

Participation of Locomotor Disabled in the Mainstream: A Professional Social Work Framework

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Abstract

Persons with disability repeatedly report that inclusion is integral to a life that is well lived. Notions of inclusion often draw on understanding of exclusion and the need to address the barriers to inclusion. Many models of disability with reference to interventions that improve their dignity and standard of life varies from author to author or organization to organization. The foremost one is looking inclusion in terms of a rights based framework. This paves way for access to freedom, pursue priorities and participate in community activities. Civil, political and social rights, as a citizen, are to be enjoyed by a disabled person too. In Indian context, people with disabilities face many barriers in order to participate in all aspects of society. Persons with Disabilities do not enjoy access to society on an equal basis with others, including transportation, employment, education, justice and political participation. In this respect, the present research is proposed to evaluate the social work interventions that are currently underway in a proper perspective and design effective strategies concomitant with the desired goals for the betterment of the disabled. By conducting an intensive survey of 373 locomotor disabled in Coimbatore district, Tamil Nadu, the required information and data were collected and analysed by using a Structural Equation Model (SEM). The results revealed that the route to inclusion of locomotor disabled has to pass through four stages, to ensure their presence in the mainstream.

Key Word: Participation, Locomotor Disabled, Mainstream, Social Work Intervention

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Introduction

Social Work bases its intervention on a systematic body of evidence based knowledge and practice. The primary area of Social Work intervention is therapeutic and social workers use casework, counselling, group work, community work, crisis intervention, family therapy, solution focused Brief Therapy and Bereavement Work. Secondary ones include social welfare administration, social action and social work research.

A key role in the development of anti-discrimination legislation, policies that support persons with disability and the development of disability programs was used by the Social workers. They extend their service to people with disabilities and families to realize social inclusion, community living, employment, family support, and rehabilitation.

People with a disability repeatedly report that inclusion is integral to a life well lived. The United Nations Convention on the Rights of Persons with Disability (2008) points that people with a disability are entitled to the same freedom and protection as their peers. **Moore and Slee(2012)** developed a paradigm in which they argued for disability studies as a necessary step in the authentication of inclusive education. Towards this they have developed three themes namely i) establishing authenticity, ii) educating teachers and iii) building community.

Equal access to disabled

People with disabilities do not enjoy access to society on an equal basis with others in transportation, employment, and education as well as social and political participation. The right to participate in public life is essential to create stable democracies, active citizenship and reduce inequalities in society. Persons with disabilities must be able to fulfil their role in society and participate on an equal basis with others. It is important to focus on the ability and not on the disability of an individual. As declared by United Nations (2015) when people are empowered they are better prepared to take advantage of opportunities, they become agents of change and can more readily embrace their civic responsibilities.

The challenges in Inclusion of Disabled

The challenge is to equip the service providers, governments, markets and places of employment to enable the full participation of those who have a disability. Disabled people in India, especially living in rural areas, find themselves excluded from all the aspects of day-to-day life including education, health services, training, employment and participation in social and political spheres. This is further compounded by the lack of affordable rehabilitation and medical services. Economic independency is extremely limited as persons with disabilities are still not fully recognized within the family or society - a clear case of exclusion. The principle of inclusion asserts that people with disabilities have the same rights and entitlements to participate in and contribute to the social and economic development of their communities. The issue is to find out ways and means which help persons with disabilities to break the barriers to their inclusion in society and contribute to development efforts. To adequately address the above issue, an analytical framework that provides the scope for the inclusion by breaking the barriers of disabled has to be designed. By developing assessment scales of the inclusion and inclusion barriers, for a specific group like locomotor disabled, and to gauge the ground reality in an objective manner, the present study was undertaken.

Objectives

1. To examine the status of health, economic and social aspects of locomotor disabled in rural Coimbatore.
2. To identify and establish a suitable framework to ensure the participation of the locomotor disabled in the spheres of education, health, economic and social activities.
3. To evolve a Social Work Practice to intervene and overcome the difficulties faced by the locomotor disabled.

