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Inclusiveness

Chapter 3
Identification of the Impact of Disability and Differentiated Services

3.1. The Impact of Disability and Vulnerability on Daily Life

- People respond to disabilities in different ways. Some react negatively.
- Thus, in this situation the quality of life of PWDs will be negatively affected.
- Others prefer to focus on their abilities as opposed to their disabilities and continue to live a productive life.
- There are several factors that affect and impact of the life an individual with disability.
- The following are considered as the most known factors in determining the impact of disability on an individual.

3.1.1.The Nature of impairment

- Impairment can be acquired as a result of an accident, or disease that may be congenital or acquired (pre-natal, or post-natal).
- If the impairment is acquired, it is more likely to cause a negative reaction than a congenital impairment.
- The acquired impairment requires more rehabilitation service than the congenital ones.

3.1.2. The Individual's Personality

- The individual personality can be typically positive or negative, dependent or independent, goal-oriented or laissez-faire.
- Someone with a positive outlook is more likely to embrace impairment then someone with a negative outlook.
- Someone who is independent will continue to be independent and someone who is goal-oriented will continue to set and pursue goals.

3.1.3. The Meaning of the impairment to the Individual

- Does the individual define himself/herself by his/her looks or physical characteristics?
- If so, he/she is more likely to feel defined by his/her impairment and thus it will have a negative impact.

3.1.4. The Individual's Current Life Circumstances

- The influence of this situation manifests through the following factors:
  - The condition that the individual is independent or dependent on others (parents) in his/her living;
  - The economic and academic status of the individual with disability or his/her caregivers;
  - If the individuals with impairments are happy with their current life circumstance, they are more likely to embrace their impairment, whereas, if they are not happy with their circumstances, they often blame their impairment.

3.1.5. The Individual's Support System

- The individual’s support from family, a significant other, friends, or social groups contribute to minimize the impact of impairment on their overall personality

Common effects of impairment/disability may include:

- Limited to health conditions of the person;
- Mental health issues including anxiety and depression;
- Loss of freedom and independence;

- Frustration and anger at having to rely on other people;
- practical problems including transport;
- Choice of activities;
- Accessing buildings;
- Unemployment;
- Problems with learning and academic study;
- Loss of self-esteem and confidence especially in social situations.

- But most of these negative effects do exist due to restricted environments, not as a result of direct impact of the impairment.
- Persons with disabilities are diverse and heterogeneous, while stereotypical views of disability emphasize wheelchair users and a few other “classic” groups such as blind people and deaf people.
- Disability encompasses the child born with a congenital condition such as cerebral palsy or the young soldier who loses his leg to a land-mine, or the middle-aged woman with severe arthritis, or the older person with dementia, among many others.
- Health conditions can be visible or invisible; temporary or long term; static, episodic, or degenerating; painful or inconsequential.

- Note that many people with disabilities do not consider themselves to be unhealthy.
- Persons with disabilities have diverse personal factors with differences in gender, age, language, socioeconomic status, sexuality, ethnicity, or cultural heritage.
- Women with disabilities experience the combined disadvantages associated with gender as well as disability, and may be less likely to marry than non-disabled women.
- People who experience mental health conditions or intellectual impairments and severe/multiple impairment appear to be more disadvantaged in many settings than those who experience physical or sensory impairments.

3.1.6. Economic Factors and Disability

- There is clear evidence that people living with poverty are exposed to health problems that may cause impairment and disabling environment.
- This is true even in advanced economies.
- The impact of absolute or relative economic deprivation on the onset of pathology crosscuts conditions with radically different etiologies, encompassing infectious diseases and most common chronic conditions.
- The lack of resources can adversely affect the ability of an individual to function with a disabling condition.

- For example, someone with an amputated leg who has little money or poor health insurance may not be able to obtain a proper prosthesis, in which case the absence of the limb may then force the individual to withdraw from jobs that require these capacities.
- Similarly, economic resources can limit the options and abilities of someone who requires personal assistance services or certain physical accommodations.
- The individual also may not be able to access the appropriate rehabilitation services to reduce the degree of potential disability either because they cannot afford the services themselves or cannot afford the cost of specialized transportation services.

- The advanced economy of the communities and the country at large significantly make available enabling environment in infrastructure, public services and job opportunities for the participation of PWDs.
- In the countries having advanced economy, governments may apply disability compensation policy.

