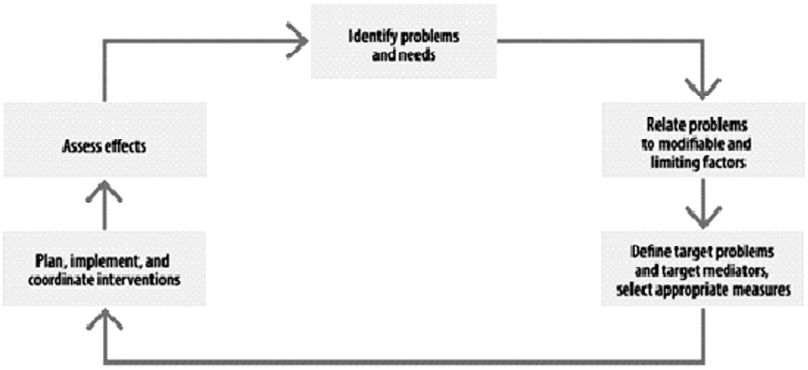
- identifying the person's problems and needs – what is the impairment, the difficulty etc;
- relate these problems to factors concerning the individual and

those relating to the environment, find out which factors can be modified;

- define rehabilitation goals – select the appropriate measures that would be ideal for the person;
- plan and implement the measures and go ahead with the intervention that would help the individual with disability,
- finally make an assessment of the effects and the impact of the intervention as to how the intervention has helped the individual to adapt and lead an independent life.

Throughout this process, it is important to educate the PWD with the knowledge and skills needed for taking care of oneself and ensure that the individual and their families are partners in this process.

The rehabilitation process



Source: A modified version of the Rehabilitation Cycle from (*10*).

Source: WHO (2011). World Report on Disability - Chapter 4. Rehabilitation

If rehabilitation is provided along a continuum of care ranging from hospital care to rehabilitation in the community, it can improve functioning of the individual and reduce disability. Team of rehabilitation professionals are involved in this process along with the PWD, family, friends and community.

6.3.1. EARLY IDENTIFICATION

Diagnosis of the nature and cause of the health condition is important; the accurate cause of damage or impairment; regular check-ups are needed for optimal early detection and treatment of complications and further illnesses. Certain conditions are easy to diagnose during the pre-natal, natal or post-natal period on the basis of physical appearance or chromosomal abnormalities. Developmental delays during childhood should also be identified immediately by the child's family or school system and prompt intervention needs to be taken to prevent further disability.

6.3.2. TREATMENT

Treatment refers to interventions taken to address the disease or impairment. It is mostly physical or medical interventions, provision of aids and appliances etc, given according to the needs of the individual. Therapeutic activities by different professionals such as physical, occupational, speech therapists and counsellor are carried out which can be training, exercises, support and counselling, modifications to the environment, provision of resources and assistive technology. If there is an acute illness or injury, they must be provided with the right kind of medical attention and effective treatment immediately to prevent further problems. People with mental illness may require proper assessment and medications to be taken for their condition on a long-term basis with frequent checkups and monitoring so that they can lead a better life. Government of India has taken measures to set up mental health care homes for severally mentally ill with NGOs help as part of Panchayati Raj Institutions. CBR programmes are the most recommended mode of providing rehabilitation.

Residential rehabilitation centres are also envisaged for providing vocational and social skill training for people with mental illness. The ASHA workers are also entrusted to provide comprehensive services to PWD at the grass root level.

6.3.3. EDUCATION

Educational measures of rehabilitation are very crucial in enabling PWD lead independent life in society. Inclusive education is one of the important components for mainstreaming them in the general education system. SSA (Sarva Shiksha Abhiyan) of the Government of India guarantees eight years of elementary schooling for all children including those with disabilities in the age group of 6-14 years. Similarly, under the Integrated Education for Disabled Children (IDEC) Scheme, those children between the ages of 15 to 18 years are provided with free education. Continuum of educational options and learning tools, open schooling and lots more are made available to children through SSA. Through IDEC scheme, financial assistance is provided for specialised assistance in education, allowances for instruction materials etc. Scholarships are also available for those who desire to pursue higher education and professional courses. Accessibility to educational institutions and accessible medium of learning (like Braille, sign language) should be made available by removing all barriers. Special schools should be set up with appropriate technology for those children who cannot join the inclusive education system, and also home-based education for some category of children with varying levels of disability. Efforts should therefore be taken to ensure that no child with disability is left out of the ambit of education which is one of their rights to be fulfilled.



SSA (Sarva Shiksha Abhiyan) of the Government of India guarantees eight years of elementary schooling for all children including those with disabilities in the age group of 6-14 years.

6.3.4. VOCATIONAL METHODS

Vocational rehabilitation and skill training are important components that capacitate PWDs to secure employment and lead meaningful lives enabling their reintegration in the society. Government of India, Ministry of Labour and Employment has set up 21 Vocational Rehabilitation Centres (VRC) in different locations in the country to assess the vocational and psychological needs of PWDs. Vocational Rehabilitation Centre at Vadodara is exclusively for the women with disabilities.Skill Training Workshops too are provided in some of these centres for imparting non-formal training in trades or professions that fit the person. Rural Rehabilitation Extension Centres provide rehabilitation services to those in rural areas by means of organising mobile camps. These VRCs provide a range of services beginning with interview, assessment and evaluation of the individual to know their needs, capacities and background.

Different programmes are offered in electronics, automobiles, computers, tailoring, carpentry, arts and crafts, photography, secretarial course etc. Apart from learning the programmes, individuals need to learn work habits, importance of adjustment to work and sustainability. Assistance is also provided to the person to find job placements by these centres networking with potential employers or supporting them in availing grants or loans for self-employment purposes.