Research Design

The research design of the present study was both descriptive and analytical. Among the 32 districts of Tamil Nadu, Coimbatore district was purposively selected as it has 4.45 per cent of total disabled population in the state. This district has twelve rural blocks. To have a representative sample all the blocks were taken up as study area. Block-wise data on the disabled population were collected from the District Differently abled Welfare Office located at Coimbatore District Collector Office. Further, a classified data from the District Mission Management (DMM) clusters numbering 44 working under Tamil Nadu State Rural Livelihood Mission, were obtained pertaining to the year 2015. In each block one DMM cluster which had more number of disabled population was selected. Accordingly 373 out of

1492 locomotor disabled were selected by adopting simple random sampling method using random table.

A semi-structured interview schedule was used for collecting information and data from the selected persons with locomotor disability by conducting personal interviews. Participation Scale, developed and standardized by an International team coordinated by **Wim Van Brakel** (2010), was employed (Version 6). Prior permission was obtained from the author (s) to use this scale by writing a letter to them. The scale consisted of a set of 18 items which covered eight domains of participation: learning and applying knowledge (1), communication (2), mobility (4), self care (2), domestic life (3), interpersonal interactions (1) major life areas (3), community, social and civic life (2). The responses were scored as 1 for no problem, 2 for small problem, 3 for medium problem, and 5 for large problem. The validity (alpha 0.87), reliability (0.85), stability of scale were found as excellent according to the results of psychometric test. The results of Social Participation were categorized into five grades: No significant restriction (0-12), Mild restriction (13-22), Moderate restriction (23-32), severe restriction (33-52), Extreme restriction (53-90). To identify and establish a suitable framework to ensure the participation of the locomotor disabled in the spheres of education, health, economic and social activities a Structural Equation Model (SEM) was constructed. For this a set of procedures were adopted.

Major Findings

The demographic profile of the selected respondents shows that mean age was 45.5 years, mostly SC (57%) with a literacy rate of 71 per cent. The health status revealed that around 66 per cent of them had problem in their legs; the onset of disability was mostly between 1 and 5 years; the degree of disability was between 55 and 70 percent in the case 48% of the sample respondents and only 40 per cent of them utilized the government hospitals for their treatment.

Their low economic status was reflected from their employment, income and housing facilities. Only 36 per cent were employed; 16 percent of self employed; mostly living in tiled houses (18%); without toilet facilities (89%), and using public tap water (49%) and house connection (46%). The social status, again, was poor among the selected respondents; only 261(70%) were married and out of them 24 married differently able person and the remaining

married normal persons; majority (81%) experienced discrimination; found having a positive opinion about disability legislation and felt ignore by the community.

The participation scale is used in rehabilitation, stigma reduction and social integration among disabled. The Participation Scale is reliable and valid to measure perceived participation of people affected by disability. The Participation scale exercise revealed that out of 373 respondents, 46 (12%) found face extreme restriction; 127 (34%) severe restriction; 92 (25%) moderate restriction; 74 (20%) mild; and only 34 of them (9%) were not faced any restriction.

Structural Equation Model

From the SEM model it has been inferred that Education and Health provisions alone will not make any impact unless assuring participation in the other two (Economic and Social) spheres.