3.1.7. Political Factors and Disability

- The political system, through its role in designing public policy, can and does have a profound impact on the extent to which impairments and other potentially disabling conditions will result in disability.

- If the political system is well enforced it will profoundly improve the prospects of people with disabling conditions for achieving a much fuller participation in society, in effect reducing the font of disability in work and every other domain of human activity.
- Thus, the political good will of the government that manifests at policy and implementation level creates enabling environment for full and effective participation of PWDs in all aspects of life of the society by reducing the impact of the impairment and forms of impediments.

3.1.8. Psychological Factors of Disability

- There are five constructs that may result in psychological influence on the psychological makeup of PWDs in reference to disabling conditions.

I.Social Cognitive Processes

- Cognition consists of thoughts, feelings, beliefs, and ways of viewing the world, others, and ourselves.
- Three interrelated cognitive processes have been selected to illustrate the direct and interactive effects of cognition on disability.
- These are self-efficacy beliefs, psychological control, and coping patterns which all these are socially constructed.

II. Self-Efficacy Beliefs

- Self-efficacy beliefs are concerned with whether or not a person believes that he or she can accomplish a desired outcome (Bandura, 1977, 1986).

III. Psychological Control

- Psychological control, or control beliefs, is akin to self-efficacy beliefs in that they beliefs regarding one's ability to exert control or change a situation.

IV. Coping Patterns

- Coping patterns refer to behavioral and cognitive efforts to manage specific internal or external demands that tax or exceed a person's resources to adjust.

V. Personality Disposition

- Optimism in contrast to pessimism is the general tendency to view the world, others, and oneself favorably.
- People with an optimistic orientation rather than a pessimistic orientation are far better across several dimensions.
- Optimists tend to have better self-esteem and less hostility towards others and tend to use more adaptive coping strategies than pessimists.

3.1.9. The Family and Disability

- The family can be either an enabling or a disabling factor for a person with a disabling condition.
- Although most people have a wide network of friends, the networks of people with disabilities are more likely to be dominated by family members.
- Even among people with disabilities who maintain a large network of friends, family relationships often are most central and families often provide the main sources of support.
- This support may be informational (providing advice or referrals), or emotional (giving love and support).

- Families can also fulfill their responsibilities in meeting the special needs of their children with disabilities by making available specialized services and assistive devices and technologies
- It is important to note, however, that families may also be disabling.
- Some families promote dependency.
- Others fatalistically accept functional limitations and conditions that are amenable to change with a supportive environment.