6.3.5. ROLE OF COMMUNITY IN REHABILITATION PROCESS

In the rehabilitation process, apart from the person with disability, his family and community play a crucial role and

serve as important resources. The person should live in his/her community so that rehabilitation efforts are targeted towards them. Participation of the community and their involvement in every step of the rehabilitation process is vital. They serve as entry points for any organization to reach out to the PWD. Data related to the number of PWD in their area, stratification based on age, gender, education, type of disability etc. should be available with the heads of the particular village or taluk as this information is very critical for planning any CBR programmes. Further, accepting the PWDs as they are and genuinely planning for their rehabilitation along with the individual, family and NGOs is important. Many influential members will be present in the community like medical personnel, teachers, political workers etc. who can voice out the issues and concerns of PWD, advocate for their rights, needs, and ensure that they are successfully rehabilitated within the community itself.



CHECK YOUR PROGRESS – 1

1. What is the first step in rehabilitation process?

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2. What is the provision of SSA for Children with disabilities?

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6.4. SOCIAL MOBILIZATION

Social mobilization is the process of engagement and action to bring about change; of coming together to raise awareness and sensitize people on certain issues. Different allies are brought together, mobilised to come together to demand for any specific programme or services to be made available. Important decision-makers, policy-

makers, opinion leaders, NGOs, professionals in the field of disability, the community, PWDs are the allies who need to come together to raise their voice on disability issues and demand for better services and provisions for their welfare. The basic principles are empowerment, equity, sustainability and integration. According to WHO Matrix on CBR, social mobilization refers to alliance building with representatives of society, campaigns led by PWDs on issues of inclusion, access to local and community resources and involvement in any local committees working on disability issues.

6.5. NETWORKING WITH ORGANIZATIONS

Networking helps in mainstreaming PWDs in society by providing opportunities for personal and professional development. When it comes to their rehabilitation, it is important that linkages are made with concerned organizations in the field, be it the government department, NGOs, vocational and skill institutes, hospitals and institutions that provide requisite medical care, disability associations and also prospective employer networks. This networking has to be established by those who are involved in the rehabilitation process of the individual, including the person with disability, his family, community and concerned organization who takes the initiative. Formal and informal networks can also be established. Networking helps one find contacts which they cannot do on their own. This helps in making referrals of PWDs to concerned organizations for specific or specialized services according to their need. A contact list of organizations along with the services provided needs to be updated and made available to PWDs through the government department responsible for empowerment of PWDs. Effective networking saves time, efforts and stress and serves as a powerful tool in rehabilitation by providing opportunities for job placement, career development, marketing products (for those who choose self-employment) and thereby enable them to live independent lives.

6.6. JOB PLACEMENT FOR THE DISABLED

Job placement helps PWDs earn a living, live independently and develop and maintain social relationships successfully. It gives them a sense of positive self-esteem and dignity in life. But finding a job becomes an uphill task and a major challenge. As it is, they face hurdles in securing a good education or vocational training and with jobs, it is another big impediment.

Government of India as per the National Policy proposes to initiate dialogue with private sector organizations to help in getting employment; develop home-based income generation programmes especially for persons with severe and multiple disabilities; coaching for employment; make modifications in the design of machinery and work environment to remove barriers; network with Marketing Boards, District Rural Development Agencies (DRDAs), private agencies and NGOs in marketing of goods produced by PWDsetc.

A few steps are involved in job placement such as:

- gathering information on job vacancies, and on job-seekers
- making contacts with employers
- providing technical advice
- conducting job and work analysis
- job-matching
- job-coaching
- providing follow-upservices.

Additional information may be essential for some PWDs such as the location of the job, factors related to accessibility, transportation, the policy of the organization related to employment of persons with disability. Knowledge of the local labour market trends and requirements is also essential. Employment placement services for PWDs should function effectively by forming linkages with other stakeholders and be able to tie up the PWD with the right employment based on their qualification and skills.

6.6.1. ORGANIZED SECTORS AND SELF-EMPLOYMENT

Organised sector refers to the central and state governments, banks, railways, insurance and industries where the employees are paid decent salary, there is job security, fixed working hours, medical allowance, insurance etc. Unorganised sectors are small scale industries where there is no job security and less salary. Employment of all PWDs in the organised sectors is a major challenge. Sometimes, measures like incentives, awards, tax exemptions etc. are given to employers of private sectors to encourage the employment of PWDs.

Self-employment is the need of the hour due to the slow pace of employment opportunities for PWDs in the organised sectors. It is an effective placement service in developing countries but has not received that much attention as other employment options. Nowadays with advancements in technology, e-commerce, opportunities are increasing. Government also supports this by providing incentives, tax concessions, and exemption from duties etc. to promote it. Self help groups of PWDs will be given priority in availing financial support. It is also proposed to provide loans for those who need for start-ups.

In addition to the assistance to set up business through training and skill development, financial help through loans, providing machinery, equipment, tools etc, it is also important that these new entrepreneurs need guidance on handling business, marketing their products, and managing the technicalities related to business.

6.6.2. UTILIZATION OF GOVERNMENT AND OTHER RESOURCES

Government

Government and public sector enterprises, have taken the major responsibility of providing employment to PWDs in India. There is 4 % reservation in government departments and this has extended to higher ranking of A and B categories. Establishment of National Institutes for different types of disabilities is also another major step towards the employment of disabled people. Most of the posts are reserved for orthopedically handicapped but are not filled due to candidates not equipped to clear the interview process. The job placements in both government and other organised public sectors benefit those PWDs in urban areas than rural areas. This is a major concern which needs to be addressed and NGOs fill in this vacuum through skill development and self-employment opportunities provided through their CBR programmes.