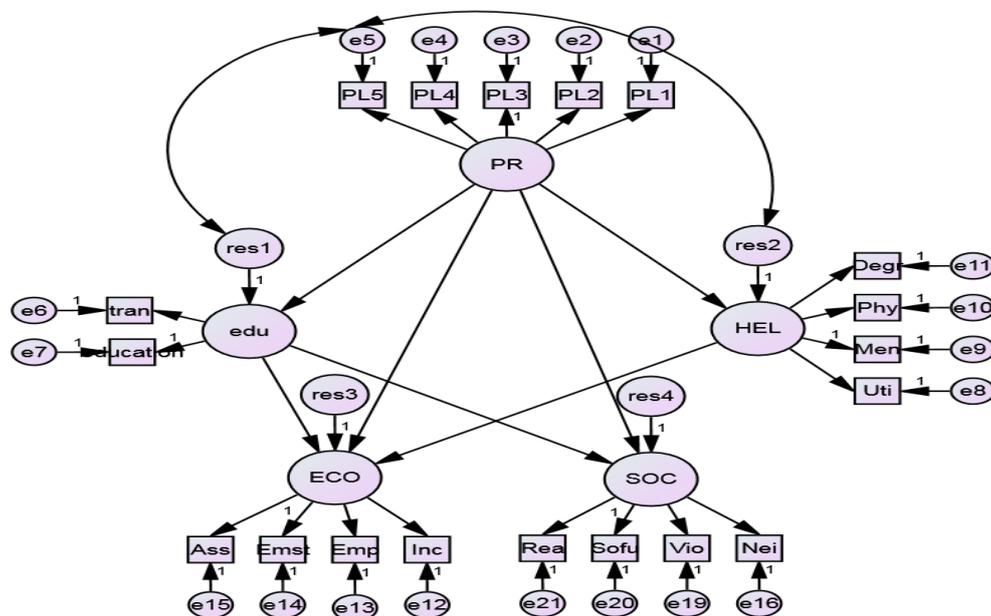


Table 1 Revelation of SEM Model

Focus area / field	Barriers to be removed	Attainment
Gainful employment Stability of employment Assets Income	Education, Health, and Participation	Economic well being/ sustainable livelihood
Neighbourhood support Social functions Travel	Education and Participation	Social status
Vocational training Skill formation	Participation	Education
Extension of standard health care	Participation	Health

Assessing Fitness of Structural Model

The process of establishing the validity of structural model follows the general guidelines adopted for the measurement model. A new SEM estimated co-variance matrix was computed and it was different from the measurement model, since the measurement model assumes that all constructs were correlated, but in structural model the relationship between some constructs were assumed to be zero. Therefore, for almost all conventional SEM models, the Chi square GOF for the measurement model will be less than the χ^2 GOF for the structural model.

The Structural Equation Model (SEM) had adequate fit, $\chi^2=979.372$, $p<0.05$, $GFI>0.6$. It was found that a significant and positive direct path between participation of the locomotor disabled and education, health, economic and social activities prevails.

Table 2 Fit Indices of the Structural Model

Fit statistics	Value
χ^2	979.372

<i>df</i>	143
Goodness of fit index (GFI)	0.801
Adjusted Goodness of Fit Index (AGFI)	0.723
Normed Fit Index (NFI)	0.814
Relative Fit Index (RFI)	0.778
Comparative Fit Index (CFI)	0.836
Incremental Fit Index (IFI)	0.837
Tucker Lewis Index (TLI)	0.804
Root mean square error of approximation (RMSEA)	0.125
Root Mean Square Residual (RMR)	0.547

As per the Structural Equation Model the route to inclusion of locomotor disabled has to pass through four stages, logically and effectively, to ensure their presence in the mainstream. Regarding the restrictions a statistically significant difference in the participation of the locomotor disabled in the six spheres of inclusion was found. For example, in the case of livelihood dimension all the values were positive, and, however, in the remaining five dimensions of inclusion there exists barriers that restrict the participation.

Mainstreaming the disabled: Social Work Perspective

Table 3Participation of Locomotor Disabled in the Mainstream: Social Work Perspective

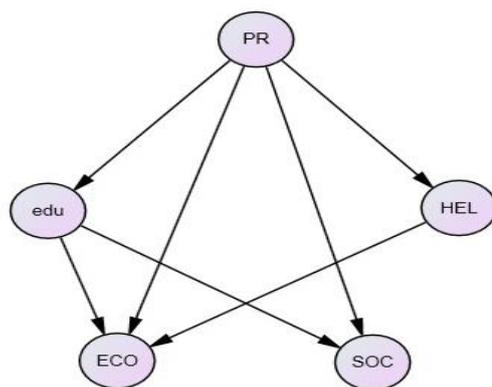
Mainstreaming the Disabled: Current Status