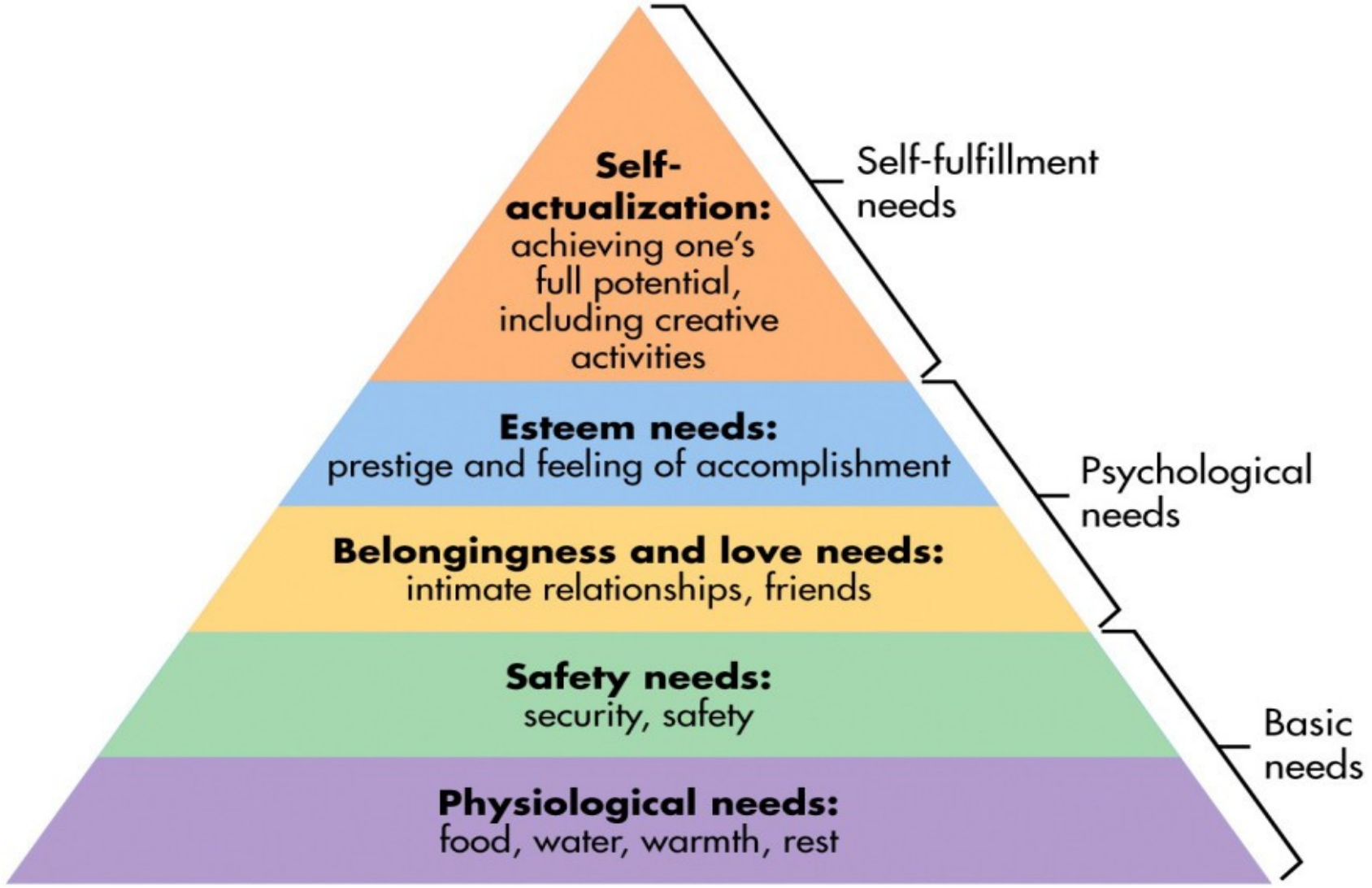
- In both of these situations, the person with the potentially disabling condition is not allowed to develop to his or her fullest potential.
- Families may also not provide needed environmental services and resources.
- For example, families of deaf children frequently do not learn to sign, in the process impeding their children's ability to communicate as effectively as possible.

3.2. Special Needs of Persons with Disabilities and other Vulnerable Groups

- The special needs of PWDs are emanated from different factors.
- These are:
  - Personal experience of individuals with impairments;
  - Type of the impairment;
  - Severity /degree of the impairment; and
  - Onset of the impairment.
- Hence, professionals as per their discipline should give response differently to the needs of PWDs considering these realities.

- Analyzing the human beings, Maslow has identified five categories of needs, with different priority levels, in the following order:
  - Survival (physiological);
  - Safety;
  - Social needs;
  - Esteem; and
  - Self-actualization (fulfillment).
- Maslow’s model is also valid for persons with disabilities and other vulnerable groups, whose needs are regular and or similar to those of ordinary persons.
- It is obvious that survival is a priority need for PWDs due to the existing disabling condition such as lack of opportunity for personal hygiene, feeding and Adaptive Daily Living skills (ADL).

Abraham’s Maslow Hierarchy



- Persons with disabilities and other vulnerable groups have socio-emotional, psychological, physical and social environmental and economic needs in general.
- However, the following are the basic and special needs of PWDs and other vulnerable groups needed to be available to ensure their equal participation in all activities of the society:
    - Full access to the environment (towns, countryside & buildings);
    - Accessible transport system;
    - Technical aids and equipment;

- Accessible/adapted housing;
- Personal assistance and support;
- Inclusive education and training;
- Adequate income;
- Equal opportunity for employment;
- Appropriate and accessible information;
- Advocacy (towards their human right);
- Counseling;
- Appropriate and accessible health care;
- Assistive appliances.

3.2.1. Belongingness and disability

- Family relationships as a means of connecting to community and being known by others, and knowing others outside the family are important.
- Different kinds of relationship contributed to this sense of belonging, ranging from the more superficial nodding acquaintances to specific informal support from known others, to the intimacy of close friends and kin.

- Historically for people with disabilities, rurality was once the site of exclusion, rather than belonging, where identity and gender were disregarded in favor of ensuring protection of people with disabilities and of the society in which they lived.
- People with disabilities and marginalized groups feel isolated.
- Some persons with disabilities have actively sought to migrate to urban environments, to escape from the confines and constraints of small rural environments and to build broader social networks away from the farm.