ROLE OF NGOS

Non-governmental organizations play a crucial role in supporting PWD in finding a job and providing placement services which is a valuable resource. The networks established by them go a long way in securing jobs. It is an important institutional mechanism that complements the endeavours of the government. Most NGOs focus on rehabilitation and advocacy. Some of the activities carried out by NGOs in India are: they conduct job fairs – companies are invited to screen and hire the PWD; provide skill training based on vocational training curriculum like welding, carpentry, short-term/long-term computer courses,horticulture training; creating employment cell for PWD;vocational guidance,

training, access to employment-related support services, post-training and post-placement support; pre-employment services, supplementary education, counselling, consultancy, collaboration with industries to offer medical transcription training;participation in job melas/placement to registered PWDs, computer training, call centre job placement; policy advocacy, partner with major industries to include disability in their agenda, constituting awards for employers of disabled. NGOs are actively involved in policy formulation, planning, implementation and various other aspects related to rehabilitation of PWDs.

6.7. TYPE OF GUIDANCE

Guidance refers to the process where a person with experience or expertise helps an individual to solve a problem or develop their potential. For PWDs, guidance in every area of their life is very important so that they are able take the right decisions and choices with regard to their education, employment, financial, health etc. and make use of the opportunities available and enjoy their life to the maximum.

6.7.1. VOCATIONAL

Vocational guidance is an important constituent of the rehabilitation of the PWD. It consists of making an analysis of the motivation and interest of the individual for undergoing vocational training, providing them with adequate information on the different options available for training, the skills and the placements after training and then enabling the person to make the right choice according to his/her abilities and interests. This may take some time as the person has to understand and then take the right decision. Vocational training centres are mostly involved in providing this guidance during the intake assessment process.

6.7.2. EDUCATIONAL

Educational guidance is a critical component for all children and most importantly for children with disabilities. It serves many purposes and provided at a very young age for children to develop appropriate learning skills by overcoming all the obstacles in their life and fit in with the other children in an inclusive educational system. Guidance here helps in deciding whether they need special education or would adjust with the pattern of inclusive education. They are guided by trained counsellors or special educators in helping them learn how to utilise the learning environment around them, come to terms with accepting their own disability, participation in social activities and develop self-confidence. Enabling them develop their social and emotional needs and also ensuring that the peers and friends encourage a positive attitude that helps the child with disability to grow. In the long run, they need guidance on taking crucial decisions with regard to pursuing higher education, depending on their level of disability and their interest, aptitude which would eventually help in their employment and securing an independent life.

6.7.3. PERSONAL

Personal guidance for PWDs shall focus on many aspects relating to them. First of all, the individual needs guidance in coming to terms with his/her disability, accepting oneself as they are as many of them will go through self-pity, anger, negative emotions to live a life with an impairment. Constant motivation is needed to think positively about oneself, explore their potential, discover their strengths, interests and passion, hobbies etc. that keeps the person going on in life in the right path. A great deal of

assistance is needed in enabling them deal with interpersonal relationships too within the family, workplace, society etc. as there can be many areas where there can be misunderstanding or conflicts that arise. Making choices with regard to choosing life partner is also an area where they may need personal guidance. In the entire process, they need to be treated with respect and dignity and their views and opinions taken into account.



CHECK YOUR PROGRESS – 2

3. Give some examples of organised sectors.

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4. What is guidance?

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6.8. LET US SUM UP

This unit dealt with the process of rehabilitation of PWDs through government, non-government organisations and community based rehabilitation as per the mandate of the UNCRPD.

Guidance refers to the process where a person with experience or expertise helps an individual to solve a problem or develop their potential. For PWDs, guidance in every area of their life is very important so that they are able take the right decisions and choices with regard to their education, employment, financial, health etc. and make use of the opportunities available and enjoy their life to the maximum.

Empowering PWDs with job placements and to provide different types of guidance are the key aspects that are discussed in this unit.



6.9. FURTHER READING

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6.10. ANSWERS TO CHECK YOUR PROGRESS

1. Identifying the individual's problems and needs with regard to the impairment is the first step in rehabilitation process.
2. SSA (Sarva Shiksha Abhiyan) guarantees eight years of elementary schooling for all children including those with disabilities in the age group of 6-14 years.
3. Organised sector are the central and state governments, banks, railways, insurance, industries etc
4. Guidance refers to the process where a person with experience or expertise helps an individual to solve a problem or develop their potential.



6.11. MODEL QUESTIONS

1. State the meaning of 'rehabilitation'.

2. What is the difference between educational and vocational guidance?

3. Discuss the role of NGOs in the rehabilitation of PWD.

4. Why are vocational methods important?

5. How can the community act as important agent for rehabilitation?

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UNIT 7: VARIOUS APPROACHES TO UNDERSTANDING DISABILITY

UNIT STRUCTURE

7.1 Learning Objectives
7.2 Introduction
7.3 Strength- Based Approach
7.4 Rights Based Approach
7.5 Barrier- free Environment
7.6 Role of Technology in Dealing with Disability
7.7 Fitment of Aids and Appliances
7.8 Cross-Disability Approaches
7.9 Let us Sum Up
7.10 Further Reading
7.11 Answers to Check your Progress
7.12 Model Questions

7.1 LEARNING OBJECTIVES

After going through this unit, you will be able to:

- Explain the strength- based approach
- Discuss the rights based approach
- Analyze the role of technology in dealing with disability

7.2 INTRODUCTION

In the previous unit we had discussed the rehabilitation aspects of the persons with disability. In this unit, let us analyse the various approaches to understanding disability and the impact of disability on the individuals. In this unit we will focus on the prospects of making the social and employment domain more inclusive in nature for the persons with disability. The evolving and advancing role of technology in dealing with disability issues is extremely important.