Spheres	State	NGOs	Social Work
Education	Special education	Capacity building	Primary and secondary methods
	Training	Focus training	
	Vocational	Provision of employment	
	Reservation	Non formal education	
	Scholarship	Lifelong learning	
Health	Aids	Medical services	Primary methods
	Assistive	Providing assistive devices	
	Treatment	Rehabilitation services	
	Insurance	Prevention of disabling diseases	

		Provision of psychological support Early intervention	
Economic	Pension Employment Housing reservation Travel concession	Provision of micro credit Self help group Career guidance and placement	Primary and secondary methods
Social	Culture Arts Sports	Relationship development (Marriage & Family care) Recreation and leisure Personal care / assistance	Primary and secondary methods
Legal	Acts / legislation Policy Statutory bodies National Rehabilitation institutes	Advocacy Awareness creation Lobbying Social protection Social action	Secondary methods
Empowerment	Department supports	Community mobilization Special organization Political participation	Secondary methods

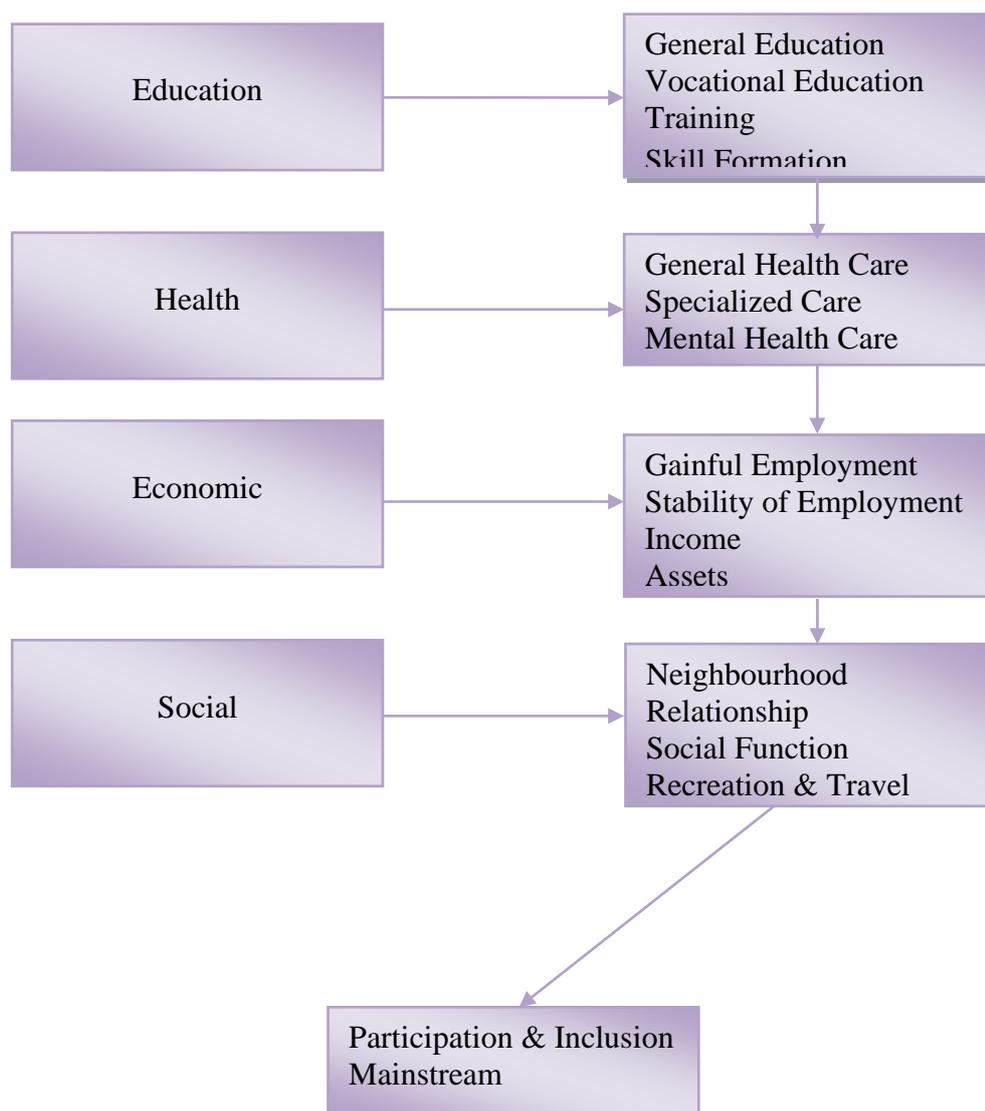
Professional Social Work and Inclusion: Proposed Framework

