



DIFFERENTIALLY ABLED CHILDREN AND SOCIAL WORK INTERVENTION

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Introduction

The problems of the differentially abled have many facets. In a developing country with long years of economic and social backwardness they become much more complex and acute. It is in the fitness of things that with growing social awareness and with the desire to optimize the totality of human resource development of the nation, the position of the differentially abled and philosophy and strategy to tackle the situation should increasingly receive greater attention.

The different social, economic cultural and religious groups in society must have harmonious relations among them. Only through give and take and mutual help they will be able to make headway in their cherished goals. If some section of the population make progress at the cost of others then it may be difficult for the latter to achieve rightful place in the society. In such an atmosphere, unlike in the primitive society, where the "Survival of the Fittest", was the law, man's inhumanity to man was very much in evidence in the treatment that was meted out to those who were differentially able for no fault of their own.

The killing, exposure or banishment of the afflicted begins was the rule rather than the exception. A deformed or weakling child, an incapacitated elder or any person becomes disabled by accident or illness was condemned to physical extinction. In still later times, differentially able person instilled fear, suspicions and superstitious awe in the non-disabled members of his community, who regard him as an 'incarnation of the devil'. In the middle Ages, myths and legends grew around these fears and fancies of the primitive man. For many centuries, the belief persisted that the decrepit and maimed were in some way connected with sin and evil.

Disability

The term 'Disability' is a difficult subject to study and a difficult word to define. The terms 'Differentially able', 'Disabled' and 'Impaired' have been defined in various ways by various authorities. No two countries subscribe to the same definition. The reasons precisely are:

1. There is no clear cut demarcation between the so-called "able bodied" and the "disabled".
2. The title "Disabled" conceals behind it a loosely connected heterogeneous group of many disabilities, which affect different individuals in different ways. There range varies from a slight and partial disability like the amputation of a finger, which may have no affect at all on the routine life of an individual, to the most severe and total disability, like complete blindness or the loss of both extremities, which produces pronounced change in the pattern of life and work of the individual.
3. Definitions of disability have been introduced for various purpose sand, as such; they have been based on various criteria. No single standard, therefore, exists in the world in order to evaluate disability, and they cannot be provided by legislative fiat.

They must emerge as a result of the extension of knowledge among the professional and educated classes, and from them to the general citizens, as services develop which give meaning to the terms as they are understood by the people who use the services and benefit from them.

Between the definitions of the disabled, there is no unanimity. For some the disabled is a physically disabled person whose mental capacity is normal. For others those who are mentally disabled or related are included. In some countries even diabetes are categorized as disabled while in others the foams is an extreme physical handicap or mental retardation.

Generally speaking physically disabled are persons who has either completely lost the use or who can make only a restricted use of one or more of their limbs. i.e. the total or partial functional disablement. On the other hand disabled is a much wider term covering all those who suffers from malformations, deformities and other deficiencies, physical or mental which prevent their normal functioning. These defects cause special problems of education, employment and adjustment in society.

Marwin B. Susman defines disability using the term impairment - any deviation from the normal, which results in defective functioning. Structure organization or development of the whole or in part of the individual's facilities. Disability thus reflects to any limitation experienced by an impaired individual in comparison with the activities of an unimpaired individual of similar age, sex and culture. Because of this inadequacy the disabled suffer many disadvantages such as feeling of insecurity, lack of confidence and limited social participation.



The disabled is thus a disadvantage imposed by an impairing disability upon a specific individual on his activities, physical, mental, social, psychological, vocational etc. The degree to which an individual is disabled depends on the extent and nature of his physical or mental disability and social definition given to his impairment.

The definition of disabled varies according to the country's culture, tradition and level of development. This may not be true in a developing country. Accordingly such a person is disabled not only by disability but also by social and economic conditions prevailing in the country.

The most accepted definition of a disabled person is given by the United Nations. A person unable to ensure by himself or herself wholly or partly the necessities of normal individual and / or social life as a result of deficiency either congenital or not in his or her physical or mental capabilities.

The disabled thus include differentially able persons, the blind, the dumb, the orthopedically deformed, the mentally retarded or deficient and also those suffering from incurable diseases like polio, leprosy etc.

Who's Classification

The 'WHO' has developed and published an international classification of 'Impairments', 'Disabilities' and 'Handicap'. Though the terms 'Impairment', 'Disability' and 'Handicap' are related to the different planes of disadvantages, a disabled person according to the WHO is one who suffers from any one of the following three types:

1. **Impairment:** It means a permanent or transitory psychological, physiological or anatomical loss or abnormality of structure or function (e.g. an amputated limb, paralysis after polio, diabetes, mental retardation, impaired hearing, nearsightedness, etc.)
2. **Disability:** It refers to restrictions on or prevention of carrying out an activity because of impairment in the manner or within the range considered normal for a human being. (e.g., difficulty in walking, seeing, speaking, hearing, counting, lifting, reading, writing, etc.) A disability may last for a long or short time, be permanent or reversible, progressive or regressive and may vary in its impact from one situation to another
3. **Handicap:** This term is used to denote a disability that interferes with what is expected at a particular time in one's life. (e.g. inability to care for oneself, communicating thoughts and concerns, developing a capacity for independent economic activity).

Orthopaedically Challenged

Orthopaedically Challenged are those whose physical capacity is impaired by the loss, deformity or paralysis of one or more limbs. They are the victims of diseases or injuries which could leave behind a certain disability which is permanent and life-long.