7.3 THE STRENGTH-BASED APPROACH

The strength-based approach to disability focuses on the skills and abilities that people with disabilities have to offer. Therefore, it would foster much more access to education and employment. This approach emphasizes the strengths and skills that individuals with disabilities contribute to work environments and the rest of their communities. Rather than developing hiring initiatives in order for companies and employers to appear sympathetic towards employees with disabilities, there should be a understanding of how the strengths of individuals with varying disabilities would benefit their employers. In the perspective of promoting inclusive education, strength based approach is extremely significant. Of equal importance, this strengths-based approach would facilitate the development of self-esteem and self-determination among people with disabilities. It is necessary to add that a strengths-based perspective of employment of individuals with disabilities does not negate the fact that accommodations might be necessary in order to reduce workplace barriers. However, the focus when hiring any individual, whether diagnosed with a disability or not, should always be what talents they can offer.The movement towards a more positive and strengths-based approach to the concept of disability will enable further access to social inclusion, including access to education and employment. Progress has been made, but improvements are needed so that all individuals have access to acceptance, education and jobs in which they can be autonomous, financially independent, and included.



Strength-based approach would facilitate the development of self-esteem and self-determination among people with disabilities.

7.4 RIGHTS BASED APPROACH TO DISABILITY

Rights based approach to health and social care of the persons with disability is widely accepted internationally as a best practice approach, which is rooted in the principles of the United Nations Convention on the Rights of Persons with Disabilities and protected

in the United Kingdom by the Human Rights Act. In its report Human Rights and Health and Social Care, the British Institute of Human Rights states that:

"At the core of human rights, are the values of fairness, equality, dignity, respect and autonomy, values which are also at the core of quality health and social care."

Some of the reasons why a rights-based approach to health and social care is considered to be best practice are that it:

- supports health and social care staff in meeting their professional ethical obligations;
- improves both the quality and effectiveness of health and social care, improves decision-making processes and enhances the health and well-being of all service users;
- sends a message to society that people with disabilities are first and foremost equal persons with human rights;
- leads to more meaningful participation and engagement of people with disabilities in the design and delivery of health and social care services.
- helps health and social care staff to better understand the range of societal and cultural factors that impact upon an individual's health and well-being; and
- reduces complaints and litigation.

However, despite these benefits and the law underpinning this approach, people with disabilities continue to experience barriers in accessing health and social care and can experience human rights issues including:

- inhuman, degrading or humiliating treatment;
- under-diagnosis;
- questions over their capacity to make decisions;

- lack of accessible information to make informed decisions;
- stigma in relation to sexual and reproductive health;
- difficulties in maintaining family life;
- poor physical access and inaccessible communications systems; and
- institutionalised care with limited funding for independent living and community care.

Recent media reports have also highlighted the issues in making a rights-based approach to health and social care a reality including the Dilnott Report on the funding of care and support and BBC Panorama's documentary on abuse in a residential hospital. Human rights issues in health and social care have also been exacerbated by the current pressure on resources faced by health authorities, as seen in the case of London Borough of Hillingdon v Steven and Mark Neary. A rights-based approach towards disability is not necessarily about introducing anything new, but about improving and building upon what is already in place:

A health and social care organisation could carry out a review of their policies to ensure they comply with the principles of the United Nations Convention on the Rights of Persons with Disabilities. Such a policy review should identify who will be affected by the policy, which human rights are relevant, who in the organization is responsible and how will these rights be protected and promoted.

Staff should be trained to understand the implications of the Human Rights Act on health and social care, the rights of people with disabilities and how to practically apply a rights-based approach in their role. Professional bodies should also teach core human rights in all training courses.

Health and social care organisations should develop a communications strategy to ensure that staff are aware of the commitment to human rights, recognise people with disabilities as

holders of rights and understand the implications of a rights-based approach.

Every person with a disability should be able to access information on services in a format that can be easily used and understood by the individual. Effective communication between health and social care staff and the individual will also facilitate more informed decision making.

The physical accessibility of health and social care buildings and services for people with disabilities should be reviewed and improved. People with disabilities should be included in all consultations.

Health and social care staff should presume that a person with a disability has the capacity to make decisions and the person should be supported in doing so. Advocacy should be available if needed, to support people with disabilities to identify, quantify and present their needs, priorities and concerns to others, particularly service providers, in a way that is accessible and sensitive to the individual.

7.5 BARRIER FREE ENVIRONMENT

Barrier free environment is one where anybody can move without any help, freely and safely as they want. We are always going here and there around the world wherever there is need. We can go to our workplace, religious place, school, college, hospital, park, restaurant, cinema hall, market and so on. This freedom and choice is our barrier free environment. The word “barrier” means obstruction that is stop the person to do something what he wants to do. When a person has some disability, he has to face some challenge for movement or doing anything like a person without disability. Research found that there are almost one billion people across the world live with some forms of disability. In India, more than 21 million people are suffering from some kind of



The people with disabilities face physical, social, economical and attitudinal barriers in everyday life that stop them to participate fully and effectively in the community or society.

disability. The people with disabilities face physical, social, economical and attitudinal barriers in everyday life that stop them to participate fully and effectively in the community or society. They have barriers to accessibility to get basic needs like education, employment, healthcare and social support systems. In the year 1995, independent India formulated a separate law for the person with disabilities for their equal opportunities, protection of right and full participation. The act specify that the governments, local authorities make sure provisions of barrier free facilities in all new Government buildings and public utilities , roads and transport. There are five types of barriers to accessibilities for person with disabilities namely attitudinal, organizational or systemic, architectural or physical, information or communications, and technology.

We all people are physically or psychologically disabled at some time in our lives. A child, a person with a broken leg, an elderly person, etc. are all disabled in one way or another. Accessible environment is beneficial for broader range of people, especially applicable for person with disabilities. For example, assistance of ramps (curb cuts) helps the parents for pushing baby strollers. Simple language of information can help to understand someone who is illiterate or not a native speaker.