A compressive framework encompassing the seven criteria, among others, is the need of the hour to empower the disabled in general, and locomotor disabled in particular. By keeping in mind the above results, a Structural Equation Model was employed to identify and establish a suitable framework to ensure the participation of the locomotor disabled in the fields of Education, Health, Economic, and Social activities. The observations from the **SEM** gave the final result as the route to inclusion of locomotor disabled has to pass through four stages, logically and effectively, to ensure their presence in the mainstream.



Participations (PR), Education (EDU), Health (HEL), Economic (ECO), Social (SOC)

Participation, Integration and Inclusion of the Locomotor Disabled in the Mainstream



This can be further illustrated with the help of a chart. The four spheres require specific measures, with adequate funding, to make the disabled to participate and get included in the mainstream.

Participation, Integration and Inclusion in the Mainstream

Sphere

Measures

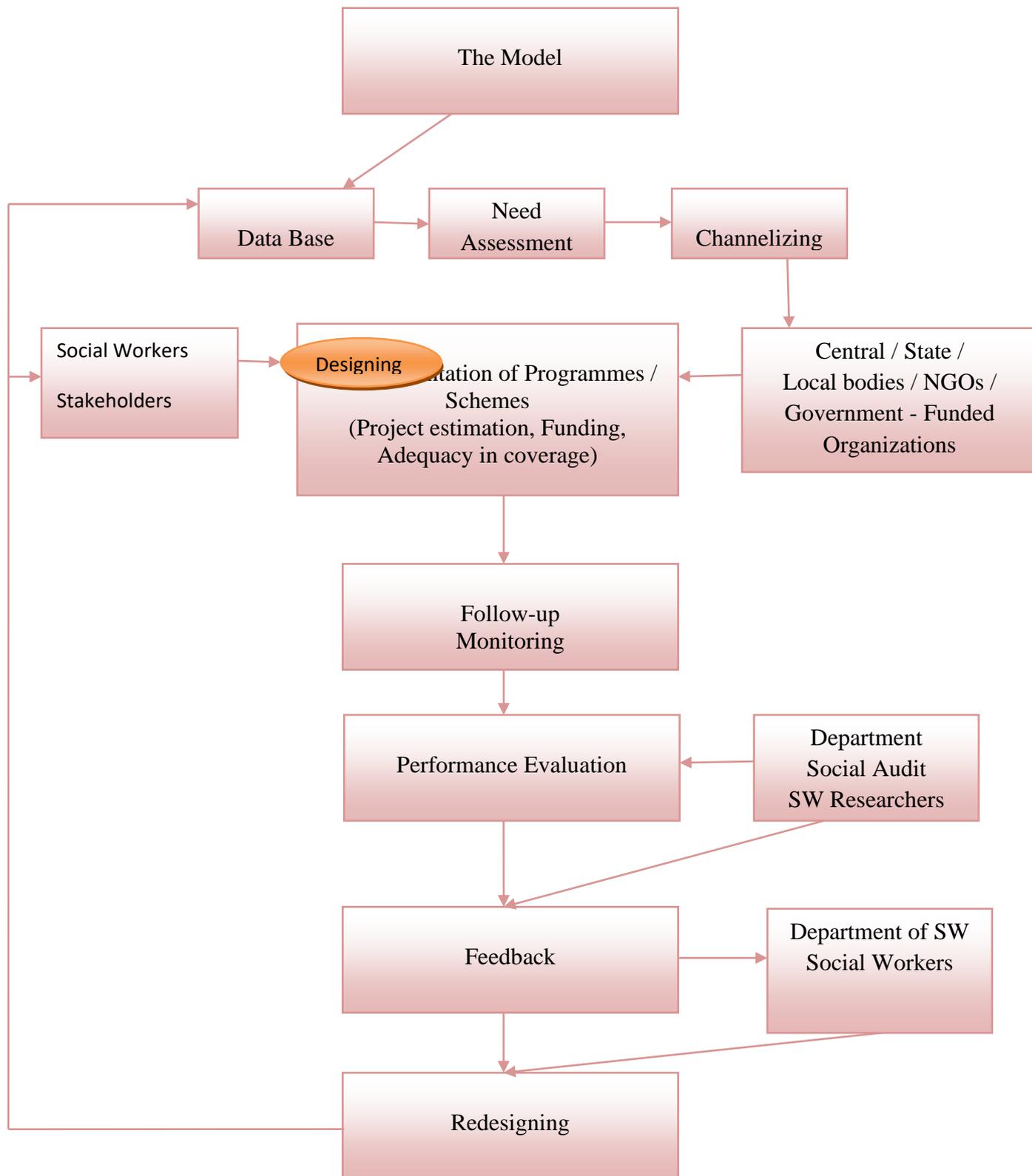
The measures are to be taken in a comprehensive manner because isolated efforts will not yield the desired results.