3.3. Disability Inclusive Intervention and Rehabilitation Services

- A *'One-size-fits-all'* approach to provide services for persons with disabilities and vulnerable groups is no longer enough.
- Including people with disabilities in everyday activities and encouraging them to have roles similar to peoples who do not have a disability is *disability inclusion.*
- This involves more than simply encouraging people; it requires making sure that adequate policies and practices are in effect in a community or organization.

- Inclusion should lead to increased participation of PWDs in socially expected life roles and activities such as: being a student, worker, friend, community member, patient, spouse, partner, or parent.
- Disability inclusion means provision of differentiated services for persons with disabilities and other vulnerable groups.
- Differentiated service means a multiple service delivery model that can satisfy the most needs of persons with disabilities and other vulnerable groups.

- This includes the availability of accommodative public services in infrastructure, health care, education, social protection etc.
- Persons with disabilities and other vulnerable groups are often excluded (either directly or indirectly) from development processes and humanitarian action because of physical, attitudinal and institutional barriers.
- The effects of this exclusion are increased inequality, discrimination and marginalization.

3.3.1. Definition and components of Rehabilitation Intervention

- Rehabilitation is a process designed to optimize function and improve the quality of life of those with disabilities.
- There are general underlying concepts and theories of rehabilitation interventions.
- Examples of these theories and concepts include movement and motor control, human occupation models, education and learning, health promotion and prevention of additional and secondary health conditions, neural control and central nervous system plasticity, pain modulation, development and maturation, coping and adjustment, biomechanics, linguistics and pragmatics, resiliency and self-reliance, auditory processing, and behavior modification.

- The conduct of rehabilitation intervention is not a simple process. It involves multiple participants, and it can take on many forms.
- The following is a description of the individual components that, when combined, comprise the process and activity of rehabilitation:
    - Multiple Disciplines;
    - Physicians;
    - Occupational Therapists;
    - Physical Therapists;
    - Speech and Language Therapist;
    - Audiologists;
    - Rehabilitation Nurses;

- Social Workers;
- Case Managers;
- Rehabilitation Psychologists;
- Neuropsychologists;
- Therapeutic Recreation Specialists;
- Rehabilitation Counselors;
- Orthotists and Prosthetists;
- Additional Rehabilitation Professionals;
- Persons with the Disability and His or Her Family;
- Community Based Rehabilitation Workers.

3.3.2. Strategies to Disability Inclusive Intervention and Rehabilitation

A)Prevention

•This includes primary Prevention (Action intended to avoid the causes of impairment), Secondary prevention (Early Intervention) and tertiary prevention (Rehabilitation).

B) Implementing the Twin-track Approach

•One of the strategies relevant for the implementation of inclusion in terms of disability is Twin-track approach.

•The twin-track approach involves:

(1) Ensuring all mainstream programs and services are inclusive and accessible to persons with disabilities and other vulnerable groups time; and

(2) Providing targeted disability-specific support to persons with disabilities.

C) Implement Disability Inclusive Project/ Program

- As public service provider all sectorial strategies, program, projects and services must be disability-inclusive.
- The sectors operations should be largely framed within broad programs, making it very important to ensure that disability inclusion is reflected in program strategies and design documents.
- This in turn ensures the mainstreaming and implementation of disability issues at program level.
- However, persons with disabilities are often not considered in crucial stages of most sectorial and developmental program and projects because of lack of awareness about the special needs of people with disabilities, and other vulnerable groups.

- The following tips will help to overcome the challenges as key considerations for including persons with disabilities in all program and project cycle management stages of Assessment, Planning, Implementation and Monitoring, and Reporting/Evaluation:
    - Education and vocational training;
    - Health;
    - Relief and social services;
    - Infrastructure and camp improvement, shelter, water and sanitation and environmental health;
    - Livelihoods, employment and microfinance;
    - Protection;
    - Humanitarian and emergency response.

D)Community Based Rehabilitation (CBR)

- Community Based Rehabilitation (CBR) is a strategy crafted for developing countries with an intention to bringing children with disabilities who are kept at home to public services such as: education, self-employment, health care etc. through providing them multi-dimensional home-based rehabilitation services.
- For this purpose, there is a need to recruit and deploy CBR workers from and within the local communities respectively.