A list of design elements needs to be considered when creating a barrier-free environment that is-Ramps, Elevators/Lifts, Stairs, Railings and Handrails, Entrances, Reception, Doors, Corridors, Restroom/ Toilets, Classroom, Library, Conference Hall/Auditorium, Cafeteria, Hostel.

GUIDELINES and SPACE STANDARDS FOR BARRIER FREE BUILT ENVIRONMENT

As per Central Public Works Design for barrier free environment, the various disabilities which have been considered while preparing the guidelines for barrier free built environment are classified under following four categories:

Non-Ambulatory (impairments that, regardless of cause or manifestation, for all practical purposes, confine individuals to wheel-chairs)

Semi-Ambulatory (impairments that cause individuals to walk with difficulty or insecurity. Individual using braces or crutches, amputees, arthritics, spastics & those with pulmonary & cardiac ills may be semi-ambulatory)

Sight (total blindness or impairments affecting sight to the extent that the individual functioning in public areas is insecure or exposed to danger)

Hearing (deafness or hearing handicaps that might make an individual insecure in public areas because he is unable to communicate or hear warning signals).

For school children with multiple disability to have a barrier free environment require all entrance and doorways in the school buildings should be at least 4 to 5 feet wide. The toilet inside the school should be accessible to children with special needs (CWSN). This toilet should be fitted with commode and grin-rails. The drinking water outlet should be accessible too.

7.6 ROLE OF TECHNOLOGY IN DEALING WITH DISABILITY

While it used to have been extremely difficult for physically challenged people back then, today's technology-enabled the same group of people to perform tasks they were unable to perform before and they can now do things the normal people do as they go around their day to day activities. Any disability brought about by natural phenomena such as birth conditions or anything that must have just happened after unanticipated or accidental injuries is now best dealt with using assistive technology so as to continue doing whatever has been done prior to the condition. Rehabilitation involves equipment used to aid these people as they perform their tasks. Rehabilitative technologies make their lives much better and reduce the impact of their disabilities.The main purpose of using these rehabilitative technologies is to feel a part of society and lead a near-

normal life. People who have a knack of cooking and love to do it but are prevented from doing so because of their disabilities can use adaptive utensils. Adaptive switches help them perform everyday activities like playing games, cooking among other things. Some features of the assistive devices help people with special needs to dress and groom themselves. Some quite easy but effective modification helps them to reach far away from lights and doorbells, which are some of their many uses.

7.7 FITMENT OF AIDS AND APPLIANCES

The scheme of Assistance to Disabled Persons for Purchase/ Fitting of Aids/Appliances (AIDP Scheme) is an endeavor of the Government to provide the disabled persons with aids/appliance at minimum costs. The requirement for providing of aids/appliances, which are essential for the social, economic and vocational rehabilitation of the disabled persons, has come into sharp focus, particularly after the enactment of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, which came into force in 1996. The Scheme aims at helping the disabled persons by bringing suitable, durable, scientifically-manufactured, modern, standard aids and appliances within their reach.

7.8 CROSS-DISABILITY APPROACHES.

If one is to consider disability legislation on both national and international levels, most is “cross-disability” in nature, and international disability advocacy is governed by “cross-disability” platforms such as the International Disability Alliance (IDA) and Disabled People’s International (DPI).

While disability studies has productively inserted the category of disability into scholarly conversations, we argue that it is important to consider the work that the category does and the kinds of differences

that it obscures, as well as the disconnects between academic and activist use of discourses (as discourses do circulate from academia into both activist and everyday spaces). Disability is unique in that its associated legislative-juridical structure and accompanying social and political movements include diverse conditions and embodiments such as cerebral palsy, schizophrenia, and deafness. People are required to engage in different kinds of social, communicative, representational, and political work to come together under this category. The concept of "cross-disability" deliberately obscures differences.

"Cross-disability" also benefits NGOs that have largely moved away from impairment-specific work to being one-size-fits-all disability NGOs, whereby they are able to increase the numbers of people served and demonstrate their impact to funders. In addition, we call for more attention paid to the work that diverse disabled people engage in, in order to assemble themselves into a "cross-disability" platform.



CHECK YOUR PROGRESS

1. What is barrier free environment?

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2. State the meaning of 'cross disability'.

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7.9 LET US SUM UP

- Disability is unique in that its associated legislative-juridical structure and accompanying social and political movements include diverse conditions and embodiments such as cerebral palsy, schizophrenia, and deafness.
- The people with disabilities face physical, social, economical

and attitudinal barriers in everyday life that stop them to participate fully and effectively in the community or society. They have barriers to accessibility to get basic needs like education, employment, healthcare and social support systems.

- Rights based approach to health and social care of the persons with disability is widely accepted internationally as a best practice approach, which is rooted in the principles of the United Nations Convention on the Rights of Persons with Disabilities
- People are required to engage in different kinds of social, communicative, representational, and political work to come together under this category. The concept of “cross-disability” deliberately obscures differences.



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7.11 ANSWERS TO CHECK YOUR PROGRESS

1. Barrier free environment is one where anybody can move without any help, freely and safely as they want. We are always going here and there around the world wherever there is need. We can go to our workplace, religious place, school, college, hospital, park, restaurant, cinema hall, market and so on. This freedom and choice is our barrier free environment. The word “barrier”

means obstruction that is stop the person to do something what he wants to do. When a person has some disability, he has to face some challenge for movement or doing anything like a person without disability.

2. Disability is unique in that its associated legislative-juridical structure and accompanying social and political movements include diverse conditions and embodiments such as cerebral palsy, schizophrenia, and deafness. People are required to engage in different kinds of social, communicative, representational, and political work to come together under this category. The concept of “cross-disability” deliberately obscures differences.