Participation and Inclusion of Locomotor Disabled in the Mainstream: A Model in Social Work Perspective

The given information and data, obtained from the reports published both by national and international agencies, found giving only a general view and no critical evaluation was done on the efficacy of schemes, their designs, fund allotment, utilization, evaluation and redesigning such programmes. So a model has been prepared with an involvement of Social Work discipline, Social Work research and Social Workers. The emphasis is on data base, need assessment and channelizing at the first stage. Designing and implementation of schemes and programmes by the respective State department with adequate funding and coverage forms the second stage. In the next stage follow-up and monitoring by the respective authorities have to be undertaken. Then performance evaluation becomes crucial in the next stage. On the basis of feedback things have to be redesigned for the success of the appropriate schemes – Education, Health care, Social security, Employment, Training – which will improve the wellbeing of disabled. In all the above stages the integration of Social Work discipline becomes a necessary and significant component.

The need assessment, designing (planning) of specific schemes and programmes, follow-up, monitoring, evaluation and feedback are the special areas that require social work intervention. The primary requirement is the reliable data base to proceed further with suitable interventions.

Participation of Locomotor Disabled in the Mainstream: A Model in Social Work Perspective



Indispensability of Social Work, Social Workers, and Social Work Research

It is proposed, that on the lines of well-tested and successful models like **Australian Association of Social Workers**, in the Indian context, the integration of Social Work discipline into the ABC of well-being of Disabled is highly essential. The following aspects, namely Advocacy, Capacity Building, Education, Functional efficiency, Motivation, Skill formation, Training, and Health care – Specialized are to become a must in the framework of Social Work discipline and activities

Similarly, in the designing, quality, provision / distribution and servicing of assistive aids there is a need for appointment of qualified Social Workers to oversee and monitor the progress.

Finally, for the successful inclusion of locomotor disabled in the mainstream, on the basis of first hand information and experience from the field, it is suggested that the State (Central & State Governments), the Civil Society and Community at large have to shun with the following for the successful inclusion of locomotor disabled in the mainstream. The Charity, Mediatization of disability, Populism, Symbolism, Tokenism, Sympathy and Sadism.

This has been stressed here because they are diverting the attention of both the disabled and the official and makes them to accept that the schemes and measures are done as charity and are not based on as a matter of right.

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