The Association of the Differentially Able, Bangalore, has further clarified the orthopaedically handicapped as persons who have defects which cause deformity or an interference with normal functions of the bones, muscles or joints.

Rehabilitation of Handicapped

About rehabilitation facilities and services Dr Robert M. Goldenson in his article 'Rehabilitation Medicine Institute in Disability and Rehabilitation Handbook' (p.674-678) he states in the following words. 'Institute of rehabilitation is a treatment centre it offers a range of diagnostic and restoration services conducted by interdisciplinary teams'. All patients receive a wide variety of therapies, geared to individual need to help them reach their potential.

The physical therapist starts treatment at the acute stage of illness. First efforts are directed at assisting bed positioning to aid circulation and disorder patients are given breathing exercises when needed. As soon as possible range of motion exercises are invited to maintain joint mobility and manual testing is started to evaluate the patient's muscle strength.

Physical therapy is given for range of motion and muscle strength to establish a baseline for the patient's rehabilitation programme. Treatment consists of exercise techniques for strengthening muscles, coordinating body movements and maintaining and increasing joint mobility for those patients who need surgery. Therapists work with pre-surgical and post-surgical patients who are taught proper breathing mechanisms and movement to prevent complications.

Training activities of daily living is part of the physical therapy programme. Practice is given in getting into and out of bed, from the wheelchair, dressing and undressing and taking care of normal daily grooming and personal needs.



The occupational therapy service is an important unit of the rehabilitation team. The occupational therapists primary concern into improve the patient functional skill, techniques are used to meet goals and will vary from patient to patient depending on the diagnosis and disability, improving functional skills, improving skill in functional activities such as eating, grooming, writing, typing etc.

The psychology department is responsible for making an evaluation of the patient's emotional condition, intellectual status and any psychological obstacles that might impede the rehabilitation process.

The nursing department is focusing on functional and self-fulfillment. The speech pathology service is a combined clinic, research and teaching programmed.

The social service department helps both the patient and the family deal with the emotional stresses which results from disability.

The vocational services department provides programmer counseling, development of educational and training plans and job placement and follow up all designed to enable patients to realize their fullest potential for work.

Volunteers serve the varied areas of the institute at all times. Among their activities are helping patients get settled and oriented, giving reassurance to patients and their families reading to patients and writing their letters, helping them to select books from the institute library, taking them to classes, religious and recreational activities and arranging for child patients to attend summer camp.

According To Kamala Lyer the Rehabilitation Professionals Are

1. psychiatrist – in a rehabilitation center the psychiatrist may make special study of the effect of physical disability on the personality of then client and may be involved in the community and public health aspects of mental disorder.
 2. Neurologist – neurologist or nerve specialist and treats, organic diseases and disorders of the nervous system
 3. Orthopedist – he treats diseases and deformities of the spine, bone, joints etc.
 4. Ophthalmologist –the ophthalmologist or eye physician diagnoses and teats diseases and injuries of the eyes.
 5. Pathologist –pathologists investigates the nature, cause and development of diseases etc.
 6. Radiologist – specialize in the use of X-ray and radio-active substances in diagnosis and therapy.
 7. Non-medical specialists. According to Raymond A. Earle the non-medical specialists are social workers and rehabilitation nurse. According to Lena M. Plasted.
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1. Rehabilitation Counselor
 2. Special Education
 3. Speech Therapist
 4. Audiologist
 5. Optometrist

According to Leo A. Raman recreational specialist (therapeutic) corrective therapist, occupational therapist is the team.

Thus rehabilitation programme of the physically and mentally handicapped children needs the above-mentioned team of experts to rehabilitate them in totality.

Social Work Intervention

Primary concern of social work profession being people-in-their- life-situations where they have to constantly strike a delicate balance between compulsions of their social environment on one hand and their capacity to cope with on the other; Zastrow (1990) had defined social work principles, skills, techniques and values for helping individuals; groups, or communities to enhance or restore their capacity for psycho-social functioning and to create societal conditions favorable to their goals. The professional values and the scientific body of knowledge equip the practitioner with the right skills and attitudes towards children in their challenged situation and facilitate his/her helping role while working independently or in collaborative action while working with and for challenged children.

Social work interventions are often discharged through use of a single method or a combination of methods as found necessary. Following are the six widely recognized methods of social work profession.



1. Social Case Work is aimed at helping individuals, on a one-to-one basis, to enhance or restore their psycho-social functioning through application of professional principles, skills, techniques and values;
2. Group Work is a process of social work in which the qualified worker helps individuals in a group by providing a desirable group experience through various programme media with a view to enabling members to move towards improved social relationships and their psycho-social functioning.
3. Community work is the process of stimulating and assisting the local community to identify, evaluate, plan and co-ordinate its efforts to meet its own 'felt' and 'un-felt' needs and develop co-operative and collaborative spirit in working together.
4. Social Work Administration involves directing the overall programme of a social service agency. Administrative functions include setting agency and programme objectives, analyzing social conditions in the community and making decisions about what services will be provided by employing and supervising staff members, setting up an organizational structure administering financial affairs and securing funds for the agencies operations.
5. Social Action is concerned with changing the social environment to meet the recognized needs of individuals or disadvantaged groups by application of tactics involving conflict, confrontation and negotiations.
6. Social Work Research may be defined as systematic investigation intended to add to available knowledge in a form that is communicable and verifiable.

Thus, the present paper is based on secondary sources and will look into the fact whether only basic or necessary conditions are to be fulfilled if the intervention activity is to be impactful and fruitful. The present paper also focus on there-conditions for the intervention activity with the differentially able children.

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