7.12 MODEL QUESTIONS

1. Discuss the role of social worker in creating awareness and sensitization on disability.
2. Describe the importance of rehabilitation counselling guidance to PWDs and family member.
3. Discuss about the barrier free environment for PWDs.
4. What is Cross Disability approach?

Analyze the role of technology to deal with disability issues.

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UNIT 8-ROLE OF SOCIAL WORKER IN WORKING WITH PWD

UNIT STRUCTURE

8.1 Learning Objectives
8.2 Introduction
8.3 Awareness creation and sensitization on disability
8.4 Rehabilitation counseling guidance to PWDs and family members
  8.4.1 Importance of counselling to person with disabilities (PWDs)
  8.4.2 Importance of counselling to the family member of PWDs
8.5 Coordination with multi-disciplinary rehabilitation professionals.
8.6 Formations of PWD Associations, Advocacy, Networking,
8.7 Registration as Rehabilitation Professional under RCI
  8.7.1 Professionals who can apply for RCI accreditation.
  8.7.2 How can one register for RCI
8.8 Let us sum up
8.9 Further Reading
8.10 Answer to Check Your Progress
8.11 Model Questions

8.1. LEARNING OBJECTIVES

After going through this unit, you shall be able to:

- Define the role of social worker in working with Person with Disability;
- Summarize about the awareness creation and sensitization on disability;

- Infer about the Rehabilitation counselling guidance to PWDs and family members.
- Analyse the importance of barrier free environment.
- Explain coordination with multi-disciplinary rehabilitation professionals.
- Recognise the formation of PWD Associations, Advocacy, and Networking.
- Discuss the Registration as Rehabilitation professional under RCI.

8.2. INTRODUCTION

Social worker who works with person with disability has great responsibility. Social worker support the person with disability for complete diagnosis of his/her issues and help them to cope life with the disability. Social workers help the person with disability for staying safely with stable life. They work for the empowerment and suitable employment of the person with disability. In the time of crisis or any emergency situation social worker give supporting hand to the family with child and adult of person with disability. They stand for them as the safeguard but maintain professional relationship and play role as guide and advocate.

Social workers help scientifically and bring about expected changes at the person, family, and society, organizational and international levels. Social worker work with themarginalized people including poor, sick, elderly and children, homeless and disable people for their empowerment and better living standards.

8.3 AWARENESS CREATION AND SENSITIZATION ON DISABILITY

- **Awareness creation on disability**

The biggest problem faced by the people with disability is to deal with other people. Awareness creation on disability means to

provide education and knowledge to people about disability. It is important to focus that any kind of discrimination towards PWD is against law.

According to World Bank report, there are one billion people or 15% of world population experience different types of disability across the world. In the field of education, health, social economy, employment and justice they have been suffering from discrimination.

Research found that, most effective and powerful initiative is to educate the school children. Children are the future citizens of the country, therefore if disability awareness could creation among the school student it would be extremely benefited for future society. In the school period of life a student could develop empathy, positive attitude in own personality, if he /she get awareness programs about disability. In additionclassroom is such a platform for a student that it allows them to learn from their peer how to accept friendly.

The most comfort and safest place in the world for everyone is own home, where we feel understanding towards every aspect of life. Home is that basic platform for everyone where can learn about positive attitude value and customs. If a child learn about love, humanity and gain awareness about disability in early stage of day to day life it would be extremely useful for future life. Therefore, teaching a child about the importance of disability awareness involved empathy, acceptance and diversity in home is most important factor for build a barriers free society.



Sensitization means knowing that the pain exists and there is a different way of living and despite how the person lives, he or she has a right to exist in a society.

- **Sensitization on disability**

Sensitization means knowing that the pain exists and there is a different way of living and despite how the person lives, he or she has a right to exist in a society. It's an attitudinal change.Research found that, in India there is 75% school going children most of them between 10 years to 19 years old and who has somekind of special need, left the school. Lack of community sensitization among parents and teachers of primary government schools is the result of social barrier. When a

person has some kind of disability, he/she has to face different situation and emotions in theirlife; it is not only physical or mental in nature. Insteadof sympathy, use of sensitiveapproach by the government, school and parents community can bringabout awareness program and some workshop, special training for breaking the social barrier which will be very effective for removing discrimination among all people of future generation.

8.4 REHABILITATION COUNSELING GUIDANCE TO PWDS AND FAMILY MEMBERS

8.4.1. Importance of counselling to person with disabilities (PWDs)

Counseling is a talking therapy which can be life enhancing, promoting positive change. Rehabilitation counselor has professional knowledge about disability to offer a deep understanding of disability issues. When a rehabilitation counselor works with an individual with disability, he/she should be aware and sensitive about some important things. The counselor should be careful to use the language appropriately. Word is very powerful which can make or break a person's inner strength. A simple word and its use can motivate ordisappoint. Rehabilitation counselor should be aware about the perception of individual and his/family towards disability and its impact of their social and historical belief system. Training of rehabilitation counselor is very much important in this area to understand the experience and process of disability.

A rehabilitation counselor should keep in mind some tips and practice, so that they are mindful of these tips, which will increase their effectiveness of therapeutic relationship with the person with disability.

- Consider the effects of labels that may have on the client.

- Always behave with them as a human being instate of a person with disability.
- Be aware about own attitudes and biases which can affect the counselling professional relationship.
- Building awareness about the descriptions of themselves and how the client describes.
- Respect the person with disability with their own experience and perception about their own body.
- Training and supervision which is necessary to effectively counsel with PWD should be a continuous process.
- Give attention how the person knows to live without focusing on the limitation and their disability.
- Identifying the counselling topic which make the counsellor uncomfortable (i.e., sexuality and disability) so that the counsellor can address these and
- Should be tried to maintain an open mind to share experiences within the professional relationship of counselling.