E) Inclusiveness and Assistive Technology

- There are various organizational definitions for assistive technology:

The international standard ISO 9999 defines AT (referring to AT as “technical aid”) as “any product, instrument, equipment or technical system used by a disabled person, especially produced or generally available, preventing, compensating, monitoring, relieving or neutralizing the impairment, disability or handicap”.

- For persons with disabilities and other vulnerable groups, technological developments such as the proliferation of the internet and the provision of services for accessing digital television such as audio description (video description), closed signing, and the availability of subtitles (captions) in live broadcasts enabled by speech-to text technologies can make an important contribution to facilitating independent living.
- Technologies promote independence for people with disabilities and other vulnerable groups.

- The use of devices, computers, robots, and other established assistive technology (AT) can potentially increase the autonomy of people with disabilities and other vulnerable groups, by compensating for physical limitations and circumventing difficulties with normal activities of daily living (ADL).
- In modern societies, persons with disabilities, and other marginalized and other vulnerable groups can attain some components of wellbeing such as access to services using assistive technology (AT).
- Other components, such as freedom of navigation and travel, are much more difficult because of environmental obstacles encountered by the disabled.

- Surgery, generic therapy, rehabilitation, human assistance, and the use of assistive technology (AT) help disabled people cope with their disabilities.
- Unfortunately, such assistance is not always available and not necessarily cost-effective.
- AT can increase the autonomy, independence, and quality of life for Persons with disabilities and other vulnerable groups and can also enable the integration of social, professional, and environmental aspects of life for Persons with disabilities and other vulnerable groups.

- Assistive technology affords Persons with disabilities and other vulnerable groups’ greater equality of opportunity, by enhancing and expanding their communication, learning, participation, and achievement with higher levels of independence, wellbeing, and quality of life.
- Assistive Technology varies from low-tech devices such as a cane or adapted loop, to high-tech systems such as assistive robotics or smart spaces.
- Assistive technology encompasses all systems that are designed for Persons with disabilities and other vulnerable groups, and that attempt to compensate the handicapped.

3.4. Implement Inclusive Job Opportunities and Employment

- The right to work is fundamental to being a full and equal member of society, and it applies to all persons, regardless of whether or not they have a disability.
- A decent job in the open labor market is a key bulwark against poverty.
- It also enables people to build self-esteem, form social relationships, and to gain skills and knowledge.
- Despite the fact that the majority of jobs can be performed by individuals with disabilities, the pathways to their employment are often strewn with barriers.

- Studies indicated that there is high rate of unemployment within working age PWDs compared with non-disabled productive forces even in industrialized countries.
- Most of PWDs and other vulnerable groups are forced to work in informal works without legal contract and job security.
- Even when persons with disabilities are formally employed, they are more likely to be in low-paid, low-level positions with poor prospects for career development.
- The recently adopted 2030 Agenda for Sustainable Development calls on governments around the world to promote full employment and decent work for all, including persons with disabilities and other vulnerable groups.

- Persons with disabilities may be prevented from working due to the following barriers:
  - Inaccessible transportation services;
  - Lack of accessible information and communications services;
  - Preference of employers for candidates without disabilities;
  - Legal stipulations that prevent individuals with particular impairments from working in certain fields;
  - Discouragement of family and community members;
  - Lack of opportunity to education and vocational training to meet the requirements of labor market;
  - Benefit trap.

- The following are key strategies needed for the promotion of job opportunity for PWDs and other vulnerable groups.
    - Anti-Discrimination Legislation;
    - Vocational Education and Training;
    - Wage Subsidies;
    - Workplace Accommodation Schemes;
    - Workers’ Compensation;
    - Quota Systems;
    - Sheltered Workshops;
    - Private Sector Initiatives;
    - Employer Networks;

- Support Disability-Inclusive Business;
- Support Persons with Disabilities in the Workplace;
- Building a More Inclusive Society;
- Improve Data Collection on Disability and Employment.

- Regardless of those challenges that may affect the stamina and motivation of PWDs, studies confirmed that PWDs seriously want to work to:
  - Livelihood;
  - Ensure their social contacts; and
  - Develop their self-esteem.

Activities

1.Do you believe that PWDs have the same need? Why?
2. Why intervention is needed for PWDs and other vulnerable groups?
3.What is rehabilitation? And why and for whom it is needed?