8.4.2. Importance of counselling to the family member of PWDs

Rehabilitation counselling guidance to the family member is essential because, the family members of the person with disability only know the best ways to motivate their loved one. The family or caregivers play vital role to recover the person after injury, illness or disability. Family member's positive attitudes and reinforcement can build the persons self-esteem and counselling help the members to learn new coping mechanism with new responsibilities of each. When a loved one of own family has some physical or psychological challenge, obviously other member experience of feelings of isolation, loneliness, burden, depression and anxiety, which may led the emotional or physical health problem. Therefore, rehabilitation counsellor has important role

to help the member of the family with the person with disability to overcome their stress.

Providing rehabilitation counselling guidance to the family member of person's with disability could help them to:

- Make them feel less loneliness;
- Help them to interact with society in a safe environment;
- Help them toimprove the coping skills and empowering them.
- Counsellor provides the platform to speak openly and honestly about once feelings.
- Family counselling help togain information about the opportunity of treatment option of the person with disability.

8.5 COORADINATION WITH MULTI-DISCIPLINARY REHABILITATION PROFESSIONALS

Coordination with multi-disciplinary is an effective and efficient service for rehabilitation profession, it is important that the team work together towards the goals agree with the person with disability. The Multidisciplinary Team (MDT) who works for rehabilitation is a team of professionals including representatives of Surgeon with different specialist, Physiotherapist, Occupational therapist, Speech therapist, Counselor and Nurse.

Coordination among the entire team of rehabilitation and each member is aware about the role of the other members is important to achieve the expected goal.

The rehabilitation multi-disciplinary professionals may include these members:

- **The PWDs and family.** They are the most important members of the rehabilitation for working effectively with the entire multi-disciplinary professionals;
- **Physiatrist.** The physiatrist is often the team leader. They are responsible for coordinating patient care services with other

professionals. Physiatrists give importance on restoring function to people with disabilities.

- **Rehabilitation nurse.** A nursewho specializes in rehabilitative care and helps the person to reach the highest level of rehabilitation. Rehabilitation nurse work for medical care, prevention of complications, and education of family and patient.Rehabilitation nurses assist patients in their move toward independence by setting realistic goals and treatment plans.
- **Clinical social worker.** The clinical social worker helps the person for better coordination with the rehabilitation team and preparesthem for discharge planning and referrals. They work for insurance facilities between the company and client.
- **Physiotherapist.** Physiotherapist helps to restore function for people with problems related to movement, muscle strength, exercise, and joint function.
- **Occupational therapist.** Occupational therapist helps the people to restore functional activities which are related to theirdaily life activities.
- **Speech therapist.**When the person has issues with communication, thinking (cognitive) or swallowing etc.a speech therapist will help the person to restore these functions.
- **Psychologist or neuropsychologist.** Psychologist or neuropsychologist or counselor does the cognitive assessments of the person. Also teach the family and the person how to live with disability.
- **Recreation therapist.**Social skills and free time activities help to build up creativity of a person, which help the recreation therapist for restore.
- **Audiologist.**Audiologists do the test toexamine hearing and hearing loss.
- **Registered Dietitian.**According to the medical needs, eating abilities and food preference of a person, Dietitian evaluates

and suggest for diet when a person is undergoing rehabilitation treatment.

- **Vocational therapist.**Vocational therapist or counselor provides the information about suitable job placement according to the ability of the person. Vocational therapist provideguidance and career support to PWDs.

Coordination with multi-disciplinary rehabilitation professions and collaborative efforts reduce cost and improve the patient's outcome.

8.6 FORMATION OF PWD ASSOCIATION, ADVOCACY, NETWORKING

Around the world, people with disabilities have organized association with the slogan –"Nothing about us without us" as advocates for their own rights "by" them, "for" them and "of" them to influence decision makers in government and other sectors of society. According to their needs, opportunity and context people with disabilities united to form different types of organization.PWDs organized their association to promote their right to participation equally among all in society by empowering themselves own instant of others control. Before this, PWD were controlled by health professionals, family and others for their needs, choice and priorities. As everybody can feel their own emotions, need or problem better than otherstherefore,PWD organization works as representative of own.

Throughout the world, most of the PWD organization has been formed in the big cities of the countries at the regional and national levels and does not exist at grass-roots level. However, there are exceptions, including in Bangladesh, El Salvador, South Africa and Uganda. It is very important to have representation from the grass-root level to strengthen the organization.In many countries there are also networks of PWD organizations, e.g. the Federation of Persons with Disabilities in Burundi, the World Federation of the Deaf, the World

Blind Union, Disabled Peoples International; many of these have joined together to form an international network known as the International Disability Alliance (IDA).

In a PWD organization, people with disability help themselves to form their own leadership but, community based rehabilitation (CBR) organization are most helpful for empowering them through the support of other stakeholders in the community. These are discussed below:

- With the representation of all types of disability including women and children with disability (mainly focused on severe or multiple disability representative) organized an association with the interested person.
- Give the information about the benefits of forming a PWD organization –CBR and PWD organization can work together but, it is important to highlight about the distinction between the roles and responsibilities of CBR and PWD organization.
- Organized training workshop for capacity building of the member of PWD organization atnational or regional level ,
- Provide them to develop their mission, objectives, plan of action, organization structure, register with the local authorities, help in opening bank accounts.
- Invite local member for training session organized by CBR to show them how local leader are aligned to disability issues.

8.6.1 Advocacy and networking

In India, almost 3000 organization(Government and non-government) work for rehabilitation and empowerment of PWD, with the objective topromote local advocacy and build leadership among them. However, these organization works for empowerment of PWD to protect their human right including theirfamily, friends etc. It is worth mentioning that disability has been considered as charity /welfare issues in India but not

as a developmental issue. “National Center for Promotion for Employment for DisabledPeople (NCPEDP) is a national disability network, the cross disability non-profit organization works with a range of stakeholderto disseminate information and knowledge, advocate for the rights of PWD and increasing awareness in India. Advocacy means, helping a person or support a person as his/her voice and ask for the right with understanding the need of the person. When people with disability ask for their rights, want to change the system which is not acceptable for them they are left to advocate for themselves, because they know about their need better than. Group advocacy is an effective strategyto bring about social or political change. Group advocacy help the people with disability to raisetheir own voiceto achieve their rights and help them to work in unison with government officials, media, funding organisations and help them as motivating volunteers.

8.7. RESGISTRATION AS REHABILITATION PROFESSION UNDER RCI

The Rehabilitation Council of India (RCI) was set up as a registered society in 1986.On September, 1992 the RCI Act was enacted by Parliament and it became a Statutory Body on 22 June 1993. The Act was amended by Parliament in 2000 to make it more broad based. The Act also prescribes punitive action against unqualified persons delivering services to persons with disability.

The RCI works for the person with disability to develop standardize and promotion of their life. RCIregulate training programmes/courses at various levels in the field of Rehabilitation and Special Education. It also maintains the Central Rehabilitation Register for qualified Professionals/ Personnel in the area of Rehabilitation and Special Education and promotes Research in Special Education.

8.7.1. Professionals who can apply for RCI accreditation

16 Categories of Professionals/ Personnel have been covered under the RCI Act as given below.

- Prosthetists and Orthotists
- Audiologists and Speech Therapists
- Clinical Psychologists
- Rehabilitation Counselors, Administrators
- Rehabilitation Workshop Managers
- Rehabilitation Psychologists
- Rehabilitation Social Workers
- Rehabilitation Practitioners in Mental Retardation
- Speech Pathologists
- Special Teachers for Educating and Training the Handicapped
- Vocational Counselors, Employment Officers and Placement Officers
- Multi-purpose Rehabilitation Therapists, Technicians
- Orientation and Mobility Specialists
- Community Based Rehabilitation Professionals
- Hearing and Ear Mould Technicians
- Rehabilitation Engineers and Technicians

The council has reportedly registered around **12,000** such professionals across India.

8.7.2.How can one register for RCI

There is no direct option to get license from RCI, the candidate have to pursue any of the courses approved by RCI in order to get their license. Rehabilitation Professionals/ Personnel having Council's recognized qualification should apply on appropriate form to get themselves registered in the Central Rehabilitation Register. Registration Forms can be obtained from the Council free of cost by hand/ by post or can be **downloaded from RCI website (www.rehabcouncil.nic.in)**



CHECK YOUR PROGRESS

1. Describe the importance ofCoordination with multi-disciplinary rehabilitation professionals?

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2. What is the importance of formation of PWDs association, networking and advocacy?

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3. Which rehabilitation professionals can register under RCI? How can one register?

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8.8 LET US SUM UP

This unit dealt with the role of social worker in realising the goals of PWDs to lead a productive and dignified life in the society at par with others. The main points are:

- Social worker who works with person with disability has greater responsibility. Social workers help scientifically and bring about expected changes at the person, family, and society, organizational and international levels.
- Awareness creation on disability means give education and knowledge to people about disability. Home is the most comfortable and safest place for everyone, therefore teaching a child about the importance of disability awareness involving empathy, acceptance and diversity in home is most important factorstobuild a barriers free society.

- Counseling is a scientific process where the counsellor helps or guides the person to achieve the goal through the persons own ability.



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8.10. ANSWERS TO CHECK YOUR PROGRESS

Answer 1- Coordination with multi-disciplinary is an effective and efficient service for rehabilitation profession, it is important that the team work together towards the goals agree with the person with disability. Coordination with multi-disciplinary rehabilitation professions and collaborative efforts reduce coast and improve the patient's outcome. At a time multi-disciplinary rehabilitation professions work together for the successful result and it is very important to coordinate in between the entire member within the team. Psychiatrist, Physiotherapist, Occupational therapist, Speech therapist, Counsellors and Nurse all multi-disciplinary rehabilitation professional works with coordination for best outcome of rehab goal.

Answer 2- As everybody can understand own feelings, need or everything about own better than others, therefore disable people organization works as representative of own with this slogan "Nothing about us without us". Advocacy means, helping a person or support a person as his/her voice and ask for the right with understanding the need of the person. Group advocacy help the people with disability to arise their voice to achieve their right and it is the own power of themselves to help them to work with

government officials, media, funding projects and help them as motivating volunteers.

Answer 3- 16 Categories of Professionals/ Personnel have been covered under the RCI Act for register as rehabilitation professionals. Otherwise, the candidate has to pursue any of the course approved by RCI in other to get the license of RCI. Rehabilitation Professionals/ Personnel having Council's recognized qualification should apply on appropriate form to get themselves registered in the Central Rehabilitation Register. Registration Forms can be obtained from the Council free of cost by hand/ by post or can be downloaded from RCI website



8.11 MODEL QUESTIONS

1. What is the role of social worker in working with PWDs?
2. Describe the importance of awareness creation and sensitization on disability.
3. What is rehabilitation counselling? Why it is useful for family and the person with disability?
4. Write the important points, which a rehabilitation counsellor should keep in mind in the counselling secession.
5. What is the key factor for successful multi-disciplinary rehabilitation team working?
6. Who are including in multi-disciplinary rehabilitation profession?
7. Explain the formation of PWDs association. What is advocacy and networking, why is it beneficial?

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